



Commission on Membership and Member Services 2016 Annual Report

COMMISSION ON MEMBERSHIP AND MEMBER SERVICES

Resident

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Class of 2018

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Resident Report

General Overview of Duties

As residents and student representatives of the AAFP National Commission on Membership and Member Services (CMMS), it was our duty to represent the interests and opinions of the AAFP resident and student constituencies, respectively, during the meetings and other correspondence of the Commission. During this time, we participated in two AAFP Cluster Meetings (Winter and Summer) as well as frequent online correspondence from the commission.

General Overview of Business

The Commission on Membership and Member Services is charged by the Board of the American Academy of Family Physicians to manage the working tasks related to the membership and special constituencies. This broadly includes working to further AAFP goals in membership recruitment, retention and services. More specifically CMMS also works closely to monitor and support the needs of special constituency groups (LGBT, Early Career Physicians, International medical graduates etc), including the oversight of the AAFP National Conference of Constituency Leaders (NCCL). Additional tasks include addressing resolutions forwarded from the AAFP Board, establishing requirements for the degree of Fellow, credentialing and monitoring Member Interest Groups (MIG) and selecting recipients for several prestigious awards in Family medicine including the Award for Excellence in Graduate Medical Education, the Awards for Distinguished and Meritorious service to Family Medicine and the Arnold P. Gold Foundation Humanism in Medicine Award.

Major Topics Pertinent to Residents and Medical Students

- A. Review of AAFP Membership and Benchmark Data
- B. In Depth discussion about retention of Early Career Physicians and International Medical Graduates
- C. Adjustments to NCCL Policy and Nomenclature
- D. Credentialing and Monitoring of Member Interest Groups
- E. Selection of the 2016 Awards for Excellence in Graduate Medical Education

Minutes on Major Topics

A. Review of AAFP Membership and Benchmark Data.

The cornerstone of work done by CMMS revolves around the AAFP membership and the bench mark data that is presented related to the membership.

The Membership Benchmark data for 2016:

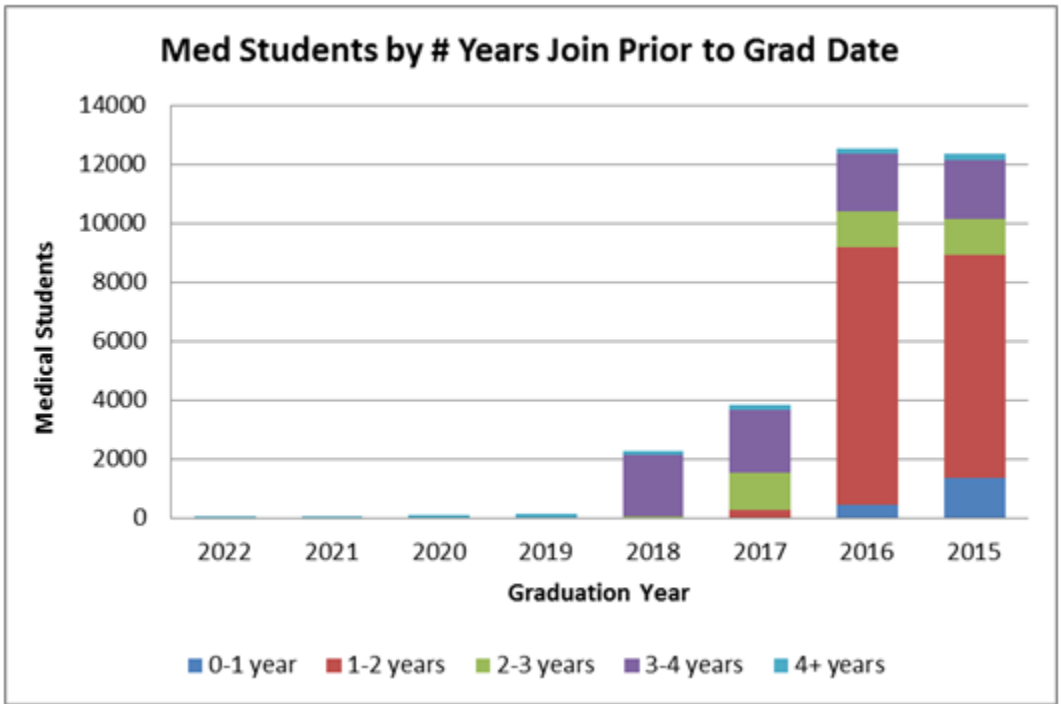
	Previous Benchmark	Current Benchmark
Total	120,900 (4/15)	124,900 (4/16)
Active	68,300 (2/15)	69,200 (2/16)
Student	30,200 (4/15)	32,000 (4/16)
Resident	11,300 (2/15)	11,700 (2/16)

