



2024 Consent Calendar for the Reference Committee on Education

National Conference of Constituency Leaders

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.

RECOMMENDATION: The Reference Committee on Education recommends the following consent calendar for adoption:

- Item 1:** Adopt Substitute Resolution No. 2001 "Creating a Foreign IMG Toolkit" in lieu of Resolution No. 2001 and Resolution No. 2006.
- Item 2:** Reaffirm Resolution No. 2002 "International Medical Graduate (IMG) Navigation Toolkit".
- Item 3:** Not Adopt Resolution No. 2003 "UME and GME Practice Management Curriculum".
- Item 4:** Not Adopt Resolution No. 2004 "Enhancing Recognition of LGBTQ Health in Medical Education".
- Item 5:** Adopt Substitute Resolution No. 2005 "Together, We Learn MORE LGBTQ+ Medicine" in lieu of Resolution No. 2005.
- Item 6:** Adopt Resolution No. 2007 "Improving Awareness and Training for Family Medicine Physicians Serving First Responders".
- Item 7:** Adopt Substitute Resolution No. 2008 "Enhancing Leadership Skills Training for Women Physicians" in lieu of Resolution No. 2008.
- Item 8:** Not Adopt Resolution No. 2009 "Support for Assistive Reproductive Care in Graduate Medical Education". Extracted
- Item 9:** Adopt Substitute Resolution No. 2010 "Improving Access to Reproductive Health Training Information" in lieu of No. 2010.
- Item 10:** Adopt Substitute Resolution No. 2011 "AAFP to Advocate to the ABFM to Recognize LGBTQ+ Medicine as a Subspecialty" in lieu of Resolution No. 2011.
- Item 11:** Adopt Resolution No. 2012 "Promote Prevention of Noise-Induced Hearing Loss".



2024 Report of the Reference Committee on Education

National Conference of Constituency Leaders

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. Any item or items may be extracted for debate.

Item No. 1: IMG Toolkit Resolution No. 2001: Creating a Foreign IMG Toolkit

RESOLVED, That the American Academy of Family Physicians (AAFP) create and promote an online toolkit as a part of the AAFP website to describe more detailed information to help navigate applying to the J-1 waiver, including a timeline and major requirements.

Resolution No. 2006: AAFP to Provide Training and Education Resources to IMG Applicants and Family Residency Programs on J1 Sponsorship Application Process

RESOLVED, That the American Academy of Family Physicians provides training and education resources on the all-encompassing application process for J1 sponsorship, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) collaborates with the Association of Family Medicine Residency Directors (AFMRD) and the Association of Family Medicine Administrators (AFMA) to compile all the available resources, links and information on the AAFP website International Medical Graduates (IMG) section regarding the application process and roadmap to J1 sponsorship.

The reference committee heard testimony from an author of the resolution who shared the complicated processes required to establish immigration status in the United States (U.S.) for family medicine residents who are foreign citizens and desire to practice in the U.S. after residency training. Navigating these processes requires foreign citizen residents to start their job search process earlier than U.S. citizen residents and to complete extensive application requirements, navigating both federal and state programs and requirements. Failure to complete these steps on time may result in a resident leaving the U.S. to go back to their country of citizenship or pursuing fellowship training just to stay in the U.S. as a medical trainee, instead of starting to serve communities as family physicians. The reference committee heard similar testimony on Resolution 2006, including residency program faculty and staff also lacking understanding of these requirements, limiting their abilities to support residents as they become aware of and navigate these processes. The reference committee acknowledged the similarities between these two resolutions and suggested substitute language to unify the requests to the AAFP. The reference committee had concerns about the level of effort required to consolidate resources for residency program faculty and staff from other organizations, and instead recommended that the AAFP not take additional action on that request.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2001, which reads as follows, be adopted in lieu of Resolution No. 2001 and Resolution No. 2006:

RESOLVED, That the American Academy of Family Physicians (AAFP) create or enhance resources for foreign citizen family medicine residents transitioning to practice in order to help them understand and prepare for requirements related to immigration status, including attention to J-1 and H1B visa timelines and requirements.

Item No. 2: Resolution No. 2002: International Medical Graduate (IMG) Navigation Toolkit

RESOLVED, That the American Academy of Family Physicians create a toolkit with guidelines for how IMG physicians become family medicine residents in the United States.

The reference committee heard testimony in support of the resolution from authors and the international medical graduate constituency. Authors shared their experiences trying to find resources on the entire process of becoming a physician in the United States (U.S.) as a foreign citizen and felt that no organization pulls this information together in a helpful way. The reference committee reviewed AAFP resources including the section of the AAFP website entitled "Residency Application Requirements for International Medical Graduates." This section includes guidance and links to organizations that regulate the requirements, including the Educational Commission for Foreign Medical Graduates, the World Directory of Medical Schools, the Federation of State Medical Boards, and the Electronic Residency Application Service. The reference committee determined that these existing resources address the request of the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 2002 be reaffirmed.

