The Association of Departments of Family Medicine (ADFM) supports academic departments of family medicine to lead and achieve their full potential in care, education, scholarship, and advocacy to promote health and health equity.

- **Excellence**: We pursue the highest goals and accept responsibilities required to achieve our best performance.
- **Integrity**: We commit to honesty, truthfulness and authenticity in our relationships and activities.
- **Inclusion and Equity**: We promote diversity, a culture of belonging, respect and value for all persons, and equity.
- **Respect**: We nurture free and open discourse, listen to ideas, and value diverse perspectives.
- **Partnership**: We commit to engaging with patients and communities as partners in our mission, and to achieving collective impact with mission-aligned organizations.

EXECUTIVE DIRECTOR REPORT ON ACCOMPLISHMENTS: 2025

Progress on Goals for 2025

As anticipated, 2025 has been a year centered on assessment, planning, and strengthening ADFM's organizational and programmatic capacity. With the National Research Strategic Plan moving forward, ongoing efforts to grow and sustain the LEADS program, and the introduction of the pilot External Review Consultation service, our focus this year has been on aligning resources, structures, and leadership development to ensure long-term stability and impact. The initiatives described below reflect steady progress across each of these areas, informed by collaboration between the Board, committees, and staff to support ADFM's mission and evolving role within the broader academic family medicine community.

In early Q1 2025, work with the Board chair to lead a self-assessment of the ADFM Board of Directors and bring results to the February Board meeting for discussion.

The Board self-assessment (through BoardSource) was completed ahead of the February 2025 Board meeting, allowing time for an initial review and discussion at that meeting. The Executive Committee subsequently conducted a deeper analysis of the results and identified key areas of focus for continued development, which were presented at the May 16 Board meeting. A "skills matrix" survey was distributed to Board members in June to further inform our understanding of collective strengths and gaps, and we reviewed these results at the September Board of Directors meeting. These results have also been shared with the Nominations Committee, as we think about what skills we want from the new nominees for leadership positions, and those applying for positions this year were required to complete a similar assessment to help match with the needed skills.

By the end of 2025, develop a 5-year plan for the LEADS program, including an assessment of alternatives for funding, to ensure budget neutrality at a minimum and ideally profit generation, by the 2027–2028 cohort.

Significant progress has been made toward the development of a long-term sustainability plan for the LEADS program. Draft budget alternatives were created and reviewed twice by the Finance Committee and are ready for Board discussion regarding potential tuition adjustments and other program changes. With agreement from Myra Muramoto, we have aligned the July 2025-June 2026 contract with the NIH salary cap (lower than the previously set cap for the position), and we are exploring modest increases in mentor honoraria and staff travel funds. The LEADS evaluation report, supported by a $10,000 grant from the ABFM Foundation, is currently underway with an external evaluator hired to support the ADFM staff team by pulling together the available data and generating a structured report. These efforts will inform decisions about program growth, quality, and financial sustainability over the next several years.

By the end of Q3 2025, in partnership with the new research coordinator at NAPCRG, complete at least one of the ADFM-owned objectives in the national research strategic plan.

Work is actively progressing on several ADFM-led objectives from the National Research Strategic Plan. The Chair Curriculum and CTSA one-pagers are well underway, with content continuing to develop in collaboration with NAPCRG and the other organizations. The national website has launched with early drafts available (link here), and recording of the Chair Curriculum modules has begun; the first was released in mid-October. These deliverables represent tangible advancement of ADFM's leadership role in the broader family medicine research infrastructure effort and our continued leadership in this space.

By the end of Q2 2025, develop a succession plan for the Executive Director with the Executive Committee to help ADFM plan for the future.

An initial plan for writing up a formal succession plan was shared with the ADFM Board at the January meeting, followed by a full draft of said plan that was reviewed by the Executive Committee in August (it was ready to be reviewed in May, but other emergency agenda items prevented earlier review). After review, the plan was approved for presentation to the Board in August 2025. This document provides a proactive framework to ensure organizational stability and leadership continuity in the years ahead and is included as ***Appendix A*** to this report.

By the end of Q4 2025, pilot the external review consultation process with two or more additional departments and use this experience to create a business plan for an ongoing consultation model.

The proposed business plan for the External Review Consultation pilot process was approved by the Board on January 31, 2025. Three departments expressed interest in participating in the pilot. One department completed a full review in June 2025, following contract signing in March, and provided excellent feedback on the process and outcomes. The two other departments have committed to a review in early 2026, with contracting currently underway for both. These pilot experiences are helping to refine the consultation model and will serve as the foundation for developing a sustainable business plan for future implementation.

Other Accomplishments in 2025

Membership

We ended 2025 with a continued strong membership count. The final numbers were 161 Chair members (we had 165 in 2024 and 166 in 2023), 90 Administrator members (final 95 in 2024, 101 in 2023), 82 Associate members (final 82 in 2024, 77 in 2023), 9 Associate Administrator members (final 13 in 2024, 7 in 2023) and 15 Associate Lifetime members (16 in 2023 and 2024).

A couple of the departments lost in 2024 were renewed for 2025 and we added 3 new departments this year:
- Henry Ford Health (chair: Denise White-Perkins, MD, PhD)
- NYU Long Island Grossman School of Medicine (chair: Francis Faustino, MD)
- Dignity Health East Valley (chair: Abdul Waheed, MD)

As usual, several departments were lost this year, despite persistent follow up until (and after, in several case) the July 1 deadline.
- West Virginia University – Eastern Campus – *chair left and there is an active chair posting, not yet replaced*
- Meharry University – *chair left and there is an active chair posting, not yet replaced*
- Mercer University, Savannah campus – *we believe the chair left and there is an active chair posting, not yet replaced*
- Charles Drew University – *did not renew or respond to follow up*
- Texas Tech – Odessa – *did not renew or respond to follow up*
- Case Western University – *did not renew or respond to follow up, admin team said they would pay but then did not respond*
- University of Maryland – *did not renew or respond to follow up, admin team said they would pay but then did not respond*

These departments will be pursued for 2026 dues renewal.

In addition to these, it is worth sharing two intentional departures.
- Idaho State University - *From chair: I gave notice of my pending retirement a year ago to ISU. It occurred June 1 this year. Unfortunately rather than replace me and maintain the Chair position ISU admin elected to leave the position unfilled for the moment and disperse the duties amongst multiple faculty. I expect you will have to close membership of ADFM July 1. The administrative person to inform is included in this email. Thank you for my years of inclusion, enrichment and welcome.*
- Florida International University Herbert Wertheim College of Medicine - *taking a hiatus from ADFM. They have undergone some reorganization and while he maintains the title of chief of family medicine, they no longer have a department, division, or other administrative structure for family medicine. Under the current circumstances, he thinks it's best to defer membership in ADFM at this time.*

Outcomes of the 2025 Annual Conference

The 2025 conference theme was "Advancing Family Medicine through Partnerships" and kicked off with a panel and case discussion highlighting scenarios in which departmental programming was challenged

by external dynamics, exploring what approaches could lead to successful outcomes of maintaining the mission of the program while managing risks like losing funding or legal challenges. Another session of note was a panel conversation highlighting the role of administrators in our departments, exploring a range of organizational structures that influence how chairs and administrators can best work together to support their departments. Finally, another "partnership" we highlighted was the partnership with trainees, by featuring a panel of current and former trainees who had led an innovation within their departments while they were in training. We received positive feedback about the conference content and hope to continue building on these topics at the coming conference in February 2026.

Strategic Committee Projects

In addition to the updates on strategic priorities highlighted above, our strategic committees have been hard at work with delivering content, peer sharing, and more. This year, we were particularly active on developing and delivering "hot topic" discussions, added a new "ADFM Read to Lead" opportunity for engagement, and continued the ongoing meet-ups of our Research Director + Chair, DEI Leader + Chair, and Clinical Operations + Chair groups. More of the committees' accomplishments and a summary of highlights from this year are included in ***Appendix B***

Our supplemental programs

The LEADS and our BRC fellowship continue to be highly valued, as demonstrated by the excellent engagement and outcomes. For example, several recent new chairs were LEADS fellows in recent years, and this year's BRC Fellowship application process yielded 12 applications. We have been encouraged by the increasing "brand recognition" for both of these programs and are very pleased to share the summative reports of both the LEADS fellowship since its expansion (2019) and the BRC program since its inception (2017) as part of the materials for the Board and membership this year.

Attached as ***Appendices C and D*** to this report are these summative evaluations.

Ovearll, 2025 was another year full of great work by our staff, our 6 operational committees (Executive, Nominations, Finance, Membership, Administrators' Steering, Conference Planning), our 6 strategic committees (listed above), our BRC effort (Steering Committee + 4 sub-committees: curriculum, consultation, fellowship, assessment & evaluation). Thank you all for your ongoing efforts and support of this organization!!

Priorities for 2026

In 2025, we pushed forward on several areas of capacity assessment, with moving the National Research Strategic Plan forward, creating a succession plan for the Executive Director role, working toward LEADS growth and revenue, and piloting the process of ADFM serving as a "broker" for external reviews. Our current strategic plan ends in 2026, so I see several efforts requiring some strategizing for the future in 2026 including:

1. In 2026, maintain the same number of dues-paying members as we have had within the recent years.
2. In early Q1 2026, work with the Board to begin the next round of strategic planning for the organization to have a finalized new plan by the end of 2026.

3. By Q2 2026, finalize a plan for a "strategic use fund" and what the process for using these funds should look like, if the Finance Committee and Board agree to move in this direction (on docket for discussion Nov 2025).
4. By the end of 2026, finalize and approve a plan for LEADS faculty going forward as part of the ongoing effort to support the sustainability of the program.
5. Within the 2026 year, finalize the plan for an ADFM honorific or award, including the plan and timeline for launch of whatever is determined to be the structure the Board wants to move forward (to discuss further Nov 2025).
6. In mid-2026, after trialing the approach, revisit whether the "open-ended" hot topics, for member check ins and discussion, are the right approach to provide space for peer sharing and support.

ADFM Executive Director Succession Plan
May 2025
Approved by the ADFM Board of Directors 9.19.2025

The following provides information on processes and procedures in the event of either a planned or unplanned departure of the executive director of ADFM.

INTERIM LEADERSHIP PLAN
The interim plan may vary depending on the length of absence of the ED. The ADFM staff team has a very close working relationship and the staff are familiar with much of the work that is overseen by the Executive Director. They would be less familiar specifically with the work of the Executive, Nominations, Finance, and Membership Committees, though the chairs of these committees would be able to catch them up for urgent and immediate support needs. They might also be less familiar with the work of board agenda development, but Samantha Elwood has agreed it would be useful in her role overseeing the work of the strategic committees to come more regularly to Board meetings, so she will soon be better poised to step in in an emergency.

In the event of a longer absence, the Management Agreement with STFM holds that STFM is ultimately accountable for the provision of management services to ADFM, and that While STFM is responsible for the hiring, supervision, compensation, and termination of its contract employees, STFM will consult with ADFM's Board of Directors prior to significant personnel actions in respect to the position of the ADFM Executive Director, or with the ADFM Executive Director in respect to any other contract employees, with good faith intent of implementing these by mutual agreement whenever possible. Thus, in the event of a longer unplanned, but temporary, absence of the ADFM Executive Director, STFM would work with the ADFM Board of Directors to identify an appropriate interim ED, which may be an ADFM or STFM staff person, situation dependent.

I have been working to migrate all of my local files to Google Drive so that they would be accessible to ADFM/STFM staff teams with the right permissions. Most of the shared work of the organization outside of the duties solely held by the Executive Director are already documented in our shared Google Drive, and therefore readily accessible by any member of the team.

EXECUTIVE DIRECTOR JOB DESCRIPTION AND RESPONSIBILITIES
The ADFM Executive Director is accountable for managing ADFM staff and fulfilling the job duties as outlined in the ADFM executive director job description, the management services agreement, and the consulting agreement with STFM.

Executive Director Job Description
Please additionally see the current ADFM Management Services Agreement Detail excerpt appended to the end of this document which articulates the functions of current management services and the "who does what" for each of these

Position: The Association of Departments of Family Medicine's Executive Director is the chief executive officer, responsible for advancing the ADFM mission and strategic goals by implementing financial, advisory, public relations, educational, advocacy, membership and other programs and policies approved by the ADFM Board of Directors.

<u>Responsibilities</u>

Leadership & Management:

- Oversees all staff, operations, programs and initiatives of ADFM.
- Serves as an ex-officio member of the ADFM Board and Executive Committee without voting privileges but as an integral member of the executive team.
- Works with the ADFM Executive Committee and Board of Directors to formulate and implement the strategic priorities of ADFM.
- Staffs Executive, Nominations, and Finance Committees
- Signs formal reports for ADFM
- Responds to feedback from members and others in a timely and efficient manner
- Welcomes new members to the organization

Communication & Collaboration:

- Facilitates communication between ADFM and the other organizations of the Family of Family Medicine and other organizations with aligned interests, represents ADFM at meetings of these organizations, and assists the ADFM Board in decisions and operationalization of funding of and participation in collaborative projects with the Family of Family Medicine
- Manages relationships with employees and partners to advance the ADFM strategic directions and accomplish the ADFM work plan.
- Oversees the ADFM Annual Conference meeting planning and staffing
- Serves in leadership roles for efforts sponsored by ADFM and oversees appropriate staffing and volunteer leader participation in collaborative activities
- Serves as contact between ADFM and legal counsel.

Financial & Fund-raising:

- Maintains Management Agreement with Society of Teachers of Family Medicine (STFM), including annual review of agreement by both parties with discussion of collaboration, mutual goals and opportunities
- Oversees financial planning, budgeting, oversight and operations; Assumes responsibility, under supervision of the ADFM Board of Directors, for the proper disbursement of funds
- Directs fund-raising activities for ADFM including outside sponsorship of the Annual Conference and oversight of the ADFM Heritage Fund

EXECUTIVE DIRECTOR PERFORMANCE EVALUATION PROCESS
The ADFM Executive Director is accountable to both the STFM Executive Director and to the ADFM Board of Directors in performing duties outlined in the management services agreement. The Executive Director of STFM will evaluate the performance of the ADFM Executive Director annually, with input from the ADFM Board of Directors and key ADFM staff as requested.

Annual evaluations have focused on meeting annual goals set by Amanda in agreement with the Executive Committee and reviewed by the Board, as well as a general overview of budgetary

performance and levels of satisfaction with performance/other feedback from the Board of Directors.

ADFM Executive Director salary history can be found within the ADFM-STFM Management Agreement documentation. ADFM has used STFM's philosophy for setting salary:

The Society's philosophy is that its compensation will be competitive with individual membership associations with similar budgets and staff size. The Society acknowledges that that CEO is an association professional whose compensation will be based on compensation similar to his/her peers. ASAE provides research on salary and benefits to consider association national and area benchmarks.

PROCEDURE FOR HIRING NEW EXECUTIVE DIRECTOR
In 2019, the ADFM Executive Director Search was led through an internal process. ADFM conducted a national search (advertised in ASAE and through the ADFM chair and administrator listservs) and received the applications to the outgoing ED. The outgoing Executive Director led the initial screening process and preliminary interviews; the finalist candidate interviews were conducted by STFM Executive Director and CEO, Stacy Brungardt, and members of the Executive Committee, not including the outgoing ED.

The position qualifications in this 2019 search included the following:

- Bachelor's degree required; master's degree or higher favorably considered.
- Experience working with membership organizations including member recruitment and retention skills
- Ability to execute activities completely – meeting deadlines, measures, and cost estimates
- Excellent interpersonal, verbal, and written communications skills
- Expertise at successfully working with and leading teams
- Demonstrated acumen with budgeting and financial management and/or ability to learn on the job
- Comfort with ambiguity and creative problem solving with a high level of emotional intelligence
- Demonstrates and models the organization's core values
- Facilitative style with ability to delegate effectively
- Skilled at developing and nurturing positive relationships with members, staff, organizational leaders, and external partners to enhance service, manage expectations, and respond to member feedback in a timely and efficient manner
- Proven success in developing and implementing multi-year strategic plans and measuring their successful implementation
- Proven success at developing and managing new programs that generate revenue
- Experience at working within a family medicine or primary care organization is not required but will be favorably considered
- Experience working with a board of directors preferred

- Certified Association Executive credential is not required but will be favorably considered

STAFF PROFESSIONAL & LEADERSHIP DEVELOPMENT
A strategy for employee development can ensure that ADFM has staff ready to reach their full potential and step in to lead when needed. Professional development is encouraged and budgeted for all the staff and is incorporated in all staff goals. Staff are evaluated on an annual basis, including to assess how well they are meeting their professional goals, as well as how well they are meeting their outlined job description and whether any updates are required as they grow their skills. Salary increases are granted on the basis of individual performance, progress, and quality and quantity of work, with consideration of the overall organizational budget.

Previous staff reviews can be found in Amanda's files on Google Drive in the "Computers" → "ADFM (Amanda files) → "ADFM" → "Management agreement, staffing, other contracts"→ "staff reviews" folder.

GENERAL INFORMATION
- Many of the operational guidelines and requirements can be found in the [ADFM policy manual](#); this has been recently refreshed and is now reviewed at a minimum every 3 years. It is also now published in a way that allows transparency and accessibility (see ADFM website, Resources Tab, and ADFM Policy Book in the Member Center section)

- ADFM's accounting is overseen by STFM staff; they have the most current financial information for the organization. The ADFM Executive Director leads the budgeting process in consultation with the ADFM Finance Committee and the STFM accounting and meetings staff.

- The ADFM staff team meets weekly to touch base on all programs and projects.

- The Operations folder on the ADFM Google Drive has a wealth of information about how the organization operates. Four critical documents in this folder are:

  - ADFM Program Assessment (whatever the most current version is) – *this highlights every program that we currently have underway and who is in charge of it*
  - ADFM document structure – *this describes where to find all pertinent materials for organizational business, programs and projects, collaborations, and operations*
  - ADFM Annual Calendar of Events – *this document gives the annual cycle of events, operations, and activities for ADFM.*
  - Logins – *this contains the login and password information for shared ADFM accounts*

- The Organizational Business folder on the Google Drive also contains critical information, including materials on Board meetings (agendas, materials, minutes) and ADFM Consultations and Nominations materials.
- ADFM Business Meeting minutes can be found on the ADFM Confluence site.
- ADFM Executive Committee agendas and materials can be found in Amanda's files on Google Drive in the "Computers" → "ADFM (Amanda files) → "ADFM" → "ADFM Committees - OPERATIONS"→ "EXEC COMMITTEE" folder.

- Some simple but key information like current Board terms can be found on our website, under the About Us section.

ADFM and STFM Management Services Agreement Detail

Functions, by Level, of Current Management Services

Given the complexity of the functions being carried out, it is important to be clear on the levels of function required to adequately serve ADFM. On the following pages is a list of the current contract tasks, with added functions currently being undertaken, each tied to these four

levels of position/expertise necessary for execution:

- o Level 1: Executive Director (Amanda Weidner)
- o Level 2: ADFM Strategic Project and Data Manager (Samantha Elwood)
- o Level 3: STFM Conference Staff (Melissa Abuel or Sydney Brown)
- o Level 4: STFM (and ADFM) Member Relations Specialist (Kim Sevedge)
- o Level 5: ADFM Program and Communications Coordinator, incl Building Research Capacity Initiative (JoBeth Hamon)

2025 MANAGEMENT SERVICES AGREEMENT

This agreement between the Association of Departments of Family Medicine (ADFM) and the Society of Teachers of Family Medicine (STFM) outlines those management/administrative services that STFM will provide ADFM.

