



# 2022 Consent Calendar for the Reference Committee on Education

National Conference of Constituency Leaders

1 **The Reference Committee on Education 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 Education recommends the following**  
7 **consent calendar for adoption:**  
8

9 **Item 1:** Not Adopt Resolution No. 2001: “Improve Clerkship Access for Minority & International  
10 Medical Graduates (IMG) Students into Family Medicine”.

11  
12 **Item 2:** Adopt Substitute Resolution No. 2002: “Redefining Diversity in Family Medicine: A Far-  
13 Reaching Youth Pipeline” in lieu of Resolution No. 2002.

14  
15 **Item 3:** Not Adopt Resolution No. 2003: “Supporting the Scope of Practice Of Rural Family  
16 Physicians”.

17  
18 **Item 4:** Adopt Substitute Resolution No. 2004: “Education about Self-Sourced Medication Abortion”  
19 in lieu of Resolution No. 2004.

20  
21 **Item 5:** Adopt Resolution No. 2005: “Inclusion of Intersectional Education Regarding LGBTQIA+  
22 Patients for Medical Students, Residents, and Physicians”.

23  
24 **Item 6:** Reaffirmed Resolution No. 2006: “Value Based Care Education and Contract Negotiation  
25 for Physicians and Residents”.

26  
27 **Item 7:** Not Adopt Resolution No. 2007: “Improving Family Medicine Work Force Using ECFMG-  
28 Certified IMGs in Medically Underserved Areas/Population”.

29  
30 **Item 8:** Adopt Substitution Resolution No. 2008: “Assist Unmatched Medical Graduates Interested  
31 in Family Medicine with Employment and Experience in Primary Care” in lieu of Resolution No.  
32 2008.

33  
34 **Item 9:** Adopt Resolution No. 2009: “Enhancing Sever Mental Health Continuing Medical  
35 Education”.



# 2022 Report of the Reference Committee on Education

National Conference of Constituency Leaders

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

5  
6 **ITEM NO. 1: RESOLUTION NO. 2001: IMPROVE CLERKSHIP ACCESS FOR MINORITY &**  
7 **INTERNATIONAL MEDICAL GRADUATES (IMG) STUDENTS INTO FAMILY MEDICINE**  
8

9 RESOLVED, That the American Academy of Family Physicians strongly advocate that the  
10 Visiting Student Application Service (VSAS) system be made available for students from  
11 foreign medical schools to schedule clerkships/rotations, and be it further  
12

13 RESOLVED, That, should such advocacy fail, the American Academy of Family Physicians  
14 develop a standardized online platform for all family medicine residency programs list open  
15 clerkship slots for students to apply to rotate at and, as such, increase opportunities for  
16 minority and international medical graduate (IMG) students to obtain access to family  
17 medicine experiences that lead to a higher likelihood of a successful residency match.  
18

19 The reference committee heard testimony in support of the resolution. Those testifying agreed  
20 that having a clerkship in the United States (U.S.) increased the likelihood that an international  
21 graduate would match with a family medicine residency. A clerkship in the U.S. could be  
22 especially difficult for international students and required students to seek out opportunities on  
23 their own. The reference committee noted that the American Academy of Family Physicians  
24 (AAFP) already has a clerkship directory available to all. The Association of American Medical  
25 Colleges has changed its Visiting Student Application Service, merging it with the Visiting Student  
26 Learning Opportunities (VSLO) Program which is available to international students enrolled at  
27 VSLO participating institutions. The reference committee noted it would take significant resources  
28 to develop and maintain a family medicine specific application system, and the AAFP would likely  
29 incur difficulties because of the various systems and processes used to offer clerkship and away  
30 rotation opportunities across hundreds of institutions.  
31

32 **RECOMMENDATION: The reference committee recommends that Resolution No. 2001 not**  
33 **be adopted.**  
34

35 **ITEM NO. 2: RESOLUTION NO. 2002: REDEFINING DIVERSITY IN FAMILY MEDICINE: A**  
36 **FAR-REACHING YOUTH PIPELINE**  
37

