



AAFP

2022 Consent Calendar for the Reference Committee on Organization & Finance

National Conference of Constituency Leaders

1 **The Reference Committee on Organization & Finance has considered each of the items**
2 **referred to it and submits the following report. The committee’s recommendations on each**
3 **item will be submitted as a consent calendar and voted on in one vote. An item or items**
4 **may be extracted for debate.**

5
6 **RECOMMENDATION: The Reference Committee on Organization & Finance recommends**
7 **the following consent calendar for adoption:**

8
9 **Item 1:** Adopt Substitute Resolution No. 4001: “Developing Anti-racism Physician Training for all
10 American Academy of Family Physician Members - A call for Racial Affinity Groups” in lieu of
11 Resolution No. 4001.

12
13 **Item 2:** Adopt Substitute Resolution No. 4002: “Reduce the Threat of Scope Creep by Non-
14 Physicians on Family Medicine Physicians” in lieu of Resolution 4002.

15
16 **Item 3:** Adopt Substitute Resolution No. 4003: “Pay Parity for Women” in lieu of Resolution 4003.

17
18 **Item 4:** Adopt Substitute Resolution No. 4004: “Constituency For Physicians With Disabilities” in
19 lieu of Resolution 4004.

20
21 **Item 5:** Adopt Substitute Resolution No. 4005: “Global Health as a Continued Priority for AAFP” in
22 lieu of Resolution 4005.

23
24 **Item 6:** Adopt Substitute Resolution No. 4006: “NCCL Black Male Longitudinal Mentorship
25 Program” in lieu of Resolution 4006.



2022 Report of the Reference Committee on Organization & Finance

National Conference of Constituency Leaders

1 The Reference Committee on Organization & Finance has considered each of the items
2 referred to it and submits the following report. The committee's recommendations on each
3 item will be submitted as a consent calendar and voted on in one vote. Any item or items
4 may be extracted for debate.

5
6 **ITEM NO. 1: RESOLUTION NO. 4001: DEVELOPING ANTI-RACISM PHYSICIAN TRAINING**
7 **FOR ALL AMERICAN ACADEMY OF FAMILY PHYSICIAN MEMBERS - A CALL FOR RACIAL**
8 **AFFINITY GROUPS**

9
10 RESOLVED, That the American Academy of Family Physicians (AAFP) develop and
11 implement a longitudinal anti-racism training for chapter staff and chapter delegates by
12 utilizing existing curriculum developed by AAFP Health Equity Fellowship with the goal of
13 empowering chapter staff/delegates to teach their state physicians on how to implement
14 this at a local level (train the trainer model), and be it further

15
16 RESOLVED, That the American Academy of Family Physicians (AAFP) expand its existing
17 anti-racism curricula by incorporating the findings from the Robert Graham Center's
18 ongoing evaluation of the Society of Teacher of Family Medicine's (STFM) Anti-racism
19 Learning Collaborative to develop and implement longitudinal trainings in asynchronous,
20 interactive formats (i.e., webinar, on-demand, in-person, etc.) for continuing medical
21 education (CME) at conferences including Family Medicine Experience (FMX), Annual
22 Constituency Leader Forum (ACLF)/ National Conference of Constituency Leaders (NCCL)
23 to be available for the AAFP membership at-large, and be it further

24
25 RESOLVED, That the American Academy of Family Physicians develop and provide
26 shared resources as well as training to facilitate racial affinity groups in conjunction with
27 anti-racism training, and be it further

28
29 RESOLVED, That the American Academy of Family Physicians (AAFP) offer protected time
30 and spaces at any AAFP-sponsored event to host racial affinity groups to build upon anti-
31 racism training while providing a space to reflect, recharge, and heal.