MANAGEMENT/ADMINISTRATIVE SERVICES

Board, Committee, and Member Support

- Oversee tasks/planning/strategic plan implementation- Level 1
- Staff Board and Exec Committee work/taskforces -Levels 1 with support from Levels 2,5
- Telephone contact with ADFM members – Levels 1,2,4,5
- Staff Nominations Committee - Level 1
- Staff Membership Committee – Level 1, 4
- Manage communication with members and other organizations - Level 1,2, 5
- Manage member listservs – Level 4
- Arrange for and help staff Board meetings/calls - Level 1, 5, 2 as needed
- Staff Executive Committee - Level 1
- Work with past president (Board Chair) to develop Board meeting agenda - Level 1
- Work with president to manage agenda and work of Executive Cmt - Level 1
- Write and distribute Board minutes – Levels 1

- Provide oversight, with treasurer, to develop and monitor annual budget - Level 1
- Staff Finance/Audit Committee - Level 1
- Arrange for committee conference calls – Level 2, 5
- Staff work of standing committees (incl. calls and projects), ensuring integration across activities - Level 2
    - Staff work of the Building Research Capacity (BRC) Steering Committee – Level 5
    - Staff work of the Building Research Capacity Workgroups – Level 5
    - Support the Building Research Capacity fellowship – Level 5
    - Provide assistance to staffing of ADFM Research Development Committee as intersecting with BRC – Level 2, 5
- Process mail and member/prospect requests and maintain files - Level 4
- Maintain information on committees – Level 2,5
- Send notices to Board and committees - Level 1,2,5
- Communicate with related organizations on ADFM's behalf - Level 1
- Update database and related reports, procedures, etc. – Levels 3, 4, 5
- Represent ADFM at the Family Medicine Leadership Consortium (attend planning meetings, Consortium meetings, etc.) - Level 1
- Represent ADFM at the Council of Academic Family Medicine (attend meetings, etc.) - Level 1
- Oversee ADFM LEADS Fellowship Program – Level 2, 5, 1
    - Lead & support ADFM LEADS Oversight Committee – Level 1, 2, 5
- Work with Administrators' Steering Committee to ensure integration into ADFM - Levels 1,2,5
- Quarterly newsletter and regular social media communications – Level 5

Membership Recruitment/Retention

- Develop and coordinate recruitment approach for non-members – Level 1,4, 5
- Run dues notices and reminders; mail to all members – Level 3,4
- Receive/record dues payments – Level 4
- Run reports of current members – Level 4
- Enter/maintain changes in member records – Level 4
- Process new member welcomes – Level 1, 4
- Staff annual and special survey development; ensure survey readiness and completion, serve as survey contact; generate survey reports – Level 2
- Work with Communication Chair on communications – Level 1, 2, 5

Financial (all STFM and Level 1)

- Develop budgets and analyze financial reports
- Write checks, make deposits, and manage checking/savings accounts
- Enter transactions in accounting system
- Review monthly transaction reports
- Produce quarterly financial statements
- Assist with gathering information for annual tax return and preparations for 990 Tax Report
- Process reimbursements and payments

IT Services - (65 hrs./year, avg 5.4 hrs./month)

STFM will charge an hourly rate for any IT work that is outside the scope of this management agreement. The fee is $75/hr. for STFM staff work and $100/hr. if they need outside consultants.

- Manage AMS database and web services including maintenance and licensing
- Create/Update processes and information to the AMS and Web site, including:
  - Move website content, update site permission
  - Perform navigation, format and style changes to website
- Annual renewal drive
  - Data cleanup and verifying company links to chairs and admins
  - Update AMS membership program codes.
  - Update the automated renewal email document (with input from Level 1)
  - Update member reminder emails
- Annual Meeting
  - Build the online registration for that event
  - Build in LEADS fellowship program codes
- General member support, password resets, website inquiries

MEETING SERVICES

Interface with Program Committee

- Staff Program Committee conference calls - Levels 5
- Participate on Program Committee calls – Level 1, 2, 3
- Develop budget for conference – Level 1, 3, 5
- Work with Program Committee/Chair to integrate content, prepare panelists and ensure smooth flow/optimum content of sessions - Level 5
- Staff all planning and execution of Building Research Capacity functions – Level 5

Program Sponsorship

- Outreach to local host chairs for sponsorship (with Program Chair) – Level 3, 1
- Outreach to membership for sponsor table opportunities – Level 3, 1
- Outreach to external entities for sponsorship – Level 3, 1
- Processing sponsorship applications and invoices – Level 3

Site Selection – ALL Level 3

- Send request for proposals to hotels and explore site options
- Review hotel proposals with Executive Committee and Program Chair/Co-Chair Triad
- Negotiate hotel contract
- Negotiate AV contract (if separate)
- Review and negotiate other contracts as needed (with support from Level 1)

Logistical Arrangements

- Track and confirm presenter AV needs - Level 5
- Prepare, review, and revise banquet, AV, and other orders – Level 3
- Receive/record registration forms – Level 3, 4
- Print reports of registrations received – Level 4
- Track registration vs. budget for meeting – Level 3
- Prepare signs – Level 3
- Send letters of agreement/contracts to speakers – Level 5, 3
- Coordinate reimbursement of speakers – Level 3
- Send thank you letters to speakers – Level 5
- Edit and layout brochure and final program – Level 5
- Coordinate sharing of brochure and registration information – Level 5
- Posting of conference information on the ADFM website – Level 5
- Coordinate conference registration (website, communications, eligibility) – 5, 3, 4, IT staff

Conference Materials

- Review and prepare conference materials; share on website – Level 5
- Enter abstracts, etc. for final program – Level 5
- Layout final program – Level 5
- Run and print participants list – Level 3, 4
- Run badges for registrants/speakers - Level 3, 4
- Print badges and other hard copy materials as needed – Level 3,4
- Prepare registration envelopes – Level 3, 4
- Ship packets/supplies to hotel – Level 3, 4

On-site Registration and Logistics - Level 3 with assistance from levels 5, 2

- Hold preconference meeting with hotel staff
- Staff registration/information desk
- Coordinate meal guarantees/room setups
- Review hotel bill for errors
- Other interface with hotel and vendors as needed

Evaluation Process – ALL Level 5

- Develop conference evaluation forms (general and session-specific as needed)
- Collect evaluation forms on site as applicable
- Run reports of evaluation data and share with Program Committee

ADFM
Association of
Departments of
Family Medicine

VISION. VOICE. LEADERSHIP

STRATEGIC WORK PLAN

Strategic Committee Highlights
Nov. 2024 – Nov. 2025

ADFM Strategic Committees	
- Advocacy - Education Transformation - Healthcare Delivery Transformation	- Leader Development - Representation, Engagement, Access, Community and Health (formerly DEI Committee) - Research Development

HIGHLIGHTS

VIRTUAL OFFERINGS

9 ADFM Hot Topics (Register for future hot topics on our website)

1. Strengthening Family Medicine OB: Brainstorming a Playbook: *74 registrants*
2. Balancing Act: Advocacy in Institutions with Conflicting Priorities: *22 attendees*
3. Demystifying the Search Process: *23 attendees*
4. Exploring Financially Sustainable Models in Academic Family Medicine: *37 attendees*
5. Advocacy session 1: Sustaining Leadership in these Trying Times: *21 attendees*
6. FM AIRE – Residency Redesign in Real Life: *20 attendees*
7. *Advocacy session 2:* What we CAN do in these unprecedented times: *30 attendees*
8. Accelerated Medical Pathway Programs: *32 attendees*
9. October Hot Topic – Open Forum: *11 attendees*

4 REACH Leaders and Chairs Meetings (formerly DEI Leaders and Chairs meeting): *11–30 attendees*

4 Research Directors and Chairs Meetings: *40+ attendees*

3 Clinical Operations Leaders and Chairs Meetings: *20+ attendees*

Launched the Research Curriculum for Department Chairs

- A four part series that includes a recorded webinar, presentation, and white papers for each of the four topics: Ecosystem, Infrastructure, Regulation, and Funding.

CONFERENCE SESSIONS

4 ADFM Conference sessions all with 25+ attendees
- Leader Development Pre-Conference: Bridges and Pathways: Navigating Relationships and Career Transitions
- Chairs Skills Workshop: Blueprints for Success: Strategic Planning and Culture Building for New Chairs
- Leadership & Management Dilemmas Dinner
- Main stage session: How to respond when departmental programming is challenged by the changing legal landscape

1 STFM MSE Pre-Conference
- So You Want to Be a Family Medicine Leader? Here Are the Tools That You Need!

2 STFM Session on the ADFM Leadership Competencies for Senior Leaders with 20+ attendees
- Leading Change in Dynamic Times: Leadership competencies on managing transitions
- Recruiting from within: Challenges and opportunities with faculty development

1 AAFP FUTURES Conference session
- Charting a Course into Residency and Beyond with Research

2025 Submissions:
- **2** accepted proposal for STFM MSE Conference
- **1** submission AAFP FUTURES Conference
- **1** submission for STFM Annual Conference

PUBLICATIONS

- **5** Annals Commentaries
- **1** STFM Journal publication, "Institutional Strategies to Boost Medical School Graduates Entering Family Medicine"
- **4** Quarterly Newsletters

LEADS FELLOWSHIP UPDATE

- **4** in-person workshops
- **17** outgoing fellows
- **16** incoming fellows
- **2** returning faculty advisors
- **1** alumni reception
- **1** alumni survey
- **1** evaluation report

BRC UPDATE

Fellowship:
- **8** outgoing fellows

- **8** incoming fellows
- **2** outgoing faculty advisors
- **1** incoming faculty advisors
- **4** returning faculty advisors

Other projects:
- **1** completed consultations
- **3** initial exploratory consultations
- **5** presentations at 3 conferences

PARTNERSHIPS ENGAGEMENTS AND INITIATIVES WITH OTHER ORGANIZATIONS THIS YEAR

Council of Academic Family Medicine (CAFM)
- [AI and education guiding values](#)
- AAFP FM Privileging Advisory Committee
- Collective letter to AAMC about the workforce shortage report
- Overlap of ADFM members in FMLC leadership roles – Jehni Robinson, MD, ADFM Board Chair, is Chair of [the Academic Family Medicine Advocacy Committee (AFMAC)](#)

Initiatives with STFM:
- Partnership on key initiative titled, "[Family Medicine Artificial Intelligence Centers of Excellence](#)"
- Summer podcast series on the Lifecycle of Leadership : [part 1](#), [part 2](#), and [part 3](#)

National Strategic Plan for Research in Family Medicine:
- Have representatives on STFM's new Scholarship Taskforce
- Sharing [Research Curriculum for Department Chairs](#) materials with NAPCRG, and STFM
- Created webpage on [NACPRG website](#) regarding how to partner with CTSAs
- Hosted session on "Charting a Course into Residency and Beyond with Research" at the 2025 AAFP FUTURES Conference with plans to facilitate a session at STFM MSE Conference in 2026 and at the 2026 AAFP FUTURES Conference (pending submission acceptance).
- [US FM Research Training Database](#) - over 160 tracks included

Family Medicine Leadership Consortium (FMLC)
- Overlap of ADFM members in FMLC leadership roles – Joseph Gravel as Past President of STFM

AAMC Council of Faculty and Academic Societies
- CFAS reps also strategized on workforce report responseAAFP Commission on Education

2024-2026 STRATEGIC WORK PLAN
Report as of November 2025

SMARTIE GOALS **Strategic Measurable Ambitious Realistic Time-bound Inclusive Equitable**	Dec. '23 - May '24	June '24 - Nov. '24	Dec. '24 - May '25	June '25- Nov. '25	Dec. '25 - May '26	June '26- Nov. '26	Status/updates
OVERARCHING GOALS: <u>**Looking to the future and staying current**</u>							
1. In late 2023 or early 2024, the ADFM Membership Committee will explore if and how to make membership in ADFM more inclusive, recognizing the changing landscape and organizational structures of academic medicine. a. Recommendations will be brought to the ADFM Board for consideration and action.							**Achieved.** Reviewed and revised Articles of Incorporation to remove membership specifications to the bylaws; Membership Committee revised definition in bylaws to allow more flexibility
2. In 2024-2026, host discussions of the family medicine CFAS representatives and other key audiences about how to better engage with medical school and health system leadership to promote academic family medicine and how we can influence the care of the community.							**In progress.** Encouragement and engagement by ADFM to set up meetings of FM orgs' CFAS Reps in summer 2024 to strategize conversations for 2024 AAMC and going forward; met several times with the group. Met in April 2025 to discuss a strategy for the next CFAS meeting, mainly focused on advocating for reconsidering the recent AAMC report on primary care workforce Found some momentum/opportunities with current ORR representatives being elected to the AAMC board. | Discussion with FM Deans about the levers for making change in academic health systems at ADFM Board Meeting Nov 7 2024

		🟥	🟨	🟨	🟨			Explored co-creating content with ACHE for their audience. Virtual session scheduled for January 21, 2025.
3.	By Feb 2025, identify or generate a "one pager" that makes the business case for investing in family medicine, including within an academic health system (including downstream revenue, etc.).	🟨	🟨	🟨	🟨			**In progress.** Included related questions in 2024 ADFM Annual Survey | Will use input from discussion with FM deans in Nov. 2024 and use advocacy workshop at ADFM Annual Conference to create initial draft. **In 2025, using audience notes from the** advocacy workshop titled, "Building the Business Case for Family Medicine: Getting Your Point Across," developed two one pagers (one for Deans and one for health systems leaders) within a subgroup of the ADFM Healthcare Delivery Transformation Committee .
4.	At the 2024 ADFM conference, make space on the agenda for innovative/disruptive "think tank" type discussions.	🟨	🟩					**Achieved.** Hosted keynote by Tim Hoff, followed by discussion on four key areas: 1) Relational Medicine/Partnership Building With Patients, 2) Digital Health Immersion, 3) Advocacy for FM Within the Workplace, 4) Career Sustainability/Wellness - which also led to an Annals Commentary piece | Added "Innovations Showcase" opportunity at 2023 conference, continued 2024 and 2025 and into 2026
5.	By January 2025, develop goals to leverage our influence and power to improve the health of the communities we serve.	🟥	🟥	🟥	🟨			**In progress.** Goal was t**o turn attention to in 2025 to determine** how to build on these efforts and discussions to develop goals. Although have not yet set up goals for leveraging our influence and power to improve the

Status: not started/on hold; in progress; achieved/ongoing

	🟥	🟥	🟥	🟨			health of the communities we serve, we have pushed forward a couple related initiatives: ● Renamed the DEI Committee to the REACH Committee, which better reflects the intents of this group ● Collaborated with partner organizations (AFMAC/AAFP) to advocate for AAMC to review their physician workforce report in order to ensure it better reflects the reality of physician staffing numbers across the country. ● Explored creating the Catalyst Award, a way to acknowledge the efforts of mid-to-late career faculty who do not normally receive this type of recognition such as PhD faculty. ● Launched a departmental review pilot series
Communications							
6. By late 2023, work with CAFM on a collective statement addressing supreme court decision on affirmative action, or, if CAFM does not pursue this, a re-affirmation of our anti-racism statement and values in the context of the supreme court decision on affirmative action.	🟩						**Achieved.** Joint statement
7. Between late 2023 - 26, design a strategic communication plan to provide timely updates between our members and other organizations and collaborators, in order to ensure equitable communication across the organization and to our broader constituents.	🟨	🟨	🟩				**Achieved.** Communications audit | Aug 2024 Board agreement on plan to make some forward movement on our "communications" goals; highlights in Jehni Robinson's Sept 19 2024 presidential column here | In spring 2025, pulled together a group of communication specialists from family medicine departments and are starting to

3 **Status**: not started/on hold; in progress; achieved/ongoing

			■ (green)				meet quarterly. Have held 3 meetings so far. Next meeting will be in 2026.
8. As part of this communication plan, include an outreach strategy to health systems that have a large academic component to offer membership and resources such as LEADS.	■ (pink)	■ (pink)	■ (pink)	■ (yellow)			**In progress.** Started to make progress on this goal in 2025 with the following ● Exploring areas of collaboration with ACHE, starting with the January webinar ● Preparing the two business cases for family medicine one-pagers ● Explored areas of collaboration with Witt Kieffer, which led to a hot topic on working with search firms ● Launched the department review pilot program, which has the opportunity to build relationships with specific institutions ADFM ● Continue to look for creative strategies to market LEADS to health systems
Advocacy Committee							
1. Between late 2023-26, build a communication strategy within ADFM for strengthening advocacy relationships across CAFM, AFMAC and AAMC.	■ (yellow)	■ (yellow)	■ (green)				**Achieved.** Voter Voice platform launched summer 2025 for urgent legislative requests; working on collecting member voting zip codes for targeted outreach | Nina DeJonghe now providing monthly updates to ADFM, AFMAC, and the other CAFM orgs
2. Between late 2023-26, activate ADFM member departments for advocacy through providing at least one training as well as resources and opportunities to partner on issues of interest.	■ (green)	■ (green)	■ (green)	■ (green)			**Achieved/ongoing.** 2024 Annual Conference session on, "Translating Evidence into Policy and Practice Change: Ensuring Your Research and Knowledge Generate Impact," and

Objective							Status/Notes
	🟩	🟩	🟩	🟩			planning follow up session at 2025 Annual Conference. 2025 ADFM Hot Topic on Balancing Act: Advocacy in Institutions with Conflicting Priorities 2025 ADFM Annual Conference session on, "Building the Business Case for Family Medicine: Getting Your Point Across." 2025 ADFM Hot Topics: 1) Sustaining Leadership in these Trying Times and 2) What we CAN do in these unprecedented times

Diversity, Equity, and Inclusion Committee

Objective							Status/Notes
1. Between 2023-26, generate at least one publication on issues of DEI in departments of family medicine.	🟨	🟩	🟩	🟩			**Achieved.** ● Departmental Metrics to Guide Equity, Diversity, and Inclusion for Academic Family Medicine Departments ● Returning to Our Values: How to Continue DEIA Efforts in an Ever-Changing Landscape ● Everything Old is New Again Winter 2026 commentary on name change coming next year
2. In 2024, continue to find ways to build up, support and sustain the DEI directors group with quarterly meetings or other services as advised.	🟨	🟨	🟩	🟩			**Achieved/ongoing.** Continues to be a sounding board for this group.

	🟨	🟨	🟩	🟩			DEI Leaders Updates: Hosted January, March, July, and November 2025 meetings, also assisted with the ADFM conference session related to changing legal landscape. Nov. 2025: Updated group name to REACH Leaders and Chairs
3. Between 2023-26, continue to partner with other key players within ADFM and beyond to widen the DEI space.	🟨	🟨	🟨	🟨			**In progress.** Pushing forward more conversations around strategies to address DEI pushback through CAFM and FMLC. Some of this work is also being addressed through the REACH Leaders and Chairs meetings. With the recent Executive Orders under the Trump Administration, this conversation continues to evolve.

Education Transformation Committee

1. In 2024, this committee will provide 1-3 offerings related to how Departments of Family Medicine can support faculty development in order to address the leadership pathway issue for core faculty within ADFM and across the discipline.	🟨	🟩	🟩				**Achieved.** Included related questions on 2024 ADFM Annual Survey. This has led to an STFM Annual Conference submission, which took place in May 2025. Additionally in the summer of 2024, committee members facilitated peer led study groups for those taking the first HALM CAQ exam and plans to explore offering something similar in the future. In summer 2025, members of the committee hosted a Q&A for individuals planning to take the exam this fall. Committee will continue to monitor the resources for preparing for this exam and consider ways to fill the gaps as needed.

#	Objective	Status						Notes
2.	Between 2023-26, deliver content in the form of, at a minimum, one webinar, one hot topic discussion and one publication addressing education transformation and identifying systemic impact on underrepresented populations that those transformational efforts may have.							**Achieved/ongoing.** ADFM hot topics on: Competency-Based Board Eligibility, Partnering with Programs to Create a Culture of Competency-based Medical Education in Family Medicine, Specialty Respect, FM AIRE, and Accelerated Medical Pathway Programs.

Healthcare Delivery Transformation Committee

#	Objective	Status						Notes
1.	Between 2023-2026, deliver content in the form of a webinar, hot topic discussion or publication 2-3 times a year that highlights timely healthcare delivery related topics with diversity, equity and inclusion themes interwoven into the content and panelists/author selection process.							**Achieved.** The committee continues to discuss future hot topic discussion. Several members were involved in the April 24, 2025 Hot Topic: Exploring Financially Sustainable Models in Academic Family Medicine. Also planning a related session at the 2026 ADFM Annual Conference. ADFM hot topics on: Primary Care Spend: Ideas and Opportunities, Primary Care Service Lines and Community Advisory Boards Members were also heavily involved in the one-pagers for Deans and Health Systems Leaders making the business case for Family Medicine Wrote ADFM Annals Commentary: The Changing Role of a Chair and DA: Follow-Up from the 2023 ADFM Annual Conference Session
2.	In 2024, identify clinical section leaders across institutions and explore creating opportunities to foster collaboration and knowledge sharing among that group.							**Achieved/ongoing.** Hosted Clinical Operations Leaders meeting on Sept. 19, 2024: 35 attendees. Additionally,

		🟩	🟩	🟩	🟩	hosted meetings in January, July and October 2025. Next meeting in December will continue the discussion from the last two meetings on AI and will feature Steven Lin, MD, lead of the STFM AI Taskforce. Attendees ranged 10 - 30.

