

History of The Academy of Family Physicians in New York State

Once upon a time, there were only family physicians. All of the people practicing medicine took care of all the illnesses in their areas, often covering great distances making house calls by horseback. However, in the early 1900s, research provided the field of medicine with large amounts of new material, and many new opportunities opened. To many men, there was the need to become very knowledgeable in one area rather than trying for a broad, basic knowledge of the entire person. A natural sequence to this was an assumption made by many medical students that, therefore, a general practitioner was somehow a lesser physician and practiced second-rate medicine.

This attitude was intensified during the years of World War II and many excellent physicians came out of the Armed Services to find that their hospital privileges were sharply curtailed in favor of the other specialists. In addition, subsidies under the G.I. bill enabled many men to return to postgraduate education and residency positions to study for specialization, but no provisions were made for continuing education for the men who were interested in the area of general practice.

Although there had been talk of organizing general practitioners as early as 1934, in December 1940, *Medical Economics* recommended the formation of an independent organization dedicated to general practice, but nothing had come of the idea. Now a group of general practitioners in California, returning from the war, found their hospital privileges vastly reduced. They banded together under the leadership of Stanley R. Truman, M.D., and formed the General Practitioners Association which was incorporated in May 1946. The purposes of this organization later became those that were incorporated into the American Academy of General Practice.

One of the most important ideas to come from this organization was that membership should not be on a permanent basis, but should be contingent on continued postgraduate study so that membership would be on a basis of continuing merit, and no one would become an embarrassment to the organization because he had failed to keep up. It also was successful in obtaining hospital privileges for its members based on capability and proved competence, rather than on artificial structure of type of practice.

The success of this organization was related at the section of general practice at the meeting of the AMA in July 1946 in San Francisco. Many of the physicians attending this meeting were discouraged because they found that their hospital privileges everywhere were being taken away only because they were listed as general practitioners. Dr. Truman outlined the purposes of the General Practitioners Association: "To promote and maintain high standards of general practice of medicine and surgery; to encourage and assist in providing postgraduate study for general practitioners of medicine and surgery; to perpetuate the relationship between the family doctor and the patient; and to protect the right of the general practitioner to engage in medical and surgical procedures for which he is qualified by training or experience."

This gave the impetus to the idea for a national organization, and several men took the job of laying the groundwork to organize such a group at the AMA annual meeting in Atlantic City in 1947.

The purposes of the new organization were taken from the General Practitioners Association in California, as was the principle of continued education for maintenance of membership, as was the principle of continued education for maintenance of membership, which was set at one hundred fifty hours every three years. A constitution and by-laws were developed. These were voted on in a meeting on June 10, 1947. The organization was named the American Academy of General Practice, and officers and a board of directors were elected. It was determined that each state would have two delegates so that each would have equal representation in the national organization.

State organizations

From this beginning on a national basis, the organization spread out to the states. William Buecheler, M.D., of Syracuse, became the spearhead in New York State, and the New York State chapter was chartered on April 28, 1948, on the basis of a petition dated April 4, 1948, signed by twelve general practitioners in the state. New York was the ninth state to receive its charter. Dr. Buecheler was elected the first president of the organization and served two years in that capacity.

The first state meeting was called for October 1948, at the Hotel Syracuse. An interesting note is that three of the twelve physicians who signed the New York State Charter are still active—Frank Leone, M.D., Jacob Mishkin, M.D., and Morton Spielman, M.D. Dr. Buecheler was also one of the delegates to the American Academy of General Practice, and subsequently he served on the board of directors of the national organization from 1950 to 1953.

County constituent chapters were developed, and by 1950, this phase of the organization of the Academy was completed. During this time, the New York State chapter had influence in the affairs of the American Academy through members who were also national officers. Dr. Buecheler was a member of the board of directors from 1950 to 1953; Floyd C. Bratt, M.D., of Rochester, was on the board of directors from 1956 to 1959, chairman of the board from 1958 to 1959, vice-president from 1959 to 1960, president-elect from 1960 to 1961, and president from 1961 to 1962. Richard Bellaire, M.D., of Saranac Lake, was on the board of directors from 1965 to 1968. Louis Bush, M.D., of Baldwin, was on the board of directors from 1969 to 1972, and vice-president from 1972 to 1973. In addition, many members of the New York State chapter have served and are now serving on commissions and committees of the American Academy of Family Physicians.

In the fall of 1950, the state office was established. At this time, Raymond S. McKeeby, M.D., who was secretary-treasurer from 1950 until 1963, hunted for the old records and transferred most of them to the new headquarters office which was established in Binghamton, since this was the area where Dr. McKeeby had his practice. The first secretary hired for this office in 1951, Mrs. Anne Rogers, is still serving, now as an assistant to the executive director. Carl Weber was hired as a field service manager in 1960 and served for about three years. After

he left, his position remained vacant until Lawrence Kennedy was chosen by the board of directors as executive director in November 1966.

Training program

Meanwhile, Academy members felt that the medical knowledge needed for a physician to deliver quality care on a broad base meant that the medical student had to do something besides graduate, take a year's rotating internship, and then enter the practice of medicine. Together with the AMA, the American Academy formulated a plan for a three-year residency program and establishment of the twentieth specialty in family practice, the American Board of Family Practice. This became a reality in February 1969—a recognition by the medical community that a physician can be a specialist in breadth as well as in depth.

