Professional and Leadership Development

1. Strategic Goal: STFM will be the leader in training, leadership development, and creation of knowledge that improves family medicine education and teaching.

Objectives:

1.1 Provide family medicine faculty with the skills needed to train students, residents, and health care teams to achieve better health, quality care, value, and improved work life of clinicians and staff.
   1.1.1 Provide resources and training to inform members about health system transformation; giving members information about the current state and future directions.
   1.1.2 Showcase models of innovative family medicine health care teams and processes and value-based payment systems.
   1.1.3 Create an immersive educational experience within health care systems.

1.2 Develop STFM members and their learners into solutions-focused, adaptable leaders within and across our healthcare systems.
   1.2.1 Create opportunities for members and learners across their career paths to develop solutions-focused leadership and adaptability skills.
   1.2.2 Create a virtual coaching program to enhance the careers of STFM members. Mentoring on scholarship is an essential component.
   1.2.3 Identify, articulate, and train learners on the science of health systems needed for family physicians to be successful, especially in advocacy, business acumen, informatics, leadership, and scholarship.
   1.2.4 Implement strategies to place STFM and other CAFM members in national and community leadership roles.

1.3 Develop the family medicine education workforce to meet the unique needs of communities, especially in rural settings and in community health centers.
   1.3.1 Collaborate with the AAFP and other organizations on rural health initiatives that address the unique needs of those communities.
   1.3.2 Increase support for faculty and learners in community health centers and rural areas.
Workforce Recruitment and Retention

2. Strategic Goal: STFM will inspire individuals to become exemplary, fulfilled, and compassionate family medicine teachers.

Objectives:

2.1 Transform family medicine training sites for students and residents into clinical and teaching models of excellence.
   
   2.1.1 Implement the next phases of the preceptor initiative to recruit, retain, and develop exemplary community preceptors.
   
   2.1.2 Engage with health system leaders and residency sponsoring institutions to transform learning environments to support cultures of teaching and comprehensive primary care.
   
   2.1.3 Identify or develop, study, and promote exemplary models for interprofessional training and interprofessional collaborative practice.

2.2 Increase the number of family medicine faculty to address the broader goals of the 25 x 2030 collaboration.
   
   2.2.1 Collaborate with the America Needs More Family Doctors: 25% x 2030 campaign with the goal to increase the pool of potential family medicine faculty.
   
   2.2.2 Develop strategies to encourage residents and students to consider careers in family medicine education and/or teaching learners in their practices.
   
   2.2.3 Develop strategies to add family medicine faculty members to leadership positions within schools of medicine or academic health systems with the goal of increasing the pool of faculty members.

2.3 Promote well-being at the personal and system level.
   
   2.3.1 Collaborate with other organizations and health systems to identify and spread processes and programs that reduce administrative burden and improve well-being at the personal and system level.
   
   2.3.2 Identify and disseminate validated measures of faculty retention and satisfaction.
Scholarship

3. Strategic Goal: STFM will enhance the capacity and quality of family medicine scholarship.

Objectives:

3.1 Promote adoption of best practices of educational scholarship.
   3.1.1 Educate members on evidence-based educational practices.
   3.1.2 Train faculty to rigorously assess the effectiveness of their educational tools, methods, and programs.

3.2 Build the educational scholarship capacity within the discipline.
   3.2.1 Create an STFM Research Fellows program and/or online course, potentially working in concert with the American Board of Family Medicine Scholars program.
   3.2.2 Expand the URM scholarly writing program into an ongoing STFM program.
   3.2.3 Promote the use of patient outcomes in educational scholarship.
   3.2.4 Promote resources that assist members in distinguishing between research, quality improvement, program evaluation, and performance management.

3.3 Build the quality improvement capacity within the discipline.
   3.3.1 Identify and create resources for quality improvement training for educational curricula and programs.

3.4 Partner with health care systems to better support medical education scholarship in training programs.
   3.4.1 Identify and promote models that incentivize educational scholarship within family medicine departments and residency programs.

Health Equity

4. Strategic Goal: STFM will drive the health equity of communities through medical education.

Objectives:

4.1 Engage in partnerships to contribute to the health equity of communities through medical education.
   4.1.1 Identify and showcase community partnership models and multi-institutional collaborations that advance health equity in communities.
   4.1.2 Explore collaborations with individuals and organizations working on the business case for health equity.

4.2 Increase the skill set of family medicine faculty related to health equity.
   4.2.1 Provide health equity and social determinants of health education, training, and resources for medical students, residents, and faculty.

