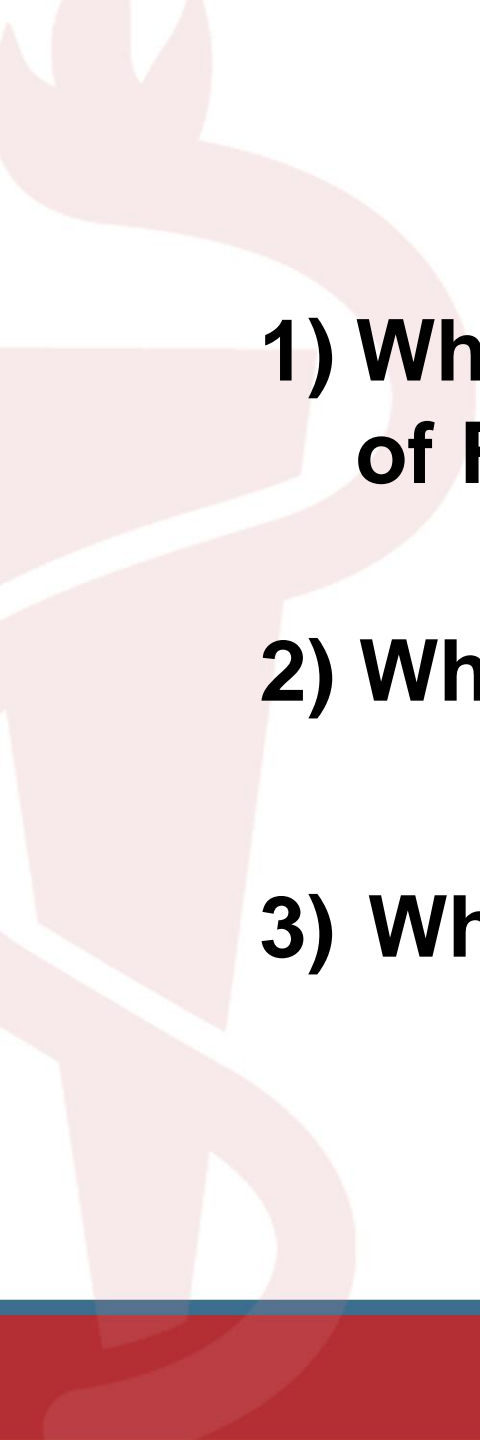




Preserving Family Medicine's Past for the Sake of Our Future



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

- 
- 1) What is the Center for the History of Family Medicine (CHFM)?**
 - 2) What does the CHFM collect?**
 - 3) Why is any of this important?**



QUESTION #1:

**What is the Center for the
History of Family Medicine?**

Headquarters Bulletin

AMERICAN ACADEMY OF GENERAL PRACTICE

A Monthly Publication for State Chapter Officers

Vol. 19, No. 2

February, 1969

Family Practice Certifying Board Approved

Board To Organize, Lay Plans
To Conduct Examinations

A primary certifying board in family practice became reality February 8 in Chicago, when the Advisory Board for Medical Specialties and the AMA Council on Medical Education approved the amended final application submitted by the AAGP and the AMA Section on General Practice. The decision empowers the American Board of Family Practice to conduct examinations and to grant certification to family physicians who meet its qualifications and pass the examination. This certification will be recognized by the American Medical Association and other bodies in medicine.

Dr. William R. Willard is chairman of the joint ABMS-CME Liaison Committee which approved the free-standing board. The board will organize itself and initiate plans for conducting the certification examination.

Approval of the certifying board climaxed three days of extensive meetings between the Liaison Committee, the applicants and incorporators of the certifying board. Assuming a major role in the negotiations was AAGP Board Chairman William E. Lotterhos who acted as spokesman for the applicants to the Liaison Committee when that body initially considered the application on Thursday, February 6 and again during final consideration on Saturday, February 8. At both meetings Dr. Lotterhos was invited to appear before the committee to comment on the application and to discuss modifications desired by the Liaison Committee.

AAGP President Maynard I. Shapiro emphasizes, "It is very important for all Academy members to understand that the AAGP does not control this new board. It is just as important for all AAGP members to understand that they do not have to take the board examination to remain members of the Academy."



