

Making the Business Case for Education

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Over the past month, three local residency program directors announced their resignation. They were all from the same health system, all in the same local region. And these are not small struggling programs; they are well-established programs with a strong legacy of training the best family doctors in our region.

These program directors are at the top of their game. They are leaders in curricular innovation, new models of care, population health, race, and social justice. They each had a strong vision for the direction of their programs and were passionate about protecting their programs from the pressure to produce more clinical income.

And that was their downfall. They ran afoul of the new clinical leadership in their hospitals. This leadership consisted of managers who didn't understand their programs and what they were trying to accomplish—managers with different priorities, visions, and plans.

The program directors in our multistate residency network identified this threat years ago. They have long been aware of the need to manage sponsor institutions, and to become part of the clinical leadership team while demonstrating the value of a residency training program to a production-focused hospital. They recognize the importance of conversations with senior leadership, and of managing up.

The majority of family medicine residency programs are set in community-based hospitals, where the academic mission may always be secondary to the viability of the health system. But we are observing the same conversations nationwide, even in traditional academic medical centers. The ability of academic

departments to support their educational and research missions now hinges on their ability to generate enough clinical revenue to support them.

Does education bring value? What is the business case for graduate medical education? Are our training programs worth the cost?¹ We need to answer these questions.

We faced a similar challenge in starting the Teaching Health Center program.² How do we encourage mission-focused community health centers to start new residency programs? Isn't it too expensive? Won't residents just slow them down?

Our best argument is workforce. There is no better way to recruit and retain great physicians than to train them yourself.³ The savings in recruitment cost can easily justify the cost of a training program. Retention is also a huge benefit. Physicians enjoy teaching, and creating a robust teaching and learning environment keeps doctors around. Finally, quality in teaching clinics improves.

How can STFM help? Our new strategic plan will emphasize engagement with institutional sponsors, hospitals, and health systems. At a national level, we want to help you manage your managers. We want to give you the tools, knowledge, and skills to be an effective advocate with your hospital leadership. This may include publicizing the business case for family medicine education, sharing pro formas for residency programs, or disseminating the strong evidence for workforce benefits of training.

This is also a key moment for leadership development. Not just among our emerging learners and junior faculty, but also for senior

faculty, residency directors, chairs, and deans. Family medicine educators at all levels must understand, engage, and influence the clinical system and managers with whom we work. We cannot assume that everyone understands our value and believes in our mission. We must be vigilant and effective, and we must prevail. At stake is nothing less than the future of family medicine.

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