Item No. 3: Resolution No. 2003: UME and GME Practice Management Curriculum

RESOLVED, That the American Academy of Family Physicians develop an Undergraduate Medical Education and Graduate Medical Education formal practice management curriculum/toolkit that will allow new physicians to better understand the business aspect of medicine, and be it further

RESOLVED, That the American Academy of Family Physicians provide this resource free of charge.

The reference committee heard testimony from authors who spoke in support of the resolution. Testimony stressed the value of understanding the business of medicine for family physicians to better prepare them to have control in their careers, advocate for their patients, and become leaders in health care. The reference committee discussed that the AAFP does not currently create curriculum for undergraduate or graduate medical education but does publish and maintain Family Medicine Residency Curriculum Guidelines, including a specific guideline on Health Systems Management. The Society of Teachers of Family Medicine and the Association of Family Medicine Residency Directors publish curriculum and already have model curriculum, tools, and resources on practice management and the business of medicine. The new AAFP Family Medicine Champions program includes a module specifically on the business of medicine. The AAFP has extensive resources on practice management available to all members, including medical students, residents, and family medicine faculty. The AAFP is also specifically targeting resources on practice management to residents and residency programs through a program on value-based care that is currently under development.

RECOMMENDATION: The reference committee recommends that Resolution No. 2003 not be adopted.

Item No. 4: Resolution No. 2004: Enhancing Recognition of LGBTQ Health in Medical Education

RESOLVED, That the American Academy of Family Physicians advocate for the specific inclusion of care for gender-diverse individuals in the core competency language during future revisions of the common program requirements and report back to National Conference of Constituency Leaders on these efforts, and be it further

RESOLVED, That the American Academy of Family Physician amend the language of the policy on "Family Medicine's Role in Undergraduate Education" to specifically include the care of gender-diverse individuals including the provision of gender-affirming care.

The reference committee heard testimony from one of the co-authors who shared the intent of the resolution was to enhance medical student and resident education in gender-affirming care and care of gender-diverse individuals. The Accreditation Council on Graduate Medical Education accreditation requirements for family

medicine residencies recently went through a major revision that went into effect July 1, 2023. These new requirements include that residents “must demonstrate competence in respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation.” The new requirements also eliminate the use of gender binary language. These accreditation guidelines are developed and maintained at a very high level and do not include any guidelines to the level of detail of gender-affirming care. The AAFP works closely with the ACGME to bring recommendations on behalf of AAFP members when the Review Committee for Family Medicine is in a cycle to update program requirements, reflecting AAFP policy and priorities, including the importance of training in gender-affirming care. The reference committee determined there is no additional action for the AAFP to take at this moment to influence the program requirements. The reference committee noted that the AAFP policy entitled “Family Medicine's Role in Undergraduate Medical Education” is intended to capture evidence-based recommendations for family medicine faculty and departments ensure medical students are exposed to family medicine, increase student choice of family medicine, and grow a diverse workforce. The policy is not intended to capture all recommended curricular components of family medicine training during medical school. The reference committee noted that the policy underwent regular review by the AAFP Commission on Education in 2023, and that requesting addition of gender-affirming care is at a level of detail that opens the door to the inclusion of an extensive list at a level of detail that does not serve the purpose of the policy.

RECOMMENDATION: The reference committee recommends that Resolution No. 2004 not be adopted.

Item No. 5: Resolution No. 2005: Together, We Learn MORE LGBTQ+ Medicine

RESOLVED, That the American Academy of Family Physicians offer an annual live CME event dedicated to Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) medicine.

The reference committee heard testimony from several delegates speaking in favor of the resolution. Testimony given stressed the value of in-person CME offerings as a means to network with peers and share resources, compare clinical approaches and curriculums, among other benefits. The reference committee learned there was no LGBTQ+ member interest group and discussed the value that forming one may have to establish these relationships. The reference committee considered the spirit of the resolution and decided that the American Academy of Family Physicians may be able to best serve the intent through a wider option of live CME offerings the AAFP may be able to execute.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2005 which reads as follows be adopted in lieu of Resolution No. 2005:

RESOLVED, That the American Academy of Family Physicians explore creation of CME dedicated to LGBTQ+ medicine in a format that includes interactive learning and networking among family physicians.

Item No. 6: Resolution No. 2007: Improving Awareness and Training for Family Medicine Physicians Serving First Responders

RESOLVED, That the American Academy of Family Physicians work to create evidence-based continuing medical education (CME), including but not limited to a toolkit and resources, for family medicine physicians to promote health and prevent disease in the first responder population.