32
33 The reference committee heard testimony in support of the resolution. Members acknowledged
34 there are resources for diversity, equity, and inclusion as well as anti-racism for medical students
35 and residents. Members voiced there are gaps for anti-racism resources for faculty and practicing
36 physicians. A member shared concerns about the quality of some of the anti-racism curriculum that
37 are available and the need for it to be evidence-based. Members expressed the value and need of
38 educating others, such as chapter staff and delegates, about anti-racism. Some members shared

1 the success they have experienced when this curriculum has been implemented in their programs.
2 Members also desire a safe space for discussing anti-racism issues and their personal
3 experiences. The reference committee supported efforts to provide evidence-based anti-racism
4 education and resources that can be utilized by members, including resources that allow them to
5 train others on anti-racism. The reference committee supported making the education and
6 resources available to chapters on a voluntary basis because the AAFP cannot require chapters to
7 implement these resources. The reference committee understands the Society of Teacher of
8 Family Medicine has developed anti-racism education but is an independent organization that is
9 not obligated to share its resources and has confidence the AAFP will develop evidence-based
10 education in collaboration with organizations as appropriate. The reference committee also
11 supported providing protected time and space for racial affinity groups as these are slightly
12 different from the AAFP's member interest groups and member constituencies.

13
14 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
15 **4001 which reads as follows be adopted in lieu of Resolution No. 4001:**

16
17 **RESOLVED, That the American Academy of Family Physicians develop and provide**
18 **an evidence-based longitudinal anti-racism education that is eligible for continuing**
19 **medical education credit and a corresponding facilitator guide, and be it further**

20
21 **RESOLVED, That the American Academy of Family Physicians develop and provide**
22 **shared resources as well as training to facilitate racial affinity groups in conjunction**
23 **with anti-racism training, and be it further**

24
25 **RESOLVED, That the American Academy of Family Physicians offer protected time**
26 **and spaces at any AAFP-sponsored event to host racial affinity groups to build upon**
27 **anti-racism training while providing a space to reflect, recharge, and heal.**

28
29 **ITEM NO. 2: RESOLUTION NO. 4002: REDUCE THE THREAT OF SCOPE CREEP BY NON-**
30 **PHYSICIANS ON FAMILY MEDICINE PHYSICIANS**

31
32 RESOLVED, That the American Academy of Family Physicians develop an advertising
33 campaign highlighting that family medicine physicians provide a higher evidence-based
34 standard of care than non-physician providers.

35
36 The reference committee heard testimony both for and against the resolution. In general, the
37 theme of the supporting testimony was that, especially given the emphasis on volume in many
38 practices, the specialty of family medicine is vulnerable to being "diluted" unless active efforts are
39 made to combat expansion of scope of practice by non-physician providers. Supporting testimony
40 focused on the lack of public awareness of the qualitative differences between family physicians
41 and non-physicians and, specifically, that physicians possess far greater specialized training and
42 experience. Other supporting testimony described active, public-facing efforts by some
43 nonphysician specialties to advocate that they can do everything a physician does at a lower cost.
44 The reference committee also heard testimony in opposition, but those members generally
45 described their opposition as "reluctant." Opponents voiced concern that the language of the
46 resolution comparing non-physician providers unfavorably to physicians could be divisive and have
47 the unintended consequence of damaging a team atmosphere. One member noted that such
48 division may prove especially detrimental in underserved rural settings where non-physician
49 providers help alleviate issues with access to care. While the reference committee acknowledged
50 the AAFP currently engages in public-facing campaigns highlighting the comprehensive care family
51 physicians provide, the committee agreed more needs to be done to address the expansion of
52 scope of practice by non-physician providers. However, the committee recommended adopting

1 substitute language because the resolution as written may have negative unintended
2 consequences.