William R. Willard, M.D.
Chairman,
Liaison Committee
for Specialty Boards

Liaison Committee for Specialty Boards
Advisory Board for Medical Specialties, Inc.
American Academy of General Practice
American Academy of Family Physicians
American Board of Medical Education
American Medical Association
Chicago, Illinois 60601

February 9, 1969

William E. Lotterhos, M.D.
Chairman, Board of Directors
American Academy of General Practice
Kansas City, Missouri

Dear Dr. Lotterhos:

I am pleased to advise you that the Liaison Committee for Specialty Boards, acting on the behalf of the Council on Medical Education of the American Medical Association and the Advisory Board for Medical Specialties, has approved the amended application of the American Board of Family Practice, Incorporated, submitted to the American Board of Medical Specialties and the American Board of General Practice of the American Medical Association on December 16, 1968, and signed by William R. Willard, M.D., Chairman, Board of Directors, and Marv E. Lotterhos, M.D., Executive Director, of the American Academy of General Practice, and Dr. A. J. Pomeroy, M.D., Chairman, and Richard J. Pomeroy, M.D., Secretary, of the Section on General Practice of the American Medical Association. The application was approved after further modification by your modified statement dated February 9, 1969.

This action was taken with the condition that the Council on Medical Education would participate in the selection of individuals who would be involved in helping to conduct the examination.

Very truly yours,
Louis A. Rice, M.D.
Chairman, Board of Directors
Liaison Committee for Specialty Boards



Page 1

The CHFM is the
**COLLECTIVE
MEMORY**
of Family Medicine.



Our mission is the **collection, conservation, exhibition, and study** of all materials related to the history of the specialty, including family practice and general practice.



The CHFM is
the **ONLY**
historical
repository
in the United
States that is
devoted
exclusively to
this purpose.



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- > Scientific
- > Education
- > Family Medicine
Philanthropic Consortium
- > Center for the History of
Family Medicine

Center for the History of Family Medicine

The Center for the History of Family Medicine (CHFM) was officially established in 1992 to actively collect, organize, preserve, and provide access to the records of the leading family medicine organizations involved in all aspects of the specialty. It also solicits personal and professional papers of family physicians and family medicine educators before and after 1969, when family medicine officially became the 20th specialty in American medicine. It designs and exhibits materials from its collections that highlight the specialty's history. CHFM also creates online exhibits and information on its collections via the Center's web site.

The History Center is administered by the American Academy of Family Physicians Foundation. The Foundation is a non-profit, charitable 501(c)(3) organization whose mission is to improve the health of all people by advancing the philosophy and culture of family medicine through scientific, educational, charitable, and humanitarian initiatives.



The History Center is located at the American Academy of Family Physicians headquarters in Leawood, Kansas, just outside of Kansas City, Missouri. The CHFM's collection amounts to approximately 2,000 cubic feet of materials maintained onsite in a climate and humidity-controlled storage facility, plus additional materials stored offsite.

Board of Curators -- Get to know the Board of Curators, which oversees the operations and activities of the Center.

Classics in Family Medicine -- A collection of the most classic and memorable works relating to the history and development of the



WHY DONATE TO THE AAFP FOUNDATION?

Supporting your Foundation means you believe in the power of family medicine and in the importance of helping others.

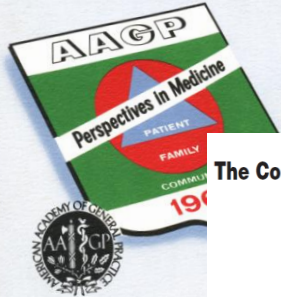
"Your support of the AAFP Foundation has a tremendous effect...the Foundation funds Academy programs such as Tar Wars that directly impact kids and the public health."
Jeffrey J. Cain, MD, FAAFP

[More reasons for giving](#)



The CHFM houses the historical collections not just of the Academy, but of **all** of the eight major Family Medicine organizations that comprise the “Family of Family Medicine.”

