



Bylaws Workgroup 2007 Report

Proposed Bylaws Amendments

The Bylaws Workgroup is charged with making recommendations for changes, deletions, modifications and interpretations to the Bylaws in order to maintain the integrity and consistency of the Bylaws, after having given due consideration to all submitted proposals.

NOTICE OF PROPOSED AMENDMENTS

Chapter XVII of the Bylaws provides that proposed amendments to the Bylaws shall be submitted to the Executive Vice President of the American Academy of Family Physicians at least 100 days prior to any meeting of the Congress of Delegates. The 60th annual meeting of the Congress of Delegates will convene at the Hyatt Regency in Chicago on October 1, 2007.

Pursuant to Chapter XVII of the Bylaws, the following amendments to the Bylaws are submitted to the Congress of Delegates by the Bylaws Workgroup appointed by the Speaker and Vice Speaker. The Bylaws Workgroup has considered all proposed amendments. The recommendations and comments of the Bylaws Workgroup regarding the respective proposed amendments are as indicated.

PROPOSED AMENDMENT NO. 1

To Amend Section 2 and 3 of Chapter VII

Proposed by the Uniformed Services Chapter

TO AMEND THE BYLAWS TO ALLOW UNIFORMED SERVICES CHAPTER MEMBERSHIP FOR FORMER MEMBERS OF THE UNIFORMED SERVICES WHO PRACTICE WITHIN A MILITARY FACILITY.

(Language to be deleted is indicated by ~~strikeout~~;
language to be added in noted by **bold**.)

RESOLVED, That Chapter VII, Sections 2 and 3, be amended to read as follows:

CHAPTER VII Uniformed Services Chapter

SECTION 1. Upon the petition of any five (5) or more members of this Academy, the Board of Directors may issue a charter for a constituent uniformed services chapter; provided, however, that only one uniformed services chapter may be established pursuant to this section. Said petition shall be accompanied by the proposed constitution and/or bylaws for the uniformed services chapter. No charter shall be issued until such constitution and/or bylaws are approved by the Board of Directors of this Academy.

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SEC. 2. The members of such uniformed services chapter shall be the persons to whom a charter is issued and such additional persons meeting the qualifications for membership set forth in Chapter III of these Bylaws who are ~~either~~ members of the uniformed services on active duty **former members of the uniformed services who practice within a military facility**, or students in a uniformed services medical school. No person may hold membership in such uniformed services chapter unless he or she is likewise a member of the American Academy of Family Physicians. For purposes of these Bylaws, the term uniformed services shall mean the Army, Navy, Air Force and Public Health Service.

SEC. 3. Members of the uniformed services, **former members of the uniformed services who practice within a military facility** or students in a uniformed services medical school or students who have a service obligation to the uniformed services upon completion of their training and who are eligible for membership in this Academy may become members of the uniformed services chapter. Constituent state chapters may include provisions in their Bylaws which allow members of the uniformed services, **former members of the uniformed services who practice within a military facility**, or those eligible for student membership in the uniformed services chapter to hold the same type of membership in the constituent state chapter as they hold in the uniformed services chapter or which allow active members of the uniformed services chapter to hold a special category of constituent state chapter membership, without the right to vote or hold office, designated “uniformed services adjunct.” The uniformed services chapter may include provisions in its Bylaws which allow members of constituent state chapters who are members of the uniformed services, **former members of the uniformed services who practice within a military facility**, or who are eligible for student membership in the uniformed services chapter to hold the same type of membership in the uniformed services chapter as they hold in the constituent state chapter or allow uniformed services physicians who have retired from service or reserve component officers with responsibility for periodic service who are members of a constituent state chapter to hold a special category of uniformed services membership, without the right to vote or hold office, designated “state chapter adjunct.” No member of the uniformed services, **former member of the uniformed services who practices within a military facility**, or student eligible for membership in the uniformed services chapter may be elected to membership in this Academy unless he or she is a member of either the uniformed services chapter or the appropriate constituent state chapter. Any member of the uniformed services, **former member of the uniformed services who practices within a military facility**, or student eligible for membership in the uniformed services chapter who ceases to be a member of the uniformed services chapter or the appropriate state chapter shall cease to be a member of this Academy and his or her name shall be stricken from the roll of members.

A member of the uniformed services chapter who is discharged from the uniformed services shall not be eligible for continued membership in such chapter unless such member **continues practicing within a military facility**, assumes residence or begins practice in a state or country in which there is no constituent chapter or unless such member qualifies for membership in the uniformed services chapter as a state chapter adjunct pursuant to this section. Otherwise, within one year of the date of such discharge, such member shall apply for transfer of membership to the constituent state chapter of his or her residence or practice location. Members failing to be so transferred after one year thereafter shall be dropped from the roll of this Academy.

