



Report of the Reference Committee on Education

2009 Congress of Delegates

**REPORT ADOPTED BY THE CONGRESS OF DELEGATES
WITH CHANGES OUTLINED BELOW**

Madame Speaker, the Reference Committee on Education has considered each of the items referred to it and submits the following report. The committee's recommendations on each item will be submitted as a consent calendar and voted on in one vote. An item or items may be extracted for debate. (All page references herein are to the Delegates' Handbook unless otherwise indicated.)

ITEM 1 – PRE-RESIDENCY INTERNATIONAL MEDICAL GRADUATE TRAINING

Resolution No. 601 from the Michigan Chapter entitled, "Pre-Residency International Medical Graduate Training," the resolved portion of which reads as printed below:

RESOLVED, That the American Academy of Family Physicians (AAFP) explore options, in cooperation with other appropriate organizations, for an accreditation or similar process to train international medical graduates who desire to demonstrate readiness for family medicine residency in terms of language skills, U.S. acculturation and up-to-date medical knowledge and practices.

Extensive testimony was heard both for and against this resolution. The author spoke to the importance of International Medical Graduate (IMG) physicians receiving adequate information to help them prepare for residency in the United States, as well as the challenges faced by program directors in evaluating large numbers of IMG applications. The majority of individuals who testified agreed with the spirit of this resolution, especially as IMG physicians are important contributors to the family medicine workforce in this time of health care reform. Testimony suggested caution when considering the development of policy and processes in the absence of data regarding predictors of success among IMG candidates. There was general agreement that the complexity of IMG issues include clinical preparation, acculturation, language skills, licensing and familiarity with the U.S. system of health care. The reference committee agreed with the spirit of this resolution and the issues raised. The committee challenged the appropriateness of the Academy accrediting and training IMGs and whether it is appropriate for the Academy to devote its limited resources to this project.

There is already significant dialogue and activity currently underway among the family medicine organizations to address the issue of IMG applicants. The reference committee noted the existence of resources shared within Association of Family Medicine Residency Directors

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1 (AFMRD), sessions at Program Directors Workshop (PDW), resources available through the
2 Society of Teachers of Family Medicine (STFM), and AAFP resources such as *Strolling Through*
3 *the Match* and others in development. In addition, the Fifth Pathway process was acknowledged
4 as a model for assisting IMGs in preparing for U.S. residencies.
5

6 **RECOMMENDATION:** The reference committee recommends that Resolution No. 601 not be
7 adopted.

8 9 **ITEM 2 – CLINICAL SKILLS ASSESSMENT OF MEDICAL STUDENTS**

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11 **Resolution No. 605 from the Colorado Chapter entitled, “Clinical Skills Assessment of Medical**
12 **Students,” the resolved portions which read as printed below:**

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14 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the
15 removal of the Step 2 Clinical Skills component of the United States Medical Licensing
16 Exam and the COMLEX Level 2-PE Exam as a requirement for all applicants for licensure,
17 and be it further
18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that
20 validation of Step 2 Clinical Skills be assured in a different way, and be it further
21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that
23 medical schools be required to certify that the medical student is competent in the skills
24 currently tested by United States Medical Licensing Exam and the COMLEX Level 2-PE
25 Exam as a requirement for graduation and only require the taking and passing of these
26 exams for those unable to receive certification from their medical school.
27

28 Testimony focused around the expense, the limited testing locations and the questionable value
29 of the Clinical Skills Assessment (CSA). Anecdotes questioned the predictive value of the CSA
30 and its redundancy to other clinical skill assessments performed at medical schools. Everyone
31 agrees that medical schools should assure the clinical competency of their graduates but many
32 medical schools fail to do so. The reference committee agreed that standardized assessment of
33 clinical skills is important for physicians at all levels of training. Testimony suggested that
34 concerns remain with the United States Medical Licensing Examination (USMLE) Step 2 CSA is
35 an additional expense and inconvenience without transparent grading criteria. The reference
36 committee agrees with the AAFP Board recommendation to refer this resolution for further study.
37

38 **RECOMMENDATION:** The reference committee recommends that Resolution No. 605 be
39 referred to the Board of Directors.
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ITEM 3 – CONTINUING MEDICAL EDUCATION (CME) SPONSORSHIP

Resolution No. 607 from the New York Chapter entitled, “Continuing Medical Education (CME) Sponsorship,” the resolved portions which read as printed below:

RESOLVED, That the American Academy of Family Physicians (AAFP) continue their policy to direct their staff to conduct a robust program of continuing education under the guidelines provided by the Accreditation Council for Continuing Medical Education (ACCME), and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) develop new sources of funding for CME that are totally free from commercial influence.