Official Program

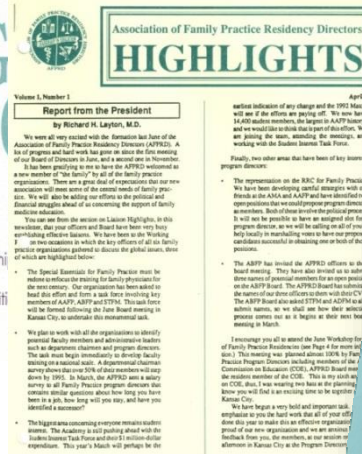
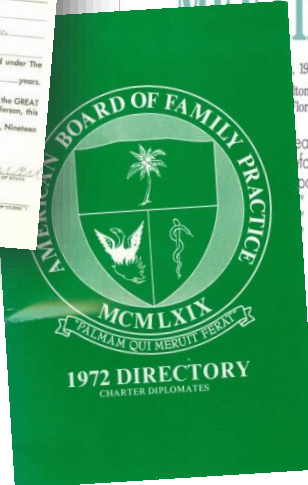
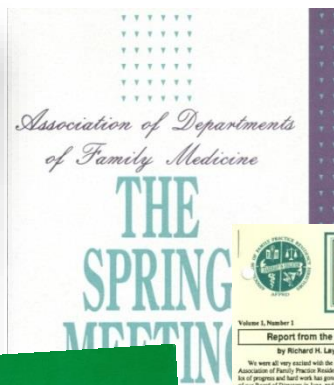


The Continuing History of

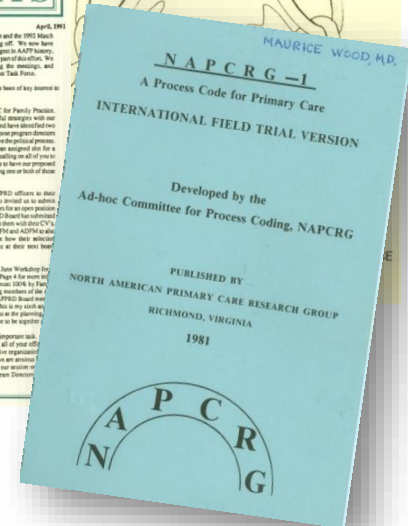
The American
Osteop
Family Ph

acofp | American College of
Osteopathic
Family Physicians

— Integrity • Integrity • Leadership



The Society of Teachers of
Family Medicine
SCIENTIFIC PROGRAM
Proceedings
The Team



AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

The “Family” of Family Medicine



AMERICAN ACADEMY OF
FAMILY PHYSICIANS



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION





QUESTION #2:

What does the CHFM collect?

Since its establishment in 1992, the CHFM has evolved into three different components:

- It is an **Archives;**
- An **Historical Research Library;** and
- A **Museum**



As An Archives:

The CHFM is the official repository of all eight major Family Medicine organizations.

This is to certify that

STANLEY HODGE, M. D.

IS A MEMBER IN GOOD STANDING OF

The American Academy of General Practice

FOR THE YEAR
1948

M. Asaf Dalal
SECRETARY

1449

FAMILY PRACTICE TIMES

Newsletter Of The Society Of Teachers Of Family Medicine

Family Medicine Becomes Living, Viable Specialty

With the approval of a Board of Family Practice by the American Medical Association, the Society of Teachers of Family Medicine becomes part of a living, viable specialty. We enter this phase confronted by doubts and reservations on all sides; with our sudden arrival at this formal status we are faced with the necessity of fishing or cutting bait.

Dr. Ward Darley, pioneer advocate of the specialty and probably the one most influential voice in bringing it into existence, has issued a statement each of us should heed carefully and well:

"While it may appear we have come to the end of a long and tortuous road, it is really only the beginning. The philosophy and concepts of comprehensive health care must be turned into action. The hard work has just started." The nature of the problems implicit in the task before us, their multiplicity and complexity, their particular relevance to a human society in an unprecedented state of flux and transition, point up a primary urgency: effective communication.

It is essential that we organize and coordinate our efforts. It is vital that we reach agreement as to our purpose and function, and as to the most practicable means of implementing a concerted program of training recruits in the new specialty. Rapid and comprehensive exchange of information and ideas is absolutely necessary. To accomplish this, our newsletter must be supplemented as soon as possible by a professional journal sponsored by the specialty. Interested members of the medical profession will be alert to provide the journal with information regarding pertinent developments in the field.

Post Graduate Fellowships

The Division of Family Medicine at the University of Miami School of Medicine is pleased to announce the establishment of post-graduate fellowships in academic Family Medicine. The fellowships are made possible through the Family Health Foundation and are offered to the following: 1. Residents who are completing their training program; 2. Physicians with experience in family practice; 3. Individuals with teaching appointments in schools of medicine, community hospitals or health centers.