Leader Development Committee

1. Between 2023-26, develop a means of supporting growth and development of department chairs and other senior leaders in order to adequately prepare them to positively impact the disparities and inequities in the healthcare system in their current and future roles.						**In progress.** Included related survey questions on 2024 ADFM Annual Survey; planned related content for the 2025 ADFM Annual Conference Leader Development Pre-Conference and Chairs Skills Workshop; held meetings with the Bishop Society in 2023 and continued to assess the use of some sort of mid-career award/society. In Summer of 2025, surveyed lifetime members and members that have stepped through or out of the chair role, requesting their input on what type of content would be helpful with this type of transition. This will ideally feed into committee programming in 2026. Launched the ADFM Read to Lead, a reading group that will include discussions on a wide range of issues that affect leaders today. The first session was held in September 2025 and included 20+ attendees. Explored creating the Catalyst Award, a way to acknowledge the efforts of mid-to-late career faculty who do not normally receive this type of recognition such as PhD faculty.

2.	Between 2023-2026, provide 2-5 opportunities per year for leadership development at gatherings of academic family medicine (e.g. conferences), with the intention of including 1-2 presenters from a diverse backgrounds and a focus on opportunities for underrepresented minorities in medicine.						**Achieved/ongoing.** Continue to plan annually a seminar for the STFM Annual Conference, a workshop for the STFM MSE Conference, and workshops for the ADFM Annual Conference.
3.	Between 2023-2026, update and/or develop resources for leadership development based on member needs with input from members from diverse backgrounds so they can help shape the resources.						**In progress.** Developed a new webpage for leadership, coaching and mentoring programs, executive coaches list and leadership resources list. Added in a list of recommended organizations and meetings for members to consider getting involved in that would get them outside of the family medicine bubble. Collaborated on a series of podcasts on leadership with STFM that launched summer 2025.
4.	In 2024, continue to support the LEADS Fellowship ABFM Foundation-funded expansion.						**In progress.** Standing item on meeting agenda to receive LEADS updates; members of this committee participate in the LEADS Oversight Committee and monthly webinars as needed. Most recently focusing on marketing efforts for 2026-27 Call for Applications, which included a webinar on working with Search Firms. Annals commentary reviewing program outcomes to date came out in May; major evaluation took place Summer/fall 2025.

Research Development Committee							
1. In 2024, offer regular opportunities for research leaders (research directors, vice chairs and chairs) to connect over topics of shared interest (ex: increasing trust in the shared enterprise, increasing community interest).	🟨	🟨	🟩	🟩	🟩		**Achieved/ongoing.** These meetings are ongoing; next is scheduled in conjunction with the NAPCRG Annual Conference.
2. In 2024, on a quarterly basis, curate funding opportunities for ADFM members and disseminate through the Quarterly ADFM Newsletter or listserv	🟨	🟩	🟩	🟩	🟩		**Achieved/ongoing.** ● ADFM Newsletter Spring 2024 ● ADFM Newsletter Summer 2024 ● ADFM Newsletter Winter 2025 ● ADFM Newsletter Spring 2025 ● ADFM Newsletter Summer 2025 ● ADFM Newsletter Fall 2025

3. In 2024-2026, begin work on National Family Medicine Strategic Plan for Research that ADFM is best poised to lead, including:
  a. A5: Promote a "culture of curiosity" among medical students and family medicine residency programs to ensure the workforce is well-equipped to critically analyze and apply evidence
  b. B4: Advocate for increased funding for Departments of Family Medicine from institutional leadership
  c. B5: Identify and promote promising practices for chairs to support and fund research participation within their departments and institutions
  d. C4: Leverage Clinical and Translational Science Awards (CTSA) networks and create Centers of
	🟨	🟨	🟨	🟨	🟨		**In progress.**
							In September 2024, Shannon Robinson, was hired as the Research Coordinator who will primarily be overseeing this work.
							
							During the 2024 and 2025 series of Quarterly Research Directors and Chairs meeting, used the meeting time to cover topics related to: B5, A5, and C4.
							
							Over the summer of 2025 worked on A5 that included a session at the AAFP FUTURES Conference and planning a session a for STFM MSE. Submitted a proposal for the 2026 AAFP FUTURES Conference as well and looking into developing some new content with NACPRG and AFMRD.

Status: not started/on hold; in progress; achieved/ongoing

Excellence to increase family medicine research within institutions e. Collaboration on other objectives with other organizations as needed						Have also been focusing on B5, working on a chair curriculum about research efforts, which includes an online learning series for chairs that is being launched this fall and winter. Also creating tools for C4 that culminated in the launch of a new webpage
4. In 2024-2026, continue to support the BRC initiative in collaboration with NAPCRG.						**In progress.** Members are actively involved in BRC initiatives and it's a standing item on meeting agenda to receive updates on BRC.

LEADS Fellowship

Comprehensive Evaluation Report 2025

Prepared by Maryam Tanveer, MPH
On behalf of the Association of Departments of Family Medicine
November 2025

LEADS Comprehensive Evaluation Report

Table of Contents

Introduction

LEADS Fellowship Mission

The LEADS Fellowship was developed in 2019 to address the need for a robust and diverse leadership pipeline to meet the growing demand for senior leaders and department chairs in academic departments of family medicine. LEADS builds on a successful but limited fellowship program that ADFM began in 2009, greatly expanding the scope and curriculum of the program, the size of the program, and the eligibility of the program. This one-year program is designed for mid- to late-career family medicine leaders who are either interested in pursuing leadership roles in academic or other health systems—particularly department chair—or exploring whether such roles align with their career goals.

The LEADS Fellowship focuses on strengthening leadership competencies across four core domains: (1) Leadership, (2) Administration and Management, (3) Professional and Personal Development, and (4) Scholarship and Academic Engagement (See Appendix C).[1] Each domain is intended to support fellows in their progression toward senior leadership positions, particularly department chair roles.

During the fellowship, participants:

- Identify areas for professional development from the leadership competencies and complete a project designed to improve skills in some of these areas;
- Develop an ongoing connection with advising from an experienced Department Chair or senior leader on their project and career goals;
- Participate in ADFM's member offerings, including attendance at the ADFM Annual Conference and access to the ADFM Chair listserv;
- Access a number of training and resources specifically designed for LEADS participants.

Applications for the fellowship are due in the summer preceding the program year. Fellows begin their participation at the annual Association of Departments of Family Medicine (ADFM) conference, typically held in February, and engage in weekly activities throughout the year, along with two other in person workshops, before concluding their fellowship at the following year's conference.

Since the program expansion began in 2019, 6 LEADS Fellowship cohorts have completed the program, with another cohort beginning in early 2026. By the end of 2027, a total of 112 individuals

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[1] Borkan et al., "From ADFM: Knowledge, Attitudes, and Skills for Family Medicine Leaders: Competencies for Success."

will have participated in the LEADS fellowship, adding to the 42 fellows from the ADFM fellowship before it became LEADS in 2019 for a total of 154 individuals trained in senior leadership through ADFM.

How to Read This Report

LEADS Logic Model

The following logic model is the framework for the LEADS Fellowship and this evaluation report:
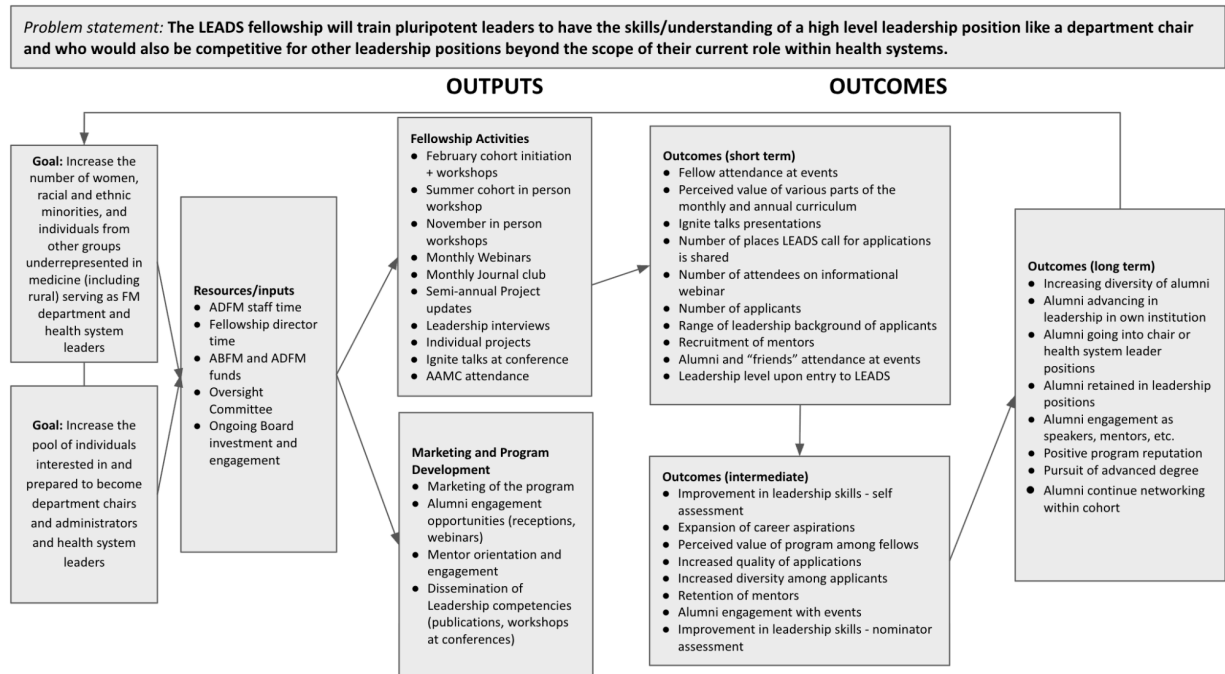
This evaluation report is organized by the anticipated timeframe for observing the outcomes listed in the logic model, with short-term outcomes being discussed first followed by intermediate and long-term outcomes. To comprehensively address each component of the logic model, the following structure is used to organize evaluation contents:

OUTPUT OF INTEREST: A brief summary of the outcome of interest as outlined in the logic model.
ACTIONS TAKEN: Activities implemented to achieve the identified outcome.
EVALUATION METRIC: Measures used to assess progress toward the outcome, along with supporting activities that facilitate evaluation of the metric.

Recommendations can be found throughout the report using the following text box and summarized in the Compiled Recommendations section.

LEADS Executive Summary

The LEADS Fellowship has been successful in achieving its goal of training pluripotent leaders to advance into high-level leadership positions, such as department chair roles and other positions beyond the scope of their current responsibilities within departments and health systems. At the conclusion of the fellowship, all leadership competency domains demonstrated an average increase in fellows' self-reported confidence in their abilities for each competency. Additionally, of the 121 fellowship alumni, 54 (45%) are known to have assumed department chair or other leadership positions, 28 (35%) from LEADS specifically. A majority of participants (77%) agreed or strongly agreed that their participation in LEADS influenced their career decision-making. Among the 22 sponsoring chairs who responded to the survey, most (N= 19, 86%) indicated that the LEADS program met their expectations for growth among their nominees.

The LEADS Fellowship is also highly regarded by participants and sponsoring chairs, reflecting its strong reputation and perceived value. Fellows consistently rate the monthly and annual curriculum highly, with nearly all respondents (N=58) giving strong ratings to webinars, journal club discussions, and workshops. A large majority (86%) agreed or strongly agreed that the fellowship was worth the tuition, travel costs, and time required. Similarly, most sponsoring chairs expressed positive perceptions of LEADS in a survey (N=22) and 90% stated that they would recommend it to others in their departments and to fellow chairs.

Over time, LEADS Fellowship applications have become stronger and more diverse. Since the 2020-2021 cohort, 69 fellows have completed the program. The number of fellows increased from the 2020-2021 cycle to a peak of 16 and has stabilized at 15 fellows per cohort since 2023. Applications have remained stable over the past four years, with 17-18 individuals applying annually. Applicants with educational and clinical backgrounds continue to make up the majority of the applicant pool. Since the 2024-2025 cohort, however, the average application score has risen, likely due to rubric adjustments designed to better assess applicants without clinical experience (i.e. senior administrators). The percentage of women applicants has remained stable over the past three years, while representation among those underrepresented in medicine has fluctuated. Notably, the proportion of applicants classified as "distance traveled" has reached a new high of 76%. Although application quality is high, these application numbers fall below the original goals of the LEADS expansion, and will require the program's financial model to be reevaluated going forward, as described in more depth in this report.

There has also been a strong emphasis on continued engagement with the LEADS Fellowship and ADFM following program completion. Sixty percent of respondents reported maintaining regular contact with their LEADS connections, including 40% who stay in touch with others from their cohort and their chair or faculty advisor. Alumni continue to engage with ADFM through webinar

presentations and guest appearances, conference attendance, and ADFM associate membership. Based on attendance tracking, 17 alumni from the six cohorts between 2020-2026 have participated as presenters or guests in LEADS webinars.

Short Term Outcomes of Interest

- ❖ A high percentage of fellows consistently attend weekly LEADS events.
- ❖ Fellows highly value the monthly and annual curriculum, with nearly all survey respondents giving high ratings to webinars, journal club discussions, and workshops.
- ❖ While fellow feedback is not currently available, public response to the LEADS fellowship project "Ignite talks" at the ADFM conference has been highly favorable.
- ❖ The LEADS Fellowship application was shared with 18 organizations for the 2025-2026 cohort.
- ❖ The LEADS Fellowship informational webinar attendance has been lower in recent years with only 3 attendees this past year.
- ❖ The number of applicants to the LEADS Fellowship has remained stable for the past 4 years with 17-18 individuals applying each year.
- ❖ Individuals with education and clinical leadership backgrounds make up the majority of LEADS Fellowship applications.
- ❖ Mentorship for the LEADS Fellowship has remained consistent, reducing the need to recruit additional faculty advisors.
- ❖ Alumni and "friends" attendance at the annual ADFM conference has been consistently increasing for the past three years (70 attendees at the most recent conference).

Intermediate Outcomes of Interest

- ❖ At the conclusion of the LEADS Fellowship, all leadership competency domains demonstrated an average increase in fellows' self-reported confidence in their abilities for each competency.
- ❖ A majority of participants (77%) agree or strongly agree that their participation in LEADS played a role in their career decision making.
- ❖ A large majority (86%) of alumni respondents (N=34) stated that they agree or strongly agree that the LEADS Fellowship was worth the tuition, travel costs, and time required.
- ❖ Since the 2024-2025 cohort, the average application score has risen, likely due to rubric adjustments designed to account for applicants lacking clinical experience (i.e. senior administrators).
- ❖ The percent of applications from women have remained stable for the past three years while those underrepresented in medicine (URiM) have fluctuated. The percentage of applicants who are classified as 'distance traveled,' however, has increased to a new high of 76%.
- ❖ Alumni engage with ADFM through webinar presentations or guest appearances, conference attendance, and ADFM associate membership.
- ❖ Out of the 22 sponsoring chairs who responded to the survey, a strong majority of respondents (86%) felt that the LEADS program met their expectations of growth for their nominees.

Long Term Outcomes of Interest

- ❖ Among those who completed the LEADS Fellowship alumni surveys, about half identified as

part of an underrepresented group.

❖ Out of the 121 LEADS and pre-LEADS fellowship alumni (not including those currently in the fellowship or about to begin the fellowship), 35 are known to have taken on advanced leadership roles in their institutions (29%).

❖ Out of the 121 LEADS and pre-LEADS fellowship alumni (not including those currently in the fellowship or about to begin the fellowship), 54 are known to have taken on a department chair role or other leadership positions (45%).

❖ Based on attendance tracking in agendas, 17 alumni have attended LEADS webinars as presenters/guests so far between the six cohorts between 2020-2026.

❖ A strong majority of LEADS sponsoring chairs have positive perceptions of LEADS and would recommend it to other members of their departments and other department chairs.

❖ Out of 35 respondents to the 2023 alumni survey, 34% (12) pursued higher masters' or other higher level training. 8 pursued additional leadership training and 4 took a masters degree level courses in business.

❖ Over half (60%) of alumni respondents (N=34) stated that they have regular contact with their LEADS connections, with 40% stating that they have regular contact with others in their cohort and their chair advisor or LEADS faculty advisor.

Compiled Recommendations

Below is a consolidated list of the recommendations that are integrated throughout the report:

Standardize evaluations:
- ❖ ADFM could consider methods to track attendance at every event, formal and informal. This could look like one centralized form for the presenter or staff to fill out where they log how many people they counted to have attended and could also be how feedback about events could be recorded.
- ❖ ADFM may consider soliciting feedback about Ignite talks specifically from fellows to ensure that the presentations meet intended goals and to identify any changes to incorporate to the activity.

Track alumni outcomes:
- ❖ ADFM may consider establishing standard methods to track alumni career paths over time and ensure that Fellowship participants understand that communicating career updates is part of their responsibility in the program, as this information remains difficult to track and as the alumni pool continues to grow.

Assess fellowship outreach:
- ❖ ADFM may reconsider the value of live informational webinars about the LEADS Fellowship and potentially instead move toward recorded sessions or office hours.

Continue to evaluate the LEADS Fellowship curriculum:
- ❖ ADFM may consider adding more content around advancing scholarship and academic engagement to the LEADS curriculum.

Stabilize financial model:
- ❖ ADFM will need to revisit their financial model as desired growth in the start up model has not been achieved. ADFM may consider setting a cap on the number of LEADS fellows per year to promote financial stability by budgeting for a fixed cohort size rather than variable estimates.

Full Evaluation Results

Short Term Outcomes

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Summary of Short Term Outcomes of Interest
- ❖ A high percentage of fellows consistently attend weekly LEADS events.
- ❖ Fellows highly value the monthly and annual curriculum, with nearly all survey respondents giving high ratings to webinars, journal club discussions, and workshops.
- ❖ While fellow feedback is not currently available, public response to the LEADS fellowship project "Ignite talks" at the ADFM conference has been highly favorable.
- ❖ The LEADS Fellowship application was shared with 18 organizations for the 2025-2026 cohort.
- ❖ The LEADS Fellowship informational webinar attendance has been lower in recent years with only 3 attendees this past year.
- ❖ The number of applicants to the LEADS Fellowship has remained stable for the past 4 years with 17-18 individuals applying each year.
- ❖ Individuals with education and clinical leadership backgrounds make up the majority of LEADS Fellowship applications.
- ❖ Mentorship for the LEADS Fellowship has remained consistent, reducing the need to recruit additional faculty advisors.
- ❖ Alumni and "friends" attendance at the annual ADFM conference has been consistently increasing for the past three years (70 attendees at the most recent conference).

</div>

OUTPUT OF INTEREST: Fellow attendance at events
- Fellows participate in weekly virtual sessions focused on strategic career planning and a range of leadership topics, along with the opportunity to learn from their peers and faculty advisors through the program.
- Weekly sessions run from January to the following January, beginning and ending at the annual workshop at the ADFM conference. Other workshops also occur during the program duration, with workshops often being in-person and associated with conferences.

ACTIONS TAKEN: Including the projected sessions through the 2026 cohort, ADFM will have hosted **302 meetings** from 2020 through 2026.
- By January 2026, there will have been 62 journal clubs, 40 project work time meetings, 55 project update meetings, 53 webinars, and 21 workshops. See Appendix A for latest weekly meeting structure details.

EVALUATION METRIC: High percentage (>80%) of fellows showing up for each curricular activity

- Attendance data is only available for the 3 latest cohorts (data for the 2025-2026 cohort is only available until 9/3/2025). On average, **87% of fellows attend each curricular activity**.

OUTPUT OF INTEREST: Perceived value of webinars
- The LEADS Fellowship hosts monthly webinars on topics related to leadership in family medicine.

ACTIONS TAKEN: The LEADS Fellowship will have hosted **53 webinars** between 2020-2026.