SEC. 4. With the approval of the AAFP's Board of Directors, the constituent uniformed services chapter may, under provisions in its constitution and/or bylaws charter component chapters, including student and/or resident chapters, and such chapters may include members in more than one state. Membership in existing component chapters may be required by the constitution and/or bylaws of the constituent uniformed services chapter as a prerequisite to membership in said constituent chapter.

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SEC. 5. The charter of the uniformed services chapter may be suspended or revoked in the same manner and by the same procedure as is provided for the suspension or revocation of a state chapter's charter in Section 6 of Chapter VI of these Bylaws.

SEC. 6. Amendments to the constitution and/or bylaws of the constituent uniformed services chapter shall be subject to the same approval procedure as is provided for amendments to the constitution and/or bylaws of state chapters in Section 7 of Chapter VI of these Bylaws.

Comment: The Uniformed Services Academy of Family Physicians (USAFP) has received several requests from former chapter members who continue to work in military facilities and who would prefer to remain active members of the USAFP (rather than the state chapter where they reside or work). Information from the USAFP indicates that USAFP active membership would be more consistent with their current position responsibilities.

It would be difficult to determine with accuracy how many active members might be eligible for or who would avail themselves of this chapter option. The USAFP's best estimate is that the number of members who select this chapter option might be in the 20-30 range.

The Bylaws Workgroup is generally supportive of Proposed Amendment No. 1. Conceivably member retention would be enhanced by allowing USAFP membership for members who meet the new criteria, and it is in the best interests of both the AAFP and chapters if members are fully engaged in membership at the national and chapter levels.

A potential drawback to Proposed Amendment No. 1 is the uncertain impact on state chapters. In particular, small chapters could suffer financial consequences if a large number of members opted to select USAFP membership over state chapter membership. On balance, the likelihood of this occurring does not appear significant. However, the Bylaws Workgroup urges membership staff to monitor the impact of Proposed Amendment No. 1 and to periodically inform the Commission on Membership and Member Services of such impact so that, if appropriate, the commission can ask the Congress to reconsider this provision.

Recommendation of the Bylaws Workgroup: FOR

PROPOSED AMENDMENT NO. 2

To amend Sections 3, 4 and 7 of Chapter III

Proposed by the Commission on Membership and Member Services

TO AMEND THE BYLAWS TO CHANGE THE PRE-MEMBERSHIP CONTINUING MEDICAL EDUCATION REQUIREMENTS FOR ACTIVE AND SUPPORTING MEMBERSHIP

(Language to be deleted is indicated by ~~strikeout~~;
language to be added in noted by **bold**.)

RESOLVED, That Chapter III, Sections 3, 4 and 7 be amended to read as follows:

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CHAPTER III Classes of Membership and Election

SEC. 3. Eligibility. Effective January 1, 1989, applicants for active membership must be: (1) engaged in the practice of family medicine, except that active members who interrupt their practices to pursue a fellowship or additional graduate training may remain in the active category with the approval of the Board of Directors; or (2) engaged in the full-time teaching of family medicine; or (3) engaged in the practice of emergency medicine; or (4) engaged in full-time medical administration. Family physicians are defined as physicians in the discipline of family medicine whose training and experience qualify them to practice in several fields of medicine and surgery, with particular emphasis on the family unit. He or she must have been graduated from a school of medicine or osteopathy. He or she must be duly licensed to practice in the state in which he or she practices or, if a resident of a foreign country, in the country in which he or she practices or be a member of the uniformed services or a salaried employee of the government of the United States. He or she must be eligible to be a member of the American Medical Association, American Osteopathic Association or Canadian Medical Association or of the constituent state or provincial society thereof of the state, territory or province in which he or she practices, or hold membership in the recognized medical society in the country of his or her residence.

Physicians first applying for active membership after December 31, 1988 (1) must have satisfactorily completed a three-year family medicine residency program approved by the Accreditation Council on Graduate Medical Education; or (2) must have completed a family medicine residency program approved by the College of Family Physicians of Canada, must be board certified by the College of Family Physicians of Canada and must be employed exclusively within the United States; or (3) must have satisfactorily completed either (a) one year of a rotating general or family medicine internship approved by the American Osteopathic Association plus two years of a general or family medicine residency program approved by the American Osteopathic Association or (b) three years of a general or family medicine residency program approved by the American Osteopathic Association.