There were several unique features of the American Board of Family Practice as it was approved by the AMA:

1. Included on the board were representatives from the other specialties, providing that expertise in each field that the resident's training would cover.
2. There was no grandfather clause for those physicians who had been in practice for many years. To qualify as a diplomate, each physician had to take a stiff two-day test and pass.
3. Each diplomate must be re-certified by re-examination every six years, thus insuring that these members would keep working to stay on top.

As the specialty was approved, the mechanism for establishment of residency programs was developed. In New York State, the Conklin-Cook law mandating the establishment of family practice programs in state schools was passed on March 25, 1969. Subsequently, residency programs were first started at Deaconess Hospital in Buffalo, Highland Hospital in Rochester, and St. Joseph's Hospital in Syracuse, and have grown from there until there are now fourteen of these programs with 235 residents in the State.

In late 1971, the name of the American Academy of General Practice was changed to the American Academy of Family Physicians since it was felt that the term "family physician" was more descriptive of true function. Today's family physician is being trained to provide continuing, comprehensive care within the context of the family unit. He has training in behavioral sciences and special interest in preventive medicine.

At this same time, it was recognized that many family physicians were old enough so that the desire and/or need to take a certifying examination to become a specialist was not very appealing. And yet, these men and women had been faithful to the principles of postgraduate education for many years, and it was felt that there was a need to recognize their accomplishments. In 1972, the Fellowship of the American Academy of Family Physicians was created for those members who had either passed the new Board examinations or had taken six hundred or more hours of postgraduate study.

Recognizing that students were interested in family practice but that they frequently did not have access to role models, the New York State Academy was one of the first state chapters to establish student affiliate memberships in 1971, and to promote the development of family practice clubs at the medical schools within the State. We now have about eight hundred student affiliate members out of a total state membership of three thousand physicians. There are now more student members than there were original physician members when the New York State Academy of General Practice was established in 1949, with 729 names on the roster.

Conclusion

Recent years saw the need for greater definition of family practice and the family physician, and so for several years, our members, under the leadership of Clement Boccalini, M.D., and with the assistance of the Medical Society of the State of New York delegation to the AMA, were involved in developing such statements. These definitions were finally adopted by the congress of delegates of the New York State Academy of Family Physicians in 1974, and then the American Academy of Family Physicians in October 1975. Thus, as the New York State Academy of Family Physicians holds its twenty-eighth annual meeting and scientific convention, we represent the family physician who provides health care in the discipline of family practice. Our training and experience qualify us to practice in the several fields of medicine and surgery. We are educated and trained to develop and bring to bear, in practice, unique attitudes and skills which qualify us to provide continuing, comprehensive health maintenance and medical care to the entire family regardless of sex, age, or type of problem, be it biological, behavioral, or social. We physicians serve as the patient's or family's advocate in all health-related matters, including the appropriate use of consultants and community resources. We have defined our practice as comprehensive medical care with particular emphasis on the family unit, in which the physician's continuing responsibility for health care is not limited by the patient's age or sex, nor by a particular organ system or disease entity. Family practice is the specialty in breadth which builds on a core of knowledge derived from other disciplines, drawing most heavily on internal medicine, pediatrics, obstetrics and gynecology, surgery, and psychiatry, and which establishes a cohesive unit, combining the behavioral sciences with the traditional biological and clinical sciences. The core of knowledge encompassed by the discipline of family practice prepares the family physician for a unique role in patient management, problem-solving, counseling, and as a personal physician who coordinates total health delivery.

And so, in this bicentennial year, we see the New York State Academy of Family Physicians involved in programs to continuously educate its members so that they may properly utilize the vast resources of modern medicine, through appropriate consultations and education in order to continue to benefit the most important people of all, the patients.

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The rich history of the Family Medicine and the Academy has changed significantly since this history was written 42 years ago. The specialty has continued to evolve and medicine in general has been transformed. Insurance plans have become the dominant force in health care. The insurance model has greatly affected the traditional doctor-patient relationship and has also, in the estimation of some, contributed to the fragmentation of medicine.

Today, NYSAFP represents over 6,000 Family Physicians and medical students. NY has 38 Family Medicine residency programs and four Teaching Health Centers – an innovative teaching model unique to Family Practice in which residents are trained in community based settings, where primary care occurs.

Within the Academy, NY has become a leading force for change and innovation. NY is among the foremost sponsors of resolutions presented to the AAFP Congress of Delegates each year. NY is also consistently among the most active chapters in supporting AAFP meetings, conferences and initiatives. NY is one of a handful of AAFP chapters to have sent full delegations to the National Conference of Special Constituencies and its successor, the National Conference of Chapter Leaders, since its inception. NY is also among the largest delegations to the annual Family Medicine Advocacy Summit which brings chapter leaders to Washington annually to advocate for Family Physicians and patients.

With all the change that has occurred in health care and medicine in the past two decades, there has been some consistency in what the Academy represents and what Family Medicine aspires to. A commitment to continuing professional development and education of Family Physicians and preservation of the unique and privileged relationship between Family Physicians and their patients remains the hallmark of the Academy. As we look back on seven decades of progress and growth we can look ahead, as well, with pride in what has been accomplished and confidence that the Academy and Family Physicians will remain forces in the ongoing effort to assure that patients have unfettered access to the most current health care available from the most competent and committed physicians in medicine.