EVALUATION METRIC: Positive rating of value for webinars
- Webinar feedback is available for each session attended by the 2025-2026 cohort between March and June 2025.
- **Webinars are highly rated.**
  - All participants (100%) stated that the webinars are a good use of their time, that the topics addressed in the presentation were useful to their leadership development, and that the webinar should be continued for future Fellowship cohorts.
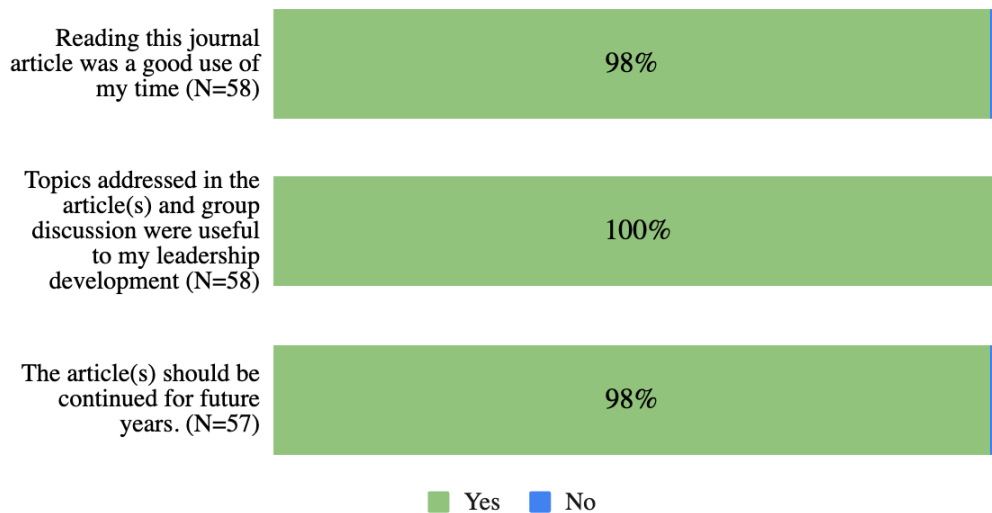
OUTPUT OF INTEREST: Perceived value of journal club and assigned journal articles
- The LEADS Fellowship hosts monthly journal clubs with at least one assigned journal article.

ACTIONS TAKEN: By the end of the latest cohort, LEADS Fellowship will have hosted a total of **62 journal club meetings** between 2020-2026.

EVALUATION METRIC: Positive rating of value of journal club discussions
- A survey was sent after each journal club meeting to evaluate the meeting and its contents. Journal club feedback is available for five sessions attended by the 2025-2026 cohort between March and June 2025 and one journal club attended by the 2024-2025 cohort in April 2024.
- Aggregating results from six journal club sessions among respondents, we find that **journal club sessions are highly rated**.
  - Nearly all participants (N=58) stated that reading the journal article was a good use of their time (98%) and that the article should be continued in the future (98%).
  - All participants stated that the topics addressed in the article and group discussion were useful to their leadership development (100%).
- Participants in the open-ended responses detailed that **they enjoyed their conversations, the curation of the articles, and relevance to current political environments.**
- In fall 2025, ADFM launched ADFM Read to Lead, quarterly virtual discussions open to all ADFM members and modeled after the LEADS journal club discussions because they were reported to be so popular.

Reading this journal article was a good use of my time (N=58)	98%
Topics addressed in the article(s) and group discussion were useful to my leadership development (N=58)	100%
The article(s) should be continued for future years. (N=57)	98%

■ Yes ■ No

OUTPUT OF INTEREST: Perceived value of workshops and related resources

ACTIONS TAKEN: By the end of the latest cohort, LEADS Fellowship will have hosted **21 workshops** and shared numerous related resources between 2020-2026.

- Workshops are conducted primarily in person at national conferences, including the annual ADFM and AAMC conferences, and during the annual summer LEADS workshop in Denver.

EVALUATION METRIC: Positive rating of value of in-person/virtual workshop

- 8 workshop evaluations were conducted between November 2020 and July 2025. Workshops are generally very highly regarded by a majority of participants.
- Below are results from shared prompts across surveys:
  - 97% of respondents (N=89/92) rated the workshop goals as clear, giving a score of 4 or 5 out of 5 (with 5 representing extremely valuable).
  - 92% of respondents (N=85/92) rated that the materials for the workshop were helpful, giving a score of 4 or 5 out of 5 (with 5 representing extremely valuable).
  - 97% of respondents (N=60/62) rated that the workshop overall was helpful giving a score of 4 or 5 out of 5 (with 5 representing extremely valuable).

OUTPUT OF INTEREST: Ignite talk presentations

- Ignite talks are 5-minute presentations in which fellows share their LEADS Fellowship project using 20 auto-advancing slides at the annual ADFM conference.

ACTIONS TAKEN: Ignite talks are introduced during the Fellowship as a way to learn and practice presentation skills as well as share their LEADS Fellowship project. Fellows work on their project throughout the Fellowship and present their project at the annual ADFM conference.

- Ignite talks were first incorporated into the LEADS Fellowship program at the 2021 virtual ADFM conference and have been held annually since.

EVALUATION METRIC: Number of fellows who present and show enthusiasm for Ignite talk presentations showcasing fellows projects at annual conference

- All fellows participate in Ignite talks. Feedback about Ignite talks from fellows themselves is not available. Feedback on Ignite talks were collected via ADFM conference feedback forms. Such data is available from the 2022, 2023, and 2024 ADFM conferences.
- Overall, **Ignite talks are highly rated**.
  - Across the 2022, 2023, and 2024 ADFM conference feedback surveys, 42% of the 151 Ignite talk attendees "loved it," and 44% "liked it and took away a lot of useful information."

LEADS Fellows Ignite Discussions (N=151)
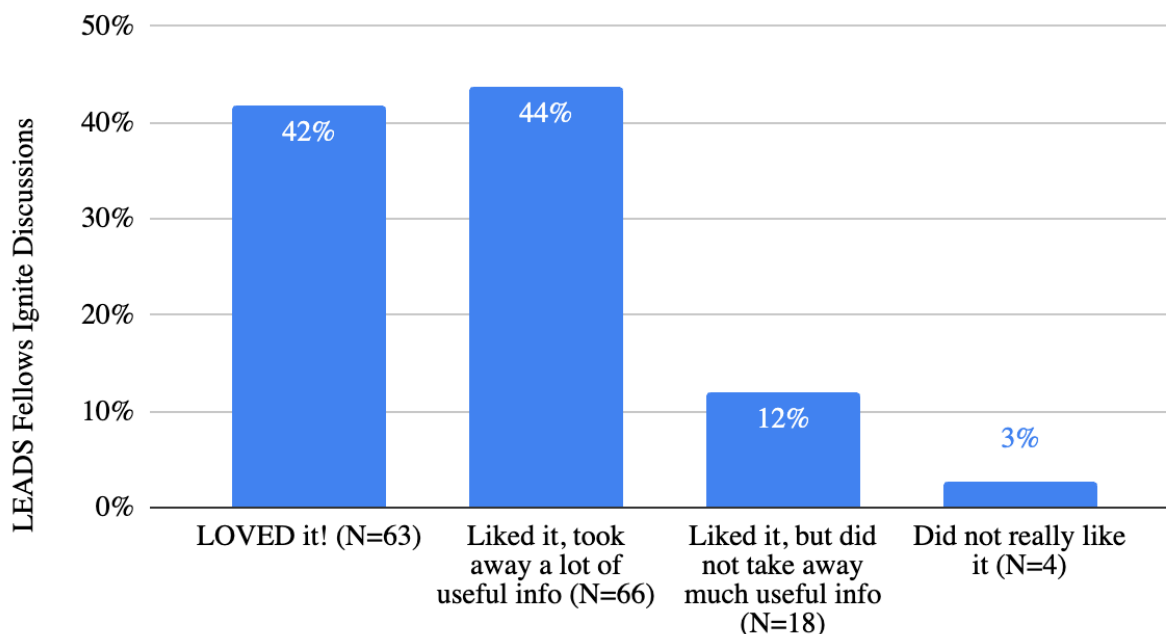
RECOMMENDATION: ADFM may consider soliciting feedback about Ignite talks specifically from fellows to ensure that the presentations meet intended goals and to identify any changes to incorporate to the activity.

OUTPUT OF INTEREST: ADFM shares the call for LEADS Fellowship applications widely
ACTIONS TAKEN: ADFM tracks where LEADS call for applications is shared.
EVALUATION METRIC: LEADS call for applications is shared widely to various sources

- The number of sources that **the LEADS Fellowship application is shared with is growing steadily** (see table below).

- ○ For the 2025-2026 cohort, **the LEADS Fellowship was marketed to 18 different sources** in the United States and Canada that ranged from professional societies to interest lists to leaders in the field. See Appendix B for the full list of outreach sources.

	2022-2023 cohort	**2023-2024 cohort**	**2024-2025 cohort**	**2025-2026 cohort**
# sources LEADS call for applications is shared	15	16	17	18

OUTPUT OF INTEREST: Prospective applicants attend an informational webinar about the LEADS program

ACTIONS TAKEN: ADFM hosts at least one informational webinar each year for prospective applicants. Attendance data is available from three informational webinars held between 2024 through 2025.

EVALUATION METRIC: Number of attendees on informational webinar

- • The table below details the number of attendees at each informational webinar. The first informational webinar in May 2024 had the most attendees with **9 individuals attending**.

Month-Year of Informational Webinar	**Total number of attendees**
May 2024	9
April 2025	2
May 2025	3

RECOMMENDATION: ADFM may consider the value of live informational webinars about the LEADS Fellowship and potentially instead move toward recorded sessions or office hours.

OUTPUT OF INTEREST: Individuals applying for LEADS Fellowship

ACTIONS TAKEN: ADFM collects applications for the LEADS Fellowship annually, with the application period opening in the spring and several months for applicants to submit all required materials.

EVALUATION METRIC: An increasing number of applications to the LEADS Fellowship

- • LEADS Fellowship applications increased from the 2022-2023 to the 2024-2025 cycle to a peak of 19 applications. Since 2024-2025, applications declined slightly the following two

years, with the most recent Fellowship application cycle (2026-2027) receiving **17 applications**.

Number of Leads Fellowship Applications per Year
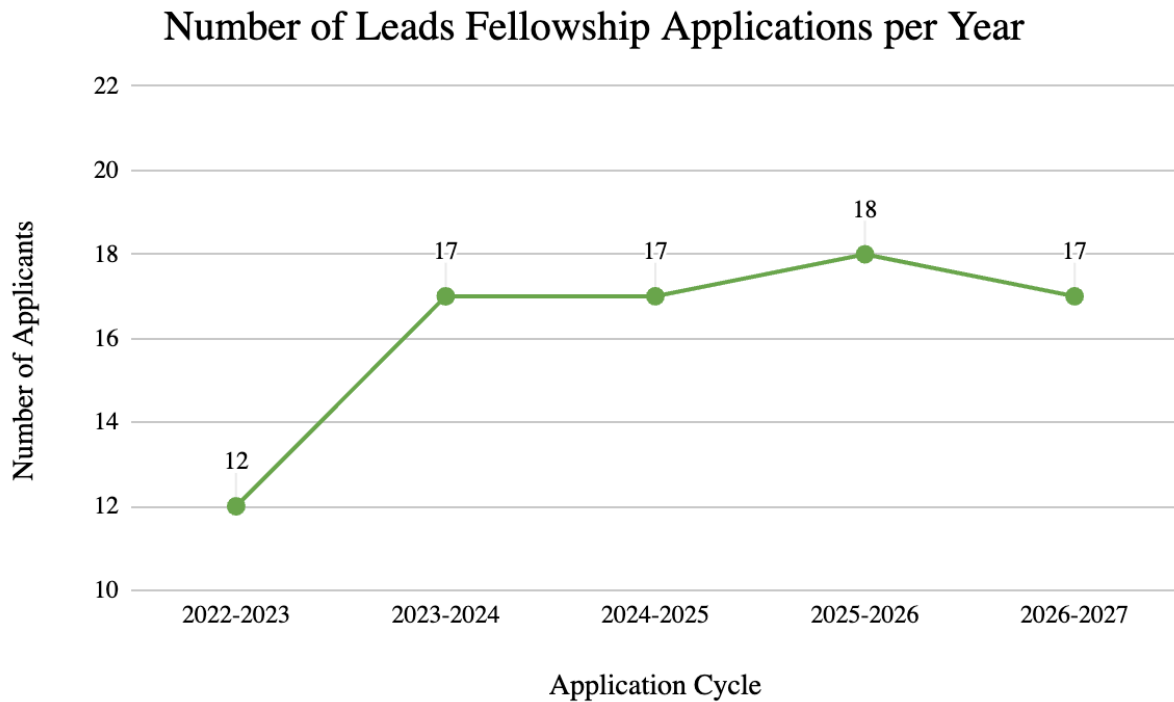
- Since the 2020-2021 cohort (the first year of the expansion of the fellowship program to become LEADS), **69 fellows have completed the LEADS Fellowship**. LEADS fellows increased from the 2020-2021 cycle to a peak of 16 fellows and have stabilized to **15 fellows per cohort since 2023**.

Number of LEADS Fellows Over Time
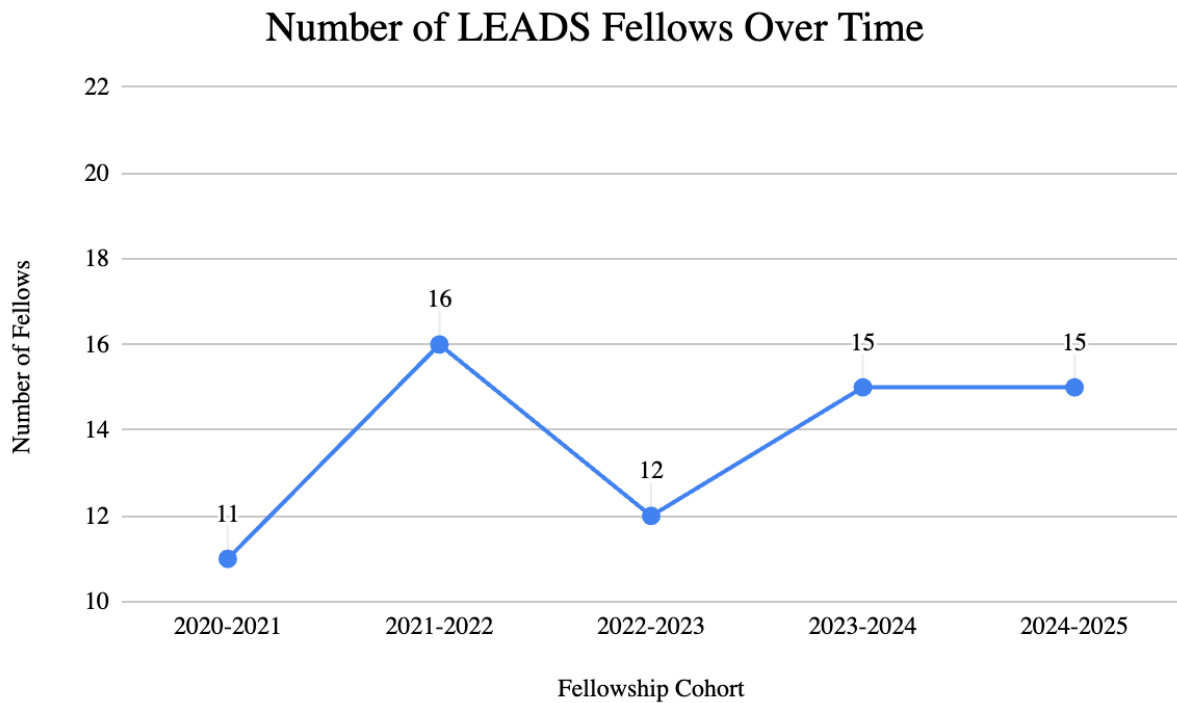
OUTPUT OF INTEREST: Individuals apply for LEADS Fellowship

ACTIONS TAKEN: Expand marketing efforts and recruitment based on the defined leadership pathways in family medicine.[2] There are many avenues for leadership development within family medicine. Based on a model describing possible leadership pathways in family medicine (developed by the Council of Academic Family Medicine), ADFM tracked the professional backgrounds of the applicants to the LEADS Fellowship.

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[2] Coe et al., "Leadership Pathways in Academic Family Medicine."

Figure 1: Pathways Into Academic Family Medicine and Positions Within Each of the Four Identified Domains
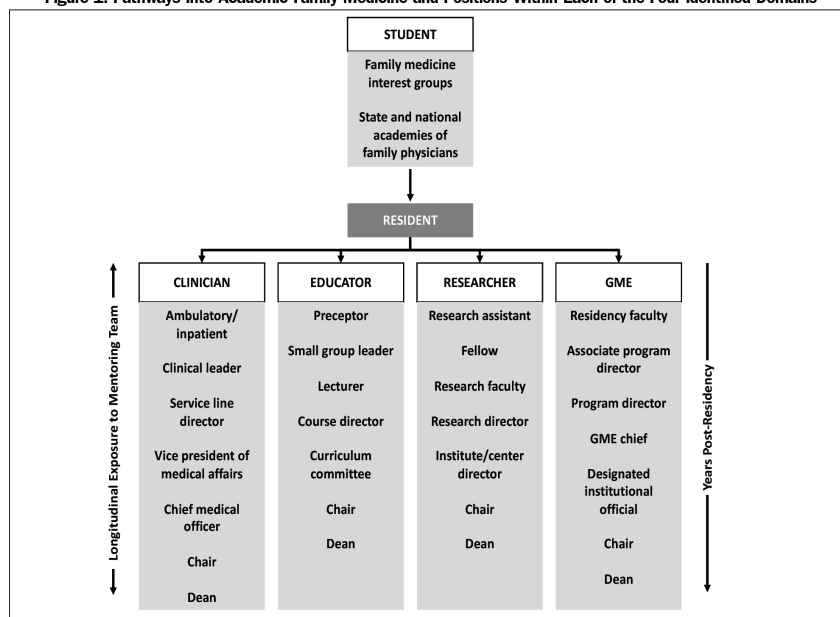
EVALUATION METRIC: A broad range of representation from each of the defined leadership pathways in family medicine from applicants and incoming fellows

- In 2022, most applications to the LEADS program came from individuals with education backgrounds, 75%. Over time, the proportion with education backgrounds has decreased while the share of applicants with clinical backgrounds has increased. Over half of applicants for the 2026-2027 cohort had clinical backgrounds (59%) while only 29% had educational backgrounds.

% Applicants/Incoming Fellows From Each of the Defined Leadership Pathways in FM					
	2022-2023 (N=13)	2023-2024 (N=17)	2024-2025 (N=19)	2025-2026 (N=18)	2026-2027 (N=17)
Education (N=32)	75%	41%	54%	35%	29%
Research (N=3)	17%	0%	0%	6%	0%
Clinical (N=20)	0%	24%	39%	53%	59%
DEI (N=2)	8%	6%	0%	0%	6%
Admin (N=4)	0%	12%	8%	6%	6%

OUTPUT OF INTEREST: Individuals apply for LEADS Fellowship

ACTIONS TAKEN: ADFM recruits individuals with a range of leadership backgrounds to join the LEADS Fellowship through a robust marketing plan that includes in-person conferences and outreach to partner organizations.

EVALUATION METRIC: Leadership level upon entry to LEADS

- Across all applicant cycles, there were **11 applicants who were full professors, 43 who were associate professors, and 10 who were assistant professors**.

% Applicants/Incoming Fellows With Academic Backgrounds					
	2022-2023 (N=13)	2023-2024 (N=17)	2024-2025 (N=19)	2025-2026 (N=18)	2026-2027 (N=17)
Full Professor (N=11)	15%	18%	0%	17%	18%
Associate Professor (N=43)	69%	41%	47%	56%	47%
Assistant Professor (N=10)	8%	0%	21%	17%	12%

OUTPUT OF INTEREST: LEADS Fellowship connects fellows to mentors

ACTIONS TAKEN: Faculty advisors for the LEADS Fellowship were recruited through ADFM's communication channels. ADFM observed continuity in this role to be useful and mentorship for the LEADS Fellowship has remained consistent, reducing the need to recruit additional faculty advisors.

EVALUATION METRIC: Number who apply to be faculty advisors

- Two people applied to be faculty advisors in 2022-2023. One departed the following year and was replaced by the one person who applied to be a mentor in 2023-2024. The other mentor from 2022-2023 and this new mentor in 2023-2024 are continuing their participation in the following two cohorts.

OUTPUT OF INTEREST: Alumni and "friends" continue to attend events

ACTIONS TAKEN: There were 12 events held between 2022 and 2025 where alumni and "friends" were invited to maintain LEADS Fellowship connections. ADFM anticipates such events to continue to evolve and grow as the LEADS alumni network expands.

Events held included:

- Formal event at annual STFM conference (2022)
- Formal event at annual NAPCRG conference (2022)
- Annual LEADS alumni and friends reception at ADFM (2023/2024/2025)
- Informal dinner at annual STFM (2024/2025)
- Booth at annual STFM conference (2023/2024/2025)
- Booth at annual NAPCRG conference (2023/2024)

EVALUATION METRIC: Number of alumni and "friends" attendance at events

- While there were many events annually for engagement with the LEADS program by alumni and friends, attendance only began to be tracked from 2023 onward at the ADFM conference. **In total, between 2023 through 2026, there have been 160 total attendees at ADFM alumni events, including alumni and 'friends.'**

> **RECOMMENDATION:** ADFM could consider methods to track attendance at every event, formal and informal. This could look like one centralized form for the presenter or staff to fill out where they log how many people they counted to have attended and could also be how feedback about events could be recorded.

