2019 Report of the Reference Committee on Education

National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

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: RESOLUTION NO. 2001: RESOLUTION TO PROMOTE TRAINING IN OFFICE-BASED TREATMENT OF OPIOID USE DISORDER

RESOLVED, that the American Academy of Family Physicians ~~urge~~ draft a letter strongly encouraging the Accreditation Council on Graduate Medical Education (ACGME) to ~~require~~ encourage all residents in ~~clinical specialties~~ family medicine, physicial medicine and rehabilitation, psychiatry, pediatrics, internal medicine, neurology, general surgery, obstetrics and gynecology, and anesthesiology, and orthopedic surgeons and emergency room physicians to take a course on the appropriate use of buprenorphine and other medications approved by the US Food and Drug Administration (FDA) for the treatment of opioid use disorder prior to the end of the second year of training, and be it further

RESOLVED, That the American Academy of Family Physicians ~~urge~~ draft a letter strongly encouragingthe Accrediation Council on Graduate Medical Education (ACGME) to ~~require~~ encourage that ~~all core faculty~~ at least one core faculty preceptor in each residency training programs in ~~clinical specialties~~ family medicine, physicial medicine and rehabilitation, psychiatry, pediatrics, internal medicine, neurology, general surgery, obstetrics and gynecology, and anesthesiology, and orthopedic surgeons and emergency room physicians to apply for and receive the waiver needed to prescribe buprenorphine, prior to January 1, 2021, and be it further

RESOLVED, That this resolution be sent to CoD.

ADOPTED AS AMENDED

The reference committee heard testimony in support of this resolution, with only one member not in favor of it as written. The author testified that letters in support of this requirement had already been sent to the Accreditation Council for Graduate Medical Education (ACGME) but there had been no action taken. The reference committee thought that the spirit of the resolution was positive, and the subject was important. However, they believed that some of the language in all three resolved clauses was vague; for example, what action does "urge" require? In addition, the scope of the resolution ("require all residents in clinical specialties" and "all core faculty") was outside the scope of control for the American Academy of Family Physicians.

RECOMMENDATION: The reference committee recommends that Resolution No. 2001 not be adopted.

ITEM NO. 2: RESOLUTION NO. 2002: CAREER TRANSITION SUPPORT FOR FAMILY PHYSICIANS

RESOLVED, That the American Academy of Family Physicians should investigate the development of a toolkit for mid-career transitions, with the focus of retaining physicians in clinical practice.

The committee heard testimony in favor of the resolution. The authors testified that they were specifically looking for resources and education from the AAFP to help them change the scopes of their career to address burnout. However, they were unable to delineate what exactly would be contained in the toolkit and how to define the scope of mid-career transitions (e.g. due to the breadth of family medicine and other career transitions, this toolkit may require a significant use of staff time and a large fiscal note). Because of this lack of clarity, the reference committee recommended the resolution not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 2002 not be adopted.

ITEM NO. 3: RESOLUTION NO. 2003: ENHANCING OPPORTUNITIES FOR GENDER-AFFIRMING CARE IN RESIDENCY

RESOLVED, That the American Academy of Family Physicians update and strengthen the recommended Curriculum Guidelines for Family Medicine Residents "Lesbian, Gay, Bisexual, Transgender Health" section titled Knowledge 9.g to read "Comprehensive understanding of gender-affirming treatment options (medical and non-medical) are in the scope of family physicians without specialist consult based on informed consent and patient-centered care models", and be it further

RESOLVED, That the American Academy of Family Physicians advocate for family medicine residencies to actively include transgender health care in their curriculum, specifically promoting and marketing the Lesbian, Gay, Bisexual, Transgender Health Family Medicine Residency Curriculum Guidelines that already exist, in particular marketing and promoting these guidelines at the annual AAFP Program Directors' Workshop, and be it further

RESOLVED, That the American Academy of Family Physicians write a letter to the Association of Family Medicine Residency Directors advocating for the inclusion of gender-affirming care as part of family medicine residency training.