Interested physicians should write to:
Director
Division of Family Medicine
University of Miami
School of Medicine
Box 875, Biscayne Annex
Miami, Florida 33152

Clearing House

FAMILY PRACTICE TIMES will carry notices in each issue of available positions as this information is supplied to us. We ask also that those interested in positions in the field of Family Medicine supply their names, addresses, and other pertinent data to us, which we will print along with the notices of positions open. This newsletter also plans to publish in each issue a complete listing of residency programs, whether the approval of such residencies is temporary or permanent.

We have reason to believe there are several hundred medical students who are interested in entering family practice. It is essential that they be informed as quickly as possible, and on a continuing basis, of the opportunities in the field.

Not only the profession, but also the public, should be kept abreast of our progress. An intelligent program of public relations could prove of great value, particularly in the funding of worthy projects.

Your suggestions and ideas will always find an available forum in FAMILY PRACTICE TIMES. Let us have them.

Bulletin

The Society of Teachers of Family Medicine plans its first scientific program at the AAMC meeting to be held in October, 1969, in Cincinnati, Ohio. It is contemplated that this program be dedicated to Dr. Ward Darley, an honored and highly respected member of the group.

MORE DOCTORS FOR AGED? 'Family' Specialty Seen Attracting Young MD's

CHICAGO - Better availability of health care for the growing aged population may be one result of the recognition of the new specialty of family practice, several physicians have informed GERIATRIC TIMES.

Their reasoning is that the move may help answer a basic problem in health care - the shortage of physicians and specifically a severe shortage of physicians to serve as "first-line" doctors.

Sanction of the new specialty should make primary medical practice more attractive to young doctors, one physician said.

Dr. Maynard L. Shapiro, Chicago, president of the American Academy of General Practice, meanwhile, said the new specialty grew out of the classic general practice on which modern scientific medicine was founded.

He described it as an evolutionary development reflecting "the changing patterns of American society, shifting population trends, changing public attitudes and demands, more specific standards and criteria for professional function, and the medical profession's recognition of its responsibility to devise a practice responsive to the nation's rising health care needs."

The new specialty of family medicine was officially recognized when the Advisory Board for Medical Specialties and the Council on Medical Education of the American Medical Association approved a specialty board in family practice.

Dr. Shapiro pointed out that the new specialty brings medicine full-circle since the trend toward specialization began after World War II. Before that, most doctors were G.P.'s or family doctors.

"This is not just old-time general practice with a new name, however," Dr. Shapiro said. "We feel strongly that a true discipline has been identified, that its parameters have been defined, and that a specific body of knowledge in a vital and needed area of medicine has begun to develop."

"This form of practice is built on the solid foundation of general practice but takes off dramatically from there into the important areas of behavioral science and the vital but little-understood health factors in environmental and interpersonal relationships. It is true that many old-time family doctors dealt in these factors without even realizing it; today we can teach it, and this is what the new specialty is about - teaching young doctors to practice in a scientific context those things that made the best of the old-time general practitioners great."

Dangerous Precedent??? An Editorial

While we are appreciative of the support of Family Medicine as a specialty by the MEDICAL TRIBUNE, we take grave exception to its lead editorial in the issue of March 13, 1969, entitled "Dangerous Precedent." This editorial is adversely critical of the Conklin-Cooke bills pending in the New York State Legislature.

The proposed legislation would require state tax-supported medical schools to establish and maintain a department of general practice. The TRIBUNE takes the position that such legislation would constitute objectionable intervention in an area which should be the province of the medical faculty, because the bills are rather specific in detailing the manner in which the legislation is to be implemented.

We believe that the Conklin-Cooke bills and similar legislation now under consideration in other states would greatly encourage our fledgling specialty. We believe that the advantages far outweigh any disadvantages which might ensue. We further believe that the taxpayer is entitled to be heard in the appraisal of a public need.

The example of Medicare demonstrates how public opinion can affect the practice of medicine by conditions imposed from without the profession. The public is not qualified to dictate a course of treatment, but it certainly is qualified to define areas in which its needs are not being met. The integrity of medicine as a profession depends largely on its continuing sensitivity to public sentiment.

Consequently, we believe that an attitude of cooperation with the legislative bodies by the medical profession, rather than one of intransigent opposition, will benefit both the profession and the public. Compromise is essential, and if the compromise is to be acceptable to the profession, then the profession must participate graciously in the necessary discussion in order to fashion a viable procedure for meeting public needs.

---Silas Grant, M.D.

