2015 Agenda for the Reference Committee on Education

National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

Item No.	Resolution Title
1. Resolution No. 2001	Residency Transparency in Training Information
2. Resolution No. 2002	Additional Resources for Community-Based Family Medicine GME Programs
3. Resolution No. 2003	Internationally Funded Residency Slots in U.S. Residency Programs
4. Resolution No. 2004	Updating Colon Cancer Screening
5. Resolution No. 2005	Physicians Advocating for Effective School Anti-Bullying Policy
6. Resolution No. 2006	Human Trafficking Awareness and Education in Family Medicine
7. Resolution No. 2007	GLBT Education Tool-Kit
8. Resolution No. 2008	Promoting Transparency in Medical Education and Access to Training and Care in Settings Affiliated with Religious Health Care Organizations
9. Resolution No. 2009	Family Physicians as Providers of Community Health Care and Appropriate Reimbursement
10. Resolution No. 2010	Transgender Health Education
11. Resolution No. 2011	Safe Use of Psychotropic Medications in Pregnancy
12. Resolution No. 2012	Physician Licensure Based on Competence and Not Diagnosis
13. Resolution No. 2013	Spotlighting the Value of International Medical Graduates in Family Medicine Residency Programs
14. Resolution No. 2014	Deemphasizing Numeric Requirements for Competency-based Family Medicine Residency Education

Resolution No. 2001

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Residency Transparency in Training Information

Submitted by: Meshia Q. Waleh, MD, New Physicians
Anneliese Heckert, DO, New Physicians
Sarah T. Marks, MD, New Physicians
Saby Karuppiah, MD, New Physicians

WHEREAS, Medical student membership in the American Academy of Family Physicians (AAFP) is at 1 in 4 medical students, and

WHEREAS, non-AAFP databases exist that include information regarding residency percentage fill rates, board pass rates, graduate practice types, and other information, and

WHEREAS, the large number of AAFP student members necessitates access to information about family medicine scope of practice and where adequate training can be obtained, now, therefore, be it

RESOLVED, That the Academy of Family Physicians investigate expansion of the current residency database to include, but not be limited to, program-specific family medicine board exam pass rates, OB delivery and C-section numbers, insurance breakdown of residency clinic patient population, graduate practice types including subspecialty practice, program fill percentage rates, and geographical distribution of graduates.

Resolution No. 2002

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Additional Resources for Community-Based Family Medicine GME Programs

Submitted by: F. George Leon, MD, IMG
Polina Sayess, MD, IMG
Shani Muhammad, MD, Minority
Saby Karuppiah, MD, FAAFP, New Physician

WHEREAS, The American Academy of Family Physician's current efforts in graduate medical education (GME) reform, which will provide more transparent system to help fund programs in family medicine, and

WHEREAS, current GME funds driven by hospitals continue to be hospital-centric and may not fulfill the needs for well-trained family physicians, and

WHEREAS, the Institute of Medicine reported that, "By giving the funds directly to teaching hospitals, the payment system discourages physician training in the clinical settings outside the hospital where most people seek care. Primary care residency programs are at a distinct disadvantage because of their emphasis on training in ambulatory care settings," now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for additional federal resources for community-based graduate medical programs in family medicine residencies.

Resolution No. 2003

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

Internationally Funded Residency Slots in U.S. Residency Programs

Submitted by: Sneha Chacko, MD, IMG
Sharif Latif, MD, IMG

WHEREAS, Various foreign governments are funding residency slots for their medical students in United States residency and fellowship programs, with the stipulation that they return to their respective countries upon completion, and

WHEREAS, this is leading to U.S. residency slots being taken up by such candidates resulting in fewer slots in some cases, toward U.S. graduates or International Medical Graduates (IMG) candidates who are entering by merit, and not by monetary means, and

WHEREAS, these internationally funded candidates are required to complete three year residency programs as well as one year of fellowship, which is also funded by their respective governments, further taking out slots for further training opportunities for U.S. and IMG candidates, and

WHEREAS, this also contributes toward inequality when taking into consideration the fact that other countries who may not be able to afford this astronomical sum of $300,000 per candidate, are not able to participate, as well as the inequality and unfairness that this opportunity is not available to everyone, including the people of this country, and

WHEREAS, this further contributes toward the shortage of primary physicians in our country, and

WHEREAS, this system contributes toward inequality, injustice, and possibly reducing physician quality of residency graduates, thus undermining and contaminating the current system of selection and the National Residency Match Program process, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians refer this issue to the Association of Family Medicine Residency Directors for further investigation to prohibit potentially unethical practices in filling residency and fellowship slots, and to help ensure transparency and fairness in choosing residents.