This benchmark indicates an overall membership increase of 3%. Within this data CMMS noted an overall increase in all levels of membership including active, student and resident members. Importantly, AAFP currently holds a high market share of US Family Medicine residents at 98.3% of all residents. Student membership market share among allopathic medical schools has also been increasing and currently resides at 31.8%, an increase from 18.5% over the past 5 years. That market share remains close to 30% when including Osteopathic medical schools (28.2%) and AAFP maintained a market share of approximately 16.2% of medical students at osteopathic medical schools.

1. Medical Student Membership

n= 31346			
AAFP Student Members by Year in Medical School			
	All		Grad yr
M1-4*	67	0.21%	2022
M1-3*	67	0.21%	2021
M1-2*	98	0.31%	2020
M1-1*	135	0.43%	2019
M1	2278	7.27%	2018
M2	3824	12.20%	2017
M3	12527	39.96%	2016
M4	12350	39.40%	2015
TOTAL	31346		

Medical Student Membership can be broken down by anticipated graduation year and current year of medical school. According to the data the majority of medical Student Members in AAFP are in the third or fourth year of medical school with anticipated graduation year in the next 2-3 years.

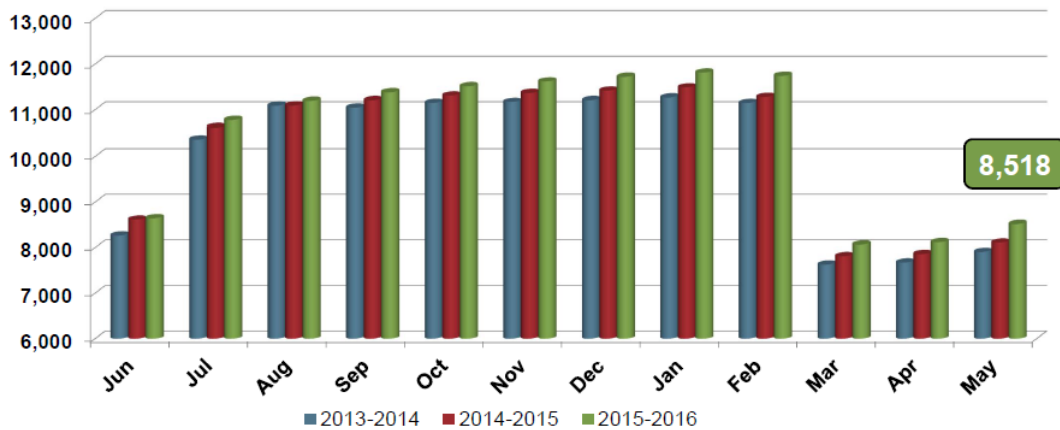


The data also show that the majority of the student members (M3-M4) have held their membership for 1-2 years, indicating that membership is likely attained around the time of clinical rotations/transition from pre-clinical to clinical work.

In addition to bench mark membership data, CMMS also received a report on retention rates amongst the member groups. AAFP documents high retention rates amongst the general population and its various constituency groups including Early Career Physicians (88.3%), Non-early Career Physicians (96.1%), IMGs (90.9%) and USMG (95%). Retention of Early Career Physicians and IMGs was further discussed during round table discussions as summarized in the section B.

