2021 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 Substitution Resolution No. 2001: "Virtual Continuing Medical Education" in lieu of Resolution No. 2001.

Item 2: Adopt Resolution No. 2002: "Make the Medical College Admissions Test (MCAT) Pass/Fail."

Item 3: Adopt Substitute Resolution No. 2003: "Antiracism Training for Family Medicine Residents and Physicians" in lieu of Resolution No. 2003.

Item 4: Adopt Substitute Resolution No. 2004: "AAFP Support for Telehealth Inclusion in ACGME Requirements" in lieu of Resolution No. 2004. **EXTRACTED. Substitute adopted as amended on the floor.**

Item 5: Adopt Substitute Resolution No. 2005: "Increased Opportunities for Leadership Education for Female Family Physicians in AAFP" in lieu of Resolution No. 2005.

Item 6: Adopt Substitute Resolution No. 2006: "End Ableism in Family Medicine" in lieu of Resolution No. 2006.

Item 7: Adopt Substitute Resolution No. 2007: "Paid Parental Leave for Family Medicine Residents" in lieu of Resolution No. 2007.

Item 8: Adopt Substitute Resolution No. 2008: "Promoting Racial Equity in Healthcare" in lieu of Resolution No. 2008.

Item 9: Not Adopt Resolution No. 2009: "How Family Medicine Physicians Could Bridge the Gap in Specialty Care."

Item 10: Adopt Substitute Resolution No. 2010: "IMG and Preparation for the Match" in lieu of Resolution No. 2010.

Item 11: Adopt Substitute Resolution No. 2011: "Simple Changes to Dramatically Improve IMG Member Experience" in lieu of Resolution No. 2011.

2021 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: RESOLUTION NO. 2001: VIRTUAL CONTINUING MEDICAL EDUCATION

RESOLVED, That the American Academy of Family Physicians provide education via virtual platforms that allow for live continuing medical education (CME) credit indefinitely, and be it further

RESOLVED, That the American Academy of Family Physicians, increase live CME activities held via livestream, or live internet activities, and be it further

RESOLVED, That the American Academy of Family Physicians, continue to accept CME credit from live CME activities obtained via livestream, or live internet activities, including CME obtained from other medical societies, and organizations, and be it further

RESOLVED, That the American Academy of Family Physicians increase infrastructure to enhance virtual interaction during and after live CME events.

The reference committee heard testimony in favor of the resolution. An author testified that they desired continued virtual CME offerings. Supporters testified that the virtual CME options improved accessibility to CME. In a virtual setting, AAFP members could participate in the CME educational opportunities without worrying about work-life balance. Those testifying mentioned they did not have to plan for child-care options, family commitments, and balancing their practice and patient needs. The reference committee discussed that choosing the appropriate format plays a vital role in the educational efficacy of the CME activity. The reference committee agreed that while the virtual live learning format offered increased accessibility and flexibility for the learners, the evolving research indicates blended learning opportunities demonstrate consistently better effects on learning outcomes when compared with traditional learning formats in health education. They recommended adopting a substitute resolution to incorporate blended learning formats in AAFP CME to ensure increased accessibility and flexibility for the second resolved clause. The third resolved clause was acknowledged as an existing AAFP policy, so it was eliminated. The committee discussed the importance of enhanced virtual interaction and emerging technology infrastructure in the virtual space. The reference committee recommended adopting a substitute resolution that encourages the AAFP to continue using existing technology to improve virtual interaction during live CME events (example: breakout sessions) as well as the opportunity to continue virtual interaction after the CME event via online communities of practice.

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

RESOLVED, That the American Academy of Family Physicians continue to provide education and events via virtual platforms not only during public health emergencies, but as a standard of education, and be it further

RESOLVED, That the American Academy of Family Physicians increase live CME activities held via livestream, or live internet activities, dependent on adult learning theory and appropriate methods of education for the subject and circumstances, and be it further

RESOLVED, That the American Academy of Family Physicians use existing technology to enhance virtual interaction during live CME events, and in follow-up for communities of practice after events.