The reference committee heard testimony in favor of this resolution asserting that gender-affirming care is lifelong care that falls within the scope and training of family physicians. Those testifying in support of the resolution noted care gaps and health equity issues related to lack of training. Supporters testified that gender-affirming health care is not specialty care or a special area of

interest, noting that gender-affirming care is primary care. The reference committee agreed with the testimony and recommended adopting this resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 2003 be adopted.

ITEM NO. 4: RESOLUTION NO. 2004: LIFESTYLE MEDICINE EDUCATION THROUGHOUT TRAINING AND PRACTICE

> RESOLVED, That the American Academy of Family Physicians support legislation that incentivizes and/or provides funding for the inclusion of lifestyle medicine education in medical school education, graduate medical education, and continuing medical education, including but not limited to education in nutrition, physical activity, behavior change, sleep health, tobacco cessation, alcohol use reduction, emotional wellness, and stress reduction.

The reference committee heard testimony from the author and several members in favor of the resolution, noting the significant influence of lifestyle related behaviors on patient health. These factors include smoking, social determinants of health, and poor city infrastructure. Some noted the significant variation of training experiences in the United States family medicine residency programs, resulting in disparities in preparation among residency graduates to help patients develop healthy eating and exercise habits. Currently, there is no federal legislation to support specific interventions at the training level. The reference committee agreed that it was important to communicate to the AAFP legislative advocacy team should future legislation benefit from AAFP support.

RECOMMENDATION: The reference committee recommends that Resolution No. 2004 be adopted.

ITEM NO. 5: RESOLUTION NO. 2005: LONGITUDINAL ELECTRONIC MEDICAL RECORD TRAINING

> RESOLVED, That the American Academy of Family Physicians support dedicated electronic health record training outside of clinical time, and be it further
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> RESOLVED, that the American Academy of Family Physicians recommend employers differentiate between experienced and inexperienced electronic health record users and provide trainings in accordance with experience level, and be it further
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> RESOLVED, that the American Academy of Family Physicians recommend employers provide follow up electronic health record (EHR) training separate from scheduled patient appointments at least several months after a provider's initial orientation to improve use of EHR, efficiency, and decrease burnout, and be it further
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> RESOLVED, that the American Academy of Family Physicians (AAFP) support the use of electronic health record (EHR) training as continuing medical education hours and that the AAFP offer EHR training during state and national conferences.

The committee heard testimony in favor of the resolution. One speaker noted that family physicians are the most important leverage point for health. Even though members spoke exclusively in favor of the resolution, one person who testified did state how difficult it would be for the AAFP to identify a channel of communication with all employers. The reference committee agreed that this would be difficult and believes that this is not an appropriate position for the AAFP to take. In addition, the

reference committee discussed the challenges in providing training, due to the variety of EHRs and the potential of poor optics if choosing one EHR over another. However, the reference committee did find value in the AAFP supporting the training on the use of EHRs as continuing medical education.

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 (AAFP) support the use of electronic health record (EHR) training as continuing medical education.**

ITEM NO. 6: RESOLUTION NO. 2006: APPLIED EDUCATION IN BILLING AND CODING IN FAMILY MEDICINE RESIDENCY

> ~~RESOLVED, That American Academy of Family Physicians strongly recommend that family medicine residencies offer applied education in person (with preceptor or professional coders) in billing and coding, and be it further~~
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> ~~RESOLVED, That the next update of the American Academy of Family Physicians practice management curriculum guidelines include that residency annual billing and coding workshops emphasize an applied component of billing and coding, and be it further~~
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> ~~RESOLVED, That the American Academy of Family Physicians offer an applied billing and coding workshop at the National Conference of Family Medicine Residents and Medical Students.~~
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> RESOLVED, That the AAFP collaborate with the AFMRD to strongly recommend that family medicine residencies offer applied education in person (with preceptors or professional coders) in billing and coding, and be it further
>
> RESOLVED, That the next update of the AAFP practice management curriculum guidelines include that residency annual billing and coding workshops emphasize an applied component of billing and coding.
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> **ADOPTED AS AMENDED**

