



2012 Consent Calendar for the Reference Committee on Organization and Finance

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 **The Reference Committee on Organization and Finance recommends the following**
2 **consent calendar for adoption (page numbers indicate page in reference committee**
3 **report):**

4
5 **RECOMMENDATION: The Reference Committee on Organization and Finance**
6 **recommends the following consent calendar for adoption:**

7
8 **Item 1:** Adopt Resolution No. 4001 “Increasing Convener and Special Constituency Visibility”
9 (p. 1).

10
11 **Item 2:** Not Adopt Resolution No. 4007 “Residency Key Contact Program” (pp. 1-2).

12
13 **Item 3:** Adopt Substitute Resolution No. 4008 “Incentivize Physicians to Mentor Medical
14 Students” in lieu of Resolution No. 4008 (p. 2).

15
16 **Item 4:** Adopt Resolution No. 4009 “Increasing NCSC Attendance” (pp. 2-3).

17
18 **Item 5:** Adopt Substitute Resolution No. 4004 “Family Medicine Visibility Vis-à-vis Social Media”
19 in lieu of Resolution Nos. 4004 and 4006 (pp. 3-4).

20
21 **Item 6:** Refer to the Board of Directors Resolution No. 4005 “Marketing to the General Public”
22 (p. 4).

23
24 **Item 7:** Adopt Substitute Resolution No. 4002 “Information Sharing Regarding Non-Physician
25 Provider Scope of Practice” in lieu of Resolution No. 4002 (pp. 4-5).

26
27 **Item 8:** Adopt Substitute Resolution No. 4010 “Foster International Medical Graduate Leaders”
28 in lieu of Resolution No. 4010 (p. 5).

29
30 **Item 9:** Adopt Resolution No. 4011 “Expanding Information of Virtual FMIG Website to Market to
31 International Medical Graduates” (pp. 5-6)

32
33 **Item 10:** Not Adopt Resolution No. 4012 “Improve Chapter Level International Medical Graduate
34 (IMG) Participation” (p. 6).

35
36 **Item 11:** Adopt Substitute Resolution No. 4003 “Fostering Communication Amongst Family
37 Physicians Providing Prenatal/Antenatal Care” in lieu of Resolution No. 4003 (pp. 6-7).



2012 Report of the Reference committee on Organization and Finance

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 **The Reference Committee on Organization and Finance has considered each of the items**
2 **referred to it and submits the following report. The committee's recommendations will be**
3 **submitted as a consent calendar and voted on in one vote. Any item or items may be**
4 **extracted for debate.**

5
6 **ITEM NO. 1: RESOLUTION NO. 4001: INCREASING CONVENER AND SPECIAL**
7 **CONSTITUENCY VISIBILITY**

8
9 RESOLVED, That the National Conference of Special Constituencies (NCSC) Convener
10 be expected to and funded to speak at the AAFP National Conference of Students and
11 Residents, and be it further

12
13 RESOLVED, That the National Conference of Special Constituencies (NCSC) Convener
14 be expected to and funded to attend and report to the AAFP Congress of Delegates.

15
16 The reference committee heard testimony from the author of the resolution who spoke about
17 increasing the visibility of the National Conference of Special Constituencies (NCSC) to the
18 National Conference of Family Medicine Residents and Medical Students (National Conference)
19 and AAFP Congress of Delegates. The reference committee also heard testimony that presence
20 at the National Conference may help increase retention of student and residents in leadership
21 roles. Presence at the Congress of Delegates will allow the NCSC Convener to demonstrate the
22 value of NCSC and promote attendance. The reference committee agreed the National
23 Conference provides visibility to future NCSC participants. The reference committee felt the
24 Congress of Delegates would benefit from hearing the value of NCSC, especially as the
25 existence of NCSC is reconsidered every five years.

26
27 **RECOMMENDATION: The reference committee recommends that Resolution No. 4001 be**
28 **adopted.**

29
30 **ITEM NO. 2: RESOLUTION NO. 4007: RESIDENCY KEY CONTACT PROGRAM**

31
32 RESOLVED, That the American Academy of Family Physicians (AAFP) create a
33 Residency Key Contact Program to maintain communication between new physicians
34 and residents, to promote mentorship, and to continue AAFP membership through the
35 transition from residency to practice, including working with constituent chapters to
36 identify active new physicians to be ambassadors for each residency program and to
37 maintain this contact information on the AAFP website, and be it further

38
39 RESOLVED, That the American Academy of Family Physicians (AAFP) work with
40 constituent chapters to encourage communication within the Residency Key Contact