The reference committee heard extensive testimony in support of this resolution, including personal stories about patients these individuals have treated. Several testified about the lack of awareness about the difference in screening recommendations for first responders and the increased prevalence of cancer, PTSD, depression, and suicide. There was concern that family physicians may be unaware of distinct screening guidelines for this population. The reference committee recognized the distinct health needs of this population and the gap in education.

RECOMMENDATION: The reference committee recommends that Resolution No. 2007 be adopted.

Item No. 7: Resolution No. 2008: Enhancing Leadership Skills Training for Women Physicians

RESOLVED, That the American Academy of Family Physicians (AAFP) will develop an executive leadership for women educational track at Family Medicine Experience (FMX), to include workshops and mentorship sessions specifically tailored to women physicians, providing guidance, support and opportunities for professional growth and advancement, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) will establish a year-long longitudinal program in executive leadership for women similar to the model used by the Association of Family Medicine Residency Directors National Institute for Program Directors Development to address the unique challenges and barriers faced by women physicians in pursuing leadership positions, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) will direct the Robert Graham Center to examine current research assessing the effectiveness of leadership skills training programs for women physicians, their impact on career advancement and retention, and identifying best practices for promoting gender equity in healthcare leadership with a report back to the 2025 Congress of Delegates.

The reference committee heard extensive testimony in support of this resolution. One co-author noted that there was a significant lack of women in leadership positions at medical organizations, while conversely a significant part of the workforce is female. Another co-author emphasized that they recognized the great work the AAFP has already done to promote leadership opportunities for members and those underrepresented in medicine specifically, but there were no clear programs to help women physicians move from director to executive roles. One New Physician delegate and co-author noted the importance of mentorship, given that forging one's own pathway is daunting. The reference committee felt that the inclusion of a track on executive women leaders at FMX is a good solution and suggests substitute language to provide the AAFP latitude in designing the specifics of the track. The reference committee was enthusiastic about the executive women leaders longitudinal program and thought that asking the AAFP to explore it allowed the AAFP to have flexibility in investigating and designing the program. Regarding the third resolved clause, the Robert Graham Center for Policy Studies in Primary Care is an AAFP subsidiary with editorial independence, and its scope is focused on policy studies, not AAFP program evaluation. The reference committee determined the third resolved clause could not be implemented as written and reflected a significant amount of effort by the organization, while hearing no testimony on that topic specifically.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2008 which reads as follows be adopted in lieu of Resolution No. 2008:

RESOLVED, That the American Academy of Family Physicians (AAFP) will develop an executive leadership for women educational track at Family Medicine Experience (FMX) to provide guidance, support and opportunities for professional growth and advancement, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) investigate creation of a year-long longitudinal program in executive leadership for women similar to the model used by the Association of Family Medicine Residency Directors National Institute for Program Directors Development to address the unique challenges and barriers faced by women physicians in pursuing leadership positions.

Item No. 8: Resolution No. 2009: Support for Assistive Reproductive Care in Graduate Medical Education

RESOLVED, That the American Academy of Family Physicians ~~encourage the American Board of Family Medicine create policy~~ to provide specific guidance in conjunction with the ACGME for time

away from programs for assisted reproductive care for residents and their partners that does not require the use of sick leave or personal leave, ~~and be it further~~

~~RESOLVED, That the American Academy of Family Physicians provide educational content at the Residency Leadership Symposium for Family Medicine Residency Program Directors to increase awareness of treatment timeline and consideration of accommodation for residents undergoing assisted reproductive care.~~

The reference committee heard testimony in support of the resolution. Authors of the resolution shared that their inspiration came from a United States Department of Defense policy that supports leave from work for assisted reproductive care that does not require an employee to use sick or personal leave time. The reference committee agreed with the spirit of the resolution and the importance of supporting residents to prioritize their personal health goals and needs during residency training. The long educational and training timeline to become a physician can cause residents to delay starting their families, and many residents and physicians also experience infertility. The reference committee noted that the AAFP has policy on parental leave during residency training, but does not have policy on supporting medical trainees, including medical students, in accessing assisted reproductive care during medical school and residency, and felt that policy development would be an appropriate first step to advance this issue. The reference committee also noted that the American Board of Family Medicine (ABFM) does not set guidelines for time away from residency but does require that Accreditation Council on Graduate Medical Education (ACGME) requirements must be met for eligibility for board certification. The AAFP Residency Leadership Summit allows residency program faculty and staff to have access to both ACGME and ABFM leadership and consistently addresses issues and guidance related to time away from residency.