Mixed testimony was heard by the reference committee. Testimony agreed with the spirit of the resolution regarding the importance of assuring the development of unbiased continuing medical education (CME). However, some questioned whether any external funding could pose an opportunity for inappropriate influence. Completely unbiased funding is an elusive goal and the Academy should continue its current efforts at establishing safeguards and mechanisms to assure that CME is needs driven, relevant for clinical practice and is scientifically valid. Concerns were expressed regarding potential unintended consequences and members stated that the Academy’s next steps should be deliberate and careful.

The reference committee agreed with the first resolved clause but felt that the second resolved clause was stated too narrowly for reasonable implementation.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 607, which reads as follows, be adopted in lieu of the second resolved clause of Resolution No. 607:

RESOLVED, That the American Academy of Family Physicians (AAFP) continue to explore the development of sources of funding for CME that are free from commercial influence.

RECOMMENDATION: The reference committee recommends that the first resolved clause of Resolution No. 607 be reaffirmed.

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ITEM 4 – RESIDENT AND STUDENT APPOINTMENTS TO AAFP COMMISSIONS

Resolution No. 609 from the Florida Chapter entitled, “Resident and Student Appointments to AAFP Commissions,” the resolved portion of which reads as printed below:

RESOLVED, That the American Academy of Family Physicians (AAFP) incorporate student and resident appointments for each commission by 2011 (the Commission Class of 2015), with adequate publicity to residents and students before each year’s application cycle.

Testimony was uniformly supportive of this resolution. Students and residents have not been traditionally represented on the Commission on Finance and Insurance, mostly due to the unusual meeting schedule and structure of this commission. Students testified that inclusion on all other commissions affords them the opportunity to engage in leadership development with their student and resident colleagues. The reference committee agreed that leadership development pipeline is an important priority of the Academy.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 609, which reads as follows, be adopted in lieu of Resolution No. 609:

RESOLVED, That the American Academy of Family Physicians (AAFP) assure the inclusion of student and resident representatives to each commission [by 2011](#), with the exception of the Commission on Finance and Insurance, with adequate publicity to students and residents before each year’s application cycle. **ADOPTED AS AMENDED**

ITEM 5 – HOSPITALISTS, AMERICAN BOARD OF FAMILY MEDICINE AND AMERICAN BOARD OF INTERNAL MEDICINE

Resolution No. 610 from the Illinois Chapter entitled, “Hospitalists, American Board of Family Medicine and American Board of Internal Medicine,” the resolved portions which read as printed below:

RESOLVED, That the American Academy of Family Physicians (AAFP) work with the American Board of Family Medicine (ABFM) to ensure that family physicians participate in equal numbers with internists in the pilot program on Recognition of Focused Practice in Hospital Medicine jointly sponsored by ABFM and the American Board of Internal Medicine (ABIM), and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) work with the American Board of Family Medicine (ABFM) to assure that the Recognition of Focused

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1 Practice in Hospital Medicine pilot program is designed to have attributes consistent with
2 our specialty, and be it further
3

4 RESOLVED, That the American Academy of Family Physicians monitor the American
5 Board of Family Medicine's (ABFM) Recognition of Focused Practice in Hospital Medicine
6 pilot program and report back to the AAFP Congress of Delegates annually on the status
7 of the pilot program.
8

9 Brief testimony was supportive of this resolution. Helpful information was shared by both the
10 executive director and the past chair of the American Board of Family Medicine (ABFM). The
11 ABFM shared that this process has been in development for at least the past two years, and that
12 they have been included in the dialogue. The ABFM also clarified that focused recognition is not
13 a form of certification but is a pathway to customize Maintenance of Certification (MOC) for
14 diplomates with restricted practices. The AAFP has been kept apprised of this information by the
15 ABFM. It is anticipated that this process will be initiated in the fall of 2010. The AAFP Board
16 recommended a minor editorial deletion in the first resolved clause, and the reference committee
17 agreed. The reference committee appreciates that the ABFM has been and will continue to be
18 involved in this process, and that the AAFP Congress of Delegates needs to be aware of its
19 evolution.
20

