**Duke to Phase Out Its Family Medicine Residency**

There is concern that other institutions will begin to question and reexamine their residency programs.

E
erlier this year, officials at Duke University announced plans to phase out the school’s family medicine residency program, drawing criticism from many in the academic family medicine community.

The officials announced the plan in May, citing a need to provide “more consistent care by senior clinicians” and to better coordinate “innovative programs” in the community with the on-campus faculty practice.

But Dr. Lloyd Michener, professor and chairman of the department of community and family medicine at Duke, left the door open to revisiting the decision at some point if the Accreditation Council on Graduate Medical Education would give the university more flexibility in how it structured the residency program.

Most of the care being provided by Duke clinicians is outpatient care and chronic disease management, Dr. Michener said, but they found that the residency training requirements had too much of an emphasis on other areas such as inpatient care and obstetrics. “What we were teaching no longer matched what we were practicing,” he said.

Under the phase-out plan, Duke will continue to train current residents, including four new first-year residents who began training in July.

The officials also plan to ramp up training of nonphysician providers such as physician assistants and physical therapists. The idea is not to replace physicians, Dr. Michener stressed, but to train an adequate number of physicians and nonphysician providers who would work as part of a physician-led team approach to care.

In addition, they also plan to expand their community and family medicine fellowship program. Fellowship training may be a better environment than residency in which to teach physicians about community health.

Although the move was right for Duke, Dr. Michener said, officials at the institution wouldn’t want to see other academic medical centers following their lead. Instead, they hope that their action will encourage officials at the Accreditation Council for Graduate Medical Education’s Residency Review Committee to allow for greater flexibility in structuring residency programs to meet the individual needs of the community, he said.

If and when that greater amount of flexibility becomes available, Dr. Michener said, Duke officials would glad to revisit their decision to scrap their program.

“When they’re ready, we’re ready,” he commented.

The Duke move was greeted with disappointment by much of the academic community in family medicine. The American Academy of Family Physicians, the Association of Family Medicine Physicians, the Association of Family Medicine Residency Directors, and the Society of Teachers of Family Medicine issued a joint statement this summer that took issue with Duke’s argument for closing the program.

“Most respected family medicine departments across the nation, including those at other top-tier private universities, have been able to balance the priorities of patient care, research, and training while maintaining the integrity of their residency training programs,” the groups said in a statement.

Each year, a few family medicine residency programs close for a variety of reasons, some of which are financial, said AAFP President Larry Fields. But the move by Duke is not a signal of any type of larger trend among residency programs, he said.

But although other programs have not followed suit, there is concern that other institutions will begin to question their residency programs, said Robert Sherwood, executive director of the Society of Teachers of Family Medicine. The announcement has already caused some ripples from outside family medicine, with some institutions taking a second look at their residency programs. “This shouldn’t be happening,” he said.

But being able to create innovative residency programs within the requirements mandated by the Residency Review Committee is not a concern unique to the Duke program, said Dr. Warren Newton, president of the Association of Department of Family Medicine and chair of the department of family medicine at the University of North Carolina, Chapel Hill.

Many residency directors feel that the Residency Review Committee has been too conservative, he said, but many programs have been successful in making changes even in that environment.