The reference committee heard mixed testimony that addressed the importance of proper billing and coding to ensuring that primary care practices are adequately resourced while framing the challenge of incorporating practical billing and coding curriculum into an already dense residency training model. The reference committee carefully considered this long-standing dilemma that to some degree was addressed when the Accreditation Council for Graduate Medical Education Review Committee for Family Medicine adopted a 100-hour family practice management requirement for all accredited family medicine residencies. Information was reviewed by the reference committee that considered the principle of adult learning and instructional design, particularly noting that individuals learn best when the material is relevant to their immediate goals. Like the authors pointed out, adult learners prefer the practical to the theoretical. The reference committee agreed that coding is a critical element of professional development and that establishing the foundations should be done in residency. In fact, there is specific programming at the Program Director's Workshop that directly addresses the importance of training residents in coding practices longitudinally during residency. Reported data notes that most family medicine residency programs are in substantial compliance with the 100-hour requirement. However, the

reference committee believed most of the learning will occur post residency when the incentives and the opportunities are more aligned.

RECOMMENDATION: The reference committee recommends that Resolution No. 2006 not be adopted.

ITEM NO. 7: RESOLUTION NO. 2007: INTERNATIONAL MEDICAL GRADUATE PHYSICIAN WORKFORCE

> RESOLVED, That the American Academy of Family Physicians explore alternative pathways and options for physicians who have passed U.S. Medical Licensing Examination and graduated from United States (US) and non-U.S. medical school to deliver care under the supervision of a licensed family physician, and be it further
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> RESOLVED, That the American Academy of Family Physicians support International Medical Graduate physicians to practice under a licensed family physician under the assistant physician model, and be it further
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> RESOLVED, That the American Academy of Family Physicians develop this tract for these physicians with the exception for them to continue to pursue family medicine residency training.

The authors of the resolution testified and acknowledged the controversy of the assistant physician model, while contrasting the dilemmas that international medical graduates experience in seeking observerships so that they may be eligible to match into a family medicine residency. The reference committee reviewed published data from Missouri on the outcomes of Assistant Physicians, which noted that the effort was not achieving its aims, potentially putting Missouri citizens at risk for poor outcomes, which was validated with testimony by a member from Missouri. The study revealed that United States Medical Licensing Exam (USMLE) Step examination pass rates for all assistant physicians "were significantly lower" than those of United States medical school graduates on all four Step exams (the two portions of the Step 2 exam were considered separately) and lower than those of international medical school graduates (IMGs) on three of the Step exams (Step 1 was the exception). It was noted that failure of the Step 2 examination has been associated with increased disciplinary action and worse clinical outcomes. The reference committee also reviewed AMA policy and the decision of the AAFP Congress of Delegates in 2018. Though the AAFP does not currently have a policy that stipulates opposition to the assistant physician model, emerging evidence suggests that expanding the model creates confusion about the professional training of medical school graduates and creates significant challenges to regulating and utilizing unlicensed providers. The AAFP is currently preparing a resource packet of evidence for and against the concept for AAFP chapters to use in their discussions on the topic.

RECOMMENDATION: The reference committee recommends that Resolution No. 2007 not be adopted.

ITEM NO. 8: RESOLUTION NO. 2008: SUPPORTING MEDICAL STUDENTS AND RESIDENTS WITH DISABILITIES

> RESOLVED, That the American Academy Family Physicians support and affirm the rights of medical students and residents with disabilities throughout their education and training, and be it further

RESOLVED, That the American Academy Family Physicians supports funding for research to better understand the needs of medical students and physicians with disabilities, and be it further

RESOLVED, That the American Academy Family Physicians send a letter to the Association of American Medical Colleges and Accreditation Council for Graduate Medical Education asking them to redefine the technical standards and core competencies in medical education at the undergraduate and graduate levels to more effectively accommodate medical students and residents with disabilities.

