



2016 Agenda for the Reference Committee on Education

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

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 2001	Unconscious Bias Training in Residency and for AAFP Members
2. Resolution No. 2002	Inclusion of Healthcare Disparities Education in Training and Clinical Practice
3. Resolution No. 2003	Necessary Changes to the ABFM MC-FP Process
4. Resolution No. 2004	Recognition of HIV/AIDS as a Chronic Disease
5. Resolution No. 2005	Reducing International Medical Graduates Stigma
6. Resolution No. 2006	Student Debt and Tax Reform
7. Resolution No. 2007	Interest on Student Loan Deductibility
8. Resolution No. 2008	Substance Abuse Education for Family Physicians
9. Resolution No. 2009	Create Observership Guidelines and Evaluation Tools for Physicians Who Host International Medical Graduates
10. Resolution No. 2010	Racism and Bias Education for Family Physicians
11. Resolution No. 2011	Modify Education Electronic Residency Application Service Filter
12. Resolution No. 2012	AAFP Promotion and Support of the Public Service Loan Forgiveness Program



Resolution No. 2001

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1 Unconscious Bias Training in Residency and for AAFP Members

2

3 Submitted by: Eleanor Lisa Lavadie-Gomez, MD, Minority

4 Syeachia Dennis, MD, Minority

5 Josina Romero-O'Connell, MD, Minority

6 Nicole Winbush, MD, Minority

7 Venis Wilder, MD, General Registrant

8 Karla Booker, MD, FAAFP, General Registrant

9 Ann Navarro-Leahy, MD, New Physicians

10

11 WHEREAS, Unconscious bias is defined as the stereotypes that are formed outside of our
12 consciousness toward individuals or groups of people, and

13

14 WHEREAS, unconscious bias can impact diversity in medical school admissions and academic
15 leadership, and

16

17 WHEREAS, unconscious bias has direct impact on patient care in all health care settings, and

18

19 WHEREAS, the Strategic Objectives of the AAFP for Health of the Public is to “empower members
20 with knowledge and tools to address health equity and the social determinants of health impacting
21 their patients and communities,” and

22

23 WHEREAS, Cultural Proficiency is an integral part of the professionalism milestone in the
24 Accreditation Council for Graduate Medical Education (ACGME) report, and

25

26 WHEREAS, residency programs require assistance in their progression along the cultural
27 proficiency milestones of the ACGME, and

28

29 WHEREAS, there are existing toolkits and training seminars that train providers in unconscious
30 bias, now, therefore, be it

31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) create an annotated list of
33 unconscious bias educational resources and materials for members and residency educators
34 on www.aafp.org, and be it further

35

36 RESOLVED, That the American Academy of Family Physicians (AAFP) promote the integration of
37 unconscious bias training into residency programs through the creation of novel materials or by
38 use of the existing toolkits and seminars available through organizations such as the American
39 Association of Medical Colleges or other academic institutions.



Resolution No. 2002

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1 Inclusion of Healthcare Disparities Education in Training and Clinical Practice

2

3 Submitted by: Tamer Said, MD, IMG

4 Adrian Ahmed, MD, IMG

5 Alan Vargas, MD, IMG

6 Johnny Tenegra, MD, General Registrant

7 Valarie Mutchler-Fornili, MD, Women

8 Andrea Jones, MD, Minority

9

10 WHEREAS, There is growing diversity in both the general population as well as the providers
11 delivering healthcare to them with a greater opportunity to be exposed to different healthcare
12 disparities, and

13

14 WHEREAS, disparities affect access to and delivery of care which may increase healthcare costs
15 in the long term, and

16

17 WHEREAS, primary care physicians are in a unique position to address health care disparities
18 because of the rapport they share with their patients, now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) to include Healthcare
21 disparities in the educational curricular frame work, and be it further

22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) communicate with the
24 American Board of Family Medicine to develop an additional self-assessment module to address
25 the healthcare disparities.