38 RESOLVED, That the American Academy of Family Physicians will create a task force of  
39 members to research national pipeline programs and resources already in place and create  
40 a directory of current programs, and be it further  
41

42 RESOLVED, That the American Academy of Family Physicians Center for Diversity and  
43 Health Equity will create a best practices toolkit for implementing longitudinal, retention-  
44 focused pipeline programs along the educational continuum, including school-aged  
45 children, high school students, pre-medical students, and medical students, and be it further  
46

47 RESOLVED, That the American Academy of Family Physicians will propose that the AAFP  
48 Foundation create a funded pipeline program with support from member chapters,  
49 specifically supporting underrepresented minority students (including demographics that  
50 are underrepresented in medicine - e.g. racial/ethnic minorities, rural, low socioeconomic  
51 status, LGBTQ+), and be it further  
52

53 RESOLVED, That the American Academy of Family Physicians will facilitate the  
54 development of family medicine-centered summer and year-round programs, and  
55 cascading mentorship programs focused on the enrichment of youth, especially those in  
56 underrepresented demographics.  
57

58 The reference committee heard supportive testimony citing the need for a larger and more  
59 diverse family physician workforce to care for all communities and populations. Testimony  
60 included experiences and stories from members from underrepresented communities reflecting  
61 the importance of role models and mentors to help youth become aware of and aspire to family  
62 medicine careers. The reference committee's research identified efforts underway that relate to  
63 the requests in the resolution. The 2021 AAFP Congress of Delegates adopted substitute  
64 resolution No 601 entitled "Pipeline Program" that asks the AAFP to explore existing pipeline  
65 programs, including current AAFP programs, that aim to recruit students from populations  
66 historically underrepresented in medicine to establish policy to guide support of these programs.  
67 That resolution has been referred to the AAFP Commission on Education and will be discussed in  
68 June 2022 with a report back to the 2022 AAFP Congress of Delegates.  
69

70 A large-scale effort to identify and evaluate health professions pipeline programs is being led by  
71 the Morehouse School of Medicine National Health Pipeline Repository and being supported by  
72 the Association of American Medical Colleges and others. The AAFP is following the  
73 development of that initiative with the intention to leverage the information and evidence. The  
74 AAFP EveryONE Project's pillar on workforce diversity includes information available on the  
75 AAFP website about model pipeline programs founded by AAFP members. The AAFP  
76 Foundation's Family Medicine Philanthropic Consortium Grant Award Program supports efforts of  
77 AAFP chapters to create externship and experiential programs for medical and other students.  
78 The AAFP launched a partnership with HOSA Future Health Professionals, the U.S. Department  
79 of Education-funded career and technical student organization that supports middle school, high  
80 school, and college students interested in health professions. Through this partnership hundreds  
81 of thousands of students across the U.S have access to family medicine programs and curriculum  
82 and can be paired with AAFP physician and medical student members for role modeling. The  
83 AAFP is piloting an "ambassador" curriculum for members to support their effectiveness in role  
84 modeling to students.  
85

86 The reference committee determined that the resolution could be streamlined to acknowledge the  
87 progress being made and capture important priorities for the AAFP in its efforts to increase  
88 representation of family physicians and family medicine all along the pathway to medicine.

89  
90 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
91 **No. 2002 which reads as follows be adopted in lieu of Resolution No. 2002:**

92  
93 **RESOLVED, That the American Academy of Family Physicians Center for Diversity**  
94 **and Health Equity create a best practices toolkit for implementing longitudinal,**  
95 **retention-focused pipeline programs along the educational continuum, including**  
96 **school-aged children, high school students, pre-medical students, and medical**  
97 **students, and be it further**

98  
99 **RESOLVED, That the American Academy of Family Physicians will facilitate the**  
100 **development of family medicine-centered summer and year-round programs and**  
101 **cascading mentorship programs focused on the enrichment of K-12 youth,**  
102 **especially those in underrepresented demographics.**

103  
104 **ITEM NO. 3: RESOLUTION NO. 2003: SUPPORTING THE SCOPE OF PRACTICE OF RURAL**  
105 **FAMILY PHYSICIANS**

106  
107 RESOLVED, That the American Academy of Family Physicians strongly recommend that  
108 the American Board of Family Medicine develop a Focused Practice Designation in Rural  
109 Emergency Care.