New Residency In Kansas City

(Ed. Note: FAMILY PRACTICE TIMES has happy to run synopses as we have room of residences as they are approved.)

Research Hospital and Medical Center, Kansas City, Mo., announces that it will offer an approved Residency in Family Medicine beginning July 1, 1969.

This Residency is a two year training program offered to physicians who have completed an approved internship. It is designed to teach the Core Content of Family Practice as described by the American Academy of General Practice. This training experience includes the body of knowledge which will be tested by the proposed Board of Family Medicine. The Residency is intended to lead to certification by a Board of Family Medicine.

If you are interested in learning about this program, write or telephone-

Paul R. Young, M.D.,
Acting Director, Medical Education,
Research Hospital and Medical Center
Meyer Boulevard and Prospect Avenue
Kansas City, Missouri 64132
Telephone CR6-4256.

The residencies provide a monthly stipend of \$500, plus \$50 monthly if the resident is married, for the first year, \$600 monthly (plus \$50) the second year. Furnished one, two, or three bedroom apartments on the grounds are available at no cost, plus meals on duty, uniforms and laundry, sick leave, vacation (2 weeks per 12 months), and insurance.

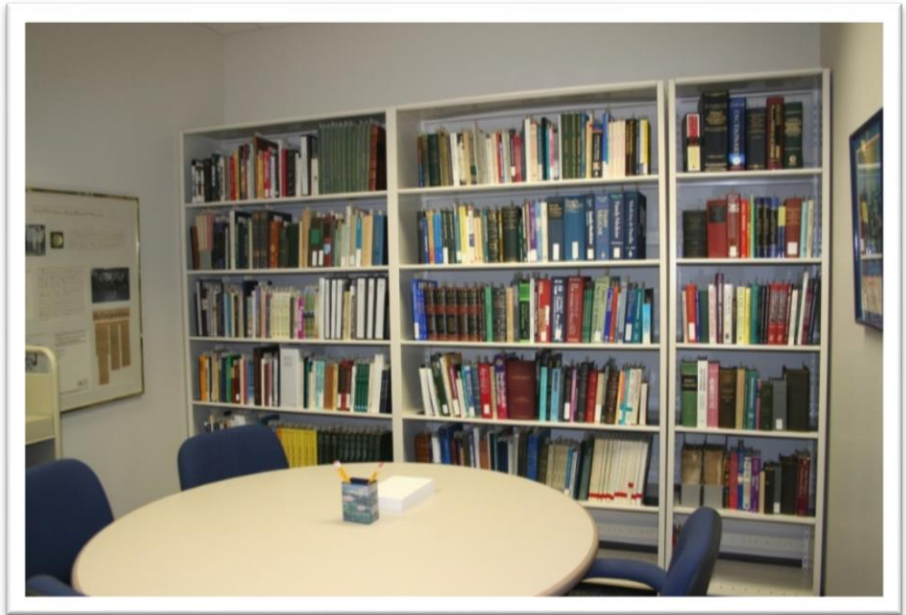


We also collect
the personal and
professional
papers and oral
histories of past
prominent leaders
in the specialty.

And we also have extensive
film, video, and photo archives.



As an Historical Research Library: We collect past and present publications by or about Family Medicine and family physicians, as well as family practice and general practice.



And as a Museum: We collect artifacts (three-dimensional items) relating to the specialty and create permanent, temporary, and traveling exhibits for special meetings and events.