Resolution No. 2003

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- 1 Necessary Changes to the ABFM MC-FP Process
2
3 Submitted by: Kristen Koenig, MD, FAAFP, Women
4 Danielle Carter, MD, Women
5 Silwana Sidorczyk, MD, IMG
6 Michael Hanak, MD, FAAFP, New Physicians
7 Mariolga Mercado, DO, Minority
8 Trupti K. Patel, MD, IMG
9 Kenneth Becker, MD, IMG
10 Chad Douglas, MD, New Physicians
11 Ashley Millham, MD, GLBT
12 Craig Levoy, MD, GLBT
13 Michelle Henne, MD, New Physicians
14 Tamer Said, MD, IMG
15

16 WHEREAS, The American Academy of Family Physicians (AAFP) member physicians join the
17 American Board of Family Medicine (ABFM) in supporting lifelong learning that reinforces and
18 updates medical knowledge so critical to patient safety and professional excellence, and
19

20 WHEREAS, the Winter 2016 ABFM newsletter “The Phoenix” was a welcome indicator of the
21 ABFM’s openness to listen to and collaborate with physicians in evolving the Maintenance of
22 Certification for Family Physicians (MC-FP) process to better meet the above mentioned goals, and
23

24 WHEREAS, based on current estimates, 60% of family medicine physicians are employed, and
25

26 WHEREAS, physician employers report Accountable Care Organizations (ACO), meaningful use,
27 Physician Quality Reporting System (PQRS) and patient-centered medical home (PCMH) to payer
28 agencies making Part IV activities redundant for the majority of family medicine physicians, and
29

30 WHEREAS, the current Part II activities covering three (3) topics in three (3) years is too limited
31 and does not reinforce or update the broad range of topics encountered by family physicians, and
32

33 WHEREAS, a yearly review of a broad range of topics regularly encountered by family physicians
34 based on literature from recognized family medicine journals would be more useful, and
35

36 WHEREAS, family physicians should be free to schedule their MC-FP time commitment, and
37

38 WHEREAS, we recognize that the ABFM has considered changes to the Maintenance of
39 Certification (MOC), including those proposed by the 2015 AAFP COD Resolution 606, and
40

41 WHEREAS, the two-question-per-week concept may be too constraining and does not mirror the
42 manner in which physicians customarily update their knowledge, that being reviewing practice
43 relevant literature and answering learning assessment questions, now, therefore, be it

44
45 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that the
46 American Board of Family Medicine look to the American Board of Anesthesiology, American
47 Board of Internal Medicine, American Board of Pediatrics, and American Board of Obstetrics and
48 Gynecology for Maintenance of Certification models that may be more relevant to family
49 physicians, and be it further
50

51 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend again to the
52 American Board of Family Medicine to eliminate the Part IV activities, and be it further
53

54 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend the American
55 Board of Family Medicine abandon the two-question per week model referenced in the Winter
56 2016 Phoenix newsletter, and be it further
57

58 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend to the
59 American Board of Family Medicine to replace the current Part II activity with assessment
60 questions based on current literature, as modeled after American Board of Obstetrics and
61 Gynecology, and be it further
62

63 RESOLVED, That the American Academy of Family Physicians (AAFP) study an alternative to the
64 American Board of Family Medicine Part III (re-certification examination) that is practice-based and
65 report back to the 2017 AAFP Congress of Delegates (COD), and be it further
66

67 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend the American
68 Board of Family Medicine eliminate the re-certification examination for those that have successfully
69 completed yearly ongoing Maintenance of Certification for Family Physicians (MC-FP)
70 requirements.



Resolution No. 2004

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1 Recognition of HIV/AIDS as a Chronic Disease

2

3 Submitted by: David Goodman, MD, GLBT
4 Scott Culpeppe, MD, GLBT
5 Elvan C. Daniels, MD, GLBT
6 Tina Tanner, MD, GLBT
7 Santina Wheat, MD, New Physicians

8

9 WHEREAS, HIV is recognized as a chronic disease state that is affecting an increasingly older
10 population and 24% of all HIV-positive Americans are currently over age 55 and at least 45% of
11 this population has been diagnosed with at least one other chronic disease, and

12

13 WHEREAS, family medicine physicians are on the forefront of chronic disease management within
14 their communities, and

15

16 WHEREAS, there are extremely limited formal family medicine training opportunities for chronic
17 care of individuals with HIV/AIDS, now, therefore, be it

18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) petition the ACGME to
20 strengthen training in chronic disease management of HIV/AIDS and its impact on the health of
21 patients, families and communities as part of the family medicine residency curriculum, and be it
22 further

23

24 RESOLVED, That the American Academy of Family Physicians (AAFP) develop educational
25 programming, continuing medical education and a resource center for resident and practicing
26 physicians regarding prevention and management of other chronic diseases in individuals with
27 HIV, and be it further

28

29 RESOLVED, That the American Academy of Family Physicians (AAFP) petition the American
30 Board of Family Medicine (ABFM) to recognize and promote the development of family medicine
31 HIV/HCV fellowship and certification of additional qualification programs.