110  
111 The reference committee heard testimony mostly in support of the resolution citing the important  
112 role family physicians play in rural emergency medicine and the importance of protecting the  
113 family medicine scope of practice to include emergency care. Mixed testimony reflected concerns  
114 about a focused practice designation which may imply that specialized training is needed for an  
115 area that is already within the scope of family medicine training. The reference committee  
116 determined the background and testimony provided were not sufficient to support the request of  
117 the resolution on this complex issue. Two additional resolved clauses were submitted during  
118 testimony, requesting advocacy, model legislation, and collaboration with the American College of  
119 Emergency Physicians to protect the family medicine scope of practice in emergency medicine  
120 and privileges in emergency medicine in rural areas. Those speaking in support cited the  
121 expertise family physicians already have in this area. One member recommended that the scope  
122 be broadened to include family physicians practicing anywhere, not just those practicing in rural  
123 settings. The reference committee agreed with the spirit of the resolution but chose not to  
124 recommend substitution because the proposed resolved clauses were not supported by the  
125 language in the resolution and did not have the opportunity for full member input.

126  
127 **RECOMMENDATION: The reference committee recommends that Resolution No. 2003 not**  
128 **be adopted.**

129  
130 **ITEM NO. 4: RESOLUTION NO. 2004: EDUCATION ABOUT SELF-SOURCED MEDICATION**  
131 **ABORTION**

132  
133 RESOLVED, That the American Academy of Family Physicians make continuing medical  
134 education materials accessible for providers to educate themselves about self-managed  
135 medication abortion and management of physician-directed aftercare needs, including an  
136 updated educational article about self-sourced medication abortion in the American Family

137 Physician (AFP) journal and publication of a policy paper stating the safety and efficacy of  
138 self-sourced medication abortion, and be it further

139  
140 RESOLVED, That the American Academy of Family Physicians produce educational  
141 material and resources for patients about alternative abortion services and self-sourced  
142 medication abortion and make these resources available on familydoctor.org.  
143

144 The reference committee heard testimony from several authors and members in support of the  
145 resolution as well as one member's testimony in opposition. Several members speaking in favor  
146 cited the need for education since supervised abortion services are restricted in certain states  
147 resulting in non-medically supervised abortions becoming more common. Another member noted  
148 that since abortions are going to occur, family physicians should be prepared to provide care for  
149 patients with questions or who are experiencing complications which will subsequently reduce the  
150 likelihood of unnecessary emergency care visits. A member in opposition stated a concern that  
151 the second resolved clause, as written, may be interpreted as advocacy for these elective  
152 procedures that may result in serious complications. The reference committee emphasized the  
153 need for education on this topic, noting the value such education would provide family doctors  
154 and their patients. To clarify the intention of the second clause, the reference committee  
155 recommended modifying the wording to capture the spirit of the resolution and more clearly  
156 define the terms and intent of the scope of education that would be developed.  
157

158 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
159 **No. 2004 which reads as follows be adopted in lieu of Resolution No. 2004:**  
160

161 **RESOLVED, That the American Academy of Family Physicians make continuing**  
162 **medical education materials accessible for providers to educate themselves about**  
163 **self-managed medication abortion and management of physician-directed aftercare**  
164 **needs, including an updated educational article about self-sourced medication**  
165 **abortion in the *American Family Physician (AFP)* journal and publication of a policy**  
166 **paper stating the safety and efficacy of self-sourced medication abortion, and be it**  
167 **further**  
168

169 **RESOLVED, That the American Academy of Family Physicians produce educational**  
170 **material and resources for patients on non-medically supervised abortion and make**  
171 **these resources available on familydoctor.org.**  
172

173 **ITEM NO. 5: RESOLUTION NO. 2005: INCLUSION OF INTERSECTIONAL EDUCATION**  
174 **REGARDING LGBTQIA+ PATIENTS FOR MEDICAL STUDENTS, RESIDENTS, AND**  
175 **PHYSICIANS**  
176