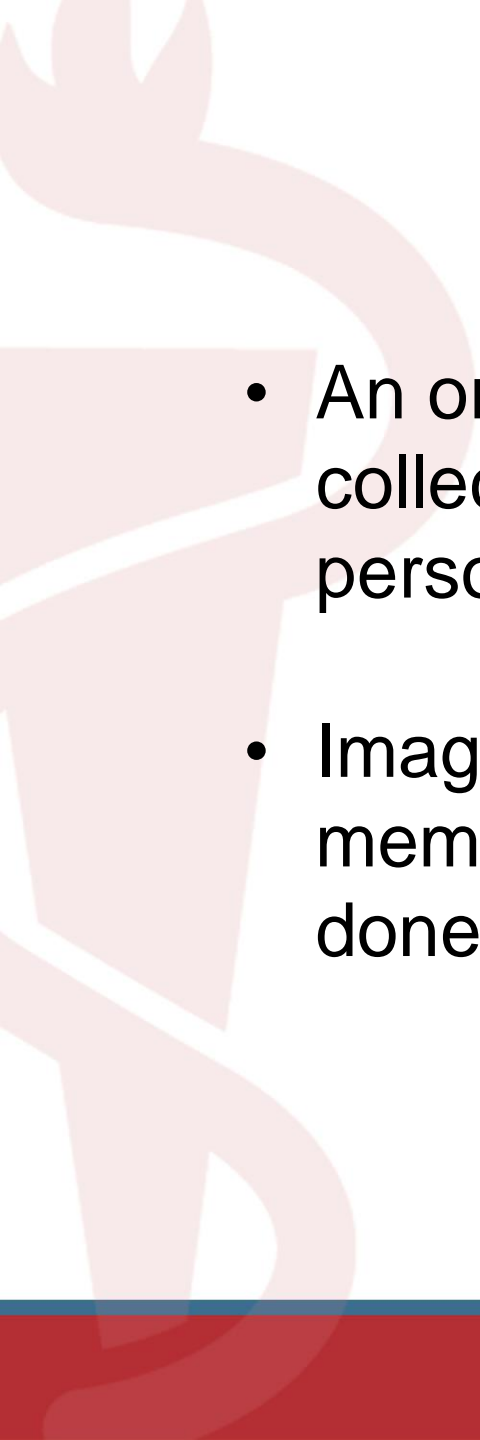
(Examples include periodic exhibits in the 6th floor EVP Conference Room, and also downstairs in the 1st floor Visitors Center.)

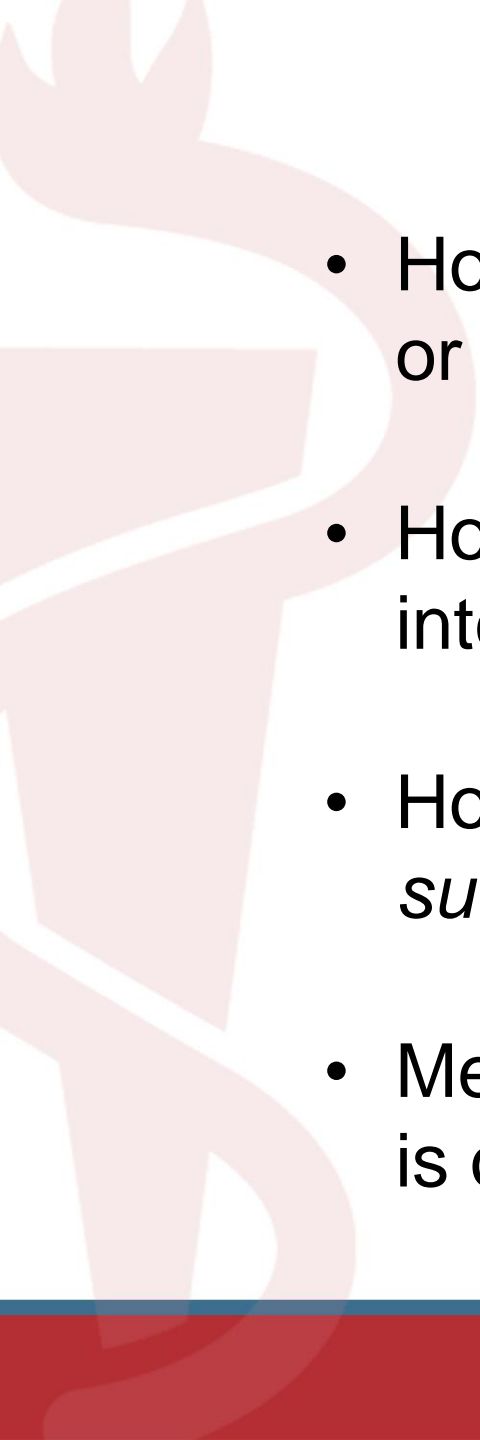


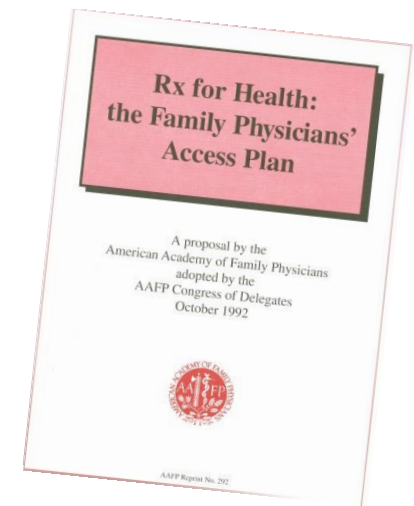


AND FINALLY, QUESTION #3:

Why is any of this important?

