Exploring new med ed pathways at University of California, Davis School of Medicine

Each month, the AMA highlights institutions that are part of the AMA Accelerating Change in Medical Education Consortium to showcase their work with the consortium and innovations in medical education.

Featured institution and leadership

Tonya Fancher, MD, MPH
Associate dean, workforce innovation and community engagement
Professor, medicine
University of California, Davis School of Medicine

Accelerating Change in Medical Education strategy areas of focus:

- Health systems science
- Competency-based medical education, coaching, Master Adaptive Learner
- Transition from UME to GME
- Learning environment (well-being, diversity & inclusion, educational technology, change management)
Number of years in the consortium: 8 years (since 2013)

What are your Accelerating Change in Medical Education project and goals?

I am lucky to be a part of two AMA Accelerating Change in Medical Education Consortium projects. In our original project, we partnered with Kaiser Permanente to develop a three-year MD pathway called Accelerated Competency-based Education in Primary Care (ACE-PC) that is linked to residency in family medicine or primary care internal medicine. From the beginning, our shared goal has been to address the ongoing shortage of primary care physicians in our region. Since 2014, we have recruited and trained the most incredible, talented and committed students. The majority of the ACE-PC students are first-generation college students. Most of them are also from a socio-economically disadvantaged background and from a community under-represented in medicine. They just amaze me every single day.

In our second project, we have partnered with George Mejicano, MD, and his brilliant OHSU team to develop the physician workforce for the region between Sacramento and Portland. Through COMPADRE (California Oregon Medical Partnership to Address Disparities in Rural Education), we are creating new pathways from pre-med to medical school and residency, to prepare physicians to care for the rural, tribal and urban communities in our region. We have 31 GME partner programs and multiple health systems working across two states to ensure current and future physician are well-trained and well-prepared to partner with communities to achieve optimal health.

What are some recent accomplishments related to your AMA Accelerating Change in Medical Education Consortium work that would be of interest to others in the medical community?

We have a lot to be proud of. We are most proud of our accelerated students. Our original ACE-PC cohort finished residency and entered the workforce in 2020. Most are working in community health centers and in teaching roles near their hometowns—which is exactly what we were aiming for. They feel well-prepared for practice and credit their manageable medical education debt (thanks to scholarships funded by Kaiser Permanente and UC Davis in combination with tuition limited to three years of medical school) for allowing them to pursue their dream jobs.

One of our superstar faculty Alicia Gonzalez-Flores, MD, is leading ACE-PC. Like many of our students, her family immigrated to the U.S. and she is a first-generation college student with an

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incredibly dedicated family. Dr. Gonzalez-Flores is also a highly regarded primary care physician and busy mom—so a true inspiration to students and us all. She recently brought on Ian Kim, MD, who is a graduate of the first ACE-PC class, to help guide the next generation of accelerated students.

For COMPADRE, we are looking forward to recruiting our first learners this spring—very exciting!

How has your work as a member of the AMA Accelerating Change in Medical Education Consortium prepared you to respond to disruptions related to COVID-19?

Being a member of the consortium has taught me so much about medical education, adaptability and collaboration. We were able to quickly learn promising practices from other schools and from the AMA, through both individualized outreach to consortium colleagues and also through the many shared online and video platforms offered by the consortium and the AMA on diversity, COVID, structural racism, video-interviews, teaching in a virtual world and many more timely topics.

What do you think will change about medical education in the next five years?

I think medical education is on the cusp of many significant changes. I see medicine increasing its commitment to social accountability and embracing its critical role in recruiting and training a diverse physician workforce. I think we will see even more coordination between UME and GME, and upstream partnerships that create seamless pathways for local students to become the future local doctors. In this way, I think we will see more community-based training and tailored education programs that look to a community’s health as an outcome measure.

Can you share some strategies to maintain team engagement and well-being in this challenging time?
Our incredible team always keep patients and learners at the center—we share challenges and celebrate our accomplishments. Working from home and spending hours and hours on videomeetings come with unexpected human, animal and technical interruptions—which has helped us to get to know each other a bit more and to find more reasons to laugh together. It has been fantastic. My team knows I am an avid bird-watcher so it has been fun to hear about people’s experiences spending more time outdoors and noticing the incredible feathered creatures living around us!