1 Program, and compile and distribute relevant content for outreach by new physician
2 ambassadors, including AAFP new physician resources, information on member
3 benefits, and PowerPoint or interactive media presentations, and be it further
4

5 RESOLVED, That the American Academy of Family Physicians (AAFP) develop ways to
6 incentivize new physicians to participate in the Residency Key Contact Program and
7 create a reward for successful recruitment efforts, such as the development of an award
8 for new physician contacts, funds for conducting innovative outreach to residency
9 programs, or recognition for participation on ribbons or pins at AAFP meetings.
10

11 The reference committee heard testimony from the author about bridging the communication
12 gap between residents and new physicians. The author felt new physicians can help
13 demonstrate the value of AAFP membership to residents and thus increase retention during the
14 transition phase of resident to active member. The reference committee discussed there were
15 already several recruitment and retention efforts targeted towards this segment. In the past two
16 years, Resident to Active membership has increased 5%. The reference committee also
17 recognized the fiscal impact of implementing additional programs or incentives.
18

19 **RECOMMENDATION: The reference committee recommends Resolution No. 4007 not be**
20 **adopted.**

21
22 **ITEM NO. 3: RESOLUTION NO. 4008: INCENTIVIZE PHYSICIANS TO MENTOR MEDICAL**
23 **STUDENTS**

24
25 RESOLVED, That the American Academy of Family Physicians (AAFP) explore potential
26 ways to incentivize physician members to serve as preceptors for medical students, and
27 be it further
28

29 RESOLVED, That potential incentives for American Academy of Family Physicians'
30 (AAFP) active members to serve as mentors for medical students may include reduced
31 membership fees, reduced conference registration fees, and increased continuing
32 medical education credits.
33

34 The reference committee heard testimony from the author about the desire to increase the pool
35 of preceptors for medical students and the belief that by providing incentives, members would
36 more likely participate in the program. The reference committee discussed the suggested
37 incentives and felt other incentives should be considered.
38

39 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
40 **No. 4008 be adopted in lieu of Resolution No. 4008, which reads as follows:**

41
42 **RESOLVED, That the American Academy of Family Physicians (AAFP) explore**
43 **potential ways to incentivize physician members to serve as preceptors for**
44 **medical students including, but not limited to, reduced membership fees, reduced**
45 **conference registration fees, and increased continuing medical education credits.**
46

47 **ITEM NO. 4: RESOLUTION NO. 4009: INCREASING NCSC ATTENDANCE**
48

49 RESOLVED, That the American Academy of Family Physicians (AAFP) designate at
50 least one of the three Annual Leadership Forum/National Conference of Special

1 Constituencies (ALF/NCSC) reimbursed constituent chapter positions be reserved for an
2 NCSC delegate.
3

4 The reference committee heard testimony from the author about designating one of the three
5 reimbursed member positions to ALF/NCSC to be an NCSC chapter delegate. This will
6 encourage attendance to NCSC for members interested in leadership and help develop that
7 pipeline. The author also pointed out this would be a cost-neutral activity. The reference
8 committee appreciated the resolution was a cost-neutral recommendation that may increase
9 attendance at NCSC.

10
11 **RECOMMENDATION: The reference committee recommends that Resolution No. 4009 be**
12 **adopted.**

13
14 **ITEM NO. 5: RESOLUTION NO. 4004: FAMILY MEDICINE VISIBILITY VIS-À-VIS SOCIAL**
15 **MEDIA**

16
17 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the
18 feasibility of a campaign to brand and market family medicine to patients and the media,
19 and be it further
20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) branding of
22 family medicine be based on three core messages of personal preventive care,
23 coordination of care, and relationship with the patient and his or her family and
24 community, and be it further
25

26 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate
27 disseminating the social media message of personal preventive care, coordination of
28 care, and relationship with the patient and his or her family and community to patients
29 through developing standard messages, providing technical assistance, and
30 disseminating best practices to members.
31

32 **RESOLUTION NO. 4006: MARKETING**

33
34 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a
35 marketing campaign supporting the notion that family physicians are well qualified,
36 highly trained physicians and that this marketing campaign be directed to the consumers
37 of health care rather than to insurance companies.
38

39 The reference committee heard testimony in favor of the resolution. It was conveyed that the
40 AAFP needs to do a better job of branding family medicine to the general public. There is
41 significant value in the use of social media in getting this message out. An example was
42 provided that social media allows the energy that a member feels during a meeting to stick with
43 them when they leave. Family physicians need to be presented to the American public as the
44 answer to the primary care shortage. The AAFP's marketing efforts should be aimed at getting
45 the public to understand what family physicians do. The people are powerful in the discussion
46 around primary care. The reference committee also heard testimony against the resolution. The
47 AAFP recently developed a new tagline and it would be cost-prohibitive for the organization to
48 develop and adopt a new one.