21 **RECOMMENDATION:** The reference committee recommends that Substitute Resolution No.
22 610 , which reads as follows, be adopted in lieu of Resolution No. 610:
23

24 RESOLVED, That the American Academy of Family Physicians (AAFP) work with the
25 American Board of Family Medicine (ABFM) to ensure that family physicians participate in
26 the pilot program on Recognition of Focused Practice in Hospital Medicine jointly
27 sponsored by ABFM and the American Board of Internal Medicine (ABIM), and be it further
28

29 RESOLVED, That the American Academy of Family Physicians (AAFP) work with the
30 American Board of Family Medicine (ABFM) to assure that the Recognition of Focused
31 Practice in Hospital Medicine pilot program is designed to have attributes consistent with
32 Family Medicine, and be it further
33

34 RESOLVED, That the American Academy of Family Physicians monitor the American
35 Board of Family Medicine's (ABFM) Recognition of Focused Practice in Hospital Medicine
36 pilot program and report back to the AAFP Congress of Delegates annually on the status
37 of the pilot program.
38

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MISCELLANEOUS CALENDAR

1
2
3 Madame Speaker, the following items A through H, p. 6, lines 9-32, are presented by the
4 reference committee. All of these items call for action which testimony and discussion resulted in
5 support for the recommendation of the reference committee. At the request of the Congress, any
6 item may be taken off for an individual vote on that item. Otherwise, the reference committee will
7 request approval of all items in a single vote.

- 8
9 (A) Commission on Continuing Professional Development, regarding revised policy on
10 CME Accreditation, Complementary and Alternative Practice Activities, para. 4, pg.
11 502.
12
13 (B) Commission on Education, regarding revised policy on Family Physician, para. 22,
14 pg. 517.
15
16 (C) Commission on Education, regarding revised policy on Family Physician, Definition,
17 para. 23, pg. 517.
18
19 (D) Commission on Education, regarding revised policy on Family Physicians, Role and
20 Production Of, para. 24, pg. 518.
21
22 (E) Commission on Education, regarding revised policy on Visa (J-1) Waiver Fast
23 Track, para. 25, pg. 518.
24
25 (F) Commission on Education, regarding revised policy on Family Medicine
26 Department, para. 26, pg. 519.
27
28 (G) Commission on Education, regarding revised policy on Rural Residency, Definition,
29 para. 28, pg. 520.
30
31 (H) Commission on Education, Supplemental Annual Report, regarding revised policy
32 on Family Physician Workforce Reform, para. 3 and Appendix A, pp. 532A-532J.
33

34 **RECOMMENDATION:** The reference committee recommends adoption of Items A through H
35 above.

REAFFIRMATION CALENDAR

36
37
38 Madame Speaker, the following items A through E, page 7, line 5, through page 8, line 28, are
39 presented by the reference committee on the Reaffirmation Calendar. Testimony in the reference
40 committee hearing and discussion by the reference committee in Executive Session concurred
41 with the reference committee.
42

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1 that the resolutions presented in items A through E are current policy or are already addressed in
2 current projects. At the request of the Congress, any item may be taken off the Reaffirmation
3 Calendar for an individual vote on that item. Otherwise the reference committee will request
4 approval of the Reaffirmation Calendar in a single vote.

5 (A) Resolution No. 602 from the Michigan Chapter entitled, "No-Loan Financial Aid," the
6 resolved portion of which reads as printed below:

7
8 RESOLVED, That the American Academy of Family Physicians (AAFP) work with
9 medical schools and state and federal government to seek no-loan medical school
10 financial aid policies for students who choose primary care specialties.

11
12 (The reference committee pointed to the Commission on Education Supplemental Report,
13 "Family Physician Workforce Reform: Recommendations of the American Academy of
14 Family Physicians" also considered by this committee.)