Resolution No. 2005

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1 Reducing International Medical Graduates Stigma

2
3 Submitted by: Megan Guffey, MD, MPH, IMG
4 Wasseem Ghannam, MD, IMG
5 Lubna Madani, MD, IMG
6

7 WHEREAS, International Medical Graduates (IMGs) make up 25% of the practicing physicians in
8 the United States (U.S.), and
9

10 WHEREAS, IMGs were 33% of the 2015 match class into family medicine residency spots, and
11

12 WHEREAS, IMGs have to pass the same licensing exams as U.S. Medical Graduates in U.S.
13 Medical Licensing Examination (USMLE), and
14

15 WHEREAS, some IMGs have had experience in national health care systems, and
16

17 WHEREAS, IMGs fill vital holes in delivery of primary care services in rural and underserved areas,
18 and
19

20 WHEREAS, IMGs increase levels of cultural competency, employee diversity, and additional
21 languages spoken, and
22

23 WHEREAS, several studies have shown there is no statistically significant difference in the quality
24 of care provided to U.S. patients between IMGs and U.S. trained physicians, and
25

26 WHEREAS, IMGs still face significant discrimination when applying to residencies in the U.S., and
27

28 WHEREAS, IMGs are specifically prohibited from applying to certain residency programs, and
29

30 WHEREAS, the Foundation for the Advancement of International Medical Education and Research
31 (FAIMER) is a non-profit organization founded by the Educational Commission for Foreign Medical
32 Graduates (ECFMG) to promote and research world health through education and research
33 (<http://www.faimer.org/about.html>), and
34

35 WHEREAS, U.S. residencies use “percent or number of IMG residents” as a NEGATIVE
36 descriptive factor about their residency programs, now, therefore, be it
37

38 RESOLVED, That the American Academy of Family Physicians (AAFP) work aggressively with the
39 Association of Family Medicine Residency Directors (AFMRD) and the Society for Teachers of
40 Family Medicine (STFM) to reduce stigma and discrimination against International Medical
41 Graduates (IMGs) by sharing research about equivalent quality of care provided by International
42 Medical Graduates (IMGs), and be it further
43

44 RESOLVED, That the American Academy of Family Physicians (AAFP) work with organizations
45 like the Foundation for the Advancement of International Medical Education and Research to
46 author a position paper or conduct further research on the benefits and advantages that
47 International Medical Graduates (IMGs) bring to residency programs.
48
49



Resolution No. 2006

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1 Student Debt and Tax Reform

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3 Submitted by: Robert Sedlacek, MD, New Physicians
4 Arthur Ohannessian, MD, New Physicians
5 Richard Bridges, MD, New Physicians
6 Kim Yu, MD, FAAFP, Minority
7 Ann Navarro-Leahy, MD, New Physicians
8 Shauna Guthrie, MD, New Physicians
9 Megan Adamson, MD, New Physicians

10
11 WHEREAS, The United States (U.S.) tax code includes deductions of interest on loans to promote
12 specific, and

13
14 WHEREAS, the AAFP already supports tax reform to raise or eliminate the income limits on the
15 student loan interest tax deduction, and

16
17 WHEREAS, this income limit affects all professionals who have pursued higher education, and

18
19 WHEREAS, the average student loan debt in the U.S. is \$28,400, and

20
21 WHEREAS, the average total student loan debt upon completion of residency training is \$200,000
22 to \$400,000, and

23
24 WHEREAS, the average income for a single individual in the U.S. is \$50,500, and

25
26 WHEREAS, the average income of a practicing family physician is \$176,000, and

27
28 WHEREAS, the average student loan debt to income ratio for a single individual in the U.S. is 0.56,
29 and

30
31 WHEREAS, the average student loan debt to income ratio for a family physician is 1.14 to 2.27,
32 and

33
34 WHEREAS, the current maximum debt to income ratio for a home mortgage loan is 0.36, now,
35 therefore, be it

36
37 RESOLVED, That the American Academy of Family Physicians (AAFP) use its legislative
38 advocacy and lobbying efforts in collaboration with other professional societies to allow student
39 loan interest payments to be tax deductible by removing the adjusted gross income cap to qualify
40 for these deductions, and be it further

41 RESOLVED, That the American Academy of Family Physicians (AAFP) will work with other
42 professional societies to write a letter to the United States (U.S.) Congress about the impact of
43 student loan debt on the health and economic wellbeing of the U.S., and be it further

44 RESOLVED, That the American Academy of Family Physicians (AAFP) will use information from
45 that letter to create a tool kit for state chapters to use in their own legislative efforts to lobby for
46 state income tax deductions of student loan interest.