49 The reference committee recognized that a campaign to the general public, outside of social
50 media, would be very expensive. They also acknowledged that the goal/outcome of such a

1 campaign was not clear and that it would be difficult to measure the success of the proposed
2 core messages. The reference committee believed that the development of a social media
3 toolkit would meet the intent of the original resolutions in a cost-effective way. Such a resource
4 would also allow for messages to be tailored toward individual audiences including legislators,
5 students, and patients.
6

7 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
8 **No. 4004 be adopted in lieu of Resolution Nos. 4004 and 4006, which reads as follows:**
9

10 **RESOLVED, That the American Academy of Family Physicians (AAFP) develop a**
11 **toolkit to help members market and promote family medicine via social media.**
12

13 **ITEM NO. 6: RESOLUTION NO. 4005: MARKETING TO THE GENERAL PUBLIC**
14

15 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a new
16 tag line, with emphasis on the family physician, and be it further
17

18 RESOLVED, That the American Academy of Family Physicians (AAFP) re-prioritize the
19 audience to which the majority of the marketing is directed, placing the general public
20 first, followed by health care decision makers, business leaders, and finally legislators.
21

22 The reference committee heard testimony in both support and opposition of the resolution.
23 Testimony included promoting the importance of family physicians to the general public.
24 Opposing testimony was concerned about the expense of developing a new tag line and felt it
25 was cost-prohibitive. The reference committee did not feel they had enough information to make
26 decision.
27

28 **RECOMMENDATION: The reference committee recommends that Resolution No. 4005 be**
29 **referred to the Board of Directors.**
30

31 **ITEM NO. 7: RESOLUTION NO. 4002: INFORMATION SHARING REGARDING NON-**
32 **PHYSICIAN PROVIDER SCOPE OF PRACTICE**
33

34 RESOLVED, That the American Academy of Family Physicians' (AAFP) Nurse
35 Practitioner Work Group provide a summary report regarding scope of practice issues to
36 the members of the AAFP accessible on the main AAFP website with a link to its
37 reference reports (such as state chapter toolkits and policy recommendations) on a
38 protected shared file site, such as the Delta Exchange or Box.com, and be it further
39

40 RESOLVED, That the American Academy of Family Physicians (AAFP) request that
41 chapters submit information regarding non-physician providers' scope of practice to a
42 protected shared file site, such as the Delta Exchange or Box.com, such that all
43 members have access to shared information, and be it further
44

45 RESOLVED, That the American Academy of Family Physicians (AAFP) maintain a link
46 on its main website to protected shared files regarding non-physician providers' scope of
47 practice.
48

49 The reference committee heard testimony indicating there are materials implying nurse
50 practitioners with post-doctoral degrees have comparable training to family physicians. There
51 are other resources and information available that can be shared amongst constituent chapters

1 and members. Those that testified believe having a central place to share this information would
2 save time and resources. The reference committee recognized AAFP Connection is a
3 members-only site.

4
5 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
6 **No. 4002 be adopted in lieu of Resolution No. 4002, which reads as follows:**

7
8 **RESOLVED, That the American Academy of Family Physicians (AAFP) create a**
9 **members only group on AAFP Connection for scope of practice issues between**
10 **physicians and non-physician providers which would include links to AAFP**
11 **resources.**

12
13 **ITEM NO. 8: RESOLUTION NO. 4010: FOSTER INTERNATIONAL MEDICAL GRADUATE**
14 **LEADERS**

15
16 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a
17 leadership program that fosters international medical graduates (IMGs), who are
18 interested in a leadership role at the constituent chapter, and be it further

19
20 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage
21 constituent chapters to foster international medical graduates (IMGs), who are interested
22 in leadership positions at the local, state, and federal level, and be it further

23
24 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage
25 constituent chapters to designate a seat at the constituent chapter board level for a
26 National Conference of Special Constituencies (NCSC) delegate.

27
28 The reference committee heard testimony from the authors of the resolution indicating that IMG
29 membership declines from Resident to Active membership and that creating efforts to increase
30 IMG involvement in leadership roles would help prevent the decline. Opposing testimony
31 pointed out that NCSC is the program for IMGs who are interested in a leadership role and that
32 chapters are encouraged to foster IMGs in roles at all levels. The reference committee agreed
33 that NCSC is the leadership program for IMGs and others. Additionally, the committee did not
34 support a recommendation to another governing body on their structure.