Intermediate Outcomes

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Summary of Intermediate Outcomes of Interest

❖ At the conclusion of the LEADS Fellowship, all leadership competency domains demonstrated an average increase in fellows' self-reported confidence in their abilities for each competency.

❖ A majority of participants (77%) agree or strongly agree that their participation in LEADS played a role in their career decision making.

❖ A large majority (86%) of alumni respondents (N=34) stated that they agree or strongly agree that the LEADS Fellowship was worth the tuition, travel costs, and time required.

❖ Since the 2024-2025 cohort, the average application score has risen, likely due to rubric adjustments designed to account for applicants lacking clinical experience (i.e. senior administrators).

❖ The percent of applications from women have remained stable for the past three years while those underrepresented in medicine (URiM) have fluctuated. The percentage of applicants who are classified as 'distance traveled,' however, has increased to a new high of 76%.

❖ Alumni engage with ADFM through webinar presentations or guest appearances, conference attendance, and ADFM associate membership.

❖ Out of the 22 sponsoring chairs who responded to the survey, a strong majority of respondents (86%) felt that the LEADS program met their expectations of growth for their nominees.

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OUTPUT OF INTEREST: Improvement in leadership skills - self assessment

ACTIONS TAKEN: The LEADS Fellowship aimed to improve leadership skills across four domains: (1) Leadership, (2) Administration and Management, (3) Professional and Personal Development, and (4) Scholarship and Academic Engagement (See Appendix C). The Fellowship did so through by carefully tailoring curriculum toward these areas.

EVALUATION METRIC: Number of competency areas with cohort reporting increase in skills across year

- Assessments are conducted at the start and end of the LEADS Fellowship to measure improvement in leadership skills across the four domains. Many competencies comprise each domain, which participants self rated their abilities as "Moving toward," "Proficient," or "Confident." See Appendix C to review all competencies assessed.

- Data is available for the 2023-2024 and 2024-2025 cohorts.

- Every leadership competency domain showed an average increase in the percentage of fellows rating themselves as "Confident" from the incoming to the outgoing assessment. **The greatest increases were observed in the Professional and Personal Development domain, followed by Administration and Management**.

- The following competencies showed the greatest percentage increase in participants rating themselves as "Confident" within cohorts (change > 60%):
  - "Develop and manage internal relationships: Build, develop, and sustain a leadership team ii. Determine missing or weak capabilities as well as strengths among their team and develop strategies to address and maximize team effectiveness"
  - "Develop and manage internal relationships: Develop and advance other leaders within their department"
  - "Foster wellness and resiliency"
  - "Understand human resources issues, including: Talent development and management, including: iii. Matching effort with resources"
  - "Sustain ongoing awareness and evolution of one's leadership knowledge, attitudes, skills and style(s) a) Adhere to lifelong learning."

OUTPUT OF INTEREST: Fellows expand their career aspirations

ACTIONS TAKEN: The Fellowship exposes fellows to a range of content designed to spark interest in department chair and other senior leadership roles and to prepare them for these advanced leadership positions. Guest speakers, often current or former department chairs with direct experience in these roles, provide insights into the skills and responsibilities required. This exposure allows fellows to visualize themselves in leadership positions and identify career aspirations.

EVALUATION METRIC: Participation in the LEADS program played a role in Fellowship participant's career decision making*

- A majority of participants (77%) agree or strongly agree that their participation in LEADS played a role in their career decision making.
- Only 6% of participants (3% disagree, 3% strongly disagree) that their participation in LEADS played a role in their career decision making.
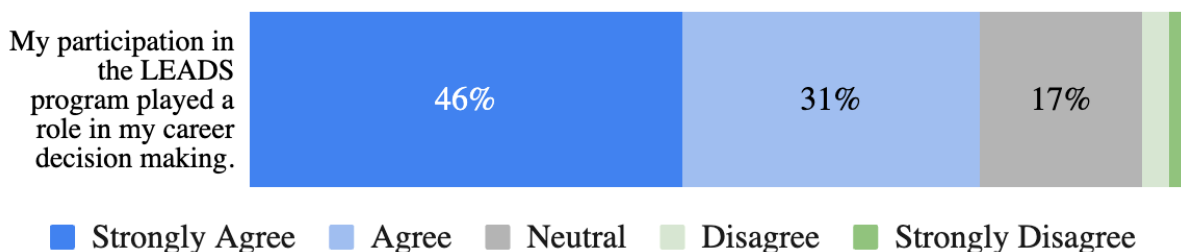
Please note that this evaluation metric has evolved. The original idea was to measure for 'Expansion of career aspirations' using '% graduating fellows/alumni with career aspirations outside the pathway they started on.' ADFM plans to update their logic model to reflect this change.

OUTPUT OF INTEREST: Fellows value the LEADS Fellowship

ACTIONS TAKEN: The ADFM sends LEADS Alumni a survey to complete three years after they graduate with questions about how their experience in the program has impacted their career trajectory. The 2023 ADFM LEADS Alumni survey prompted alumni with the following statement on a scale from strongly disagree to strongly agree:

"Given the tuition, travel costs, and time required for LEADS, it was worth the investment."

EVALUATION METRIC: Number of alumni who say LEADS was worth the investment

- 35 LEADS Fellowship alumni answered this question. A large majority (86%) of respondents stated that they agree or strongly agree that the LEADS Fellowship was worth the tuition, travel costs, and time required.
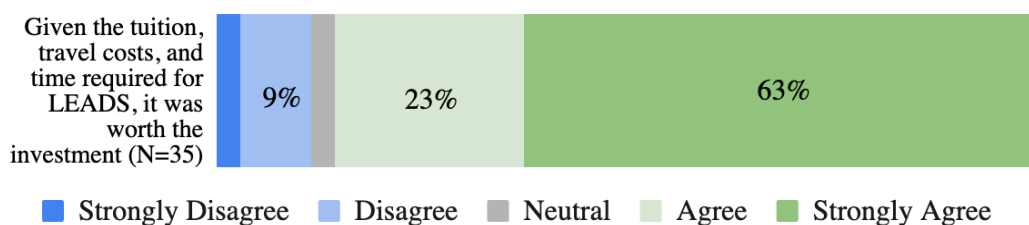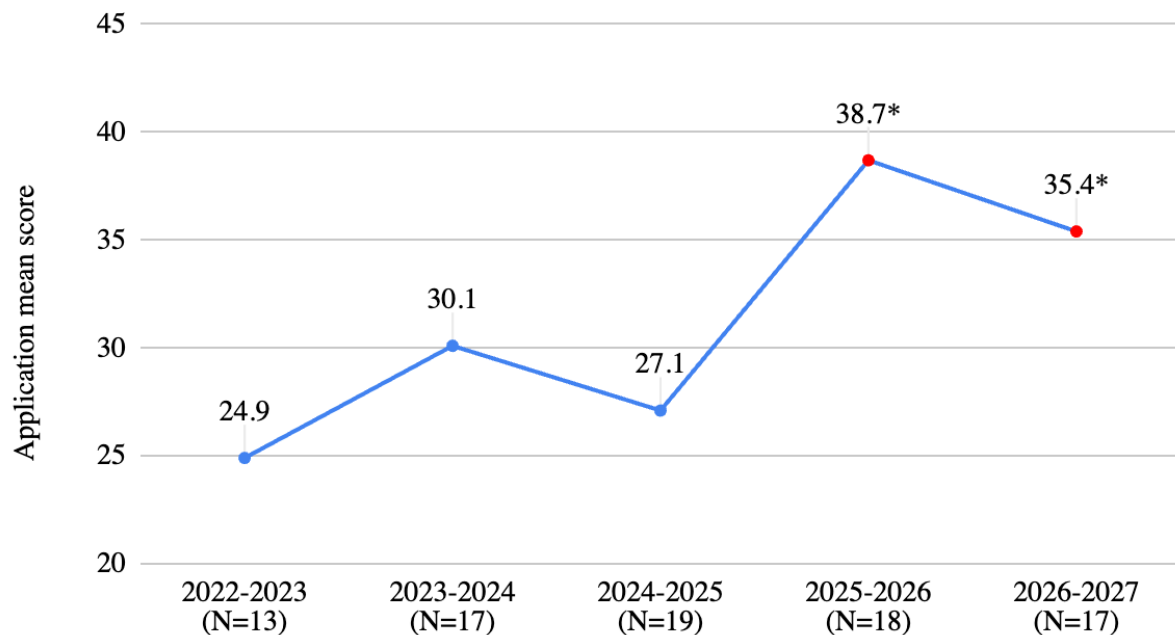

OUTPUT OF INTEREST: Increased quality of applications

ACTIONS TAKEN: An application scoring rubric was introduced in 2020 and 2021 at the start of the LEADS expansion, but it was updated in 2022, making direct score comparisons across years difficult. Another revision was made in 2025-2026 to better account for administrators, as the previous version was biased toward physicians. The current rubric now provides stronger recognition of administrative experience..

EVALUATION METRIC: Increasing mean review score year over year

- Data are available for applicants from the 2022-2023 through 2026-2027 cohorts. Prior to the 2025-2026 rubric changes, the mean application score rose from 24.9 in the 2022-2023 cohort to a peak of 30.1 the following year, then declined slightly to 27.1 in 2024-2025. After the rubric changes in the 2025-2026 cycle, the mean score increased sharply to 38.7, followed by a modest decline to 35.4 in 2026-2027.

Application mean score

Applications scored using updated rubric

OUTPUT OF INTEREST: Increased diversity among applicants

ACTIONS TAKEN: Several factors are considered in the LEADS Fellowship application to increase diversity among LEADS fellows. Two factors that are considered are:

- **Under-Represented in Medicine (URiM):** Member of at LEAST ONE underrepresented group in academic FM leadership defined by an underrepresented gender, member of the LGBTQA+ community, or racial/ethnic minority in Academic FM leadership.
- **Distance traveled:** Individuals overcome obstacles or hardships to become a potential leader in academic family medicine –defined by parents/caregivers who did not attend college; 1st or 2nd generation immigrant status; grew up in rural areas.

It is worth noting that in 2024, the criteria were expanded to consider not only personal diversity but also an individual's commitment to diversity. Additional points were awarded to applicants who provided detailed responses demonstrating their dedication to diversity and inclusion in the workforce. This includes applicants demonstrating how they had integrated diversity and equity goals into their work more broadly.

EVALUATION METRIC: Increasing percent of applications from women, URiM, and distance traveled*

- The proportion of applications from women has fluctuated between 2022-2023 and 2026-2027 cohorts but has consistently remained above 40%, demonstrating stable engagement from female applicants.
- The percentage of URiM applicants has varied across cohorts, reaching a low of 12% in 2024-2025 and a high of 50% in 2025-2026, highlighting an area with potential for improvement.
- Applications highlighting applicants' experiences overcoming obstacles or hardships to become potential leaders in academic family medicine ("distance traveled") have generally exceeded 50% in most LEADS Fellowship years. After a dip among the 2024-2025 applications, this measure steadily increased, reaching a high of 76% among the 2026-2027 applicants.

% applications from...	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Women	58%	71%	41%	44%	41%
URiM	25%	18%	12%	50%	24%
Distance traveled	50%	53%	24%	56%	76%

Please note that this is a revised plan and evaluation metric, as this material was already discussed in another section. The original evaluation metric was 'Increasing mean review score for diversity criteria year over year.' ADFM plans to update their logic model to reflect this change.

OUTPUT OF INTEREST: Retention of mentors

ACTIONS TAKEN: Faculty advisors in the LEADS program are deeply involved and given significant ownership. They bring a strong passion for teaching, shaped by their own experiences as department chairs, and a desire to pave the way for future leaders. Faculty advisors receive an honorarium and the program covers their travel and lodging expenses for participation with LEADS. Recruitment focuses on individuals who have recently stepped down from their chair role or are nearing retirement, as they often have the time and interest to dedicate. Each year, faculty advisors are asked if they would like to renew their participation.

EVALUATION METRIC: Number who stay serving as faculty advisors for more than one year

- **There have been three faculty advisors affiliated with the LEADS Fellowship since 2022.** Two people applied to be faculty advisors in 2022-2023. One departed the following year and was replaced by the one person who applied to be a mentor in 2023-2024. The other mentor from 2022-2023 and this new mentor in 2023-2024 are continuing their participation in the following two cohorts.

OUTPUT OF INTEREST: Alumni engagement with ADFM

ACTIONS TAKEN: ADFM has an Associate Membership category for eligible individuals. Associate members are senior departmental leaders, such as vice chairs or directors (excluding chairs), who can benefit from enhanced ADFM communications, networking, and programming. Individuals currently eligible for Associate Membership include:

- Division Chief of Family Medicine
- Vice Chair or equivalent in a Department of Family Medicine
- Former Family Medicine Department Chair
- Additional Department Administrators

Individuals must be nominated by their respective ADFM Chair or Senior Administrator (if additional administrator member). If there is no Family Medicine entity in the institution to do the nominating, any ADFM member Chair or Administrator may submit the nomination.

EVALUATION METRIC: Percent of alumni who become ADFM associate members*

- Out of the 73 LEADS alumni eligible to become associate members, **19 became ADFM associate members (26%)**.
    - This percentage likely underrepresents alumni representation among ADFM because many others are regular department chair or senior administrator members of ADFM. Many individuals remain associates before eventually becoming department chairs, or they move directly into chair roles without holding an associate position. Among alumni who were associate members, six have since become department chairs.

Please note that this is a revised output and evaluation metric, as this material was already discussed in another section. The original plan was 'Alumni engagement with LEADS events' and the original evaluation metric was '% alumni who come to alumni or other events.' ADFM plans to update their logic model to reflect this change.

OUTPUT OF INTEREST: Improvement in leadership skills - sponsoring chair assessment
ACTIONS TAKEN: Individuals interested in the fellowship must have a sponsoring chair to apply to the LEADS Fellowship. This sponsoring chair is sent a survey at the conclusion of the program to assess their perception of the program's impact on the fellow.
EVALUATION METRIC: sense of whether the sponsoring chair sees growth

- Out of the 22 sponsoring chairs who responded to the survey, a strong majority of respondents (N= 19, 86%) felt that the LEADS program met their expectations of growth for their nominees.
- Nearly all sponsoring chairs (95%) observed advancement in at least one competency area for their nominee.
    - A strong majority of respondents (73%) reported that their nominees advanced in professional and personal development.

- ○ More than half (59%) observed growth in both leadership and administrative/ management competencies.
- ○ In contrast, only 18% noted advancement in scholarship and academic engagement, highlighting an area for improvement within the LEADS program.

> **RECOMMENDATION:** ADFM may consider adding more content around advancing scholarship and academic engagement to the LEADS curriculum.

Long Term Outcomes

> **Summary of Long Term Outcomes of Interest**
> - ❖ Among those who completed the LEADS Fellowship alumni surveys, about half identified as part of an underrepresented group.
> - ❖ Out of the 121 LEADS and pre-LEADS fellowship alumni (not including those currently in the fellowship or about to begin the fellowship), 35 are known to have taken on advanced leadership roles in their institutions (29%).
> - ❖ Out of the 121 LEADS and pre-LEADS fellowship alumni (not including those currently in the fellowship or about to begin the fellowship), 54 are known to have taken on a department chair role or other leadership positions (45%).
> - ❖ Based on attendance tracking in agendas, 17 alumni have attended LEADS webinars as presenters/guests so far between the six cohorts between 2020-2026.
> - ❖ A strong majority of LEADS sponsoring chairs have positive perceptions of LEADS and would recommend it to other members of their departments and other department chairs.
> - ❖ Out of 35 respondents to the 2023 alumni survey, 34% (12) pursued higher masters' or other higher level training. 8 pursued additional leadership training and 4 took a masters degree level courses in business.
> - ❖ Over half (60%) of alumni respondents (N=34) stated that they have regular contact with their LEADS connections, with 40% stating that they have regular contact with others in their cohort and their chair advisor or LEADS faculty advisor.

OUTPUT OF INTEREST: Increasing diversity of alumni

ACTIONS TAKEN: Increase the diversity of LEADS applicants to build a more diverse pool of alumni by advertising the Fellowship widely.

EVALUATION METRIC: Percent of alumni who have a background underrepresented in leadership in medicine

- ● Using data from two LEADS alumni surveys (one for pre-2019 fellowship cohorts and another for LEADS cohorts starting from 2019 and later), 6 of 15 respondents from pre-2019 cohorts

identified as part of an underrepresented group compared to 7 of 14 respondents from cohorts after the program was revamped.

- While the response rate was relatively low to the alumni survey, we also know through the diversity of the applicant pool. Since most applicants are admitted, the diversity of the LEADS fellows have been captured in their applications. See pages 22-23 for these data.

OUTPUT OF INTEREST: Alumni advancing in leadership in own institution

ACTIONS TAKEN: ADFM maintains a database to track alumni career changes. ADFM tries to follow each fellow's career progress through regular communication, alumni surveys, and online searches of publicly available information.

EVALUATION METRIC: Percent of alumni who within 3 years of finishing the fellowship have advanced in their institution

- Out of the 121 LEADS alumni, **35 are known to have taken on advanced leadership roles in their institutions (29%)**. Timing was not captured to know how many were within 3 years of graduation.

OUTPUT OF INTEREST: Alumni going into chair or health system leader positions

ACTIONS TAKEN: ADFM maintains a database to track alumni career changes. ADFM tries to follow each fellow's career progress through regular communication, alumni surveys, and online searches of publicly available information.

EVALUATION METRIC: Percent of alumni who within 3 years of finishing the fellowship have moved to chair/leadership position

- Out of the 121 LEADS alumni, **54 are known to have taken on a department chair role or other leadership positions (45%).** Timing was not captured to know how many were within 3 years of graduation.
  - Note that there have been 4 alumni who are administrators backgrounds and cannot assume the chair role but can assume other leadership positions.

OUTPUT OF INTEREST: Alumni retained in leadership positions

ACTIONS TAKEN: ADFM maintains a database to track alumni career changes. ADFM tries to follow each fellow's career progress through regular communication, alumni surveys, and online searches of publicly available information.

EVALUATION METRIC: Percent of alumni who take positions that stay in them for 5 years

- This data is currently unavailable, as most LEADS alumni have graduated relatively recently.

> **RECOMMENDATION:** ADFM may consider establishing standard methods to track alumni career paths over time and ensure that Fellowship participants understand that communicating career updates is part of their responsibility in the program, as this information remains difficult to track and is rapidly evolving.

OUTPUT OF INTEREST: Alumni engagement with LEADS as speakers, mentors, etc.
ACTIONS TAKEN: Alumni engagement with LEADS is tracked by ADFM staff.
EVALUATION METRIC: Percent of alumni who come back to help with program

- Based on attendance tracking in agendas, **17 alumni have attended LEADS webinars** as presenters/guests so far between the six cohorts between 2020-2026.
- The 2023 alumni survey found that **alumni are interested in engaging with LEADS in several ways.**
  - The top three preferred methods of engagement were attending webinars (77%), participating in Listserv discussions (63%), and volunteering to present at LEADS webinars or workshops (60%). These findings suggest opportunities for ADFM to strengthen ongoing connection and engagement with alumni.

Would you be interested in staying engaged with LEADS through any of the following programming or opportunities? Select all that apply. (N=35)	
Attending webinars	77% (N=27)
Listserv discussions	63% (N=22)
Volunteering to present at a LEADS webinar or workshop	60% (N=21)
In-person events	54% (N=19)
Book club or journal club	49% (N=17)
Volunteering to provide brief consultation to a LEADS fellow	46% (N=16)
Other	9% (N=3)

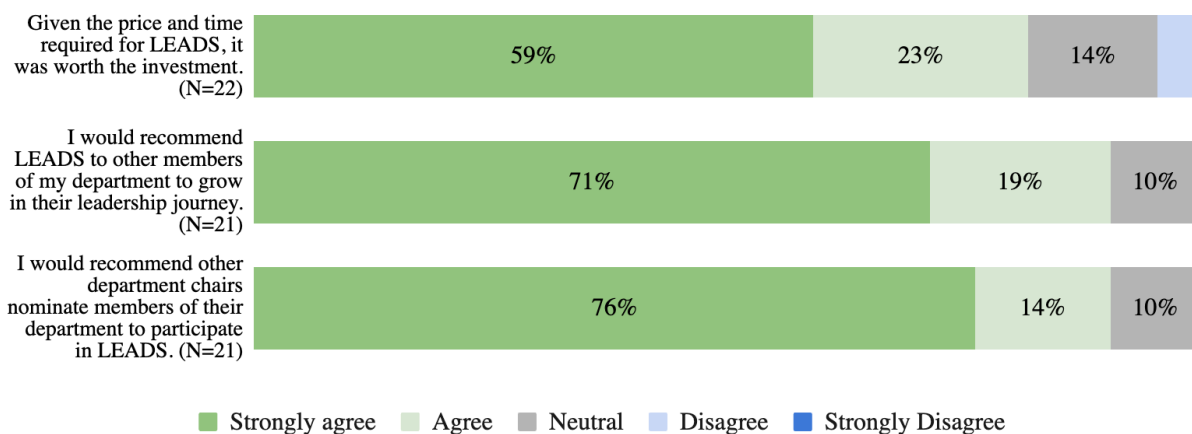**OUTPUT OF INTEREST:** Positive program reputation
ACTIONS TAKEN: Feedback was solicited from the sponsoring chairs about their perceptions of the LEADS fellowship after sponsoring someone to participate.*
EVALUATION METRIC: Positive reputation of LEADS program

- Following the 2023-2024 and 2024-2025 cohorts, sponsoring chairs of the LEADS fellows provided feedback on the program's impact on the fellows' development, their leadership

journey, the value of the investment, and whether they would recommend that other chairs nominate participants.

