Even before we were recognized as a medical specialty in 1969, national organizations have existed in family medicine. Today, the American Academy of Family Physicians (AAFP), the Society of Teachers of Family Medicine (STFM), the American Board of Family Medicine (ABFM), the North American Primary Care Research Group (NAPCRG), the Association of Departments of Family Medicine (ADFM), and the Association of Family Medicine Residency Directors (AFMRD) all play important roles in shaping our discipline’s future. This is often confusing for new residents and faculty members, and the confusion gets worse when we refer to these organizations by their abbreviations or when they combine into various coalitions and councils. These groups share common goals but have different perspectives and cultures. During my 30-year career in family medicine, I have been a member of all of them, and many of my fondest memories and most important opportunities have arisen from these memberships. The organizations of family medicine have provided a national context for my clinical practice, my teaching, and my scholarly work, and they have provided forums for my political advocacy within and beyond academic medicine. Over the past 9 months, I have used these President’s Columns to explain how STFM works and why STFM is important, but STFM is part of a larger community of organizations, and understanding this community is essential for young leaders.

The oldest family medicine organization in the United States is the AAFP. It was founded in 1947 as the American Academy of General Practice and remains the principle voice of practicing family physicians in America. It is a member organization; to join, one must be a family physician. While in strict terms it is not an academic organization, it has been an important source of continuing medical education and political advocacy since before the specialty officially started. The AAFP is a large organization with over 110,000 members, including resident and student member categories. It is governed by a Congress of Delegates from each state chapter (as well as chapters from the uniformed services, special constituencies, the US territories, and student and resident delegates). The AAFP and its state chapters provide important venues for faculty members to interact and communicate with practicing family physicians. The AAFP’s journal, the *American Family Physician*, has the largest circulation of any journal in our field and primarily publishes clinical review articles. I have been an AAFP member since 1979, have been president of the Oregon chapter, and have served as a delegate to the Congress from my state.

STFM was founded in 1967. Most of STFM’s 4,600 members are family physicians, but 15% of our members are from other educational backgrounds within and beyond medicine. STFM publishes a medical journal, *Family Medicine*, which focuses primarily on educational research. I have been an STFM member since 1982, and some of my closest professional friendships have resulted from this membership. As a family physician and family medicine faculty member, I will remain a member of both the AAFP and STFM until the end of my career.
The ABFM, originally the American Board of Family Practice, was officially recognized as the certifying board for the new specialty of family practice in 1969. It changed its name with the renaming of the specialty in 2005. The ABFM publishes its own medical journal, *The Journal of the American Board of Family Medicine*, devoted to both original research and systematic reviews related to primary care. Certifying boards are not member organizations. They exist to ensure a high standard of quality for physicians in our specialty and accomplish this goal by conducting rigorous examinations leading to board certification and re-certification for family physicians. Family physicians are not “members” of the ABFM, we are ABFM diplomates and this remains the professional gold standard for family physicians. There are currently over 82,000 ABFM diplomates. The ABFM is considered a pioneer among the medical specialty boards. It was the first to offer time-limited rather than lifelong board certification. It was the first certifying board to adopt standards for re-certification and among the first to adopt continuous maintenance of certification. The ABFM’s governing Board of Directors includes family physicians and physicians from other specialties and, more recently, includes a public representative.

NAPCRG, founded in 1972, is an organization of scholars who study problems related to family medicine and primary care. It is an international organization; its leadership and meeting locations alternate between Canada and the United States. Like STFM, NAPCRG is interdisciplinary. Its 1,445 members include scholars from several medical specialties and multiple disciplines outside of medicine. NAPCRG has played a critical role in promoting scientific innovation in family medicine, and its leaders were early adopters of practice-based research, mixed-methods research, and evidence-based medicine, all essential tools for scholarship in family medicine.

ADFM is an organization of academic departments. Started in 1978 as an organization for medical school department chairs, it has recently expanded to include department administrators and the leaders of departments in integrated health systems other than medical schools. There are currently 149 member departments and 93 associate members (personal communication, Priscilla Noland, November 14, 2013).

Thus, ADFM is a smaller organization than the AAFP, STFM, and NAPCRG, and this allows its meetings to be more informal and intimate. ADFM provides a forum for department leaders to share ideas and supports a training program to develop future department chairs.

AFMRD is a member organization formed in 1990 to represent family medicine residency directors. Since its members include only program directors (436) and associate program directors (244), it is also a relatively small organization, but its impact is substantial due to the important role of residency education in our discipline (personal communication, Kevin Helm, November 18, 2013). I was an AFMRD member from 1990–1994 and served as its fourth president.

**How Do Our Family Medicine Organizations Collaborate?**

Here’s a list of the ways the organizations of family medicine work together:

- Along with leaders from the AAFP Foundation, the family’s elected leaders and senior staff meet every 6 months to talk about issues of strategic importance at a meeting called the “Working Party”—although these meetings usually seem to be long on work and short on party!
- The leaders of STFM, NAPCRG, ADFM, and AFMRD also meet in person every 6 months and monthly by phone as the Council of Academic Family Medicine (CAFM).
- The AAFP, AFMRD, ABFM, STFM, and Residency Program Solutions (RPS) also sponsor a training program for new residency directors, the National Institute for Program Director Development.
- All of the family medicine organizations I’ve mentioned, plus the College of Family Physicians of Canada, co-sponsor the *Annals of Family Medicine*, the principle American journal for original clinical research in family medicine.
- Finally, the representatives from these four academic organizations and the AAFP work together through the Academic Family Medicine Advocacy Committee (AFMAC) to advocate politically for national and state policies related to our training and research programs.

In terms of time and annual dues, the costs are substantial to be a member of these organizations. Attending meetings requires time away from our patients and students, and travel costs are substantial. As a member, diplomat, or former member of each of them, I can
attest that each has played an essential role in my own leadership development. Family medicine is a national family. Being a leader requires presence and participation in this family. Our organizations are the kitchen tables around which we gather to share stories, build consensus, and learn from each other. Collectively, they are major reasons why family medicine is among the largest and most successful specialties in American medicine. For our future to be as successful as our past, each new generation must learn to navigate the acronyms and traditions of these organizations and take seats at our family table. In return, our organizations must remain as welcoming to new leaders as they always have been for me.

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