Most of the testimony was in favor of this resolution to support medical students and residents with disabilities. Testimony noted that 20% of Americans live with disabilities while only 2% of practicing physicians live with disability. Supporters testified that for the physician workforce to be representative of the population, students and residents need appropriate accommodation for disabilities during medical school and while in training. There was testimony stating that extending residency due to illness can cause hardship. The reference committee received information about a March 2018 Association of American Medical Colleges and University of California San Francisco publication titled "Accessibility, Inclusion, and Action in Medical Education: Lived Experiences of Learners and Physicians with Disabilities." This extensive research satisfies the second and third resolved clauses because there appears to be general information and understanding of the issues by the accrediting organizations in medical education.

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 Family Physicians support and affirm the rights of medical students and residents with disabilities throughout their education and training.

ITEM NO. 9: RESOLUTION NO. 2009: PROVIDING RESOURCES ON HOW TO BEST WORK WITH ADVANCED PRACTITIONERS

RESOLVED, That the American Academy of Family Physicians work with the appropriate commission to create a session at the Family Medicine Experience on best practices on working with advanced practitioners including but not limited to, best practice models, payment models, amount of chart review, patient co-management strategies, education, delineated roles and responsibilities, and patient selection, and be it further

RESOLVED, That the American Academy of Family Physicians send a letter to the editorial board of *Family Practice Management* journal asking for a special issue on best practices for family medicine physicians to perform advanced practitioner management.

The reference committee heard testimony in favor of the resolution. Those who testified stated that they would like to see the AAFP provide education on best practices in working with other advanced practitioners. The reference committee discovered that there were already multiple educational sessions available at this year's Family Medicine Experience (FMX) that include learning objectives on working with advanced practitioners. In addition, *FPM* just published an article (Jan/Feb 2019) on the subject, as did the *Annals of Family Medicine* (May/June 2018). Therefore, the reference committee determined that both resolved clauses were fulfilled by the actions of the AAFP.

RECOMMENDATION: The reference committee recommends that Resolution No. 2009 be reaffirmed as current policy or are already addressed in current projects.

ITEM NO. 10: RESOLUTION NO. 2010: HEALTH CARE SYSTEMS, HEATH CARE ECONOMICS, AND HEALTH CARE POLICY CATEGORIES FOR CONTINUING MEDICAL EDUCATION

RESOLVED, That the American Academy of Family Physicians add the continuing medical education (CME) category "Health Care Systems, Health Care Economics, and Health Care Policy" to help facilitate the development of online educational materials and facilitate CME lectures at the National Conference for Constituency Leaders, National Conference of Family Medicine Residents and Students, Family Medicine Experience, and other educational platforms for 2020 and beyond, and be it further

RESOLVED, That this resolution be referred to the Congress of Delegates.

The reference committee heard limited testimony in support of the resolution. The author indicated that the addition of a new category for continuing medical education (CME) called "Health Care Systems, Health Care Economics, and Health Care Policy" would help increase the amount of CME on these topics because prospective faculty must adhere to an existing topic or category when submitting a proposal. The reference committee discussed the relative merits of creating a new category for CME that might mandate coverage of this topic, potentially where no gap existed. They also discussed the potential pitfall of designing education to address gaps across the scope of family medicine and determining educational needs, which might result in no or limited coverage of these topics. The reference committee believed the topic area to be important for inclusion in CME but recognized the challenge in mandating the topic if there were no identified gaps, so recommended adopting a substitute resolution to allow for this flexibility.

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 American Academy of Family Physicians add the continuing medical education (CME) category "Health Care Systems, Health Care Economics, and Health Care Policy" when filling gaps in educational content when developing live and online CME.