Resolution No. 2004

2015 National Conference of Constituency Leaders —Sheraton Kansas City Hotel at Crown Center

Updating Colon Cancer Screening

Submitted by: Mary Krebs, MD, FAAFP, Women
Robin Barnett, DO, FAAFP, Women
Tasha Starks, MD, New Physicians
Tabatha Wells, MD, New Physicians

WHEREAS, Colorectal screening rates may be improved by giving patients options, and

WHEREAS, Cologard is 92% sensitive for detecting colon cancer, higher than Fecal Occult Blood Test, and

WHEREAS, that the American Academy of Family Physicians has not updated colorectal cancer screening guidelines since 2008, prior to the approval of Cologard, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians update its colorectal cancer screening guidelines to include Cologard as an acceptable alternative for screening.

Resolution No. 2005

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

Physicians Advocating for Effective School Anti-Bullying Policy

Submitted by: Alan Schwartzstein, MD, FAAFP, GLBT
Adebowale Prest, MD, FAAFP, GLBT
Benjamin Simmons III, MD, GLBT

WHEREAS, Family physicians are leaders in their communities, and

WHEREAS, being a family physician includes being involved in the community, and

WHEREAS, research shows that sexual harassment and bullying at a young age increase the risks of suicide, behavioral disorders, and involvement in physical violence, beginning a cycle of violence in families, and

WHEREAS, school districts often need strong community leadership to create such effective policies, and

WHEREAS, the American Academy of Family Physicians has current policy, titled "Violence, Harassment, and School Bullying Among Children and Adolescents", stating, "Violence, harassment, and bullying that takes place in any venue, including electronic media, for any reason including, but not limited to ethnicity, socioeconomic status, religion, sexual orientation, gender identity, gender expression, physical status, disability, or other personal characteristics, has significant and harmful physical and psychological effects and should not be tolerated," and

WHEREAS, the implementation of this policy often will occur in the school (K-12) environment, and

WHEREAS, many of our local school districts have ineffective policy which does not specify investigation and action, protection and confidentiality of the target, appropriate retraining or consequences for perpetrators, and

WHEREAS, school districts often need strong community leadership to create such effective policies, and

WHEREAS, our youth learn best in a safe environment which includes safety from the above actions, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians encourage its members to advocate in their local school district for effective policies on preventing sexual harassment, bullying and cyber bullying of students and staff, and ensuring retraining for perpetrators, and be it further

RESOLVED, That the American Academy of Family Physicians educate its members about the resource of the www.stopbullying.gov website, and be it further

RESOLVED, That the American Academy of Family Physicians publish an article in *American Family Physician* updating the November 1, 2004 article on “Childhood Bullying: Educating Physicians on the Implications", which includes information on effective school district policies.

Resolution No. 2006

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

Human Trafficking Awareness and Education in Family Medicine

Submitted by: Anita Ravi, MD, MPH, General Registrant
Melissa Hemphill, MD, New Physicians
Alicia L. Wooldridge, MD, New Physicians
Saskia Spiess, MD, FAAFP, Women

WHEREAS, Human trafficking involves the use of force, fraud or coercion to lure victims, including children under the age of 18, into commercial sexual or labor exploitation, and

WHEREAS, studies suggest that more than 28% of victims of human trafficking are seen by health care providers while in captivity without recognition of circumstances, and

WHEREAS, the health outcomes associated with human trafficking include infectious diseases such as tuberculosis and human immunodeficiency virus (HIV)/AIDS, malnutrition, reproductive health problems, substance abuse, mental health problems including posttraumatic stress disorder, depression, and suicidal ideation, traumatic brain injury and physical injuries from violence, and

WHEREAS, low awareness and a lack of national evidence-based standardized protocols for responding to human trafficking in the health care setting present significant barriers to an optimal healthcare response, and

