

Enhancing Procedural Training in Family Medicine Residencies

WHEREAS the American Academy of Family Physicians (AAFP) Policy on Procedural Skills, Scope of Training in Family Medicine Residencies states, “Family medicine residencies should strive to teach residents all procedures within the scope of family medicine.” Further, “they should, at a minimum, teach residents those procedures done by a substantial number of practicing family physicians both in the ambulatory and inpatient settings,” and “Whenever possible, family physician faculty should teach these procedures,”¹ and

WHEREAS this policy concludes, stating “As the scope of family medicine changes, family medicine residencies should strive to teach new or emerging procedures or techniques that are within the scope of family medicine,”¹ and

WHEREAS in a 2001 study appearing in Family Medicine, reporting on the use of procedure lists in residency programs, only 26 procedures out of the 264 total procedures reported were taught in more than 50% of the reporting residencies,² and

WHEREAS this study found that 74% of responding programs used procedure lists of some sort,² and in a 1996 study appearing in Family Medicine the majority of program directors favored a core procedure list requirement,³ and

WHEREAS existing published core procedure lists for family medicine are out of date⁴, have methodological flaws^{2,4} or are too long to be implemented feasibly,⁵ and

WHEREAS studies have shown that family medicine practices performing a high volume of procedures have enhanced financial viability and survivability,^{5,6} and

WHEREAS family physicians provide the only medical care, including procedures, in many rural areas and without family physicians 43% of US counties would meet the criteria for Health Professional Shortage areas,⁷ and

WHEREAS the STFM Group on Hospital Medicine and Procedural Training has prepared a 2007 consensus statement listing of a standard group of procedures to be considered as core for the practice of family medicine, now therefore be it

RESOLVED that the AAFP Task Force on Procedures adopt the standardized list of procedures created by the STFM Group On Hospital Medicine and Procedural Training, and further be it

RESOLVED that the 2007 listing of core family medicine procedures as proposed by the STFM Group on Procedures be referred to the AAFP Commission on Education for consideration as a recommendation to the Residency Review Committee for integration into the program requirements for accreditation of family medicine residencies, and further be it

RESOLVED that the NYSAFP Congress instruct its delegates to the American Academy of Family Physicians (AAFP) to introduce this resolution at the AAFP Congress in Washington D.C. in September 2007.

¹ American Academy of Family Physicians. Policy on Procedural Skills, Scope of Training in Family Medicine Residencies. 2006. Available at <http://www.aafp.org/online/en/home/policy/policies/p/proceduralskills.html>

² Tenore JL, Sharm LK, Lipsky M. A national survey of procedural skill requirements in family practice residency programs. *Family Medicine* 2001; 22(1):28-38.

³ Phelps KA, Taylor CA. The role of office-based procedures in family practice residency training. *Family Medicine* 1996; 28: 565-9.

⁴ Norris TE, Felmar E, Tolleson G. Which procedures should be taught in family practice residency programs? *Family Medicine* 1997; 29(2):99-104.

⁵ Wetmore SJ, Rivet C, Tepper J, Tatemichi S, Donoff M, Rainsberry P. Defining core procedural skills for Canadian family medicine training. *Canadian Family Physician* 2005; 51: 1364-1365.

⁶ Martz WD How to boost your bottom line with an office procedure *Family Practice Management* 2003; 10(10):38-40.

⁷ Rodney WM, Hahn RC. Impact of the limited generalist (No hospital, no procedures) model on the viability of family practice training. *Journal of the American Board of Family Practice* 2002; 15:191-200.

⁸ Freyer GE, Green LE, Dovey SM, Phillips RI Jr. The United States relies on family physicians unlike any other specialty. *American Family Physician* 2001;63:1669.