ITEM NO. 11: RESOLUTION NO. 2011: TRANSPARENCY IN AAFP LIVE EDUCATIONAL PROGRAMMING

RESOLVED, That the American Academy of Family Physicians publish the number of live continuing medical education lectures/sessions addressing social justice and health equity as self reported by the confirmed lecturer/lecturers. ~~proportions and/or total number of presentations categorized by explicit theme (e.g., LGBT, women's health, pediatrics, etc.).~~ **ADOPTED AS AMENDED**

The reference committee heard testimony in favor of the resolution. The reference committee could not determine where the authors wished for the data to be published when evaluating the resolved clause. In addition, the reference committee did not believe there was enough definition of what exactly the authors were looking for when they ask for the AAFP staff to categorize by explicit theme. Therefore, due to the lack of clarity in the resolved clause, the committee recommended to not adopt the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 2011 not be adopted.

ITEM NO. 12: RESOLUTION NO. 2012: TRAINING IN VALUE BASED PAYMENT MODEL DURING RESIDENCY

RESOLVED, That the American Academy of Family Physicians send a letter to the Review Committee for Family Medicine to formally teach Value Based Payment Model in Residency Training, and be it further

RESOLVED, That the American Academy of Family Physicians encourage Value Based Payment Model educational tracks at the National Conference for Family Medicine Residents.

The reference committee heard testimony from the author, and several members spoke in favor of the resolution, noting that the concepts of value-based payment (VBP) are not well understood by residents, who are mostly paid under a fee-for-service model. The speaker has a large urban practice and identified the challenges in understanding VBP and has spent significant time attempting to understand payment models. The reference committee discussed the timing of when residents would gain value from training on VBP, and the difficulty of finding a single way of teaching this topic, given the varied payment models. There was also discussion of the pros and cons of teaching a complex topic outside the context of practical application. While the committee recognized the importance of making the information available to residents, they noted that there were currently no barriers to submitting to present a session at National Conference on VBP. Given the hurdles of tailoring the education for a wide variety of applications, and the difficulty with engaging adult learners in a topic that may not yet be relevant, the committee recommended not adopting the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 2012 not be adopted.

ITEM NO. 13: RESOLUTION NO. 2013: LACTATION ACCOMMODATIONS AT AMERICAN BOARD OF FAMILY MEDICINE TESTING CENTERS

RESOLVED, That the American Academy of Family Physicians write a letter to the American Board of Family Medicine requesting thay they eliminate the need for a physician's note documenting lactation for a physician mother to have protected break time during ~~her~~ the family medicine board examination and, be it further

RESOLVED, That the American Academy of Family Physicians include in a letter to the American Board of Family Medicine a request that all testing centers have adequate designated locations for breast milk expression and secure breast pump storage.

The reference committee heard limited testimony in favor of this resolution. The author suggested alternative language for the resolution to make both resolved clauses more inclusive and provided suggestions to the committee. One member testified that she delayed becoming pregnant due to the difficulties in working around pregnancy and lactation in residency. Another member testified to the difficulty in finding locations to pump. The reference committee expressed enthusiastic support for the spirit of the resolution, but struggled with navigating the language of the suggested amendments, which included slashes (“breast/chest pump”), although they were supportive of

more inclusive language. The reference committee believed the proposed substitute resolution avoids the difficulties in readability, but captures the inclusivity.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2013, which reads as follows, be adopted in lieu of Resolution No. 2013:

> **RESOLVED, That the American Academy of Family Physicians write a letter to the American Board of Family Medicine requesting they eliminate the need for a physician's note documenting lactation for a parent to have protected break time during the family medicine board examination and, be it further**
>
> **RESOLVED, That the American Academy of Family Physicians include in a letter to the American Board of Family Medicine a request that all testing centers have adequate designated locations for milk expression that are not bathrooms and secure lactation pump storage**.

ITEM NO. 14: RESOLUTION NO. 2014: DATABASE DEVELOPMENT OF FAMILY MEDICINE RESIDENCY PROGRAM REQUIREMENTS

> RESOLVED, That the American Academy of Family Physicians collaborate with Family Medicine programs in the United States to create and update a database that comprehensively stipulates what each family medicine residency program requires per applicant in terms of visa sponsorship, years post-graduation of medical school allowed to apply, and how much U.S. clinical experience is required amongst other requirements, and be it further
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> RESOLVED, That the American Academy of Family Physicians improve visibility to links with FREIDA™, the American Medical Association Residency and Fellowship Database®, in order to educate United States based and international medical graduate applicants on family medicine residency requirements.