15
16 (B) Resolution No. 603 from the Michigan Chapter entitled, "Residency Funding," the
17 resolved portion of which reads as printed below:

18
19 RESOLVED, That the American Academy of Family Physicians (AAFP) work with
20 U.S. Congress and Centers for Medicare and Medicaid Services (CMS) to increase
21 both the number of family medicine residency positions and funding for each
22 position as the number of medical school graduates increases.

23
24 (The reference committee pointed to the Commission on Education Supplemental Report,
25 "Family Physician Workforce Reform: Recommendations of the American Academy of
26 Family Physicians" also considered by this committee.)

27
28 (C) Resolution No. 604 from the Texas Chapter entitled, "Resident Duty Hours
29 Oversight," the resolved portion of which reads as printed below:

30
31 RESOLVED, That the American Academy of Family Physicians (AAFP) support the
32 position that the Accreditation Council for Graduate Medical Education (ACGME)
33 retain oversight of residency duty hours.

34
35 **RESOLVED, That the American Academy of Family Physicians (AAFP) only**
36 **support evidence-based additional changes to the Residency Duty Hour rules.**

37
38 **ADOPTED AS AMENDED**

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40 (The reference committee was advised that the AAFP testified to this exact issue at the
41 ACGME Duty Hours Conference in June 2009 in Chicago.)

42
43 (D) Resolution No. 606 from the New York Chapter entitled, "Promote Evidence-Based
44 Contraceptive Practices by the AAFP," the resolved portion of which reads as printed
45 below:

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1
2 RESOLVED, That the American Academy of Family Physicians (AAFP) promote
3 education and evidence-based practices regarding contraception at its Scientific
4 Meetings and CME courses.
5

6 (The reference committee noted that this is a topic that is part of the AAFP CME
7 programming, including 2009 Assembly CME, and other live and enduring CME offerings.)
8

9 (E) Resolution No. 608 from the Oregon Chapter entitled, "Primary Care Workforce,"
10 the resolved portion of which reads as printed below:
11

12 RESOLVED, That the American Academy of Family Physicians (AAFP) support
13 health care reform that includes significant provisions for enhanced educational
14 opportunities and incentives for students to enter primary care disciplines,
15 especially family medicine, and be it further
16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) support
18 health care reform that includes significant provisions for opportunities for students
19 to attain loan repayment in return for service to underserved communities, and be it
20 further
21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) support
23 health care reform that includes significant provisions for increased financial support
24 for primary care residencies, and be it further
25

26 RESOLVED, That the American Academy of Family Physicians (AAFP) support
27 health care reform that includes significant provisions for reform of the current
28 graduate medical education (GME) system to promote and achieve an appropriate
29 balance of primary care to specialty care residencies of at least 50 percent.
30

31 (The reference committee pointed to the Commission on Education Supplemental Report,
32 "Family Physician Workforce Reform: Recommendations of the American Academy of
33 Family Physicians" also considered by this committee.)
34

35 **RECOMMENDATION:** The reference committee recommends that items A through E on the
36 Reaffirmation Calendar be approved as current policy or as already being addressed in current
37 projects.
38

39 **INFORMATIONAL ITEMS**

40 **RECOMMENDATION:** The reference committee recommends that the following informational
41 items be filed for reference.
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43
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- 1 • Board Report K, paras. 12-13, pg. 239, regarding information on Maintenance of
2 Certification (Resolution No. 603 from 2008 CoD).
3
- 4 • Commission on Continuing Professional Development, pp. 501-512, except para. 4, which
5 was dealt with earlier in this report.
6
- 7 • Commission on Education, pp. 513-532, except paras. 22-28, which were dealt with earlier
8 in this report.
9
- 10 • Commission on Education Supplemental Annual Report, pp. 532A-532J, except para. 3
11 and Appendix A, which were dealt with earlier in this report.
12

13
14 Madame Speaker, I wish to thank those who appeared before our reference committee to give
15 testimony and the committee members for their invaluable assistance and to commend the
16 headquarters staff for their help in the preparation of this report.

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18
19 Respectfully submitted
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22 _____
23 Barbara Doty, Chair
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26 _____
27 Ellen Brull
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30 _____
31 Jay Erickson
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34 _____
35 Bruce LeClair
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39 Kern Low
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42 _____
43 Amy Schneider
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