ITEM NO. 2: RESOLUTION NO. 2002: MAKE THE MEDICAL COLLEGE ADMISSIONS TEST (MCAT) PASS/FAIL

RESOLVED, That the American Academy of Family Physicians advocate for transition of the Medical College Admission Test (MCAT) scoring and grading rubric from a quantitative result to a qualitative Pass/Fail result, allowing for more equitable appraisal of an applicant's preparedness for medical school.

The reference committee heard testimony from multiple authors and several members in favor of the resolution, noting that MCAT scores do not always correlate to performance. Most who testified identified that the MCAT, as currently scored, creates a disadvantage for minority applicants. Though all members who testified spoke exclusively in favor of the resolution, one member who testified did ask the question of how the cut-off for passing would be established, as it might continue to exclude qualified applicants.

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

ITEM NO. 3: RESOLUTION NO. 2003: ANTIRACISM TRAINING FOR FAMILY MEDICINE RESIDENTS AND PHYSICIANS

RESOLVED, That the American Academy of Family Physicians urge the Accreditation Council on Graduate Medical Education to require education for faculty and residents on the effects of implicit bias, microaggressions, and systemic racism in healthcare, and be it further

RESOLVED, That the American Academy of Family Physicians provide additional tools to family medicine residents and physicians related to addressing implicit biases, microaggressions and systemic racism, and be it further

RESOLVED, That the American Academy of Family Physicians, continue to provide continuing medical education on the effect of implicit biases, microaggressions, and racism in healthcare.

The reference committee heard testimony in favor of the resolution. Members speaking in favor of the resolution cited anecdotal experiences where training in de-escalation would have been valuable in resolving conflict with other physicians, colleagues, patients, and faculty. Expanded ACGME education requirements would better equip physicians with tools to develop a more just, fair workplace. Likewise, a more formal education would allow expanded access to the intended skillset. The reference committee was in favor of adopting the first two resolved clauses as written, and striking the third resolved clause as current policy.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2003, which reads as follows be adopted in lieu of Resolution No. 2003.

> **RESOLVED, That the American Academy of Family Physicians urge the Accreditation Council on Graduate Medical Education to require education for faculty and residents on the effects of implicit bias, microaggressions, and systemic racism in healthcare, and be it further**
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> **RESOLVED, That the American Academy of Family Physicians provide additional tools to family medicine residents and physicians related to addressing implicit biases, microaggressions and systemic racism.**

ITEM NO. 4: RESOLUTION NO. 2004: AAFP SUPPORT FOR TELEHEALTH INCLUSION IN ACGME REQUIREMENTS

> RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council for Graduate Medical Education and its Review Committee for Family Medicine to correct the unintended consequence to residents caused by inflexibility of the requirements for 1,650 in-person patient encounters during the COVID-19 pandemic and to include telehealth visits during the COVID-19 pandemic in this number, and be it further
>
> RESOLVED, That the American Academy of Family Physicians urge the Accreditation Council for Graduate Medical Education's Review Committee for Family Medicine to support the inclusion of telehealth visits as a percentage of total visits to be included in future academic year calculations of the minimum number of outpatient encounters required for graduation, and be it further
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> RESOLVED, That the American Academy of Family Physicians urge the Accreditation Council for Graduate Medical Education's Review Committee for Family Medicine to revoke citations given to residency programs due to graduates falling short of the minimum number of outpatient encounters required for graduation that otherwise would have met this requirement if including telehealth visits during the COVID-19 pandemic.