Resolution No. 2007

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1 Interest on Student Loan Deductibility

2

3 Submitted by: Kevin M. Wong, MD, FAAFP, Minority
4 Margaret L. Smith, MD, Minority

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6 WHEREAS, There are not enough family physicians to care for the American public, and

7

8 WHEREAS, family physician income levels are significantly lower than many other specialties, and

9

10 WHEREAS, interest on their student loans accrues during their residency and significantly increases
11 their indebtedness, and

12

13 WHEREAS, the amount of student loan debt is a deterrent to a student choosing family medicine as a
14 specialty, and

15

16 WHEREAS, there are income caps governing who can deduct their student loan interest on their
17 taxes, now, therefore, be it

18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) petition Congress to ask the
20 Internal Revenue Service (IRS) to allow student loan interest of family physicians to be deductible for
21 everyone, regardless of income level.



Resolution No. 2008

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1 Substance Abuse Education for Family Physicians

2

3 Submitted by: Stella Lang, MD, Minority
4 Alma Littles, MD, FAAFP, Minority
5 Karen L. Smith, MD, FAAFP, Minority

6

7 WHEREAS, Over 20% of patients seen by family physicians are at risk of complications associated
8 with substance abuse, which may interfere with achieving optimal outcomes from treatment for
9 other health concerns, and

10

11 WHEREAS, many family physicians do not have adequate training in the recognition and treatment
12 of substance abuse disorders, now, therefore, be it

13

14 RESOLVED, That the American Academy of Family Physicians (AAFP) should work to identify and
15 streamline educational resources and training for diagnosis and management of substance abuse
16 disorders presenting to family physicians.



Resolution No. 2009

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Create Observership Guidelines and Evaluation Tools for Physicians Who Host International
2 Medical Graduates

3
4 Submitted by: Lubna Madani, MD, IMG
5 Vartika Atrey, MD, Minority
6 Jason Welch, MD, IMG
7 Dan Gold, MD, IMG

8
9 WHEREAS, Many international medical graduates experience difficulty gaining clinical experience
10 in the United States (U.S.) which is a pre-requisite for obtaining residency in many programs in the
11 U.S., and

12
13 WHEREAS, an observership is meant to introduce, familiarize, and acculturate an international
14 medical graduates to the practice of medicine in an American clinical setting, and

15
16 WHEREAS, based on the 2013 Electronic Residency Application Service post match survey, over
17 90% of the international medical graduate students who matched into a residency program had
18 previous U.S. clinical experience, and

19
20 WHEREAS, creating a standardized evaluation tool will help objectively evaluate the clinical
21 competency of the international medical graduate when applying for residency, and

22
23 WHEREAS, U.S. medical graduates follow a standardized set of guidelines for completing their
24 clinical clerkships, and

25
26 WHEREAS, the American Medical Association (AMA) already has a well-established and vetted
27 model for clinical observerships for physicians to precept international medical graduates, now,
28 therefore, be it

29
30 RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a standardized set
31 of guidelines (goals and objectives) and evaluation tools for family physicians who provide
32 observerships for international medical graduates.



Resolution No. 2010

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1 Racism and Bias Education for Family Physicians

2
3 Submitted by: Lauren Oshman, MD, FAAFP, Women
4 Rebecca Lundh MD, Women
5 Sarah Coles, MD, New Physician
6 Rachel Franklin, MD, Women
7 Syeachia Dennis, MD, Minority
8 Nicole Winbush, MD, Minority
9 Josina Romero O'Connell, MD, Minority
10 Fleanor Lisa Lavadie-Gomez, MD, Minority

11
12 WHEREAS, Racism and bias directly impact the health of patients and communities, and

13
14 WHEREAS, the American Public Health Association has launched a National Campaign Against
15 Racism, and