4.3 Increase the diversity of family medicine faculty and the diversity of learners interested in teaching.
   4.3.1 Collaborate to collect, execute, and disseminate strategies that help increase the number of URM family medicine educators, doubling STFM URM membership by 2025.
   4.3.2 Identify collaborators and implement strategies to increase diversity in medical schools and residencies.
   4.3.3 Increase holistic admissions to medical school and residency programs to reflect community needs.
   4.3.4 Train faculty to mentor URM learners and faculty.
   4.3.5 Engage URM learners so they consider careers in academic family medicine.
Advocacy

5. Strategic Goal: STFM will champion family medicine education, research, and workforce recruitment and retention.

Objectives:

5.1 Develop and communicate the business case for family medical education, including the financial and patient impact.

5.1.1 Provide STFM members with training and resources to effectively make the case to health systems leaders and legislators that investment in primary care medical education has financial and patient care benefits.

5.1.2 Train family medicine educators and learners on the business of medicine.

5.1.3 Develop relationships with 3-5 high level executives in large health care systems with student and resident training sites to explore mutually beneficial educational and business opportunities.

5.1.4 Study and disseminate research findings on the amount of time needed to teach and do administrative work in residency programs. Use information to develop national guidelines, journal articles, and advocacy materials relative to these findings.

5.2 Advocate for the teaching and practice of comprehensive family medicine.

5.2.1 Partner with other organizations to share data on health indicators and the value of workforce development and increasing the primary care spend.

5.3 Teach advocacy skills to family medicine educators and learners.

5.3.1 Enhance faculty knowledge of and skills in advocacy so they can advocate for the specialty and be role models and effective teachers.

5.3.2 Educate faculty on how to meet the new ACGME Milestones requirements for advocacy.

5.3.3 Update STFM Advocacy Course to include advocacy skill development for use within home institutions.

5.4 Lead and support the Academic Family Medicine Advocacy Committee and its legislative priorities, including identifying new strategies to mobilize STFM members to be advocates for our academic issues.

5.4.1 Explore changes in state and federal medical education funding that would incentivize medical schools to align with the goal of increasing the percentage of medical students choosing family medicine.
Assumptions:
The plan includes a number of assumptions pertaining to infrastructure and understanding of the organization. Several key areas of importance to STFM are woven into the plan. As a result, there is not a separate goal or objective for these areas, but they will be incorporated as part of every applicable activity. These assumptions include:

a. **Diversity**: STFM supports diversity in the broadest sense, including race, gender, sexual orientation, role, discipline, etc.

b. **Underrepresented in Medicine Definition**: STFM is using the Association of American Medical College’s definition of URM, which is: “Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.”

c. **Strong Infrastructure**: Governance, staff, office facilities, technology, and finances are integral parts of the plan and critical to its implementation.

d. **Innovation**: All objectives will include innovative concepts and efforts.

e. **Communications**: Communications are a means to accomplish every goal and do not need to be singled out as a goal. Informing members, communicating with outside groups, marketing products and services, and continuing ongoing publications will be inherent in all appropriate goals.

f. **Collaborations**: Strategic and effective collaborations within the family medicine organizations and with entities outside the family are essential to achieving these goals.

g. **Technology**: Technology broadly falls under infrastructure, eg, having sufficient IT staff and expertise to efficiently and effectively run our organization and programs. STFM also needs to enhance the culture within family medicine where members and learners effectively use technology in new ways.

h. **STFM Foundation**: STFM will support the STFM Foundation and its programs.

i. **Examination of Member Benefits**: This is an ongoing activity that will be conducted by staff and committees.

Strategic Planning Definitions:
The research and extensive discussions resulted in refinement of the five priority areas for STFM. Components of the plan are defined as follows:

• **Strategic Goals**: A goal is a broad aim to which our efforts are directed to achieve our mission and vision. The goals tell you what we hope to accomplish rather than how we would get there. There are the five strategic goals for STFM to address. Each goal has a broad label to provide a framework for the goals and enhance understanding. Our 5-year goals for this plan are:

  - **Professional and Leadership Development**: STFM will be the leader in training, leadership development, and creation of knowledge that improves family medicine education and teaching.
  
  - **Workforce Recruitment and Retention**: STFM will inspire individuals to become exemplary, fulfilled, and compassionate family medicine teachers.
  
  - **Scholarship**: STFM will enhance the capacity and quality of family medicine scholarship.
  
  - **Health Equity**: STFM will drive the health equity of communities through medical education.
  
  - **Advocacy**: STFM will champion family medicine education, research, and workforce recruitment and retention.

• **Objectives**: Objectives are milestones that must be achieved to reach the strategic goal. There are several objectives identified for each strategic goal.

• **Tactics**: These are specific measurable activities to implement the objectives. Tactics will be used by staff, task forces, committees, and collaboratives to implement the plan.