177 RESOLVED, That the American Academy of Family Physicians recommend and expedite  
178 the inclusion of lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual  
179 (LGBTQIA+) centered education as an educational target for medical students, residents,  
180 and physicians, and that this education shall include the intersection of LGBTQIA+ and  
181 Black, Indigenous, or People of Color (BIPOC) communities through dedicated student-  
182 directed education, Graduate Medical Education (GME) or Continuing Medical Education  
183 (CME), and be it further  
184

185 RESOLVED, That the American Academy of Family Physicians object to any restrictions to  
186 funding for undergraduate and graduate medical education based upon the provision of  
187 education or care for lesbian, gay, bisexual, transgender, queer/questioning, intersex, or  
188 asexual (LGBTQIA+) communities.

189  
190 The reference committee heard testimony exclusively in support of the resolution. Testimony  
191 cited the paucity and inadequacy of education for students, residents, and active physicians in  
192 this area as compared to the significant need for education given that family physicians regularly  
193 care for patients in these populations. Physicians who identified as LGBTQ, or who had family  
194 members or patients who do, shared stories of the difficulties experienced in receiving adequate  
195 care. The reference committee considered education and resources currently offered by the  
196 AAFP including policy on the care of transgender and nonbinary patients and Recommended  
197 Curriculum Guidelines for Family Medicine Residents entitled “Lesbian, Gay, Transgender,  
198 Queer/Questioning, and Asexual Health,” and an LGBTQ+ focused on demand activity. The  
199 reference committee recognized the overwhelming support for this resolution due to the strong  
200 need for education on care for this patient population.

201  
202 **RECOMMENDATION: The reference committee recommends that Resolution No. 2005 be**  
203 **adopted.**

204  
205 **ITEM NO. 6: RESOLUTION NO. 2006: VALUE BASED CARE EDUCATION AND CONTRACT**  
206 **NEGOTIATION FOR PHYSICIANS AND RESIDENTS**

207  
208 RESOLVED, That the American Academy of Family Physicians provide directly or work  
209 with other organizations to advocate or provide programs to educate residents and  
210 physicians about value-based care, different models of practice, contract negotiations,  
211 and financial planning post residency.

212  
213 The reference committee heard supportive testimony on the need for education for residents and  
214 new physicians around value-based care and other health care delivery models. It was noted that  
215 while educational resources on these topics were available from the AAFP, they seemed  
216 scattered and difficult to find. The reference committee discussed the resources and  
217 programming currently available from the AAFP, including resident-focused programming at the  
218 AAFP’s National Conference of Family Medicine Residents and Medical Students, online  
219 resources on practice and career that includes topics on many payment models, practice  
220 management, employment contracting, and career development; and resident exclusive  
221 livestreams on many of these topics. The reference committee concluded that adequate  
222 educational resources were available.

223  
224 **RECOMMENDATION: The reference committee recommends that Resolution No. 2006 be**  
225 **reaffirmed as current policy.**

226  
227 **ITEM NO. 7: RESOLUTION NO. 2007: IMPROVING FAMILY MEDICINE WORK FORCE**  
228 **USING ECFMG-CERTIFIED IMGs IN MEDICALLY UNDERSERVED AREAS/POPULATION**

229  
230 RESOLVED, That the American Academy of Family Physicians advocate to the  
231 Accreditation Council for Graduate Medical Education (ACGME) to introduce a one  
232 year/two-year alternate pathway for International Medical Graduates (IMGs) which focuses  
233 on inculcating the principles of family medicine, and be it further

234  
235 RESOLVED, That the American Academy of Family Physicians work with the Federation of  
236 State Medical Boards towards a pathway for licensure.