The reference committee only heard testimony from the author in favor of this resolution. The author described her time applying to residency positions as unstructured and variable, because she was continuously in search of requirements of United States family medicine programs. She wished that at that time she had information available. The reference committee agreed that the process for international residency family physicians is less than optimal. However, they do believe that the AAFP already does have access to databases that would be of benefit to the international medical graduate that meets the ask of the first resolved clause. Although the AAFP does reach out to family medicine residency programs to update and edit their information on a routine basis, the AAFP cannot force programs to do so. In contrast, the reference committee does believe that the AAFP could do a better job improving visibility to these resources.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2014, which reads as follows, be adopted in lieu of Resolution No. 2014:

> **RESOLVED, That the American Academy of Family Physicians improve visibility to links with FREIDA™, the American Medical Association Residency and Fellowship Database®, in order to educate United States-based and international medical graduate applicants on family medicine residency requirements.**

ITEM NO. 15: RESOLUTION NO. 2015: PATHWAY TO CRITICAL CARE TRAINING

RESOLVED, That the American Academy of Family Physicians collaborate with the American Board of Internal Medicine (ABIM) to allow family medicine physicians to sit for ABIM Critical Care Board Exam which will, in turn, make family medicine physicians eligible to attend critical care fellowships.

The reference committee heard limited testimony in support of the resolution. The author testified briefly in support due to the shortage of critical care physicians and the lack of a pathway for critical care certification for family physicians who uniquely provide full-spectrum care. While the reference committee was supportive of the intent behind the resolution, they received information that in 2018, the American Board of Family Medicine (ABFM) had previously initiated a conversation with American Board of Internal Medicine (ABIM) about the feasibility of a pathway for family physicians to seek certification in Critical Care Medicine, which is now with the ABIM board for consideration. Because the ABFM has already begun this important work, the reference committee reaffirmed the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 2015 be reaffirmed as current policy or as already addressed in current projects.

ITEM NO. 16: RESOLUTION NO. 2016: ADVOCATE AND SUPPORT THE IMPORTANCE OF RESIDENCY AND FELLOWSHIP TRAINING IN MATERNITY CARE

RESOLVED, That the American Academy of Family Physicians advocate to prevent residency and fellowship training in maternity care from being reduced or displaced by obstetricians and gynecologists residencies in current residency and fellowship training sites, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to support these current residency and fellowship training sites as resources of leadership and mentorship in Family Medicine Maternity Care training, and be it further

RESOLVED, That a Certificate of Added Qualification be evaluated for maternity care in the future.

The reference committee heard one testimonial for and one testimonial against this resolution. The individual who was against the resolution cited that they agree with the “spirit” of the resolution but the addition of the certification of added qualification (CAQ) will only add barriers for family physicians. The author, who spoke in support of the resolution, did recognize the additional barrier to family physicians through the CAQ and asked that the reference committee strike the third resolved clause. Her main intention with the resolution was for the AAFP to provide more vocal and visible support to maternity care residency training and fellowships. The reference committee agreed with both individuals who provided testimony. Therefore, the reference committee recommended adopting a substitute resolution, striking the third resolved clause.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2016, which reads as follows, be adopted in lieu of Resolution No. 2016:

RESOLVED, That the American Academy of Family Physicians advocate to prevent residency and fellowship training in maternity care from being reduced or displaced by obstetricians and gynecologists residencies in current residency and fellowship training sites, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to support these current residency and fellowship training sites as resources of leadership and mentorship in Family Medicine Maternity Care training.

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,

Kevin Bernstein, MD, MS, USN, FAAFP – CHAIR

Jemellee Jacala-Tadian, MD – IMG
Laura Nietfeld, MD – New Physicians
Paul Ravenna, MD – LGBT
Joyce Robert, MD – Minority
Marti Taba, MD, FAAFP – Women
Moira Rashid, MD (Observer)