- A strong majority of sponsoring chair respondents (N=22) have positive perceptions of LEADS and would recommend it to other members of their departments and other department chairs. Most respondents (82%, N=18) agree or strongly agree that LEADS was worth the investment given the price and time. In terms of recommending it to others, a strong majority of sponsoring chair respondents (90%, N=19) agree or strongly that they would recommend LEADS to other members of their department and other department chairs to support leadership growth.

Given the price and time required for LEADS, it was worth the investment. (N=22)	59%	23%	14%
I would recommend LEADS to other members of my department to grow in their leadership journey. (N=21)	71%	19%	10%
I would recommend other department chairs nominate members of their department to participate in LEADS. (N=21)	76%	14%	10%

■ Strongly agree   ■ Agree   ■ Neutral   ■ Disagree   ■ Strongly Disagree

Please note that this is a revised output and evaluation metric, as this material was already discussed in another section. The original plan was '??-- asking search firms what they would want to know and what they think we should track).' ADFM plans to update their logic model to reflect this change.

OUTPUT OF INTEREST: Alumni pursue advanced degrees.
ACTIONS TAKEN: Track percent of alumni who go on to get a masters' or other higher level training.
EVALUATION METRIC: In the 2023 alumni survey, respondents were asked to describe any additional training (such as a master's degree, certificate program such as MBA, or leadership development program, such as ELAM or AAMC) they have started or completed since the years they did the Fellowship.

- Out of 35 respondents to the 2023 alumni survey, **34% (12) pursued higher masters' or other higher level training**. 8 pursued additional leadership training and 4 took masters degree level courses in business.

OUTPUT OF INTEREST: Alumni continue networking within the cohort.

ACTIONS TAKEN: ADFM encouraged fellows to maintain regular contact with their LEADS cohort and their LEADS mentor. Cohorts prior to 2022-2023 cohorts also had individual chair advisors. Cohorts 2022-2023 onwards had LEADS faculty advisors also known as learning community advisors.

EVALUATION METRIC: Number of contacts with anyone from cohort at least twice a year

- In the 2023 alumni survey, respondents were asked if they maintain regular contact (an email or phone call at least twice a year) with their LEADS cohort or their chair advisor or faculty advisor. 35 alumni answered this question.

- **Over half (60%) of respondents stated that they have regular contact with their LEADS connections**, with 40% stating that they have regular contact with others in their cohort and their chair advisor or LEADS faculty advisor. 14% of respondents stated that they have regular contact with others in their cohort only and 6% stated that they regular contact with their chair advisor or LEADS faculty advisor only.

- Less than half (40%) stated that they do not have regular contact with others in their cohort or their chair advisor or LEADS faculty advisor.

	N	%
I do not have regular contact with others in my cohort, my chair advisor or LEADS faculty advisor.	14	40%
I have regular contact with others in my cohort, my chair advisor or LEADS faculty advisor.	14	40%
I have regular contact with my chair advisor or LEADS faculty advisor only.	2	6%
I have regular contact with others in my cohort only.	5	14%

Financial Outcomes

OUTPUT OF INTEREST: Financial success

ACTIONS TAKEN: Currently, tuition and the ABFM Foundation grant are the only sources of revenue. The ABFM Foundation grant was secured before the program began expanding. LEADS tuition has been set at $9,500 since 2022, with plans to increase tuition in future years. Expenses are closely tracked to see how tuition rates and other sources of income align with the program's budget. The main expenses include financial support for program leaders:

- Salary support for the LEADS Fellowship Director, who is a department chair. To manage costs, a salary cap was implemented. In the initial budget, the director's salary was projected at $250,000 for a senior faculty member. When the program actually started, this position was filled by a department chair, and a salary cap was set of $300,000. Faculty advisors are provided stipends of $4,000 which will be increasing to $5,000 in 2026.
- Financial support is also provided to the Fellowship director and faculty advisors for conference travel and lodging related to LEADS programming.
- Staff support is NOT included in the actual program expenses though these are built into the budget.

Other expenses include program supplies and marketing efforts.

With the ABFM Foundation funding ending this year, the program is being strategic about reducing expenses. For example, selecting cost-efficient locations for in-person events and reducing the salary cap for the Fellowship director from $300,000 to the NIH salary cap ($225,700). Because recruitment has plateaued and the program has not met higher fellowship targets, leadership is evaluating how to maintain financial balance (by adjusting either expenses or revenue) to ensure long-term sustainability.

EVALUATION METRIC: Revenue

- LEADS Fellowship income and expenses end of year statements are available from 2022 through September 30, 2025 (details can be found in the appendix). This financial data does not include staff time. Due to the fiscal year still being in progress, 2025 profits are not included in the net profit calculations.
- Overall, the LEADS Fellowship has had a net revenue of **$98,637** between 2022 through 2024 with the support of the American Board of Family Medicine (ABFM) Foundation and **-$1,363** without the support of the ABFM foundation. Additionally, the LEADS Fellowship has operated at or above budget most years.
- The 2025 net profit is currently $59,567; however, more expenses are anticipated for 2025 and will result in a lower revenue at the end of the year.

> **RECOMMENDATION:** ADFM will need to revisit their financial model as desired growth in the start up model has not been achieved. ADFM may consider setting a cap on the number of LEADS fellows per year to promote financial stability by budgeting for a fixed cohort size rather than variable estimates.

Appendix

Appendix A: The weekly meeting structure for each month of the 2025-2026 LEADS Fellowship cohort.

- 1st Wednesdays: Journal club - led by fellows
- 2nd Wednesdays: Independent work time/meet with LEADS faculty advisor/project update
    - Every other month, meet with LEADS Learning Community
    - Journal club on month's topic – led by fellows
    - Project update
- 3rd Wednesdays: Fellows' project updates (each fellow will provide at least 2 updates throughout the year)
- 4th Wednesdays: Webinar on month's topic
- 5th Wednesdays: Journal club or webinar or project update

Appendix B: List of outreach sources

1. Society of Teachers of Family Medicine (STFM)
2. North American Primary Care Research Group
3. Association of Family Medicine Residency Directors
4. American Academy of Family Physicians
5. Alumni JH
6. American College of Osteopathic Family Physicians
7. Canadian Family Physician Executive Directors
8. Medical Student Educator Director Institute (MSEDI)
9. DEI Directors SE
10. Research Directors SE
11. Minority & Multicultural Education Collab in STFM (April D. & Traci)
12. AHME (Tochi) SE emailed Tochi 3/18
13. Dallas Group (David.Barbe@mercy.net) - emailed David 3/18
14. Interested parties form JH

15. ADFM Annual Survey List JH
16. National Hispanic Medical Association / NMA SE
17. ADFM Strategic Committees SE
18. STFM Faculty development collaborative

Appendix C: LEADS Fellowship Competencies

Leadership

Be aware of your leadership style(s) and have the ability to use different types of leadership styles when needed

Create, sustain, and periodically reassess mission, vision, and values

Assess, understand, monitor, and shape departmental structure, culture, and context

Utilize iterative tools for strategic planning

Select and utilize frameworks for leading and managing change, including system change

Lead and manage different crises before, during, and after they arise

Understand, embrace, and promote diversity, equity, and inclusion

Develop and manage internal relationships: Build, develop, and sustain a leadership team i. Identify the capabilities of your leadership team members and develop a plan to promote growth and development

Develop and manage internal relationships: Build, develop, and sustain a leadership team ii. Determine missing or weak capabilities as well as strengths among your team and develop strategies to address and maximize team effectiveness

Develop and manage internal relationships: Respect and support all faculty and promote their development. Recognize that there are likely faculty with more experience and success than you. Accessing and utilizing their abilities can accelerate department growth and success.

Develop and manage internal relationships: Develop and advance other leaders within your department

Develop and manage external relationships: Understand overlapping and different needs of medical school and hospital/health systems and where the department fits in institutional culture(s)

Develop and manage external relationships: Analyze, understand, and effectively utilize different types of power and political dynamics within your setting

Develop and manage external relationships: Develop and foster awareness of the larger landscape of the healthcare industry and health policy

Develop and manage external relationships: Network with others in your institution

Develop and manage external relationships: Partner/negotiate with other departments/units for mutual gain

Develop and manage external relationships: Communicate the value of the department to the institution and the institution to the department

Develop and manage external relationships: Maintain credibility and understanding regarding teaching, patient care, scholarly work, grants, and grant funding

Develop and manage external relationships: Lead and manage departmental image in the institution

Develop and manage external relationships: Manage your relationship with your Dean/President/CEO

Develop and manage external relationships: Identify and manage relationships (personalities, cultures, etc) with other external individuals and entities,

Develop and manage external relationships: Identify and manage relationships (personalities, cultures, etc) with other external individuals and entities, including: i. Payers—insurers, employers, government

Develop and manage external relationships: Identify and manage relationships (personalities, cultures, etc) with other external individuals and entities, including: ii. Teaching partners—eg, preceptors, FQHCs, other external organizations

Develop and manage external relationships: Identify and manage relationships (personalities, cultures, etc) with other external individuals and entities, including: iii. Partners in patient care—community agencies, nursing homes, affiliated practice groups

Develop and manage external relationships: Identify and manage relationships (personalities, cultures, etc) with other external individuals and entities, including: iv. Research sponsors

Develop and manage external relationships: Identify and manage relationships (personalities, cultures, etc) with other external individuals and entities, including: v. Other department chairs/unit leaders at your institution

Develop and manage external relationships: Identify and manage relationships (personalities, cultures, etc) with other external individuals and entities, including: vi. Health systems leaders

Develop and manage external relationships: Identify and manage relationships (personalities, cultures, etc) with other external individuals and entities, including: vii. Pillars of community engagement (above and beyond patient care)

Administration/Management

Understand departmental finances, including: Sources of income

Understand departmental finances, including: Matching revenues and expenditures

Understand departmental finances, including: Budget development

Understand departmental finances, including: Budget growth and budget cuts

Understand human resources issues, including: Federal/state employment law

Understand human resources issues, including: Local institutional policies

Understand human resources issues, including: Leadership structure for faculty/staff

Understand human resources issues, including: Assessment of departmental resources

Understand human resources issues, including: Talent development and management, including: i. Position development, recruitment, hiring

Understand human resources issues, including: Talent development and management, including: ii. Matching talent with departmental needs

Understand human resources issues, including: Talent development and management, including: iii. Matching effort with resources

Understand human resources issues, including: Talent development and management, including: iv. Mentoring, coaching, and sponsoring talent

Understand human resources issues, including: Talent development and management, including: v. Performance evaluation and management

Understand human resources issues, including: Talent development and management, including: vi. Promotion and career development

Understand human resources issues, including: Talent development and management, including: vii. Talent retention

Build endowments and philanthropy

Plan for succession in all leadership positions

Manage departmental communications

Negotiate effectively across the departmental and organizational spectrum

Facilitate difficult conversations and manage conflicts

Foster wellness and resiliency

Professional & Personal Development

Sustain ongoing awareness and evolution of one's leadership knowledge, attitudes, skills and style(s)a) Adhere to lifelong learning*

Sustain ongoing awareness and evolution of one's leadership knowledge, attitudes, skills and style(s)b) Cultivate self-awareness and reflection; know your strengths, weaknesses, values, and personal boundaries

Sustain ongoing awareness and evolution of one's leadership knowledge, attitudes, skills and style(s)c) Seek out coaching and mentoring to promote continued growth and development

Sustain ongoing awareness and evolution of one's leadership knowledge, attitudes, skills and style(s)d) Acquire and utilize advocacy skills

Sustain ongoing awareness and evolution of one's leadership knowledge, attitudes, skills and style(s)e) Develop and expand effective interpersonal communication skills

Sustain ongoing awareness and evolution of one's leadership knowledge, attitudes, skills and style(s)f) Expand your sources of information and learning to be more broadly aware of the issues and trends in the health care industry as well as leadership practice

Manage your time, calendar, communications, administrative support

Develop an awareness of unconscious bias and how to mitigate it within your work

Continually reassess and rebalance your departmental chair roles, priorities, and relationships as part of managing in a complex adaptive system with changing goals and communications

Evaluate and choose external leadership roles, when appropriate

Develop resiliency and self-care routines

Define and develop your role within the practice plan/clinical system

Develop relationships with family medicine organizations locally and nationally

Manage transitions in leadership and roles

Be open to changes that require new or reinforced knowledge, attitudes, and skills

Scholarship and Academic Engagement

Leadership positions often require academic skills including: Understanding ACGME, LCME/COCA and other accreditation requirements as they relate to your area(s) of oversight

Leadership positions often require academic skills including: Developing and nurturing collaborative relationships with the academic leadership and peer leaders in other disciplines

Leadership positions often require academic skills including: Actively managing and developing your own scholarly activity with output (publications, lectures, committee work) as a model for others in your Department

Leadership positions often require academic skills including: Developing and enhancing grant-writing skills leading to extramural and founding funding

Leadership positions often require academic skills including: Ensuring academic achievement on track to meet minimal qualifications for the role

Appendix D: LEADS Income and Expenses on ADFM End of Year Statements

	2022			2023			2024			2025 (as of 9/30/2025)*		
	Proposed Growth	BUDGET	ACTUAL	Proposed Growth	BUDGET	ACTUAL	Proposed Growth	BUDGET	ACTUAL	Proposed Growth	BUDGET	ACTUAL
Number of Fellows	16	13	**12**	24	16	**15**	32	16	**15**	40	18	**17**
INCOME												
LEADS Fellowship Income	$152,000	$162,505	$94,620	$228,000	$154,400	$114,750	$304,000	$134,400	$116,250	$380,000	$154,950	$132,900
ABFM Foundation support		-	$60,000		-	$30,000		-	$10,000		-	$ -
Total	$152,000	$162,505	**$154,620**	$228,000	$154,400	**$144,750**	$304,000	$134,400	**$126,250**	$380,000	$154,950	**$132,900**
EXPENSES												
LEADS Fellowship Expenses	$165,362	$123,884	$93,900	$199,805	$119,160	$115,649	$240,450	$119,160	$117,434	$281,159	$127,178	$73,333
Total	$165,362	$123,884	**$93,900**	$199,805	$119,160	**$115,649**	$240,450	$119,160	**$117,434**	$281,159	$127,178	**$73,333**
NET REVENUE												
LEADS NET (Income-Expenses)	-$13,362	$38,621	**$60,720**	$28,195	$35,240	**$29,101**	$63,550	$15,240	**$8,816**	$98,841	$27,772	**$59,567**
LEADS NET without ABFM Foundation Dollars		-	**$720**		-	**-$899**		-	**-$1,184**		-	**$59,567***

TOTAL NET REVENUE 2022-2024
$98,637

TOTAL NET REVENUE 2022-2024 without ABFM Foundation Dollars
-$1,363

* The 2025 net revenue is currently $59,567; however, more expenses are anticipated for 2025 and will result in a lower revenue at the end of the year. Due to the fiscal year still being in progress, 2025 revenues are not included in the net revenue calculations.

ADFM & NAPCRG Building Research Capacity Initiative Comprehensive Evaluation Report 2025

Prepared by Maryam Tanveer, MPH
On behalf of Association of Departments of Family Medicine and NAPCRG
November 2025

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Introduction

The Building Research Capacity (BRC) initiative, co-sponsored by the Association of Departments of Family Medicine (ADFM) and NAPCRG (formerly known as the North American Primary Care Research Group), was officially launched at the November 2016 NAPCRG conference.[1] The BRC initiative grew out of strategic priorities independently articulated by each organization in 2014 around strengthening research capacity within academic family medicine[2] and has built on the strengths and resources of each organization to develop several main areas over the last 7 years: **a consultation service; ongoing curricular offerings; a Fellowship program; and an evaluation and assessment (A&E) arm**.

Below is a report of highlights from the BRC Initiative from 2017 through 2025 evaluating each program component of the BRC initiative based on the metrics and goals developed by the executive leadership of ADFM and NAPCRG, the BRC steering committee leadership, and BRC staff:

- **Consultation service**: BRC provides a consulting service for departments and residency programs that need assistance in evaluating their readiness for investing in or expanding their commitment to primary care research.
- **Ongoing curricular offerings:** The BRC curriculum committee presents workshops and presentations at NAPCRG, ADFM, and other conferences to share knowledge and promote BRC consulting services and the Fellowship.
- **Fellowship**: Piloted in 2018-2019 and fully launched in 2021, the BRC program trains fellows to lead change and build research capacity in their departments and institutions.
- **Evaluation and assessment:** The A&E subgroup makes sure that all of the BRC programming is evaluated, including Fellowship content, presentations at conferences and elsewhere, and consultations.

Additionally, this report evaluates the **overall success** of the program, including financial success, level of engagement, and change in research capacity of the discipline of family medicine over time.

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[1] The Building Research Capacity (BRC) Initiative: to Be Launched at the 2016 Annual NAPCRG Meeting. *Ann Fam Med* 2016;14:585-586. doi: 10.1370/afm.2009.

[2] Building Research and Scholarship Capacity in Departments of Family Medicine: A New Joint ADFM-NAPCRG Initiative. *Ann Fam Med* 2016;14:82-83. doi: 10.1370/afm.1901.

How to Read This Report

BRC Evaluation Metrics

This evaluation report is organized by the different components of the BRC program: consultation services, curriculum, Fellowship, evaluation, and overall success. The table below details the framework used to conduct the comprehensive program evaluation:

What are we measuring?	Metric
Consultation service	
Success of recruitment	Number of ANY consultations
Preliminary engagement (exploratory consult)	Number of exploratory consultations
Full engagement (formal consult)	Number of paid consultations
Conversion rate prelim to full (close rate)	Exploratory to paid consultation ratio
Satisfaction/success of consultation in eyes of consultee	
Impact on scholarship	Change in scholarly productivity after consultation (publications)
Impact on research finances	Change in scholarly productivity after consultation (grants)
Change in research capacity of dept/program over time	Change in capacity level
Curriculum	
Outreach	Number & venue of activities
Individuals reached	Number of attendees at each activity
Institutions reached	Number of institutions (of attendees)
Recruitment to other BRC activities	Number of attendees who go on to participate in consult or Fellowship
Topics over time	
Fellowship	
Success of recruitment	Number of applications
Number individuals touched	Number accepted
Number institutions touched	Number of institutions represented (of fellows)
Change impacted due to Fellowship	Number of significant changes they were able to make
Impact on fellows' scholarship	Change in scholarly productivity after Fellowship of individual
Impact on fellows' institution's scholarship	Change in scholarly productivity after Fellowship of individual's team

Evaluation	
Curricular evaluations	% of sessions evaluated
Consultation evaluations	% of consultations evaluated
Fellowship evaluations	% of Fellowship activities evaluated (???)
Overall	
Financial success	Revenue
Overall level of engagement	Number of departments & residency programs "touched" by offerings
Engagement & retention of volunteers	Number of individuals participating in BRC activities (consultants, curriculum planners/presenters, Fellowship faculty, etc) -- year-to-year
Scholarship of program itself	Number of publications
Impact of BRC on those who received consultations and fellows	Number of publications, grants, presentations of those who participated with BRC
Impact on scholarship of the discipline	Change in number of publications across the discipline from before BRC started
Change in research capacity of discipline over time	Change in % high capacity departments & other measures

To comprehensively address each component, the following structure is used to organize evaluation contents:

- **OUTPUT OF INTEREST:** A brief summary of the outcome of interest as outlined in the program's evaluation model above.
- **ACTIONS TAKEN:** Activities implemented to achieve the identified outcome.
- **EVALUATION METRIC:** Measures used to assess progress toward the outcome, along with supporting activities that facilitate evaluation of the metric.