16
17 WHEREAS, family physicians provide care to vulnerable populations, and

18
19 WHEREAS, the American Academy of Family Physicians (AAFP) has a policy against
20 discrimination, now, therefore, be it

21
22 RESOLVED, That the American Academy of Family Physicians (AAFP) endorse the American
23 Public Health Association National Campaign Against Racism, and be it further

24
25 RESOLVED, That the American Academy of Family Physicians (AAFP) include a keynote
26 presentation on racism and bias at an Family Medicine Experience (FMX) conference in the near
27 future, and be it further

28
29 RESOLVED, That the American Academy of Family Physicians (AAFP) provide education to
30 members on racism and bias through such means as, American Academy of Family Physicians
31 live continuing medical education, online enduring continuing medical education modules, the
32 *American Family Physician* (AFP) journal, and/or promote other evidence based resources.



Resolution No. 2011

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1 Modify Education Electronic Residency Application Service Filter

2

3 Submitted by: Margarita De Federicis MD, MPH, General Registrant

4 Ani A. Bodoutchian, MD, MBA, IMG

5 Anna Marie Francisco, MD, IMG

6 Jorge Plasencia, MD, IMG

7

8

9 WHEREAS, The current available Electronic Residency Application Service (ERAS) filters lead to
10 the systemic elimination of foreign graduates who are frequently graduated outside the years since
11 graduation window chosen by program directors, and

12

13 WHEREAS, should such program directors choose to take into consideration International Medical
14 Graduates active participation and hands on patient care, no current means to sort by this measure
15 exists, and

16

17 WHEREAS, it is estimated that there will be a significant shortage of primary care doctors
18 particularly family doctors nationwide in years to come. As the Health Resources and Services
19 Administration, Bureau of Health Professions of 2010 has dropped from 77% to 72% by 2020, and

20

21 WHEREAS, communities are affected due to shortage of family doctors and have broad set of
22 skills that will satisfy the community needs, and

23

24 WHEREAS, five years of clinical experience gained after graduation regardless of the country that
25 it was obtained, should be considered more as an asset than a flaw, now, therefore, be it

26

27 RESOLVED, That the American Academy of Family Physicians (AAFP) will write a letter to the
28 Electronic Residency Application Service (ERAS) supporting the inclusion of additional filters such
29 that International Medical Graduates actively participating in hands on patient care be able to be
30 discerned using the ERAS filter software in order to address the physician shortage in primary care
31 by 2020.



Resolution No. 2012

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1 AAFP Promotion and Support of the Public Service Loan Forgiveness Program

2

3 Submitted by: Kara Mayes, MD, New Physicians
4 Tabatha Wells, MD, General Registrant
5 Kevin Bernstein, MD, New Physicians
6 Shauna Guthrie, MD, New Physicians
7 Ann Navarro-Leahy, MD, New Physicians
8 Josina Romero-O'Connell, MD, Minority

9

10 WHEREAS, The average medical school graduate indebtedness of 2014 graduates is \$176,348
11 among graduates that have debt, and

12

13 WHEREAS, according to the American Academy of Family Physicians (AAFP) policy on workforce
14 reform, medical school debt is a barrier to choice of careers in primary care, and

15

16 WHEREAS, service-based loan repayment and forgiveness programs are referenced by the AAFP
17 as a way to increase the primary care workforce, and

18

19 WHEREAS, Public Service Loan Forgiveness (PSLF) is a program that forgives the remaining
20 balance on loans received under the Federal Direct Loan program after making 120 qualifying
21 monthly payments under a qualifying repayment plan while working full-time for a qualifying
22 employer (without missing a scheduled payment), and

23

24 WHEREAS, the AAFP has specific policy and recommended loan programs listed on its website
25 (e.g., National Health Service Corps, Indian Health Service Loan Repayment, etc.) though does
26 not list the PSLFP, now, therefore, be it

27

28 RESOLVED, That the American Academy of Family Physicians (AAFP) use its legislative
29 advocacy and lobbying efforts to encourage Congressional continuation of the Public Service Loan
30 Forgiveness program, and be it further

31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the inclusion
33 of primary care physicians in the Public Service Loan Forgiveness program, and be it further

34

35 RESOLVED, That the American Academy of Family Physicians (AAFP) promote the Public Service
36 Loan Forgiveness program to its members including the inclusion of this program on its service-
37 based loan repayment program educational materials.