RECOMMENDATION: The reference committee recommends that Resolution No. 2009 not be adopted.
Extracted – Divide the Question – Resolved 1 Adopted as Amended; Resolved 2 Not Adopted.

Item No. 9: Resolution No. 2010: Improving Access to Reproductive Health Training Information

RESOLVED, That the American Academy of Family Physicians develop a database of both in-person and virtual abortion training opportunities for residents seeking abortion training, and be it further

RESOLVED, That the Academy of Family Physicians explore grant funding options for residents needing to fund their own travel for abortion care electives.

The reference committee heard testimony in support of the resolution from authors, multiple constituencies, and individual delegates. The testimony reflected concerns about limitations in abortion training opportunities for residents exacerbated by increasingly restrictive state laws on abortion care. Some resources currently exist to help residents find training options, including an online listing of RHEDI affiliated family medicine residency programs, which are programs supportive of full-spectrum training in sexual and reproductive health care including contraception, abortion, and all stages of pregnancy care. The reference committee had concerns about the resource intensive work of creating and maintaining a database of live and virtual training opportunities for residents contained in the first resolved clause. The reference committee was also concerned about unintended consequences to practices and programs that might be listed in such a database, including individuals who may target programs and physicians to advocate against their care or threaten violence. The reference committee discussed the AAFP's ongoing efforts to support students interested in family medicine and abortion care and to provide guidance and opportunities to connect with programs that can provide training and opportunities, including Strolling Through the Match, the AAFP National Conference of Family Medicine Residents and Medical Students, and the AAFP Family Medicine Residency Directory. The AAFP and the Robert Graham Center for Policy Studies in Primary Care are studying and paying attention to the impact of legislation on family medicine training and the workforce and seeking opportunities to support students, residents, and family physicians both for training and privileging for the care their patients and communities need. The reference committee heard testimony from resolution authors to clarify their intent in the second resolved for the AAFP to explore external funding opportunities for residents to travel for training in abortion

care. The reference committee determined that there is not a current specific effort and recommends that the AAFP explore these opportunities.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2010 which reads as follows be adopted in lieu of Resolution No. 2010:

RESOLVED, That the Academy of Family Physicians explore external grant funding options for residents needing to fund their own travel for abortion care electives.

Item No. 10: Resolution No. 2011: AAFP to Advocate to the ABFM to Recognize LGBTQ+ Medicine as a Subspecialty

RESOLVED, That the American Academy of Family Physicians will advocate to the American Board of Family Medicine to recognize LGBTQ+ Medicine as a new subspecialty field that offers a Certificate of Added Qualification.

The reference committee heard testimony in support of this resolution. A co-author testified that family medicine deserved to be the specialty to spearhead the initiative. Others spoke of the lack of training opportunities and a gap in the number of physicians who can care for this patient population. The reference committee discussed the importance of recognizing the care of this population and agreed with the spirit of the resolution. The reference committee heard information regarding the American Board of Family Medicine (ABFM) process for the creation of a certificate of added qualification (CAQ). The reference committee considered the possibility that there may be unintended consequences, such as family physicians without a CAQ being prohibited from caring for this community, or the potential of stigma for those who do. The reference committee identified the potential to create formalized pathways that were not a CAQ and decided that investigation would be the optimal first step.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2011 which reads as follows be adopted in lieu of Resolution No. 2011:

Resolved, That the American Academy of Family Physicians (AAFP) investigate a pathway toward formalized education and credentialing in LGBTQ+ care for family physicians, including the option for a certificate of added qualification sponsored by the American Board of Family Medicine.

Item No. 11: Resolution No. 2012: Promote Prevention of Noise-Induced Hearing Loss

RESOLVED, That the American Academy of Family Physicians (AAFP) create continuing education on the impact and importance of preventing hearing loss.

The reference committee heard testimony solely in favor of the resolution. Several individuals shared personal stories regarding their own hearing loss or the hearing loss of patients, noting the significant impacts to many aspects of a patient's health and well-being. Others noted the resources available for hearing loss prevention caused by occupational hazards, but not for hearing loss prevention and treatment with recreational or other causes. One physician noted the paucity of education in screening for patients outside of newborn, childhood, or elderly populations. The reference committee recognized the strong impact of the testimony regarding the effects of hearing loss and the lack of education on screening, and the likely interest of family physicians in education and resources to address these issues in their patients.

RECOMMENDATION: The reference committee recommends that Resolution No. 2012 be adopted.

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

Respectfully Submitted,

Cynthia Chen-Joea, DO – CHAIR

Lindsay Liles, MD – Women
David Tran, MD – New Physician
Richard Uribe, MD – Minority
Kento Sonoda, MD – IMG
Vickie Fowler, MD – LGBTQ+
Kate Schreck, MD (Observer)