

In Response to “The Time Is Now: A Plan to Redesign Family Medicine Residency Education”

TO THE EDITOR:

Dr Green and colleagues' recent article¹ proposing a redesign of family medicine residencies was both interesting and timely. One of the tenets of the proposed redesign is transitioning ownership of family medicine residency programs from academic medical centers to community organizations. The authors specifically mention “federally qualified health centers (FQHCs), system-owned practices, clinician-owned practices, and innovative health care delivery models such as direct care practices” as potential sponsors.¹ We believe that Tribal partnerships offer an additional avenue forward.

Tribal-based residency programs are an archetypal example of establishing a training program in a community with the shared “ties, troubles, and traditions” that Green and colleagues describe. The authors state, “Implementing this network of partnerships will require a significant investment in building community trust, beginning with transparency, listening, colearning, humility, and willingness to share/release power and control.”¹ That is certainly the case for Tribal-based programs, and all the above-mentioned steps honor their sovereignty and self-determination.

The family medicine specialty is well positioned to initiate Tribal community-based residency programs to address disparities by forming “community-owned and operated residencies.”^{1,2} Coupled with the \$19.2 million from Health Resources and Services Administration's American Rescue Plan to support and expand community-based primary care residency programs in rural and underserved communities, these programs would expand resources and establish a pipeline for recruitment and retention of American Indian/Alaska Native (AI/AN) physicians.⁵ According to the Association of American Medical Colleges, 41.5% of AI/AN physicians practice in primary care, with the highest number in family medicine.³ By engaging Tribal health system

faculty, integrating community leadership and cultural values, and connecting to national networks such as the American Association of American Indian Physicians, tribally-affiliated family medicine residencies can “develop excellent personal physicians and create a true medical home for their patients.”^{1,2,4}

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Authors' Response to Ashton Gatewood and Michael Harding: Tribal Partnerships as an Avenue Forward

TO THE EDITOR:

Our thanks to Mr Gatewood and Dr Harding for raising this important issue. We completely agree with their comments. Tribal partnerships, including tribally-affiliated family medicine residencies, are a splendid example of the community programs we envision. They will be a part of our thinking moving forward.

Thank you for calling out immediate opportunities for action on behalf of American Indian/Alaska Native physicians and their communities.

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