2. Resident Membership

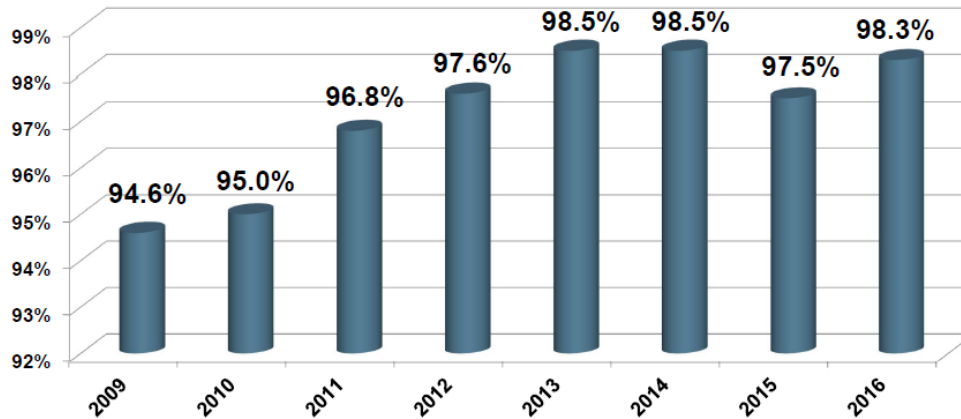
Resident Membership As of Month End



The above chart reflects an overall increase of resident membership over the past 3 years, with a huge drop during the March-June months reflecting an expiration of graduating residents' membership.

Resident Membership Market Share

as of Benchmark
(ACGME Residency Programs Only)



This graph shows that resident membership has been relatively stable over the past several years.

B. Roundtable discussion of Retention of special member Constituencies

The CMMS held round table discussions to generate hypotheses and strategies surrounding the relatively lower retention rates amongst Early Career Physicians and International Medical Graduates as summarized below.

Early Career Physicians

Early Career Physicians, formerly known as New-Physicians, are practicing Family Physicians within their first 7 year following residency who would qualify for Active Membership in AAFP. Retention rates have been stable around 90% over the past several years but does denote an overall “loss” of market share from the 98-99% membership seen amongst US Family Medicine Residents. These figures continue despite frequent and widespread initiatives to attract early career family physicians to maintain AAFP membership including dues reduction, membership events and representation at NCCL. Data was presented on a state by state basis demonstrating the retention rates around the transition from residency to 1st employment. This data, however, did not credit states for retaining residents who remained part of AAFP but began practicing in a different state.

The discussion also included the review of concept map drafts entitled “New Physician Concern” and “New Physician Content”. The former demonstrated the perceived concerns by early career physicians while the latter shows the resources available throughout AAFP to address these concerns.

Several Hypotheses were generated that could account for this drop in membership which included:

- The rise in membership dues from resident to active member
- Contract negotiations not including AAFP Membership
- Rapidly changing environment and procedure for Continuing Medical Education (CME)
- Questions about value of membership and member services
- Truncated membership that begins with residency as an program initiative but is not participant driven
- There are some states/state AAFP chapter with best practices for maintaining AAFP membership amongst their early career physician population.

Several actions were recommended by CMMS to further explore this discussion

- Request for Information regarding the states with the highest retention rate of residents during their transition from residency regardless of the final practice location of these residents.
- Request for information about the membership history of residents who do not continue their membership as early career physicians including membership during medical school, participation in state and national AAFP activities and use of resources.
- Continue to encourage local and state initiatives to support early career physician membership.
- Continue to use the aforementioned concept maps to demonstrate value in AAFP membership to residents and early career physicians.

International Medical Graduates

A significant proportion of the AAFP membership is comprised by International Medical Graduates. Despite their participation at all levels of the organization, from students to national commissions, their retention rate continues to be low relative to other constituency groups. The pool of International medical graduates typically has a high rate of turnover. It is important to note that International medical students are not allowed to be "student" members but can participate in AAFP at a reduced role.

Several Hypotheses were generated that could account for the turnover in this constituency group:

- Current Public stigma against International medical graduates included in the national dialogue of Family Medicine including but not limited to discussion about the determination of successful match results by the percentage of US medical grads received
- Lack of identification and outreach that occurs on both sides as programs/state chapters may not know who are IMGs while IMGs may not know or actively seek out resources available to them.