The reference committee heard testimony in favor of the resolution. Members speaking in favor of the resolution cited statistics and anecdotal experiences of the frustration that has come within the last year due to COVID-19 from residents not being logistically able to fulfill their minimum of 1,650 in-person visits. Members expressed that both patients and physicians benefited from the telehealth option and that telehealth visits will be relevant beyond the COVID-19 pandemic. The testimony reflected that revised ACGME program requirements would give validity to telehealth visits. Likewise, adding telehealth visits to the requirements would give future residents the training necessary for continued experience and practice in this modality of care. The reference committee agreed with the testimony presented. However, they expressed concern that if telehealth visits are required, it may inhibit those serving in underserved communities from completing that requirement. As a result, the committee members

agreed on a substitute resolution, accepting the first and third resolved clauses as written, and striking the second resolved clause.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2004, which reads as follows be adopted in lieu of Resolution No. 2004. EXTRACTED. Substitute adopted as amended on the floor.

> **RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council for Graduate Medical Education and its Review Committee for Family Medicine to correct the unintended consequence to residents caused by inflexibility of the requirements for 1,650 in-person patient encounters during the COVID-19 pandemic and to include telehealth visits during the COVID-19 pandemic in this number, and be it further**
>
> **RESOLVED, That the American Academy of Family Physicians urge the Accreditation Council for Graduate Medical Education's Review Committee for Family Medicine to revoke citations given to residency programs due to graduates falling short of the minimum number of outpatient encounters required for graduation that otherwise would have met this requirement if including telehealth visits during the COVID-19 pandemic.**
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> **RESOLVED, That the American Academy of Family Physicians urge the Accreditation Council for Graduate Medical Education's Review Committee for Family Medicine to support the option of residencies with telemedicine capabilities to include telehealth visits as a percentage of total visits in future academic year calculations to meet the minimum number of outpatient encounters required for graduation.**

ITEM NO. 5: RESOLUTION NO. 2005: INCREASED OPPORTUNITIES FOR LEADERSHIP EDUCATION FOR FEMALE FAMILY PHYSICIANS IN AAFP

> RESOLVED, That the American Academy of Family Physicians (AAFP) create opportunities for rising and current female leaders within AAFP to speak and educate as part of CME in national conferences, and be it further
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> RESOLVED, That the American Academy of Family Physicians create a database of conferences and CME opportunities as a catalog of leadership development opportunities (including Women's Equity and Leadership, Women's Physician Wellness Conference, Women in Medicine Summit, etc.), and be it further
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> RESOLVED, That the American Academy of Family Physicians create an administrative committee to develop a Women in Leadership track with annual scholarship funding that focuses on the nurturing and training of diverse women physician leaders through facilitating their attendance of existing and novel AAFP conferences and CME structure with an aim of increasing representation in executive level leadership.

The reference committee heard testimony almost exclusively in support of this resolution, with one member questioning the third resolved clause, asking that it be inclusive of other constituencies. One co-author noted the barriers for female physicians and the existence of the "leaky pipeline." Members noted the lack of opportunities for mentorship and leadership training for women and a lack of awareness of opportunities that did exist. Others suggested that this resolution could serve as a model for other constituencies. The reference committee recognized

the passionate testimony in favor of this resolution at the hearing. They were in favor of revising the first resolved clause to use more inclusive language. They also provided more flexible language in the second and third resolved clauses to achieve the goals of the resolution; specifically, rather than requiring the creation of a database, the language was revised to ensure that a method of identifying opportunities be created. For the third resolved clause, the reference committee removed the requirement for an administrative committee, since it may not be required to ensure there is a Women in Leadership track or a scholarship.