35
36 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
37 **No. 4010 be adopted in lieu of Resolution No. 4010, which reads as follows:**

38
39 **RESOLVED, That the American Academy of Family Physicians (AAFP) encourage**
40 **constituent chapters to develop leadership opportunities for international medical**
41 **graduates (IMGs) who are interested in leadership positions at the local, state, and**
42 **federal level.**

43
44 **ITEM NO. 9: RESOLUTION NO. 4011: EXPANDING INFORMATION OF VIRTUAL FMIG**
45 **WEBSITE TO MARKET TO INTERNATIONAL MEDICAL GRADUATES**

46
47 RESOLVED, That the American Academy of Family Physicians (AAFP) further develop
48 and strengthen the existing virtual Family Medicine Interest Group (FMIG) website topics
49 to include visa sponsorships, how to find observerships, and mentorships, and be it
50 further

1 RESOLVED, That the American Academy of Family Physicians (AAFP) explore
2 collaboration with the Educational Commission for Foreign Medical Graduates to
3 promote family medicine and AAFP resources to international medical graduates.
4

5 The reference committee heard testimony from the authors on the value of the Family Medicine
6 Interest Group (FMIG) website and the resources that it provides. The authors suggested that
7 the site could be enhanced for IMGs with content meeting their specific needs. It was suggested
8 that AAFP collaborate with the Educational Commission for Foreign Medical Graduates
9 (ECFMG). The reference committee agreed with this testimony and the need to add additional
10 content to the FMIG website specifically related to the IMG audience.
11

12 **RECOMMENDATION: The reference committee recommends that Resolution No. 4011 be**
13 **adopted.**
14

15 **ITEM NO. 10: RESOLUTION NO. 4012: IMPROVE CHAPTER LEVEL INTERNATIONAL**
16 **MEDICAL GRADUATE (IMG) PARTICIPATION**
17

18 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage a
19 board position for resident International Medical Graduate representation at the
20 constituent chapter level to increase resident participation in chapter affairs.
21

22 The reference committee heard testimony in support for this resolution as it would encourage
23 IMGs to get involved, feel accepted, and comparable to their peers. Testimony in opposition
24 was also provided. Smaller chapters may not be able to provide this board position. In addition,
25 there was hesitation to encourage this for constituent chapters since the AAFP does not have
26 an IMG board position. It is also not within the AAFP's purview to mandate who serves on a
27 chapter board. The reference committee did not support a recommendation to another
28 governing body on their structure.
29

30 **RECOMMENDATION: The reference committee recommends that Resolution No. 4012**
31 **not be adopted.**
32

33 **ITEM NO. 11: RESOLUTION NO. 4003: FOSTERING COMMUNICATION AMONGST FAMILY**
34 **PHYSICIANS PROVIDING PRENATAL/ANTENATAL CARE**
35

36 RESOLVED, That the American Academy of Family Physicians (AAFP) create an
37 additional online community for family physicians related to prenatal care and obstetrics
38 on the American Academy of Family Physicians (AAFP) Connection, and that the
39 presence of this social media tool be promoted, and be it further
40

41 RESOLVED, That the American Academy of Family Physicians (AAFP) create an
42 additional list-serve for family physicians practicing obstetrics.
43

44 The reference committee heard testimony indicating support for this resolution and that this
45 would be a valuable resource. The reference committee agreed and recognized listservs may
46 not be a viable long-term solution.
47

48 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
49 **No. 4003 be adopted in lieu of Resolution No. 4003, which reads as follows:**
50

1 **RESOLVED, That the American Academy of Family Physicians (AAFP) create an**
2 **additional online community for family physicians related to prenatal care and**
3 **obstetrics on the American Academy of Family Physicians (AAFP) Connection**
4 **and that the presence of this social media tool be promoted.**

5
6 **I wish to thank those who appeared before the reference committee to give testimony**
7 **and the reference committee members for their invaluable assistance. I also wish to**
8 **commend the AAFP staff for their help in the preparation of this report.**

9
10 Respectfully Submitted,

11
12
13 _____
14 Asim Jaffer, MD, Chair

15
16 Grace Chiu, MD, IMG
17 Carey Lindemann, MD, Women
18 Scott Nass, MD, MPA, GLBT
19 Broderick Rhyant, MD, Minority
20 Janet West, MD, New Physicians
21 Sanjeev Sharma, MD (Observer), IMG