The discussion about strategies to address the retention rates of IMGs was a complicated exchange of ideas that related back to the scope and function of AAFP and its relationship with international medical graduates. Much of the difficulty came in defining the relationship that AAFP should take with International medical students and graduates who are currently looking to enter into Family Medicine. The discussion was highlighted by the challenging position of AAFP to continue to support the aspirations of these individuals to enter into the field while simultaneously supporting the initiative to recruit and foster interest in family medicine among US Medical Students. The general assembly agreed that IMGs currently working in US Family Medicine Residencies and Family Practice positions should be supported and encouraged to continue membership with AAFP.

C. Adjustments to NCCL Policy and Nomenclature

The CMMS has direct oversight regarding the National Conference of Constituency Leaders (NCCL). The NCCL is a special conference of AAFP membership that represents the interests and opinions of specific member populations including LGBT, Minorities, Women, Early Career Physicians and IMGs. This conference is governed by members elected as Convener and co-conveners, with representation from each member constituency mandated amongst the co-conveners. This group functions to coordinate the activities of the NCCL during their annual conference. The Co-conveners currently serve as Alternate delegates by representing their interests by attending the AAFP Congress of Delegates. It is important to note that resolutions passed at the NCCL, like the AAFP National Conference for residents and students, are sent directly to the AAFP Board.

Several policy changes were suggested by the NCCL to the AAFP board at the previous NCCL annual meeting and the AAFP board referred these changes to the CMMS.

These changes and the Final CMMS Recommendation included broadly:

- Revision of the election structure to allow for co-conveners for each constituency in addition to alternate delegates- effectively splitting the co-convener and alternate delegate position, and requiring separate election processes

- The CMMS debated strongly the recommendation by this NCCL resolution partly because this resolution came at a time when NCCL resolutions that could not be agreed upon (either positively or negatively) could be forwarded to the AAFP Board. CMMS ultimately decided to send back to the NCCL for further consideration
- Change the name of the GLBT constituency to LGBT
 - This student resolution was agreed upon by CMMS and the change was made
- Clarify the membership requirements for general registrants and chapter delegates
- Revise the requirement needed for quorum and addition of a clause about suspension of business when a quorum is lost.

D. Credentialing and Monitoring of Member Interest Groups

In the past 2 years AAFP has launched a new member platform in the Member Interest Groups (MIG). These groups were purposed with the intention to create discourse and open dialogue among AAFP members with similar interests. The AAFP currently has 15 Active member interest groups and CMMS is charged with credentialing new MIG and monitoring existing groups.

List of Active Member Interest Groups			
Adolescent Health	Direct Primary Care	Emergency Care	Medicine/Urgent
Global Health	Hospital Medicine	Solo/Small group Practice	
Lifestyle Medicine	Oral Health	Reproductive Health Care	
Rural Health	School Doctor	Single Payer Health Care	
Telehealth	Transforming Clinical Practice	Point of Care Ultrasound	

*Community Health has recently been approved by not yet active

The Current MIG application process requires the completion of a written application and collection of at least 50 signatures from Active AAFP members in support of this Member Interest Group. The scope of focus of a MIG is not limited by AAFP or CMMS at this time but the application requires the applicant to denote how this MIG intends to further the strategic goals of AAFP, objective for the MIG and long term goals.

Once approved MIG begin to function as a forum for the exchange of ideas and information about their specific topic through online, phone and conference meeting venues. Most notably is the substantial presence of MIGs at the National Family Medicine Experience conference (FMX). CMMS currently monitors MIG for activity and mandates both a frequency of online posts per month as well as encourages an in person meeting at a major AAFP conference/event.

Discussion on MIGs during this business term centered upon the current/future scope of MIGs, cost of MIGs to AAFP and stringency of MIG application materials and monitoring. The General assembly of CMMS agreed that MIGs were a positive development of the past couple of years and should be encouraged. The CMMS staff reported that the direct cost of MIG to AAFP was minimal as much of the discourse is held through online forums and/or already purchased meeting room space. The CMMS additionally agreed that the MIG application should be updated and expanded to solicit further information from the MIG applicant about how the focus of their proposed MIG will be unique from and/or complement other MIGs. CMMS also requested more information regarding the current activity level of established MIG and suggested a future business item to re-evaluate the current criteria for continuance as a MIG.