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) create opportunities for rising and current female-identified leaders within AAFP to speak and educate as part of CME in national conferences, and be it further**
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> **RESOLVED, That the American Academy of Family Physicians create a streamlined method of identifying conferences and CME opportunities for women's leadership development and wellness, and be it further**
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> **RESOLVED, That the American Academy of Family Physicians develop a Women in Leadership track with annual scholarship funding that focuses on nurturing and training of diverse women physician leaders through facilitating their attendance at existing and novel AAFP conferences and provides CME opportunities with an aim of increasing representation in executive level leadership.**

ITEM NO. 6: RESOLUTION NO. 2006: END ABLEISM IN FAMILY MEDICINE

> RESOLVED, That the American Academy of Family Physicians officially recognize ableism and update available policy and information on health equity to incorporate the use of the term ableism, and be it further
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> RESOLVED, That the American Academy of Family Physicians will develop a process to gather data regarding members who self-identify as having a disability and their accommodation needs, and then use that process to gather such data, and be it further,
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> RESOLVED, That the American Academy of Family Physicians work with the American Board of Family Medicine, the Society of Teachers of Family Medicine and other stakeholders involved in the current effort to re-envision family medicine residency training to ensure that barriers to residency training for otherwise qualified disabled individuals are reduced to the fullest extent possible, and be it further
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> RESOLVED, That the American Academy of Family Physicians engage partner organizations to call on the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education to update their minimal technical standards to require medical schools and residencies to reduce barriers and provide appropriate accommodations for qualified disabled applicants, medical students, and residents.

The reference committee heard limited testimony in support of the resolution. The author testified briefly in support due to the lack of acknowledgment of physicians with an array of disabilities. The reference committee supported the spirit of the resolution and validated the importance of acknowledging physicians with disabilities. However, they believed that the intent of data collection needed to be clarified in the second resolved clause. The third resolved clause was

revised to use person-first language. The reference committee noted that the fourth resolved clause had merit. However, it needs further research to be able to return as its own resolution in the future.

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

RESOLVED, That the American Academy of Family Physicians officially recognize ableism and update available policy and information on health equity to incorporate the use of the term, and be it further

RESOLVED, That the American Academy of Family Physicians develop a process to gather data regarding members who self-identify as having a disability and their accommodation needs, and then use that process to gather such data to be used to inform programming and other AAFP decisions, and be it further,

RESOLVED, That the American Academy of Family Physicians work with stakeholders involved in the current effort to re-envision family medicine residency training to ensure that barriers to residency training for otherwise qualified individuals with disabilities are reduced to the fullest extent possible.

ITEM NO. 7: RESOLUTION NO. 2007: PAID PARENTAL LEAVE FOR FAMILY MEDICINE RESIDENTS

RESOLVED, That the American Academy of Family Physicians support a minimum of 12 weeks paid leave for family medicine residents parenting a newly born or newly adopted child of any age, and support an optional extension of this leave as unpaid time off, and be it further

RESOLVED, That the American Academy of Family Physicians communicate with the Family Medicine Residency Committee of the Accreditation Council for Graduate Medical Education to recommend updating the Program Requirements to endorse paid family leave for a minimum of 12 weeks and include covering the birth of a child or adoption of a child of any age with optional extension of this leave as unpaid time off, and be it further

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

The reference committee heard testimony in favor of the resolution, citing anecdotal experiences in which time off for the birth or adoption of a child was unpaid, resulting in financial stress in the midst of other stresses that naturally occur during the time of birth or adoption. Testimony emphasized the importance of a parent connecting with a newborn or adopted child in the first months after birth or adoption and the health benefits for both parents and children associated with protected parental leave. Testimony from the LGBT constituency recommended revising the resolution to include other life events that may result in time off to be considered for paid leave (example: new care needs for a family member), and also recommended referral to the AAFP board of directors. It was emphasized that this time off should not extend the time required for residency training. The reference committee agreed with the importance of protections of finance, time, and educational opportunities for residents with growing families. The reference committee reviewed current AAFP policy entitled “Parental Leave During Residency Training” which was reaffirmed at the 2017 AAFP Congress of Delegates, as well as action on a resolution from the AAFP National Conference of Constituency Leaders in 2017 that addressed many elements of

this issue. The reference committee acknowledged the complexity of this issue, noting that the American Board of Family Medicine has its own criteria for eligibility for board certification, the Accreditation Council for Graduate Medical Education establishes accreditation requirements for family medicine residency programs that outline requirements that individual residents must meet, and that there is variability by geographical location and sponsoring institutions in determining personnel policies for employees, including residents. The reference committee determined current AAFP policy does not have a strong enough position that parental leave during residency should be paid and recommended a substitute resolution to focus the request to revisiting AAFP policy.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2007, which reads as follows be adopted in lieu of Resolution No. 2007.