Those graduates of three-year family medicine residency programs approved by the Accreditation Council on Graduate Medical Education, those graduates of family medicine residency programs approved by the College of Family Physicians of Canada and who are certified by the College of Family Physicians of Canada and those who complete either (1) a one year AOA-approved rotating general or family medicine internship plus a two year AOA-approved general or family medicine residency or (2) a three year AOA approved general or family medicine residency, who first apply for active membership after December 31, 1988, are not required to complete postgraduate study as a condition to election to active membership. ~~providing they apply for such membership within one (1) year of residency completion. However, those residency graduates who first apply for active membership after December 31, 1988, and, who apply for such membership more than one (1) year but less than three (3) years after residency completion must provide evidence of having earned, during the two years immediately preceding application, one hundred (100) credits of postgraduate study acceptable to the Board of Directors. Those who first apply for active membership more than three (3) years after residency completion must provide evidence of having earned, during the three years immediately preceding application, one hundred fifty (150) credits of postgraduate study acceptable to the Board of Directors.~~

All applications for membership shall be in writing on a form of application prescribed by the Board of Directors. Election shall be by a majority vote of the Board of Directors, or in the case of candidates practicing in a state, province, or region where a constituent chapter of this Academy exists, by a majority vote of the Board of Directors of such constituent chapter or by a designee of the constituent chapter's Board of Directors. There shall be issued to each member a certificate of membership in such form as may be determined by the American Academy of Family Physicians Board of Directors, title to such certificate remaining at all times with this Academy.

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SEC. 4. Requirements. Election to active membership shall be for a maximum period of three (3) years, at the expiration of which term the member shall be eligible for re-election by the Board of Directors. No member shall be re-elected to membership who has not, during the period of the preceding three (3) years, earned a minimum of one hundred fifty (150) credits of postgraduate study of a nature acceptable to the Board of Directors. Constituent chapters may require, through provisions in their constitutions and/or bylaws, that up to twenty-five (25) credits of the one hundred fifty (150) credits of postgraduate study be obtained from that chapter's produced or approved programs.

It shall be the responsibility of each active member to submit a record of his or her postgraduate study to verify continued eligibility for active membership. Such record shall be furnished on a form approved by the Commission on Membership and Member Services and shall be sent by each member to the executive vice president of the American Academy of Family Physicians or, in states where such has been approved by the Commission on Membership and Member Services, to the secretary of his or her constituent chapter.

Any member failing re-election to membership may, at the discretion of the Board of Directors, be reinstated at a later date, if, in the judgment of the Board of Directors, he or she has fulfilled the requirements set forth in this section and upon payment of all past and present dues.

Former active members of the Academy who are dropped from membership may apply for membership as a new member in accordance with Section 3 of this chapter. **If such an application is made less than two years after having ceased to be an active member, the applicant must** by furnishing evidence of having earned, during the ~~three~~**two** years immediately preceding the date of application, one hundred fifty ~~(150)~~ **(100)** credits of postgraduate study acceptable to the Board of Directors.

SEC. 5. *Resident Members.* Physicians in training in an ACGME-approved family medicine residency as well as physicians in an AOA-approved rotating general or family medicine internship or an AOA approved general or family medicine residency may be elected to resident membership by the American Academy of Family Physicians upon approval of their application on a form prescribed by the Board of Directors. In addition, graduates of ACGME-approved family medicine residencies or AOA-approved general or family medicine residencies who extend their training immediately upon completion of residency training and who serve full time in extended, structured, supervised programs of at least one year in duration to gain additional skills in research, administration and teaching or a specific clinical area of interest shall be considered family medicine residents and may be elected to resident membership. Election to such membership shall be for the duration of one's residency or extended training. Upon completion of their residency training, and upon verification of eligibility for active membership, resident members automatically shall be transferred to active membership. Resident members shall be entitled to vote in Academy and constituent chapter affairs, may hold constituent chapter office under provisions of individual constituent chapter constitutions or bylaws, and may have the privilege of the floor of the Assembly. One resident member shall serve on the Board of Directors of the Academy with full voting privileges but otherwise resident members may not become a national officer in the Academy. For the purposes of this Section, members of commissions and committees shall not be considered officers.

SEC. 6. *Inactive Members.* Effective January 1, 1989, members who are incapacitated by reason of illness, accident, or infirmity, or who are totally retired from the practice of medicine with less than twenty (20) years continued membership in the Academy may be elected to inactive membership. In addition, under extenuating circumstances established by the Board of Directors, active members, resident members and family physician supporting members who interrupt their practices or residency training may be elected to inactive membership; provided, however, that no person may hold inactive membership who does not hold a current medical license because such license has been revoked as a result of a

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disciplinary action. No member shall be considered for membership unless he or she has first been placed in this status by his or her respective constituent chapter. Election to inactive membership shall be for a maximum of one year, unless the member is totally retired, provided, however, that an inactive member may be re-elected to this classification annually by the Board of Directors. Totally retired members need not be re-elected annually. Inactive members shall not be required to meet the requirements for postgraduate education as provided in Section 4 of this chapter. Inactive members shall not be entitled to vote or to hold office in the Academy, but shall have the privilege of the floor of the Assembly.

