



Resident 3 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 25-27, 2019 – Kansas City, MO

1 **RECOMMENDATION: The Resident 3 Reference Committee recommends the following**
2 **consent calendar for adoption:**

3
4 **Item 1:** Adopt Substitute Resolution No. R3-601 “Addressing Unforeseen Family Medicine
5 Residency Closures” in lieu of Resolution No. R3-601, R3-602, R3-604, R3-605

6
7 **Item 2:** Adopt Substitute Resolution No. R3-603 “Separation of Immigrant Children from Families
8 in the Border” in lieu of Resolution No. R3-603

9
10 **Item 3:** Adopt Resolution No. R3-606 “Federal Acknowledgment and Support of Residents at
11 Safety Net Hospitals”

12
13 **Item 4:** Adopt Substitute Resolution No. R3-607 “Retention of Resident Training Records Due
14 to Program Closure” in lieu of Resolution No. R3-607

15
16 **Item 5:** Adopt Substitute Resolution No. R3-608 “AAFP Immigrant and Refugee Health
17 Physician and Resident Education”



Resident 3 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
July 25-27, 2019 – Kansas City, MO

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

5

6 **ITEM NO. 1: ADDRESSING UNFORESEEN FAMILY MEDICINE RESIDENCY CLOSURES**

7

8 **RESOLUTION NO. R3-601**

9

10 RESOLVED, That the American Academy of Family Physicians develop a policy to
11 assist and support family medicine residents in the unforeseen circumstance that their
12 residency program shuts down.

13

14 **RESOLUTION NO. R3-602**

15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) lobby the
17 Accreditation Council for Graduate Medical Education (ACGME) to install a crisis
18 response plan in cases of hospital closure/filing of bankruptcy that:
19 • Designates first responders such as ACGME, Centers for Medicare and Medicaid
20 Services, program directors and legal support;
21 • Establishes/Nominates committees responsible to collect residents' information;
22 • Establishes communication means amongst residents and first responders;
23 • Establishes policy towards media;
24 • Designates emergency funds to help transitioning residents acquire records from
25 closing hospital/program;
26 • Assists in identifying and selecting 2-3 legal firms that can advocate for residents,
27 speak on their behalf, be in a position to offer advice, and help support litigation if
28 needed;
29 • Establishes official advocacy entities: AAFP, American Medical Association,
30 ACGME.
31 • Lobbies to create new regulations to facilitate expedited resolution of crisis, and, be it
32 further

33

34 RESOLVED, That the American Academy of Family Physicians lobby the Accreditation
35 Council for Graduate Medical Education Institutional Review Committee to establish
36 monitoring of hospital financial operations:
37 • Residency programs to communicate and scrutinize financial health of
38 hosting/teaching hospitals in an effort to recognize failing signs;

39 • Establish close monitoring/auditing of resident slots and funding available prior to
40 hiring residents and monitor closely during training;
41 • Establish process to monitor financial trajectory of teaching hospitals and monitor
42 regularly;

43

44 **RESOLUTION NO. R3-604**

45

46 RESOLVED, That the American Academy of Family Physicians intercede on behalf of
47 residents at Hahnemann University Hospital for the quick release of Centers for
48 Medicare and Medicaid Services (CMS) graduate medical education (GME) funds to
49 residents of closing programs.

50

51 **RESOLUTION NO. R3-605**

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53 RESOLVED, That American Acedemy of Family Physicians lobby the Accreditation
54 Council for Graduate Medical Education Institutional Review Committee to install a crisis
55 plan that expeditiously determines institutional accreditation of threatened residency
56 programs during circumstances of hospital closure, such that these programs may
57 change sponsorship with minimal delay in resident training.

58

59 The reference committee heard testimony in support of numerous resolutions asking the AAFP
60 to take an active role in the untimely closure of a residency program and the financial
61 ramifications of such a process. Speakers discussed the importance of the AAFP taking a lead
62 role in supporting the residents affected by the closures.

63

64 The reference committee was updated by Dr. Karen Mitchell, Director of the Medical Education
65 Division, on AAFP activities and engagement with the recent Hahnemann University Hospital
66 (HUH) program closure. The AAFP has been in contact with both the residency and ACGME on
67 the situation and is offering support as appropriate. Furthermore, the reference committee heard
68 how prompt and effective the actions of both the AAFP and the ACGME have been, but
69 recognized that the HUH financial difficulties were both tragic and embroiled in legalities.

70

71 In regard to Resolution R3-601, the reference committee felt it was important for the AAFP to
72 develop policy showing strong support for residents during this time.