> **RESOLVED, That the American Academy of Family Physicians support a minimum of 12 weeks paid leave for family medicine residents parenting a newly born or newly adopted child of any age, and support an optional extension of this leave as unpaid time off.**

ITEM NO. 8: RESOLUTION NO. 2008: PROMOTING RACIAL EQUITY IN HEALTHCARE

> RESOLVED, That the American Academy of Family Physicians advocate for racial equity in healthcare, and be it further
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> RESOLVED, That the American Academy of Family Physicians actively promote anti-racism and bias training at all stages of healthcare education, and be it further
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> RESOLVED, That the American Academy of Family Physicians incorporate anti-racism and bias training opportunities for its members at all AAFP CME conferences, and be it further
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> RESOLVED, That American Academy of Family Physicians send a letter to the American Board of Family Medicine (ABFM) requesting that the ABFM develop a racial equity Knowledge Self-Assessment (KSA) and include questions that address racial equity in healthcare for each of their existing KSA modules.

The reference committee heard testimony only in favor of the resolution. Those that spoke in favor cited racism as a public health concern that requires proactive action by family physicians on behalf of the communities they serve. The reference committee agreed with the value of such a resolution; however, they believed the first three resolved clauses reflect current AAFP policy. The final resolved clause remains in place to recognize member desire for required education that will expand on racial equity, both in adding to existing content and developing new education.

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

> **RESOLVED, That American Academy of Family Physicians send a letter to the American Board of Family Medicine (ABFM) requesting that the ABFM develop a racial equity Knowledge Self-Assessment (KSA) and include questions that address racial equity in healthcare for each of their existing KSA modules.**

ITEM NO. 9: RESOLUTION NO. 2009: HOW FAMILY MEDICINE PHYSICIANS COULD BRIDGE THE GAP IN SPECIALTY CARE

RESOLVED, That the American Academy of Family Physicians will advocate for collaboration with the American Board of Internal Medicine (ABIM) and the American Board of Family Medicine to allow family medicine physicians to be eligible for fellowships in internal medicine subspecialties and to take ABIM fellowship board exams.

The reference committee heard mixed testimony on the resolution, with some members perceiving this offering as an expansion of scope for family physicians, while other members perceived it as a "slippery slope" where family physicians may lose their primary care focus. The authors spoke in favor of the resolution and noted that it may add more opportunities for family physicians and expand the spectrum of the family medicine practice. The reference committee agreed with the spirit of the resolution, citing additional barriers and disadvantages for family physicians in prescribing certain drugs and treatments, and filing for reimbursement, when compared with subspecialists. They also noted additional challenges to the ability of family physicians to practice full-scope family medicine. The reference committee discussed testimony where some members suggested that fellowships could expand the scope of family physicians, with many citing the treatment of diabetes, but the reference committee noted that the ability to treat diabetes did not require a three-year endocrinology fellowship. The reference committee perceived that the testimony described validated challenges facing family physicians, but ultimately felt that increasing access to internal medicine subspecialties would not solve for the root causes, and that AAFP membership did not voice a unified position on the impact of this type of effort on family medicine scope of practice and workforce.

RECOMMENDATION: The reference committee recommends that Resolution No. 2009 not be adopted.