New MIGs that were added this year were: Lifestyle Medicine, Point of Care Ultrasound, and Community Medicine (yet to be active).

E. Selection of the 2016 Awards for Excellence in Graduate Medical Education

Each year the CMMS solicits, evaluates and awards the AAFP Award for Excellence in Graduate Medical Education. This award is given each year to 12 second year Family Medicine residents who embody excellence in all facets of graduate medical education including leadership, patient care, interpersonal skills, scholarship and commitment to the community. The selected residents receive both the distinction of the award and a monetary prize, recognized each year at the annual FMX conference. This year CMMS is proud to announce yet another fantastic group of residents for this award.

Further discussion was also held about the promotion of the winners of the Award for Excellence in Graduate Medical Education. Currently a book is published at FMX showing each recipient and their major contributions. Ideas for further recognition included expanding the online profile of recipients to include videographic biographies and networking opportunities. The idea was also generated to recognize the individual residents who made the final round of consideration but were not selected. It was also suggested that winners and finalists should be supported to attend the AAFP National conference for residents and students to serve as ambassadors for Family Medicine to interested medical students.

Medical Student Reflections:

During my term I learned a great deal about the mission and vision of AAFP through my commission work. I learned about how various members are represented, particularly through the congress of delegates and national conference of constituency leaders (NCCL). As our commission dealt with many resolutions, including some from students/residents, I saw how a large organization follows through on input from its members to make impactful change both internally and externally.

Besides the great experience of participating in the business portion of the cluster meetings and commission work I gained great insight into the people that help lead the AAFP and how to discuss issues passionately, professionally and practically. I am excited to join the field of family medicine after seeing the cordial yet exuberant atmosphere of the commission work.

While I have gained a greater appreciation for the scope and function of AAFP, perhaps the most fulfilling aspect of my commission work has been the people I connected with. Held at a series of small cluster meetings, commission work presented a fantastic time to get to know leading physicians in family medicine both professionally and personally. I now feel that I have a strong network of physician mentors in family medicine ranging from past presidents to rising early career physicians. And I would be remiss in not mentioning the time cluster meetings gives to bond with fellow resident and student leaders in AAFP. I cannot wait to see this new and growing family again at NC this summer.

With that said, I would highly recommend commission work other medical students. I have gained both insight and friendship within AAFP at a time where I was entering a new stage of my medical career. While I would say that a commission position does come with a significant amount of preparation for the meetings and an expectation that you contribute during the meetings, the approachable and open atmosphere of the meetings make them an extremely inviting place to participate.

Following my commission work I am most excited about continuing to meet and learn more about the new and vast group of colleagues that I am entering into as a family physician. If my experiences with AAFP have taught me anything is that family physicians are a truly special group of people with extraordinarily diverse interests and passions that always come back to benefiting their patient, personal and professional families.

Resident Reflections:

Though I have been active with the AAFP since 2010, being the resident representative to the CMMS has been a very unique experience. Being involved in the process of establishing an MIG to

investigating reasons that certain groups of physicians may not maintain membership (residents) or not feel supported (international medical graduates) were rewarding.

Being an active member of AAFP since 2010 and serving as a leader with different groups in the academy since 2012 will be a big contributing factor for me maintaining membership post residency. Furthermore, I support having opportunities for medical students and residents to become involved in leadership positions. This is important for the growth and sustainability of the AAFP. Thus, FMIG, MIGs, the Award for Excellence in Graduate Medical Education, being involved in leadership (medical student and resident levels), and being an Emerging Leader are great ways to increase the pipeline from active resident member to active physician member.

So how do we continue to support all of our members? I realize that the state academies have a huge role in the success. Inasmuch, the foundation starts in residency for both American and international graduates. That pipeline is definitely created for residents here in the states, but identifying those same resources for international family medicine residents and physicians that plan to practice in the states can be challenging and definitely takes individual family medicine doctors trained in the US and state academies to intentionally identify these groups so they too can enjoy and appreciate support.

I am so thankful to be able to be involved in one of the business-driven commissions of the AAFP. I feel that I have been able to work with wonderful family medicine doctors on this commission. They have shown me to continue to pursue a vision and to do so with a group is the key to success. Again, thank you.

Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit aafp.org.