

APPENDIX T

2006 UPDATE: PRIMARY CARE MEDICAL EDUCATION PLANS

EXECUTIVE SUMMARY

During its 1993 session, the North Carolina General Assembly expressed its interest in expanding the pool of generalist physicians for the state. In Senate Bill 27 as amended by House Bill 729, the General Assembly mandated that each of the state's four schools of medicine develop a plan setting goals for an expanded percentage of medical school graduates choosing residency positions in primary care. Primary care was defined as family practice, internal medicine, pediatrics, and obstetrics-gynecology. It set the goal for the ECU and UNC Schools of Medicine at 60 percent of graduates. For the Wake Forest University and Duke University Schools of Medicine, it set the goal at 50 percent. The General Assembly also mandated that the N.C. Area Health Education Centers (AHEC) Program develop a plan to expand the number of primary care residency positions. Finally, the legislature mandated that a monitoring system be developed by the Board of Governors to report on specialty selection by medical students at graduation and five years after graduation.

In 1994, the four schools of medicine and the N.C. AHEC Program submitted primary care educational plans for increasing the percent of medical school graduates choosing primary care residency programs and subsequently generalist practice. General Statute 143-613 as contained in House Bill 230 passed in the 1995 session of the North Carolina General Assembly requires an update of these plans beginning in 1996 and every two years thereafter.

The plans of the four schools built upon the unique missions and programs of the schools. Although specific activities differ between the schools, they all implemented initiatives in similar areas in order to increase the percentage of graduates choosing careers in primary care. In each case, the schools built upon their long-standing relationships with the AHEC Program in order to conduct increased medical student and primary care residency training in community settings. The following attachments highlight the specific changes which have taken place since 1994. A brief summary of the themes addressed by the updates includes the following:

- Pre-medical Students: Each school has increased contact with pre-medical students in order to make clear the opportunities for practice as a generalist physician. Several of these activities target minority and disadvantaged pre-medical students.
- Admission to Medical School: Each school has placed increased emphasis on the admission of students with an interest in generalist practice. All four admissions committees have primary care physicians as members.
- Primary Care Role Models: Each school expanded activities to give students an in-depth and continuing exposure to generalist physicians at the school and in community settings. Over the four years of medical school, students receive career advising, mentoring, and role modeling from these physicians.

- Curriculum Changes: Each school implemented curriculum changes that give students greater exposure to primary care. While the curricula and the plans of the four schools vary greatly, the following are themes that are found in each of the plans:
 - increased education in the ambulatory setting
 - increased rotation of students at all levels to community practices, with a particular focus on rural and inner city underserved areas
 - increased emphasis on topics that are critical to the practice of the generalist physician. These include: health promotion/disease prevention; nutrition; geriatrics; alcohol and substance abuse; violence; ethics; health care organization, financing, and economics; and more effective uses of information technology
 - increased emphasis on the physician as a member of a cost-effective health care team operating in a managed care environment.

- Community Practitioner Support: Each school and its affiliated AHECs, in association with the Office of Rural Health, the North Carolina Primary Care Association, and the Reynolds Community Practitioner Program, have expanded activities in support of generalist practitioners in community settings. Special emphasis has been given to practitioners in rural, inner city, and isolated settings. Some activities include:
 - expanded opportunities for physicians to serve as preceptors and to benefit from faculty development programs, telecommunications, reimbursement for teaching, etc.
 - continuing education targeted to improve practice outcomes
 - support for practices involved in quality improvement and practice redesign initiatives

- Information Services and Telecommunications: The four schools and their affiliated AHECs expanded existing library and information services to primary care physicians in underserved settings. For those physicians serving as preceptors, this includes the positioning of computer workstations in the practice so physicians and students can access the world's information databases. These developments also include developing teleclassroom and teleconsultation units at the schools, the AHECs, and at selected smaller hospitals and health centers to strengthen student education in these sites and to decrease the isolation of practitioners. The AHEC Digital Library, a comprehensive electronic set of information resources, including searching databases, full-text journals and other resources, is available to all community practitioners who take students in their practices.

- Primary Care Residency Training: Each school and the AHECs have expanded the number of primary care residency positions and developed rural and inner city training opportunities for residents.

- Table 1 (below), taken from the November, 2005 report “Monitoring the Progress of North Carolina Graduates Entering Primary Care Careers” summarizes the residency choices for the 2004 and 2005 medical school graduates. The decline in the percentage of graduates choosing primary care careers mirrors a national trend.

The dean and the faculty at each of the four schools of medicine have taken seriously the mandate of the General Assembly and have implemented plans that will help increase the number and percentage of medical students choosing primary care residency programs and, subsequently, generalist practice. This report, with attachments from the four schools of medicine and the N. C. AHEC Program, responds to that legislative mandate by providing an update on current and planned initiatives which are directed toward ensuring that our medical care education programs meet the needs of our students and achieve the goal of increasing the primary care workforce for our citizens.