ITEM NO. 10: RESOLUTION NO. 2010: IMG AND PREPARATION FOR THE MATCH

RESOLVED, That the American Academy of Family Physicians will examine barriers for qualified International Medical Graduates (IMG) and international medical students in placement in the Match, including discussing with family medicine programs about how IMGs are evaluated in the selection process, and be it further

RESOLVED, That the American Academy of Family Physicians identify the benefit of U.S. clinical experience as an important step in developing a pathway with mentorship for supporting IMGs prior to coming into the Match to allow qualified IMGs the opportunity to bring their skills to the practice of Family Medicine.

The reference committee heard testimony from members of the IMG constituency, including the coauthors of the resolution, all in support of the resolution on behalf of themselves and their constituency. Testimony captured first-hand experience with challenges in the residency application process that included difficulty finding information about residency programs that would support international medical graduates as residents, applying to a large number of programs relative to the number that offered interviews, and a high level of expense in the process. Testimony asked the AAFP to help IMGs find individual program criteria for evaluating residency candidates and provide guidance to family medicine residency programs on creating application criteria that is more equitable to IMG candidates. The reference committee considered current efforts of the AAFP to support international medical students and graduates seeking U.S. family medicine residency positions, including a dedicated section in the AAFP's guidebook to the family medicine match, *Strolling Through the Match*. The AAFP Family Medicine Residency Directory is structured for residency programs to self-report whether they accept IMG candidates and whether they sponsor U.S. visas, as does the directory for the family medicine residency

exposition at the AAFP National Conference of Family Medicine Residents and Medical Students. The AAFP National Conference also offers dedicated programming and an upcoming webinar for medical students interested in applying to family medicine in 2022 will include a panel of students from U.S. and international allopathic and osteopathic medical schools to share broad experiences and guidance. Considering testimony reflecting the importance of mentorship and guidance that is passed along by word of mouth, the reference committee believed this resolution should be simplified to focus on creation of more robust opportunities for international medical students and graduates to connect with others who can serve as mentors.

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 (AAFP) develop a pathway for mentorship that supports IMGs prior to coming into the Match to allow qualified IMGs the opportunity to bring their skills to the practice of family medicine.**

ITEM NO. 11: RESOLUTION NO. 2011: SIMPLE CHANGES TO DRAMATICALLY IMPROVE IMG MEMBER EXPERIENCE

> RESOLVED, That the American Academy of Family Physicians move the useful page "Learn about Requirements for IMGs" to the Medical Student and Resident dropdown menu on the AAFP main page and add a spot for the International Medical Graduates Community to the Connect page, and be it further
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> RESOLVED, That the American Academy of Family Physicians explore creating educational classes or CME on the United States health system and how American culture plays into national/regional healthcare differences that would be beneficial training to all in comparative health systems but would be especially beneficial to IMGs.

The reference committee heard testimony from the author of this resolution, a member of the IMG constituency speaking on behalf of the constituency, who shared that the resolution idea began with a broad desire for more resources for IMGs from the AAFP. Upon research, the author noted that resources do exist, but felt they were difficult to find. The author was not able to find any resources from the AAFP on general health system education for physicians, and noted that this could be particularly valuable for new family medicine residents who trained abroad and are not familiar with the U.S. health care system. A second member of the IMG constituency also testified and wanted to caution that IMGs do have unique needs and experiences, especially depending on their country of origin. Many IMGs who are U.S. citizens may have more experience with U.S. culture and health care entering residency and may not have the same need for this education. A member of the minority delegation offered support for the resolution. The reference committee recommended a substitute resolution be adopted to focus the request to exploration of education on the U.S. health care system and American culture, including determining member needs for these resources and availability through or in partnership with other organizations. The reference committee does not recommend including a request related to technical website design.

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 explore educational classes or CME on the United States health system and how American culture plays**

into national/regional healthcare differences that would be beneficial training to all in comparative health systems but would be especially beneficial to IMGs.

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,

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Benjamin Andrew Silverberg, MD, MSc, FAAFP, FCUCM – Chair

Matthew Allen Adkins, DO – LGBT
Maya Alexa Bass, MD, MA, FAAFP – Women
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