3
4 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.
5 4002 which reads as follows be adopted in lieu of Resolution No. 4002:**

6
7 **RESOLVED, That the American Academy of Family Physicians develop public-facing
8 advertising and public relations campaigns that highlight the comprehensive training
9 of family physicians as well as the complexity and high quality of the evidence-based
10 care they provide.**

11
12 **ITEM NO. 3: RESOLUTION NO. 4003: PAY PARITY FOR WOMEN**

13
14 RESOLVED, That the American Academy of Family Physicians advocate for Commission
15 on Membership and Member Services to be transparent in sharing the salary and
16 compensation information by physician gender, years of experience, geography, hours of
17 work, and scope of work that participants in Medicare and Medicaid are mandated to
18 provide, and be it further

19
20 RESOLVED, That this data be available to physicians across the country.

21
22 The testimony presented to the reference committee was in favor of adopting the resolution. There
23 was support for pay parity for women and members believe transparency in physician payment
24 data helps create a more equitable system. One of the co-authors clarified there was an error in
25 the resolution and that the intent was for the AAFP to advocate for the Centers for Medicare and
26 Medicaid Services (CMS) to provide salary data, not the Commission on Membership and Member
27 Services. One member suggested the AAFP should be a leader in advocating for pay parity and
28 the resolution should also be amended to include the AAFP providing educational resources for
29 salary negotiations. One member did not believe providing more negotiation resources addresses
30 the systemic issue with pay parity. The reference committee was in favor of addressing systemic
31 issues affecting pay parity for women and believes transparent salary data provided by CMS
32 supports those efforts.

33
34 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.
35 4003 which reads as follows be adopted in lieu of Resolution No. 4003:**

36
37 **RESOLVED, That the American Academy of Family Physicians advocate that the
38 Centers for Medicare and Medicaid Services make freely and publicly available the
39 salary and compensation information by physician gender, years of experience,
40 geography, hours of work, and scope of work that participants in Medicare and
41 Medicaid are mandated to provide.**

42
43 **ITEM NO. 4: RESOLUTION NO. 4004: CONSTITUENCY FOR PHYSICIANS WITH
44 DISABILITIES**

45
46 RESOLVED, That the American Academy of Family Physicians investigate the need for a
47 constituency to represent physicians with disabilities.

48
49 The testimony was unanimously in support of the resolution. Members offered their own
50 experiences as testimony and observed that this conference is beneficial in learning about other
51 member constituencies and their needs, which affect the whole family medicine community. The
52 self-reported data of physicians with disabilities reflects a low percentage, and most likely is

1 underreported. One member explained the smaller percentage points to the large number of
2 barriers for people with disabilities to become physicians and the stigma associated with having a
3 disability as a physician. The reference committee discussed the purpose of constituencies, which
4 is not just to be comprised of physicians who embody the constituency name, but also of those
5 who are interested in the issues affecting those specific constituencies and recommended a
6 substitute resolution to clarify the type and scope of the constituency.

7
8 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
9 **4004 which reads as follows be adopted in lieu of Resolution No. 4004:**

10
11 **RESOLVED, That the American Academy of Family Physicians investigate the need**
12 **for a member constituency to represent those with disabilities.**

13
14 **ITEM NO. 5: RESOLUTION NO. 4005: GLOBAL HEALTH AS A CONTINUED PRIORITY FOR**
15 **AAFP**

16
17 RESOLVED, That the American Academy of Family Physicians reinstate the annual Global
18 Health Summit with Center for Global Health Initiatives oversight and planning beginning in
19 2023, and be it further

20
21 RESOLVED, That the Global Health Summit be a dedicated summit lasting at least one day
22 and not in direct competition with other AAFP educational opportunities and be focused on
23 the educational and networking global health needs for member constituencies.

24
25 The testimony was unanimously in support of the resolution. Members expressed great
26 disappointment that the Global Health Summit (GHS) will be decreased from two days of
27 programming to merely four hours of programming at FMX and were afraid that the marked
28 decrease would result in superficial, insufficient content; moreover, rather than giving global health
29 larger exposure at FMX, the members felt the opposite – that global health would be obscured by
30 the large FMX event. One member related that the educational component at past summits has
31 been vital to their development, and another member felt that the GHS offers medical students and
32 residents additional options for their careers. The reference committee believed that based on the
33 overwhelming testimony, the former structure of the GHS would better fit the members' needs and
34 adopted a co-author's proposed modification to the resolution to increase the number of days of
35 the GHS.