A summary of the evaluation contents will also be provided at the beginning of each section.

Recommendations can be found throughout the report using the following text box and summarized in the Compiled Recommendations section.

RECOMMENDATION:

BRC Executive Summary

Below is a bulleted summary of the BRC initiative from 2017 through 2025. Overall, the BRC is well regarded among fellows and those who have interacted with the consultation service.

Consultation Service Outcomes
- 30 institutions have had exploratory or in depth consultations since 2017 with a 40% conversion rate:
  - 18 institutions exploratory consults
  - 12 institutions have moved from the exploratory stage into a full (paid) consult
- A majority of consultees are satisfied with their consultations. Results are currently mixed regarding the consultation's impact on scholarship and research capacity, as not enough time has passed to gauge outcomes.

Curriculum Outcomes
- From 2016 through 2025, there were 40 BRC presentations and workshops at various conferences with an estimated reach of over 1000 participants across them all.
- The number of institutions reached and individuals recruited to other BRC activities has not been consistently captured.

Fellowship Outcomes
- There have been a total of 48 applications to the BRC Fellowship from 2021 to present.
  - 34 individuals have been accepted
  - 31 institutions represented
- A survey of past fellows from 2021-2024 years (16 out of 25 fellows responded) found that:
  - 75% (12/16) report that they are at 50% or more complete with implementing their strategic plan.
  - 75% (12/16) find that the Fellowship contributed to organizational or institutional changes or improvements.

Evaluation
- Out of the 40 presentations and workshops, 14 were evaluated.
- Out of the 12 institutions that had full BRC consultations only 3 evaluations are available for review.
- All three Fellowship cohorts have followed a different evaluation schedule.

Summary of Overall Outcomes of Interest
- Overall, BRC has been financially successful with an overall profit of $76,809 between 2017 through October 29, 2025.
- Between the Fellowship and consultations, around 56 unique institutions have engaged with the BRC program. Given that there are about 160 departments of family medicine, we estimate about 35% of all departments have had deep engagement with the BRC program.
- Two BRC fellows have become Fellowship faculty.
- There are 16 publications associated with the BRC program.

- In a survey to those who received full BRC consultation (6 institutions out of 12 that had full consults responded), a little over half of respondents (67%, 4/6) stated that the BRC consultation improved their department's scholarly productivity (e.g., increased publications), while the remainder indicated it did not.
- The impact of the BRC program on scholarship of the discipline is still emerging.

Compiled Recommendations

Below is a consolidated list of the recommendations that are integrated throughout the report:

Standardize consultations:
- ❖ Implement formal training and orientation for consultants to promote consistency.
- ❖ Establish a standardized set of tools and resources to be shared during consultations.

Assess Fellowship outreach:
- ❖ Include questions in the BRC Fellowship application asking current fellows or consultees how they learned about the Fellowship or consultation services to better understand outreach impact.

Track long-term outcomes:
- ❖ Develop strategic, long-term methods to track fellows' and consultees' progress after BRC program interaction in terms of research publications, grants received, and ongoing research activities.
- ❖ A bibliometric analysis may be considered as a BRC Fellowship project for next year to provide an updated assessment of the number of publications across the discipline.

Standardize BRC evaluations:
- Implement standard evaluation plans for all three BRC components and ensure evaluations are completed in a timely manner.
  - This could include creating a standardized evaluation calendar that uses the same evaluation surveys and questions every year.
- Reconsider goals for evaluating curriculum, given challenges such as survey fatigue, reliance on conference surveys, and participants forgetting to respond.
  - Standardize a quick reporting method for presenters, such as a dedicated survey link to submit: presentation date, number of attendees, assessment of how the session went.
  - Capture the number of institutions reached through live polls at the start of presentations using tools like Mentimeter or PollEverywhere.
- Combine evaluation efforts across program components when possible to track attendance and evaluations simultaneously:
  - Ask Fellowship applicants where they heard about BRC
  - Conduct Fellowship program evaluation during in-person graduation
  - Capture attendee names, emails, and institutions at curricular events

BRC Services

Consultation Service

> **Summary of Consultation Service Outcomes**
> - 30 institutions have had exploratory or in depth consultations since 2017 with a 40% conversion rate:
> - 18 institutions exploratory consults
> - 12 institutions have moved from the exploratory stage into a full (paid) consult
> - A majority of consultees are satisfied with their consultations. Results are currently mixed regarding the consultation's impact on scholarship and research capacity, as not enough time has passed to gauge outcomes.

OUTPUT OF INTEREST: Success of recruitment
ACTIONS TAKEN: There are two types of BRC consultations: 1) exploratory 2) in-depth. The exploratory consultation does not generate revenue and exists to facilitate in-depth consultation initiation.
EVALUATION METRIC: Number of ANY consultations
- **30 institutions** have had exploratory or in depth consultations since 2017. Based on the annual BRC reports, there are on average **4** consultations per year.

OUTPUT OF INTEREST: Preliminary engagement
ACTIONS TAKEN: Preliminary engagement, otherwise known as exploratory consultations, are free consultations.
EVALUATION METRIC: Number of exploratory consultations
- **18 institutions** have had only exploratory consults since 2017. Based on the annual BRC reports, there are on average **2** exploratory consultations per year.

OUTPUT OF INTEREST: Full engagement
ACTIONS TAKEN: Full engagement, otherwise known as in-depth or full consultations, are paid consultations.
EVALUATION METRIC: Number of paid consultations
- **12 institutions** have had full consultations since 2017. Based on the annual BRC reports, there are on average **2** full consultations per year.

OUTPUT OF INTEREST: Conversion rate prelim to full (close rate)
ACTIONS TAKEN: During exploratory consultations, a BRC Consultation committee member does a brief exploration of needs, goals, and "change resources." A report is sent to the client following this consultation and a plan if the client decides to have a full consultation. At the full consultation

stage, a contract is made between the client and consultants stipulating the deliverables, timeline, and cost of services.

EVALUATION METRIC: Exploratory to paid consultation ratio

- The ratio of exploratory to paid consultations is 40% (12 in-depth consultations over 30 total consultations).

OUTPUT OF INTEREST: Satisfaction/success of consultation in eyes of consultee

ACTIONS TAKEN: During exploratory evaluations, the needs of clients are identified that are used to match the skillsets of available BRC consultants. BRC relied on consultants with experience in building research capacity to share knowledge, though no formal training has been implemented.

EVALUATION METRIC: Consultees are satisfied with the consultation

- 6 consultees responded to a survey about their organization's experience receiving a BRC consultation.
- All respondents (100%) indicated that they agree or strongly agree that they are satisfied with their experience of receiving a BRC consultation. In open-ended responses, respondents stated that the consultants were outstanding. They also stated that consultations were tailored to the client's needs and that expertise was shared respectfully.
- All respondents (100%) indicated that they agree or strongly agree that the BRC consultation was high quality.

OUTPUT OF INTEREST: Change in research capacity of department/program over time

ACTIONS TAKEN: As part of a BRC consultation, BRC consultants complete an in-depth exploration of the institution's needs, goals, and "change resources." A report is written and delivered to the client based on the client's needs along with a plan to increase research capacity.

EVALUATION METRIC: Change in capacity level

- 6 consultees responded to a survey about their organization's experience receiving a BRC consultation.
- A little over half of respondents (67%) agree or strongly agree that the BRC consultation resulted in increased capacity for research in our department. The rest of respondents (33%) neither agree nor disagree with the statement. In open-ended responses, a respondent who agreed stated that they were able to utilize the consultation to help set expectations within their institution and follow up with a strategic plan. One respondent who neither agreed nor disagreed noted that they are still recruiting a Vice Chair of Research and face competing priorities, which have been barriers to increasing their research capacity.
- Half of respondents (50%) agree that they would not have been able to improve our department's research capacity without the BRC consultation. The other half neither agree nor disagree with the statement. In open-ended responses, respondents described the consultation as valuable and motivating, helping accelerate progress and advocacy for support, though some noted they may have achieved similar outcomes without it.

- A little over half of respondents (67%) also stated that the BRC consultation changed their department's funding for research (e.g. increased success with grants). One respondent indicated that their research funding more than tripled within 5 years.

OUTPUT OF INTEREST: Impact on scholarship
ACTIONS TAKEN: As part of a BRC consultation, BRC consultants complete an in-depth exploration of the institution's needs, goals, and "change resources." A report is written and delivered to the client based on the client's needs along with a plan to increase research capacity. If the client uses this advice to enhance their research capacity, they should, subsequently see an improvement in scholarly activity.
EVALUATION METRIC: Change in scholarly productivity after consultation (publications, grants)
- 6 consultees responded to a survey about their organization's experience receiving a BRC consultation.
- A little over half of respondents (67%) stated that the BRC consultation improved their department's scholarly productivity (e.g., increased publications), while the remainder indicated it did not. In open-ended responses, one respondent indicated that the consultation shifted the culture of their department with a significant increase in funding, publications and presentations. One respondent who stated no stated that they have increased scholarly activity but not increased publications at this time.

RECOMMENDATION: To promote consistency and standardization across consultations, BRC should consider implementing formal training and orientation for consultants. This initiative could include establishing a standardized set of tools and resources to be shared during consultations.

Curriculum

Summary of Curriculum Outcomes
- From 2016 through 2025, there were 40 BRC presentations and workshops at various conferences with an estimated reach of over 1000 participants across them all.
- The number of institutions reached and individuals recruited to other BRC activities has not been consistently captured.

OUTPUT OF INTEREST: Outreach

ACTIONS TAKEN: The BRC curriculum committee supports the development of curriculum presentations at national meetings to promote interest in building research capacity. The committee puts out a call to members to see who wants to be involved in creating a poster, and together they decide on a topic that fits the audience. Ultimately, it is up to the conference to accept or reject the presentation.

EVALUATION METRIC: Number & venue of activities

- From 2016 through 2025, there were 40 BRC presentations and workshops at various conferences. The table below details the conference venues and the number of times presentations were given at each conference. See appendix for the full list of presentation titles and topics.

Curriculum Presentation Location	
NAPCRG	19
ADFM	9
STFM Annual Spring Conference	10
AAMC event (for ADFM fellows)	1
FMLC	1
Total presentations	40

- The below table details the topics broadly covered by the BRC curriculum from 2016 through 2025.

Topic Category
Aligning clinical/educational/research goals
Building curriculum
Building your department research
Change management

Culture of inquiry
Educational research projects
Increasing effectiveness in research
Learning networks
Mentorship
Persuasion principles
QI projects as research
Research as a vehicle for enjoying career/reduce burnout
Research during crisis
Research for clinicians/educators
Research funding/infrastructure
Research resources and strategies
Senior leadership roles in supporting research
Value of research across the training spectrum

OUTPUT OF INTEREST: Individuals reached
ACTIONS TAKEN: BRC presentations and workshops take place at well-attended conferences that draw individuals from a variety of institutions.
EVALUATION METRIC: Number of attendees at each activity
- Only 8 presentations and workshops out of the 39 presented have attendance levels recorded. Within these 8 presentations and workshops, there were at least 226 attendees. Using this information, the average number of attendees is 28. Extrapolating from this data, total attendance of all 40 presentations could be over 1,000 participants.

OUTPUT OF INTEREST: Number of institutions reached
ACTIONS TAKEN: BRC presentations and workshops take place at well-attended conferences that draw individuals from a variety of institutions.
EVALUATION METRIC: Number of institutions (of attendees)
- The number of institutions represented by attendees has not been captured.

RECOMMENDATION: BRC should reconsider its goals related to evaluating curriculum. Challenges to evaluation completion appear to include survey fatigue, reliance on conference surveys, and participants forgetting to respond. One approach could be to standardize a quick

method for presenters to report on their sessions. For example, a dedicated survey link could allow presenters to submit information about when they presented, the number of attendees, and their assessment of how the presentation went. To capture the number of institutions reached, a live poll at the start of each presentation that saves responses could ask participants to report their institutions using tools such as Mentimeter or PollEverywhere.

OUTPUT OF INTEREST: Recruitment to other BRC activities
ACTIONS TAKEN: Recruitment to other BRC activities occurs during conferences through three strategies: including additional information on slides during BRC presentations, having BRC representatives wear buttons on their name tags to invite questions, and distributing informational materials during presentations and at conference "partner" booths/tables.
EVALUATION METRIC: Number of attendees who go on to participate in consult or Fellowship
- The number of attendees who go on to participate in consult or Fellowship following workshop or presentation attendance has not been consistently captured.

RECOMMENDATION: The BRC Fellowship application and consultation intake process could include questions for current fellows or consultees about how they learned about the Fellowship or consultation services, which can help to better understand the impact of outreach and engagement on Fellowship applications.

Fellowship

Summary of Fellowship Outcomes
- There have been a total of 48 applications to the BRC Fellowship from 2021 to present.
  - 34 individuals have been accepted
  - 31 institutions represented
- A survey of past fellows from 2021-2024 years (16 out of 25 fellows responded) found that:
  - 75% (12/16) report that they are at 50% or more complete with implementing their strategic plan.
  - 75% (12/16) find that the Fellowship contributed to organizational or institutional changes or improvements.

OUTPUT OF INTEREST: Success of recruitment

ACTIONS TAKEN: The BRC Fellowship is promoted through listservs (ADFM, NAPCRG, STFM, etc.), conference presentations (NAPCRG, STFM, etc.), networking, and word of mouth. A new marketing document was developed in the past year to support these efforts, and the Fellowship is consistently highlighted at the end of BRC presentations.

EVALUATION METRIC: Number of applications
- There have been a total of **48** applications to the BRC Fellowship from 2021 to present. On average, **10** individuals apply to the BRC program each year. For the most recent application cycle (2025-2026), there were **12** applications.
  - It is hypothesized that the number of BRC Fellowship applications was highest in the first year due to pent-up demand. The initial launch addressed a strong need, and since it was the first time offered, the first cohort was unusually large. Once that demand was met, the following application cycles were smaller.

## Total Number of BRC Fellowship Applicants Over Time
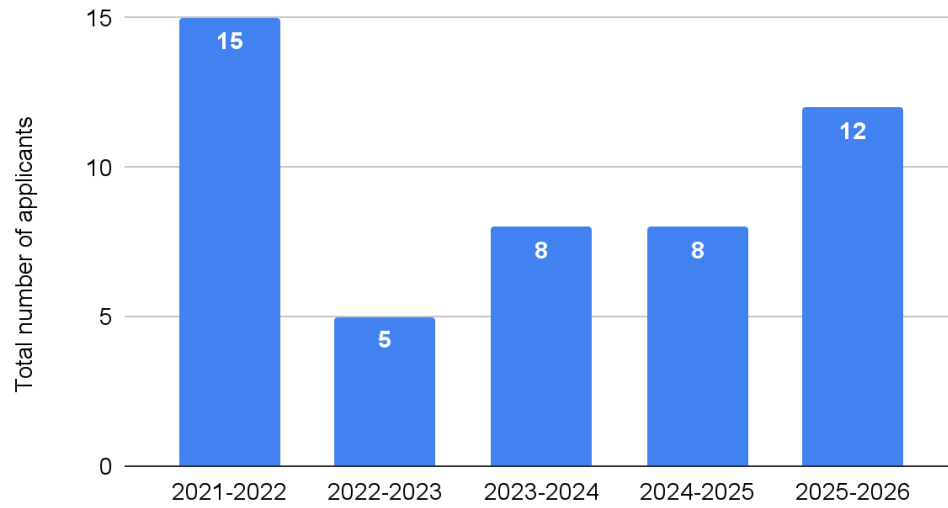
OUTPUT OF INTEREST: Number of individuals accepted

ACTIONS TAKEN: Beginning in 2024, BRC Fellowship spots were limited to eight. A rubric, introduced and refined last year, guides the selection process to codify criteria, reduce bias, and ensure consistency. The rubric focuses on criteria such as leadership, research, and community outreach experience.

EVALUATION METRIC: Number accepted and participated

- The vast majority of applicants who applied to the BRC Fellowship were accepted and continued through the Fellowship. Between 2021-2025, there have been **25** total BRC fellows. There are **8** fellows in the 2025-2026 cohort that starts in November 2025 at NAPCRG.

Total Number of Individuals Who Completed the BRC Fellowship
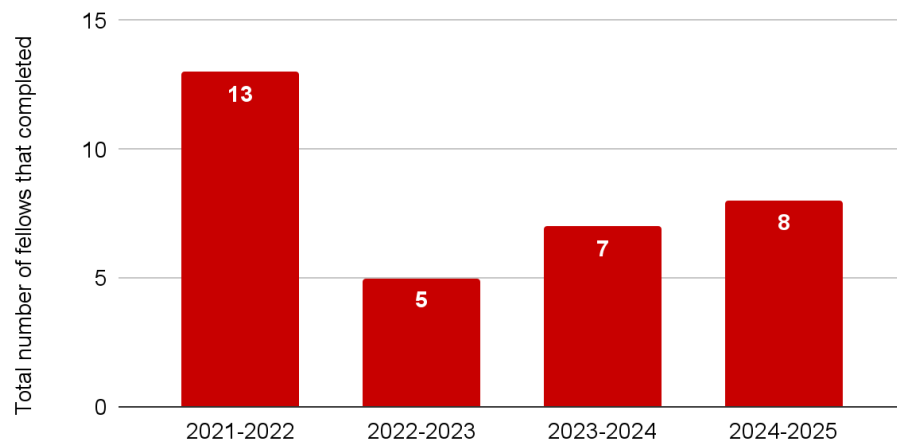
OUTPUT OF INTEREST: Number institutions impacted
ACTIONS TAKEN: To ensure representation from a variety of institutions, the BRC Fellowship is advertised widely. Raising the visibility of BRC fellows is key to expanding participation. Fellows showcase their final projects at NAPCRG, and networking at NAPCRG and ADFM helps department chairs connect with fellows and share opportunities through their networks.
EVALUATION METRIC: Number of institutions represented (of fellows)

- A total of **31** different institutions have been represented by BRC fellows including the upcoming cohort. Please see the appendix to see the full list of institutions represented.

OUTPUT OF INTEREST: Change impacted due to Fellowship
ACTIONS TAKEN: Within the BRC Fellowship, fellows were taught methods to impact change for expanding research capacity within their home institutions.
EVALUATION METRIC: Number of significant changes they were able to make

- A survey conducted by the current cohort of BRC fellows asked BRC alumni about the tools and strategies they have applied and the progress they have made in implementing their strategic plans.
- The survey found that among the tools and strategies the 16 respondents learned about during the BRC Fellowship, 7 stated that they have applied a strategic plan, 7 have used a needs assessment, and 5 have used PACER[3] data in their work.
- A strong majority of respondents (75%) stated that they are at least 50% complete with their progress based on their strategic planning efforts. Within this group, one individual stated that they had completed 100% of their goals, six had completed 75%, and five had completed 50%.

OUTPUT OF INTEREST: Impact on fellows' scholarship
ACTIONS TAKEN: Within the BRC Fellowship, fellows were taught methods to enhance their own scholarship.
EVALUATION METRIC: Change in scholarly productivity after Fellowship of individual

- While this is a long-term outcome that would take multiple years to change, the final BRC Fellowship evaluation survey asked participants the following question regarding impact on fellows' scholarship: "Was there an element in the Fellowship that was a game changer for you? Please describe."
- Open-ended responses to the above question in the final evaluation survey from the 2022-2023 and 2023-2024 BRC Fellowship cohorts demonstrated that the leadership philosophy and PACER tool were helpful in how they approached change implementation. The PACER tool specifically was an eye-opener for a respondent's department as it gave them "an objective tool to report research output to the medical school and university leadership in terms with which they are familiar."

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[3] "Measuring Research Capacity: Development of the PACER Tool | American Board of Family Medicine," accessed November 7, 2025, https://www.jabfm.org/content/early/2024/11/15/jabfm.2024.240085R1.

OUTPUT OF INTEREST: Impact on fellows' institution's scholarship

ACTIONS TAKEN: Within the BRC Fellowship, fellows were taught methods to enhance their institutional scholarship.

EVALUATION METRIC: Change in scholarly productivity after Fellowship of individual's team

- While this is also a long-term outcome that would take multiple years to change, the final BRC Fellowship evaluation survey asked participants the following question regarding impact on a fellow institution's scholarship: "Did your Fellowship experience contribute directly to any changes or improvements in organizations or institutions with which you are involved? If yes, please describe the change(s)."