WHEREAS, data shows that a brief educational intervention for health professionals increased their awareness about human trafficking, as well as self-reported recognition of human trafficking victims, and

WHEREAS, professional medical organizations, including the American Academy of Pediatrics and the American College of Obstetrics and Gynecology have put forth position papers calling for increased educational training of medical professionals with regard to health and human trafficking, and

WHEREAS, the issue of human trafficking fulfills criteria for the Liaison Committee on Medical Education's core educational objective: "The curriculum of a medical education program must prepare medical students for their role in addressing the medical consequences of common societal problems", the National Board of Medical Examiners and the Federation of State Medical Boards of the United States' necessary content for the U.S. Medical Licensing Examination Step 1 examination, the Accreditation Council on Graduate Medical Education Common Program Requirements, and the violence and abuse content requirements for the American Board of Family Medicine's certification examination, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) write a letter to the Society of Teachers of Family Medicine (STFM) encouraging the integration of the subject of human trafficking into the education of medical students, residents and fellows, and be it further

RESOLVED, That the American Academy of Family Physicians investigate the feasibility of human trafficking related continuing medical education, including but not limited to a monograph, live presentations at the Family Medicine Experience and National Conference of Family Medicine Residents and Medical Students, and be it further

RESOLVED, That the American Academy of Family Physicians develop a position statement on human trafficking, and be it further

RESOLVED, That the American Academy of Family Physicians request the Robert Graham Center to investigate the economic, social and public health impact of human trafficking.

Resolution No. 2007

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

GLBT Education Tool-Kit

Submitted by: David Holting, MD, GLBT
Edward Braun, MD, GLBT
Alice Daniels, MD, GLBT
Randy Gelow II, MD, GLBT
Mary Sharp, MD, GLBT

WHEREAS, There are limited educational resources on Gay, Lesbian, Bisexual, and Transgender (GLBT) care available for residency training programs, and

WHEREAS, there are a paucity of readily available educational resources pertaining to GLBT healthcare issues for family practitioners, and

WHEREAS, there is no existing Self Assessment Module (SAM) pertaining to GLBT healthcare, and

WHEREAS, there are existing resources through other associations such as Gay Lesbian Medical Association, HIV guidelines from National Institute of Health, Fenway Health Institute, American Academy of Medical Colleges, AAFP Reprint No. 289D entitled “Lesbian, Gay, Bisexual, Transgender Health Care” that could be utilized, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develops a web-based toolkit geared toward gay, lesbian, bisexual, and transgender (GLBT) health that includes but not limited to such topics as: basic screening and preventative care for all GLBT individuals, Human Immunodeficiency Virus Care, GLBT patient education and support, and be it further

RESOLVED, That the American Academy of Family Physicians advise the American College of Graduate Medical Education to develop and integrate a gay, lesbian, bisexual, and transgender curriculum into primary care residency programs, and be it further

RESOLVED, That the American Academy of Family Physicians advise the American Board of Medical Specialties to include gay, lesbian, bisexual, and transgender health in current self-assessment modules or develop a new SAM specifically on gay, lesbian, bisexual, and transgender health, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) update the AAFP Reprint No. 289D to include indications for rectal pap smears and Pre-Exposure Prophylaxis therapy (PrEP) “Lesbian, Gay, Bisexual, Transgender Health Care.”

Resolution No. 2008

2015 National Conference of Constituency Leaders —Sheraton Kansas City Hotel at Crown Center

Promoting Transparency in Medical Education and Access to Training and Care in Settings Affiliated with Religious Health Care Organizations

Submitted by: Cathleen London, MD, Women
Sarah Olsasky, DO, Women
Rachelle Brilliant, DO, Women
Shadi Edaluti, New Physicians

WHEREAS, Under health care reform, hospital consolidations have led to an increasing number of affiliations and mergers with religiously affiliated hospitals around the country, and

WHEREAS, one in nine hospital beds in the United States is supervised by Catholic affiliated or sponsored health systems in 2011, which often decreases access to key reproductive health services like contraception, tubal ligation and abortion, and

WHEREAS, physicians, including trainees, treating patients at religiously affiliated health care institutions often must follow certain guidelines, such as the Ethical and Religious Directives for Catholic Health Care (ERD) issued by the U.S. Conference of Catholic Bishops, and