SEC. 7. Supporting Members. Upon the nomination and endorsement of a constituent chapter, duly licensed physicians may be elected to supporting membership. Supporting members shall consist of two types: (1) those physicians in specialties other than family medicine but not including those in emergency medicine otherwise eligible for some other category of membership; and (2) those physicians actively engaged in family medicine, the teaching of family medicine or medical administration for the previous six years, but who do not qualify for active membership because they have not completed the necessary residency training or because they did not hold or apply for active membership prior to January 1, 1989.

With respect to physicians practicing a specialty other than family medicine, such physicians may become supporting members providing they meet criteria established by the Board of Directors and are licensed to practice in a geographic area in which a constituent chapter exists. Such criteria shall be based on activities which support and enhance the specialty of family medicine. Supporting members actively engaged in a specialty other than family medicine shall be relieved of the requirements for postgraduate education as provided in Section 4 of this chapter.

With respect to those physicians who are eligible for supporting membership by virtue of being actively engaged in family medicine, the teaching of family medicine or medical administration for the previous six years, such physicians must have earned ~~150~~ **100** credits of postgraduate study acceptable to the Board of Directors during the ~~three~~ **two** years immediately preceding their application for supporting membership **only if they previously held supporting membership and ceased to be a supporting member less than two years prior to reapplying for supporting membership.** This type of supporting member also must earn 150 credits of acceptable postgraduate study every three years in order to retain supporting membership. No supporting member may hold AAFP national office or appointment and may not vote in national affairs, but may have the privilege of the floor of the Assembly. Privileges of supporting members in constituent chapter affairs may be determined under the Bylaws of individual constituent chapters.

Comment: Proposed Amendment No. 2 would change the continuing medical education (CME) requirements for the active and supporting membership categories such that: (1) there would be no prior CME requirement for applicants who have never held active or supporting membership, (2) there would be no prior CME requirement for applicants who held active or supporting membership two or more years prior to application, and (3) applicants who formerly held active or supporting membership less than two years prior to application would have a requirement of 100 credits of CME accumulated in the two years prior to application.

The Bylaws currently provide that applicants for active membership more than three years after residency completion must provide evidence of having earned, during the three years immediately preceding application, 150 credits of postgraduate study. Those who apply more than one year after residency completion but less than three years since completion must provide evidence of having earned 100 credits of CME during the preceding two years. Those who apply for active membership within one year of residency completion are not required to provide evidence of earned CME credit. Supporting members also have a requirement to report 150 credits of CME earned during the three years immediately preceding application.

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The Commission on Membership and Member Services believes the current requirements are a deterrent to family physicians seeking membership even though it may be in the best interests of family medicine to facilitate the recruitment of new members into an organization that promotes high CME standards.

In 2006, 44 active member applications were not approved for membership because the individuals did not provide evidence of the required CME. Approval of these applications would have resulted in revenue to the AAFP and chapters of nearly \$25,000. Currently there are approximately 31,000 physicians who qualify for active membership but who are not AAFP members. Easing the pre-membership CME requirement may assist in the recruitment of these non-member physicians.

Approval of Proposed Amendment No. 2 would not affect the requirement that active and supporting members report a total of 150 CME credits over a three-year period. This amendment also would not affect the AAFP's relationship with the American Board of Family Medicine, as information shared with the ABFM is based on CME re-election and documentation during the time of a physician's AAFP membership, not prior to membership.

The Bylaws Workgroup considered the risk of some members who might undertake a pattern of joining the AAFP and dropping membership on a regular basis in an effort to avoid CME requirements. Concerns were expressed that Proposed Amendment No. 2 might compromise the integrity of Academy membership and the importance of continuing professional development. The Bylaws Workgroup believes that the risk of abuse would be small and trusts that the recommendation from the commission was thoroughly vetted by commission members. Still, the Bylaws Workgroup encourages the commission to reassess the revised criteria as data become available.

Recommendation of the Bylaws Workgroup: FOR

Respectfully submitted:

Richard Corson (Chair)
Melissa Behringer
Susan Kinast-Porter
Barry Stern
Todd C. Dicus, Staff Executive

Note: I hereby certify that the above amendments were received by the executive vice president of the American Academy of Family Physicians in accordance with the requirements set forth in Chapter XVII of the Bylaws.

Signed: Douglas E. Henley
Executive Vice President