- 
- An organization or a specialty without a collective memory is no different from a person without a memory.
 - Imagine for a moment if you lost your memory; if you had no idea of what you have done or where you have gone in your life.


- 
- How would you know what worked or didn't work?
 - How would you be able to make intelligent and informed decisions?
 - How would you know how to *survive*?
 - Memory is not only our identity, but it is our unspoken **guide** and **teacher**.



So as the collective memory of the specialty, our collections often play a key role in supporting Family Medicine's ongoing:

- **educational,**
- **legal,**
- **planning,**
- **public relations, and**
- **research efforts.**

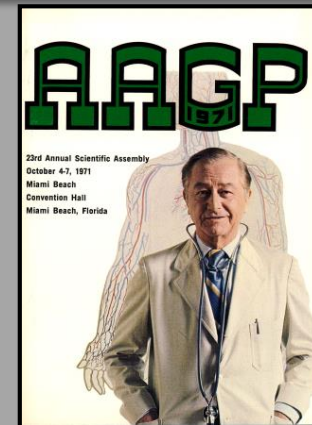




“What appeals to me about an Archives is collecting, under one roof, all items we can identify that have historical relevance, not only for museum-type display (including perhaps traveling exhibits) but also files for scholarship I do not assume that the story of family practice has ever been told adequately, or even that we who were involved in it necessarily know all that we were responding to; but we have this wonderful opportunity to outline the shape of what ought to be included.”

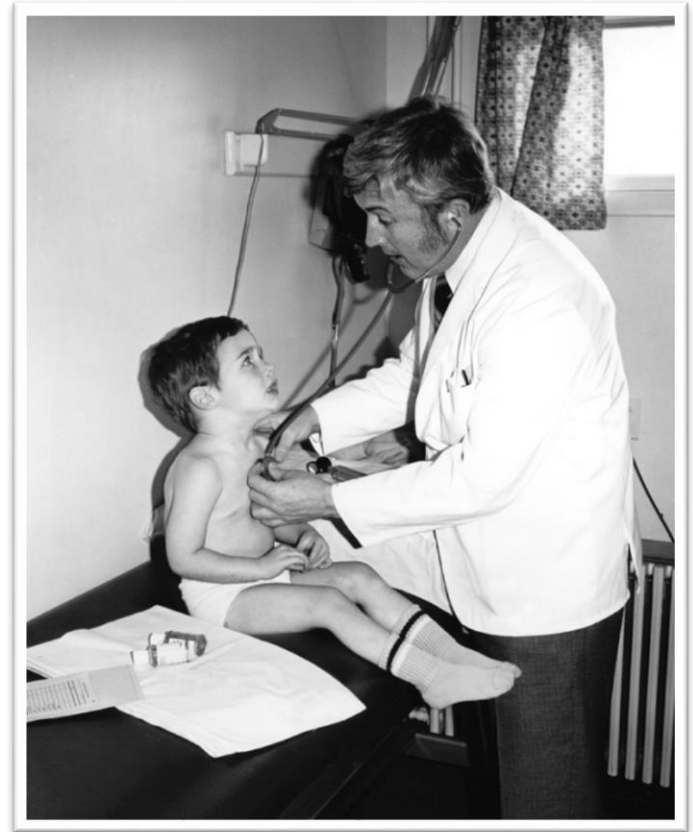
– Gayle Stephens, MD, 1992

- This is an extraordinary opportunity and a responsibility that we **all** share today.
- An opportunity to collect the history that is being made **today** and to use this information to help guide and promote this specialty into the future.



*"It is the sign of a dry age
when the great men of the
past are held in light esteem."*

— William Osler, MD



*"If I have seen further it is only by
standing on the shoulders of giants."*

— Sir Isaac Newton

FINAL THOUGHTS:

If Family Medicine's story is worth telling,
isn't its history worth preserving?

And if we don't do it, who will??

**Please make a donation to support the
Center for the History of Family Medicine:**

www.aafpfoundation.org/donatetoday



QUESTIONS?

For more information, please visit:

www.aafpfoundation.org/chfm