WHEREAS, ERDs may include limitations on the provision of health care services prescribed by physicians, including but not limited to reproductive services, sexual health, treatment of pregnancy complications, end-of-life care, and health care services for the LGBTQ community, and

WHEREAS, increasing numbers of medical schools and Graduate Medical Education (GME) training programs around the country have made affiliations with religiously affiliated organizations, and

WHEREAS, the scope and quality of medical training may be limited by religious guidelines for trainees (students, residents, and fellows) at religiously affiliated training programs, now, therefore, be it,

RESOLVED, That the American Academy of Family Physicians strongly encourage medical schools and graduate medical education training programs to communicate with current and prospective medical students, residents, and fellows how affiliations and mergers among health care organizations may impact health care delivery, medical education, and training opportunities at their respective institution, and be it further

RESOLVED, That the American Academy of Family Physicians include information on the religious affiliation of residency programs on the AAFP Family Medicine Residency Directory (https://nf.aafp.org/Directories/Residency/Search) (Directive to take action), and be it further

RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council for Graduate Medical Education and other appropriate stakeholders to support

transparency within medical education, recommending that medical schools and graduate medical education training programs communicate with current and prospective medical students, residents, fellows, and faculty about how affiliations and mergers among health care organizations may impact health care delivery, medical education and training opportunities, and be it further

RESOLVED**,** That the American Academy of Family Physicians discourage the practice of Catholic institutions restricting scope of care upon purchasing practices.

Resolution No. 2009

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

Family Physicians as Providers of Community Health Care and Appropriate Reimbursement

Submitted by: Srikar Reddy, MD, FAAFP, New Physicians
Cody Wingler, MD, New Physicians
Samuela Manages, MD, BS New Physicians

WHEREAS, The American Academy of Family Physicians has a position paper outlining the importance and value of family physicians providing mental health care, and

WHEREAS, according to the National Ambulatory Medical Care Survey, an estimated 63 million patients per year are not treated for a psychiatric illness, despite need, and

WHEREAS, family physicians provide the majority of care to patients with mental illness and are adequately trained to provide treatment in a variety of settings, and

WHEREAS, access to care is limited because of well-known socioeconomic and geographical barriers, and

WHEREAS, prevailing payment structures are an impediment to the family physician's ability to maintain continuity of care that results in higher cost of care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians provide resources to members including web-based education and interactive or live programs on behavioral health, including diagnosis and treatment, and be it further

RESOLVED, That the American Academy of Family Physicians advocate and educate third-party payers and governmental entities of the high level of mental health care provided by family physicians to their communities, and the necessity of appropriate compensation for this care.

Resolution No. 2010

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

Transgender Health Education

Submitted by: David Bucher, MD, FAAFP, GLBT
Joe Freund, MD, GLBT
Peggy Sue Brooks, MD, Women
Lillian Wu, MD, FAAFP, Women

WHEREAS, Transgender persons have often experienced disparity in their health care, and

WHEREAS, the American Academy of Family Physicians holds health care equity for all persons as a priority, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians provide integrated, thorough and accessible provider education on transgender health across the life spectrum, and be it further,

RESOLVED, That the American Academy of Family Physicians website contain current and accurate health information for transgender patients.

Resolution No. 2011

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

Safe Use of Psychotropic Medications in Pregnancy

Submitted by: Karla L. Booker, MD, Women
Rebecca Lundh, MD, Women
Peggy Sue Brooks, MD, Women
Lillian Wu, MD, Women

WHEREAS, The incidence of depressive disorders in pregnancy approaches 20%, and

WHEREAS, undue concern over fetal harm as well as potential litigation leads to inappropriate discontinuation or lack of appropriate initiation of psychotropic medications in pregnancy, and

WHEREAS, appropriate treatment of depressive disorders in pregnancy leads to improved maternal and fetal outcomes, and

WHEREAS, there are safe and effective pharmacotherapies and behavioral therapies for pregnant patients, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians improve education to its members on appropriate use of psychotropic medications in pregnancy to address and improve maternal-fetal outcomes, through means such as live conferences, an article in the *American Family Physician,* and online modules, and be it further

RESOLVED, That the American Academy of Family Physicians develop web-based patient educational materials on mental health treatment, including use of psychotropic medications in pregnancy.