- Among the 8 end of year evaluation survey respondents from the 2022-2023 and 2023-2024 BRC Fellowship cohorts (8 responded out of the 12 fellows), 6 (75%) indicated that the Fellowship contributed to organizational or institutional changes or improvements.

- Open-ended responses indicated that many respondents have begun implementing systemic changes and achieving strategic goals. Examples included increasing meeting times to allow greater participation in teamwork and goal setting, providing more coaching, incorporating teaching into monthly scholarly meetings, and offering additional training. Others noted that change plans were being initiated and discussed within their faculty. Additional systemic changes mentioned involved plans to engage new hires in research opportunities and revisions to residency structure and curriculum to enhance scholarly activity engagement and productivity.

RECOMMENDATION: ADFM should consider developing strategic methods to track fellows and their institutional progress after graduation. These methods should be designed for consistent, long-term use to assess alumni outcomes, including changes in research publications, grants received, and ongoing research activities.

Evaluation

Summary of Evaluation
- Out of the 40 presentations and workshops, 14 were evaluated.
- Out of the 12 institutions that had full BRC consultations only 3 evaluations are available for review.
- All three Fellowship cohorts have followed a different evaluation schedule.

OUTPUT OF INTEREST: Conduct curricular evaluations
ACTIONS TAKEN: Curricular evaluations were planned to occur following presentations and workshops at conferences.
EVALUATION METRIC: % of sessions evaluated
- Out of the 40 presentations and workshops, 14 were evaluated. Low response rates directed the A&E committee to phase out curricular evaluations. As of now, conferences have begun to implement their own evaluations of presentations and workshops which the A&E committee asks for access. See recommendation in the Curriculum section.

OUTPUT OF INTEREST: Conduct consultation evaluations
ACTIONS TAKEN: Only the in-depth consultations have evaluations; records of evaluations before 2021 were not centrally stored.
EVALUATION METRIC: Percent of consultations evaluated
- Out of the 12 institutions that had full BRC consultations only 3 evaluations are available for review. Recent outreach was done to all departments that had full consultations in recent years. The summary from these data is available in the consultation section above.

OUTPUT OF INTEREST: Conduct Fellowship evaluations
ACTIONS TAKEN: The A&E committee conducts Fellowship evaluations to make process improvement-type changes to the Fellowship curriculum.
EVALUATION METRIC: Percent of Fellowship activities evaluated
- All three cohorts have followed a different evaluation schedule. For the 2021-2022 cohort, Fellowship multiple evaluation summaries occurred following sessions and throughout the Fellowship. For the 2022-2023 cohort, a mid-term and final evaluation occurred. The 2023-2024 cohort only had a final evaluation.

RECOMMENDATION: The BRC Evaluation Committee may consider implementing standard evaluation plans for all three components of BRC and identifying methods to ensure that evaluations are carried out in a timely manner after events or meetings. This could include combining evaluation efforts across program components.

- For example, BRC could consider ways to combine evaluations and tracking of attendance. When individuals apply to the BRC Fellowship, they could ask applicants where they heard about BRC Evaluations at curricular events could also serve as attendance and capture individual names, emails, and institutions represented.
- For the BRC Fellowship specifically, evaluation of the program could occur at the conclusion of the program at the in-person graduation.

Overall

Summary of Overall Outcomes of Interest
- Overall, BRC has been financially successful with an overall profit of $70,177 between 2021 and 2024.
- Between the Fellowship and consultations, around 56 unique institutions have engaged with the BRC program. Given that there are about 160 departments of family medicine, about 35% of all departments have had deep engagement with the BRC program.
- Two BRC fellows have become Fellowship faculty.
- There are 16 publications associated with the BRC program.
- In a survey to those who received BRC consultation (6 institutions responded out of 12), a little over half of respondents (67%) stated that the BRC consultation improved their department's scholarly productivity (e.g., increased publications), while the remainder indicated it did not.
- The impact of the BRC program on scholarship of the discipline is still emerging.

OUTPUT OF INTEREST: Financial success

ACTIONS TAKEN: Below are the details of the financial structure of each component of the BRC program. See Appendix C for BRC income and expenses end of year statements from 2017 through 2025 (as of 10/29/2025) and projected budget for 2026.

- **Consultations:** Generally, the only expenses for consultations are payments for the consultants' time and staff time (overhead) as noted in the fee schedule below.
    - A standardized consultation fee schedule was approved in 2022:
        - $500 flat fee for the consultant who initiated the consultation with the exploratory work limited to a maximum of 2 hours.
            - This is only charged if a full consultation contract is made.
        - Virtual consultations cost $325 per hour.
            - Of this, $250 is paid to the consultant and $75 is retained by BRC for overhead (30%)
        - In-person consultations cost $4,000 per day.
            - All of this is paid to the consultant to cover their time; there are no fees charged for BRC overhead costs.
            - If there is prep work required of the BRC staff, there will be a $500 charge added to this for overhead.
            - Any prep work and post-work will be charged at the regular hourly rate.
            - Clients are also expected to cover the costs of travel and accommodation for the consultant via direct reimbursement

- **Curriculum:** The curriculum portion of BRC relies on volunteers that are already attending the conferences. BRC does not pay for their conference fees. Occasionally, BRC supports small application fees for conferences.
- **Fellowship:** In general, the Fellowship's income comes from tuition paid by fellows, and its expenses come from paying personnel involved in the program, such as the fellowship directors and faculty, as well as operational costs like food and A/V for meetings.
  - Until this year, tuition covered conference fees for both NAPCRG and ADFM. Beginning in 2025–2026, fellows will pay their own NAPCRG conference and membership fees, but tuition will continue to include ADFM conference and registration fees (since the fellows typically attend NAPCRG anyway but would not otherwise attend ADFM).
    - Tuition for BRC Fellowship over time:
      - 2021-2023: $4,750
      - 2023-2024: $6,250
      - 2024-2025: $7,500
      - 2025-2026: $6,500 (w/o NAPRG reg & membership)
  - Expenses for the Fellowship include an honorarium for the Fellowship director(s) ($1,500, shared 50/50 if there are co-directors) and for each faculty member ($750). Each Fellowship director receives a travel stipend of $1,200, and each faculty member also receives a small travel stipend of $600.
  - Other expenses include meeting rooms and AV, food during meetings, supplies including printing and books, staff travel for BRC meetings, and marketing materials.
  - Staff time is also factored into the BRC Fellowship budget although it is not included in the expense line in the budget (Appendix C).

EVALUATION METRIC: Revenue
- BRC income and expenses end of year statements are available from 2017 through October 29, 2025 (details can be found in the appendix). This is a summary of NAPCRG and ADFM income and expenses. Some of the earlier expenses include staffing support; this was moved into operations budgets in later years and so is not consistently captured here.
- Prior to 2021 there were few paid consults and consultants were not usually paid; a fee schedule was formalized in 2022. The fellowship started in 2021. Also prior to 2021, BRC staffing was provided by NAPCRG but switched to ADFM in 2021 due to staffing transitions in both organizations (NAPCRG pays a portion of this).
- With this in mind, we are looking at the financial success from 2021 onward. Overall, BRC has been financially successful with an overall profit of $70,177 between 2021 and 2024. Additionally, BRC has operated at or below budget every year. The 2026 budget anticipates a net profit of $23,540.

OUTPUT OF INTEREST: Overall level of engagement
ACTIONS TAKEN: The BRC program is advertised widely among family medicine departments and residency programs through online communications, conferences presentations, and networking.

EVALUATION METRIC: Number of departments & residency programs "touched" by offerings
- Between the Fellowship and consultations, around 56 unique institutions have engaged with the BRC program. Given that there are about 160 departments of family medicine, about 35% of all departments have had interactions with the BRC program. This does not include engagement with BRC though attending conference presentations; as noted above we anticipate this has included many more individuals and institutions.

OUTPUT OF INTEREST: Engagement & retention of volunteers
ACTIONS TAKEN: Following completion of the BRC Fellowship, fellows may return to the Fellowship as faculty. Additionally, each BRC program area (Consultations, Fellowship, Curriculum) has a subcommittee, in addition to an Assessment and Evaluation subcommittee that supports all BRC programs. These subcommittees are made up of volunteers who guide the programs with their expertise.
EVALUATION METRIC: Number of individuals participating in BRC activities (consultants, curriculum planners/presenters, Fellowship faculty, etc).
- Two BRC fellows have become Fellowship faculty. One of these fellows served on the BRC curriculum committee and contributed to national presentations since graduation from the Fellowship.
- Over the course of the BRC initiative, each subcommittee has retained a majority of its volunteer members, and BRC staff have been working on recruitment of new members in recent years. Recruitment of new members is typically guided by recommendations of current subcommittee members or outreach by interested NAPCRG, STFM, and ADFM members.

OUTPUT OF INTEREST: Scholarship of program itself
ACTIONS TAKEN: The BRC Bibliography shares key references for building, measuring, and tracking research and research capacity in family medicine and any publications that had BRC program involvement. BRC Curriculum presentations also represent scholarly products of the BRC initiative.
EVALUATION METRIC: Number of publications
- There are 16 publications associated with the BRC program. See appendix for full list.
- Since 2017, there have been 33 BRC presentations by the BRC program. See appendix for full list.
- BRC Fellowship graduates also present their strategic plan for research that they developed during their Fellowship year. Fellows present "SPARC" (Strategic Plans to Advance Research Capacity) Presentations in addition to submitting posters on a group project that they work on throughout the Fellowship year to the NAPCRG Annual Conference.

OUTPUT OF INTEREST: Impact of BRC on those who received consultations and fellows
ACTIONS TAKEN: During consultations, recommendations are given on ways for the client to grow research capacity and scholarly productivity. During the Fellowship, fellows are guided through

the creation of a strategic plan for growing research capacity and scholarly productivity in their own departments..

EVALUATION METRIC: Change in number of publications, grants, presentations of those who participated with BRC

- As stated in the Consultation section:
    - 6 consultees responded to a survey about their organization's experience receiving a BRC consultation.
    - A little over half of respondents (67%) stated that the BRC consultation improved their department's scholarly productivity (e.g., increased publications), while the remainder indicated it did not. In open-ended responses, one respondent indicated that the consultation shifted the culture of their department with a significant increase in funding, publications and presentations. One respondent who stated no stated that they have increased scholarly activity but not increased publications at this time.
    - A little over half of respondents (67%) also stated that the BRC consultation changed their department's funding for research (e.g. increased success with grants). One respondent indicated that their research funding more than tripled within 5 years.
- As stated in the Fellowship section:
    - While this is a long-term outcome that would take multiple years to change, the final BRC Fellowship evaluation survey asked participants the following question regarding impact on fellows' scholarship: "Was there an element in the Fellowship that was a game changer for you? Please describe."
    - Open-ended responses to the above question in the final evaluation survey from the 2022-2023 and 2023-2024 BRC Fellowship cohorts demonstrated that the leadership philosophy and PACER tool were helpful in how they approached change implementation. The PACER tool specifically was an eye-opener for a respondent's department as it gave them "an objective tool to report research output to the medical school and university leadership in terms with which they are familiar."

OUTPUT OF INTEREST: Impact on scholarship of the discipline
ACTIONS TAKEN: Bibliometric analysis can be conducted to analyze trends in publications within particular disciplines. BRC aims to conduct such an analysis on a periodic basis to observe the changes in research capacity within the family medicine discipline.
EVALUATION METRIC: Change in number of publications across the discipline from before BRC started

- The most recent assessment of publications across the discipline occurred in 2016 (before BRC began).[4]

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[4] Winston Liaw et al., "The Scholarly Output of Faculty in Family Medicine Departments," *Family Medicine* 51, no. 2 (2019): 103–11, https://doi.org/10.22454/FamMed.2019.536135.

OUTPUT OF INTEREST: Change in research capacity of discipline over time
ACTIONS TAKEN: Through the BRC program, ADFM and NAPCRG hope to increase research capacity of the discipline of family medicine over time.
EVALUATION METRIC: Change in percent of"high capacity for research" departments & other measures
- ADFM conducts an annual survey of departments of family medicine to assess department characteristics, interests, and progress in various areas such as research. Periodically, as part of departments are asked: "Which of the following best describes your department?" The table below presents the results from this survey question.
- Overall, about 60% of departments reported moderate to extensive research activity at their institutions during the period from 2005 through 2025. In 2025, this rose to 72% of departments reporting moderate to extensive research occurring at their institutions.

	2005	2015	2021	2025
Response	N=110	N=117	N=65	N=58
No (or almost no) Research May have journal clubs; not peer reviewed research publications or research grants; no faculty with more than 30% dedicated to research	15%	13%	9%	3%
Minimal/Emergent Research Few peer reviewed research publications; no research center located in or closely aligned/controlled by the department; no faculty at the professor rank in a research track; publications (<5/year) or research grants (<3, no R01), may have an identified research division	28%	30%	29%	24%
Moderate/Entrepreneurial Research Moderate production of peer reviewed research publications (<10/year) with only one investigator publishing in first tier journals; small number of research grants (<6) with at least one R01 or equivalent; may have a small research training program; no department or center alumni are entering into research careers in similar centers	35%	32%	32%	28%
Significant/Self-sustaining Research Significant production of peer reviewed research publications (>20/year) with more than one investigator publishing in first tier journals; significant number of research grants (>10/year) with more than one R01 or equivalent grant for 3 or more years; research activities constitute at least 30% of department funding; at least six faculty with more than 30% dedicated to research	19%	15%	19%	29%

Extensive/Replication Research	3%	10%	11%	16%
Extensive production of peer reviewed research publications (>50/year) with more than five investigators publishing in first tier journals; extensive number of research grants (>20) with more than three to five R01 or equivalent grants for 3 or more years; research activities constitute at least 30% of department funding; at least ten faculty with more than 30% dedicated to research; well-known research division and at least one center, each with directors and at least four staff members; research division and/or center investigators meet on a regular basis with a formal agenda; at least three to five faculty at the professor rank in a research track				

Appendix

Appendix A: BRC Curriculum Topics and Presentation Titles

Date	Location	Presentation Type	Topic Category	Title
2019	NAPCRG	Forum	Aligning clinical/educational/research goals	A BRC Forum: How to Do Feasible and Gratifying Research by Aligning with Clinical, Quality and Operational Priorities
2024	STFM	Workshop	Building curriculum	How to Build a Research Curriculum
2018	ADFM	Preconference	Building your dept. research	What Does Building Research Capacity Mean to Departments of Family Medicine: A BRC Dialogue
2020	NAPCRG	Preconference	Building your dept. research	Building Research Capacity: From Priorities and Strategies to Department Actions
2022	ADFM	Preconference	Building your dept. research	Creating a Strategic Plan for Research in Your Department
2023	STFM	Workshop	Building your dept. research	Increasing Research Capacity: How Much Is Right for You?
2023	ADFM	Preconference	Change management	Building Research Capacity: Change Management, A Tool for Meeting your Department's Research Goals?
2017	STFM	Workshop	Culture of inquiry	Creating a Culture of Inquiry in Academic Family Medicine
2020	STFM	Workshop	Educational research projects	Creating Great Educational Research Projects - A Building Research Capacity (BRC) Session
2022	NAPCRG	Preconference	Increasing effectiveness in research	Utilizing Research Indicators to Boost Your Department's Effectiveness
2024	STFM	Workshop	Learning networks	Building Scholarship Into Your New Learning Networks: A Building Research Capacity Presentation
2025	STFM	Workshop	Learning networks	Leveraging Learning Networks to

				Perform More Impactful Research
2017	NAPCRG	Workshop	Mentorship	Means to Meaningful Mentorship
2021	NAPCRG	Preconference	Mentorship	Building Research Capacity Through Mentorship
2024	NAPCRG	Workshop	Mentorship	Using Evidence-Based Best Practices for Research Mentoring
2024	ADFM	Preconference	Persuasion principles	Influence for Impact - Harnessing Persuasion Principles to Boost Family Medicine Research
2019	STFM	Workshop	QI projects as research	Quality Improvement Projects as Research: A Building Research Capacity (BRC) How-To Workshop
2023	NAPCRG	Workshop	Research as a vehicle for enjoying career/reduce burnout	The Joy of Research: Discovering, Rediscovering, and Growing It
2023	NAPCRG	Workshop	Research as a vehicle for enjoying career/reduce burnout	Strategies to Keep Your (Post-Pandemic) Research Moving Forward
2020	NAPCRG	Workshop	Research during crisis	Strategies to Address Research Challenges and Opportunities in the Midst of a Global Pandemic: A BRC Workshop
2021	ADFM	Preconference	Research during crisis	Research in the Era of Crises: COVID, Health Equity, Population Health, or Making a More Equitable Research Enterprise
2018	STFM	Workshop	Research for clinicians/educators	I am not a researcher: Why Should I do Research? How Participation in Research Makes ME a Better Family Medicine Educator
2024	NAPCRG	Workshop	Research funding/infrastructure	Building Research Capacity: Funding Options for Academic Family Medicine
2025	ADFM	Preconference	Research funding/infrastructur	Promising Practices to Fund and Support Research Participation

			e	
2022	STFM	Workshop	Research resources and strategies	Fulfilling Your Program's Scholarship Requirements Through Readily Available Resources and Creative Strategies
2017	ADFM	Preconference	senior leadership roles in supporting research	Joy in Research: The Role of the Administrator-Chair Partnership in Inspiring Research
2018	NAPCRG	Workshop	senior leadership roles in supporting research	Promoting Research and Scholarship in Family Medicine: Finding the Time and Money to Support It: A Building Research Capacity (BRC) Workshop
2019	ADFM	Preconference	senior leadership roles in supporting research	Key Chair Decisions in Building Research and Scholarship Capacity
2019	NAPCRG	Workshop	senior leadership roles in supporting research	Building Research Capacity: Gathering US and Canada Chair and Research Leader Priorities and Practical Strategies
2020	ADFM	Preconference	senior leadership roles in supporting research	The Leader's Guide to Decision-Making When Building Research and Scholarship Capacity
2018	STFM	Workshop	value of research across the training spectrum	Should Family Medicine Educators be Expected to Do Research: A Point-Counterpoint Debate
2025	ADFM	Workshop		Leveraging Population Health and Value Based Care to Advance Each Mission of Your Department

Appendix B: BRC Fellows Institutions Represented

- ChristianaCare
- Cleveland Clinic Foundation-Akron General regional hospital
- Georgetown University
- Henry Ford Health
- Lehigh Valley Health Network (LVHN) Morsani College of Medicine
- Lewis Katz School of Medicine at Temple University
- Maine Medical Center
- Mayo Clinic
- Mayo Clinic Health System
- Michigan State University
- Pontificia Universidad Catolica de Chile
- The University of Alabama Tuscaloosa Family Medicine Residency
- Tufts University School of Medicine and Boston College
- Uniformed Services University of the Health Sciences
- University of Arizona
- University of Calgary
- University of Iowa
- University of Kansas Medical Center
- University of Kansas School of Medicine
- University of Kentucky
- University of Maryland School of Medicine
- University of Michigan
- University of Minnesota Medical School
- University of Missouri
- University of New Mexico
- University of North Dakota
- University of Southern California, Keck School of Medicine of USC
- University of Tennessee Graduate School of Medicine
- University of Toronto, Toronto, Canada
- University of Utah
- West Virginia University

Appendix C: BRC Income and Expenses on ADFM End of Year Statements (as of 10/29/2025)

	2017	2018	2019	2020	2021	2022	2023	2024	2025 as of 10/29/25
INCOME	Total	Total	Total	Total	Total	Total	Total	Total	Total
BRC Fellowship					**	$16,772	$31,555	$47,618	$31,630
BRC consultations	$12,600	$7,480	$17,180	$5,000	$15,000	$10,000	$28,625	$4,401	$7,700
Total	$12,600	$7,480	$17,180	$5,000	$15,000	$26,772	$60,180	$52,018	$39,330
Number of Graduating Fellows						**13**	**5**	**7**	**8**
EXPENSES	Total	Total	Total	Total	Total	Total	Total	Total	Total
BRC Fellowship						$5,672	$8,310	$27,811	$6,986
BRC consultations	$25,660	$3,274	$5,427	$1,268	$14,422	$1,390	$25,438	$750	$5,500
Total	$25,660	$3,274	$5,427	$1,268	$14,422	$7,062	$33,748	$28,561	$12,486
BRC NET	-$13,060	$4,206	$11,753	$3,732	$578	$19,710	$26,432	$23,457	$26,844
	TOTAL NET SINCE 2021 (2021-2024): $70,177								

**The first class of fellows started Nov 2021, coded to 2022 budget*

Appendix D: BRC Bibliography

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