237  
238 The reference committee heard mixed testimony on the resolution. Several members  
239 acknowledged the need for a larger and more diverse family medicine workforce and the desire to  
240 create pathways to leverage the skills of individuals with medical training. However, opposing

241 testimony cited concerns about potentially enhancing bias and causing unintentional challenges  
242 for international medical graduates resulting from creating separate tiers of practice. The  
243 reference committee discussed the diversity of individuals and the pathways all included under  
244 the umbrella of international medical graduate and determined that the resolution needed more  
245 specificity regarding the target of this potential alternate pathway and how the American Academy  
246 of Family Physicians (AAFP) specifically could help. The reference committee noted that the  
247 AAFP's efforts to address issues of difficulty for international medical graduates pursuing family  
248 medicine careers should be in supporting pathways to medicine, not alternate pathways that may  
249 minimize their skills or the value of the family medicine profession.

250  
251 **RECOMMENDATION: The reference committee recommends that Resolution No. 2007 not**  
252 **be adopted.**

253  
254 **ITEM NO. 8: RESOLUTION NO. 2008: ASSIST UNMATCHED MEDICAL GRADUATES**  
255 **INTERESTED IN FAMILY MEDICINE WITH EMPLOYMENT AND EXPERIENCE IN PRIMARY**  
256 **CARE**

257  
258 RESOLVED, That the American Academy Family Physicians explore various pathways for  
259 unmatched medical graduates interested in family medicine to gain postgraduate training  
260 and/or employment as a family medicine physician prior to reentering the match.  
261 The reference committee heard testimony

262  
263 The reference committee heard testimony in support of the resolution on behalf of the authors,  
264 the IMG constituency, and individuals. Testimony included the need for more family physicians  
265 and the discrepancy between the number of students applying to residencies each year and the  
266 limited number of graduate medical education positions. Authors of the resolution differentiated it  
267 from other resolutions considered at the 2022 National Conference of Constituency Leaders by  
268 noting it is specific to helping unmatched medical graduates gain experience and training that will  
269 help them reenter the National Resident Matching Program Main Residency Match with a higher  
270 likelihood of obtaining a residency position. The reference committee determined that the ask of  
271 this resolution is in line with current AAFP policy because it is focused on a pathway to residency  
272 training in family medicine, and that it should not include potential employment as a family  
273 physician prior to residency training.

274  
275 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
276 **No. 2008 which reads as follows be adopted in lieu of Resolution No. 2008:**

277  
278 **RESOLVED That the American Academy of Family Physicians explore various**  
279 **pathways for unmatched medical graduates interested in family medicine to gain**  
280 **postgraduate training prior to reentering the match.**

281  
282 **ITEM NO. 9: RESOLUTION NO. 2009: ENHANCING SEVERE MENTAL HEALTH**  
283 **CONTINUING MEDICAL EDUCATION**

284  
285 RESOLVED, That the American Academy of Family Physicians create continuing medical  
286 education materials for the diagnosis and treatment of severe and treatment resistant  
287 mental health disorders in a family medicine office.

288  
289 The reference committee heard testimony largely in support of this resolution with members citing  
290 the existing barriers to mental health treatment that patients face, including cost and long wait  
291 times for treatment. Several members indicated that family physicians are often the ones who

292 treat these patients, but they may not know how to provide the more complex care required, so  
293 additional education was needed. One member pointed to the impact of the pandemic on the  
294 increased prevalence of mental health issues, and another suggested language be added to  
295 address the need to advocate for family physician reimbursement for mental health care. The  
296 reference committee recognized the strong support heard in the testimony identifying the lack of  
297 existing education and the need to address this deficit.

298  
299 **RECOMMENDATION: The reference committee recommends that Resolution No. 2009 be**  
300 **adopted.**

301  
302 **I wish to thank those who appeared before the reference committee to give testimony and**  
303 **the reference committee members for their invaluable assistance. I also wish to commend**  
304 **the AAFP staff for their help in the preparation of this report.**

305  
306 Respectfully Submitted,

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308  
309  
310 \_\_\_\_\_  
311 Cybill Oragwu, MD – CHAIR

312  
313 Nicole Yedlinsky, MD, FAAFP – Women  
314 Jyothi Patri, MD, MPA, FAAFP – New Physician  
315 Crystal Nwagwu, MD – Minority  
316 Rachel Carter, MD – IMG  
317 Juan Carlos Venis, MD – LGBTQ+  
318 Raye Reeder, MD, MPH (Observer)