Resolution No. 2012

2015 National Conference of Constituency Leaders —Sheraton Kansas City Hotel at Crown Center

Physician Licensure Based on Competence and Not Diagnosis

Submitted by: JoAnna Kauffman, MD, Women
Peggy Sue Brooks, MD, Women
Rebecca Lundh, MD, Women
Bernard Richard, MD, GLBT

WHEREAS, Mental health diagnoses are common, including among physicians who are providing competent and empathetic care to patients, and

WHEREAS, physicians with mental health diagnoses have faced discrimination in licensure based solely on diagnosis without any evidence of impairment and treat physicians receiving mental health care differently from those receiving physical health care, and

WHEREAS, diagnosis and treatment are distinct from impairment and this distinction is recognized by the American Academy of Family Physicians, the Federation of State Medical Boards, and the Federation of State Physician Health Programs, and

WHEREAS, the stigma and discrimination surrounding a mental health diagnosis can discourage physicians from seeking treatment that would prevent impairment, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians adopt a policy that a diagnosis or treatment of a mental health condition not be used as proxy for impairment in the physician licensure process but rather that physician licensure focus on ability to practice and that there be parity in consideration of mental health and physical health diagnoses, and be it further,

RESOLVED, That the American Academy of Family Physicians assist chapters in advocacy efforts with state medical boards to ensure that licensure processes focus on ability to practice and do not deal with mental health and physical health diagnoses differently, including providing reference materials such as a sample letter for use in advocacy, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to the Federation of State Medical Boards regarding this issue of diagnosis and treatment of mental health conditions being used as a proxy for impairment in matters of physician licensure and the lack of parity in consideration of mental health and physical health diagnoses.

Resolution No. 2013

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

Spotlighting the Value of International Medical Graduates in Family Medicine Residency Programs

Submitted by: Shaista Qureshi, MD, IMG
Asim Jaffer, MD, IMG
Amir Saiek, MD, IMG
Ana Solis, MD, IMG

WHEREAS, There remains an underlying bias against international medical graduates (IMGs) in recruitment at many family medicine residency programs, and

WHEREAS, IMGs can help improve the diversity of a residency program, and

WHEREAS, IMGs may come with a unique set of skills that come from training in an international setting, and

WHEREAS, IMGs may help to enrich the cultural competency of the residency program, and

WHEREAS, IMGs are a large part of the solution to the primary care workforce shortage in this country, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians partner with the Association of Family Medicine Residency Directors and the Society of Teachers of Family Medicine to market the true value that international medical graduate candidates can bring to their residency programs.

Resolution No. 2014

2015 National Conference of Constituency Leaders —Sheraton Kansas City Hotel at Crown Center

Deemphasizing Numeric Requirements for Competency-based Family Medicine Residency Education

Submitted by: Peter Koopman, MD, ACLF
Scott Nass, MD, GLBT
Scott Hartman, MD, General registrant
Shani Muhammad, MD, Minority
Vivianna Martinez-Bianchi, MD, Minority

WHEREAS, Family medicine residents are required by Accreditation Council for Graduate Medical Education (ACGME) to provide care for a minimum of 1,650 in-person patient encounters in the Family Medicine Practice site during three years of training, and

WHEREAS, the ACGME has moved to a competency-based evaluation through the Milestones Project and no compelling evidence exists as to the exact number of outpatient visits needed to achieve competency, and

WHEREAS, many full-spectrum family medicine residency programs face challenges balancing comprehensive inpatient and outpatient curricula, and

WHEREAS, many single-residency family medicine programs face challenges meeting the numeric requirements while covering service needs of the hospital population, and

WHEREAS, family medicine residents struggle with obtaining diverse elective experiences due to concerns with satisfying this numeric requirement, thus limiting the diversity of their training, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for the Accreditation Council for Graduate Medical Education to expand the definition of Family Medicine Practice site encounters to include a diverse selection of encounters for FMP patients; such as inpatient care, critical care, maternity care, and emergency department care, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for the Accreditation Council for Graduate Medical Education to study the impact of numeric goals for Family Medicine Practice site encounters on quality of training and the absolute number of in-person patient encounters required to achieve competence in outpatient care.