36
37 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
38 **4005 be adopted in lieu of Resolution No. 4005:**

39
40 **RESOLVED, That the American Academy of Family Physicians (AAFP) reinstate the**
41 **annual Global Health Summit with Center for Global Health Initiatives oversight and**
42 **planning beginning in 2023, and be it further**

43
44 **RESOLVED, That the Global Health Summit be a dedicated summit lasting at least**
45 **two days and not in direct competition with other AAFP educational opportunities**
46 **and focus on the educational and networking global health needs for member**
47 **constituencies.**

48
49 **ITEM NO. 6: RESOLUTION NO. 4006: NCCL BLACK MALE LONGITUDINAL MENTORSHIP**
50 **PROGRAM**

1
2 RESOLVED, That the American Academy of Family Physicians during the Annual Chapter
3 Leader Forum and National Conference of Constituency Leaders work with the Kansas City
4 Boys and Girls Club, Scouts BSA Health Explorer Program, YMCA, churches, and other
5 civic organizations and host a preconference longitudinal mentoring program prioritizing
6 grade school Black male students, and be it further
7

8 RESOLVED, That the American Academy of Family Physicians identify and partner with
9 organizations such as The National Medical Association or Black Men in White Coats that
10 have existing programming for underrepresented minorities pipeline programs to create the
11 onsite program, and be it further
12

13 RESOLVED, That the American Academy of Family Physicians through its Robert Graham
14 Center pursue ongoing evaluation of the program and its participants to determine the
15 success of the mentorship program, and be it further
16

17 RESOLVED, That the American Academy of Family Physicians, pursuant to the success of
18 the program, expand the initiative to include all grade school boys and girls expressing an
19 interest in the field of medicine.
20

21 The reference committee heard testimony unanimously in favor of the resolution. Members
22 described their personal experiences with racism, from daily micro-aggressions to more overt acts
23 of racial animus. Some members testified about how empowering and influential an experience it
24 was to see someone who looked like they do achieve success in medicine. Other members
25 commented that they wished that, as young children, they had the sort of positive role models this
26 pathway program envisions. The reference committee acknowledged this resolution contemplated
27 a program that would require a substantial commitment of time and resources. However, the
28 reference committee believed pursuing this program would serve the dual and important goals of
29 addressing underrepresentation, especially Black males, in medicine, and expanding the family
30 medicine pathway for years to come. The reference committee recommended a substitute
31 resolution to provide clarity to the actions intended without restricting the AAFP's options to
32 implement those actions.
33

34 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
35 **4006 which reads as follows be adopted in lieu of Resolution No. 4006:**
36

37 **RESOLVED, That the American Academy of Family Physicians (AAFP) identify and**
38 **collaborate with organizations such as (but not limited to) the National Medical**
39 **Association or Black Men in White Coats to help develop a longitudinal mentorship**
40 **program with the goal of creating a pathway program to increase the number of**
41 **Black men in family medicine, with such program to include, among other things,**
42 **that the AAFP host participants in the mentorship program at a preconference at the**
43 **Annual Leadership Conference, and that the AAFP evaluate the success of the**
44 **mentorship program, and be it further**
45

46 **RESOLVED, That the American Academy of Family Physicians (AAFP), pursuant to**
47 **the success of the longitudinal mentorship program for grade school Black male**
48 **students, expand such program to include other underrepresented minorities.**
49

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

1 Respectfully Submitted,
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Anita Ravi, MD, MPH, FAAFP – CHAIR
7
8 Matthew Adkins, DO – LGBTQ+
9 Jessica Garcia, MD – Minority
10 Andrew Lutzkanin, MD, FAAFP – New Physician
11 Yoojin Park, MD - IMG
12 Jane Simpson, DO – Women