73

74 The reference committee discussed the importance of the AAFP and ACGME in developing a
75 crisis plan should similar situations arise. The testimony and the reference committee agreed
76 that this information should be publicly available to reassure residents that they are supported
77 during this unfortunate time. The reference committee appreciated the concrete details
78 provided, however, they chose to remove the sub-bullets originally included in Resolution R3-
79 602 to allow the AAFP and stakeholders more flexibility when addressing these issues. The
80 reference committee appreciated the intent of the second resolved clause but did not feel it was
81 appropriate to require the ACGME to monitor hospital finances. During the ACGME
82 accreditation progress, financial sustainability of the program is a part of the review process.

83

84 Resolution R3-604 requests that the AAFP intercede on behalf of the residents from HUH on
85 the quick release of the programs graduate medical education funds. Additional research during
86 the executive session informed the reference committee that the AAFP has been appropriately
87 involved in the situation and taken an active role in offering support for the affected residents.
88 The reference committee discussed that the HUH website states that the GME funds have
89 already been released and a plan is in place.

90 The reference committee felt Resolution R3-605 was similar to Resolution R3-602 and the intent
91 was addressed in the updated substitute resolution.

93 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
94 **No. R3-601 be adopted in lieu of Resolution Nos. R3-601, R3-602, R3-604, and R3-605**
95 **which reads as follows:**

97 **RESOLVED, That the American Academy of Family Physicians develop a policy to**
98 **assist and support family medicine residents in unforeseen circumstances (such**
99 **as financial hardships) if a residency program experiences unexpected closure.**

100 **RESOLVED, That the American Academy of Family Physicians advocate that the**
101 **Accreditation Council for Graduate Medical Education develop and make public a**
102 **crisis response plan in cases of hospital closure/filing of bankruptcy.**

105 **ITEM NO. 2: RESOLUTION No. R3-603: SEPARATION OF IMMIGRANT CHILDREN FROM**
106 **FAMILIES IN THE BORDER**

108 RESOLVED, That the American Academy of Family Physicians commit to stand against
109 immigration policies that result in family separation and long-term detention of families
110 seeking asylum from violence and oppression, and be it further

112 RESOLVED, That the American Academy of Family Physicians call for timely access to
113 quality medical, dental, and mental health care for children and families as well as basic
114 sanitation services inflicted by detention and separation policies, and be it further

116 RESOLVED, That the American Academy of Family Physicians call upon the
117 Department of Homeland Security to implement alternatives to family separation and
118 long term detention of family units, including community-based case management.

120 The reference committee heard supportive testimony on the resolution. The testimony
121 highlighted current immigration policies are not being upheld, putting families and children at
122 risk of separation, inadequate and untimely access to medical services, and long-term
123 detention. It was noted that the AAFP should call for the government to fulfill legal obligations to
124 families and children at the border. The reference committee agreed that the AAFP should
125 advocate to support the rights of immigrant families facing these conditions and appreciated the
126 passionate support of health care as a right regardless of documentation status. The testimony
127 and the reference committee also acknowledged the recent actions on this issue and supported
128 this continued activity.

130 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
131 **No. R3-603 be adopted in lieu of Resolution No. R3-603, which reads as follows:**

133 **RESOLVED, That the American Academy of Family Physicians stand against**
134 **immigration policies that result in family separation and long-term detention of**
135 **families seeking asylum from violence and oppression, and be it further**

137 **RESOLVED, That the American Academy of Family Physicians call for timely**
138 **access to quality medical, dental, and mental health care for children and families,**
139 **and be it further**

141 **RESOLVED, That the American Academy of Family Physicians advocate with**
142 **Health and Human Services to implement alternatives to family separation and**
143 **long-term detention of family units.**

144

145 **ITEM NO. 3: RESOLUTION No. R3-606 FEDERAL ACKNOWLEDGMENT AND SUPPORT**
146 **OF RESIDENTS AT SAFETY NET HOSPITALS**

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148 RESOLVED, That the American Academy of Family Physicians lobby for legislation
149 which implements financial protection and support plans for residency training programs
150 at safety net hospitals at risk for sudden closure.

151

152 The reference committee did not hear testimony on this resolution but heard supportive
153 testimony on other resolutions that addressed this topic. The reference committee noted the
154 timeliness of this resolution with AAFP's new Rural Health Initiative, which specifically
155 addresses hospital closures, and agreed that this topic would be an excellent point of advocacy
156 for the initiative moving forward.

157

158 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-606**
159 **be adopted.**

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161 **ITEM NO. 4: RESOLUTION No. R3-607: RETENTION OF RESIDENT TRAINING RECORDS**
162 **DUE TO PROGRAM CLOSURE**

163

164 RESOLVED, That the American Academy of Family Physicians strongly encourage the
165 Accreditation Council for Graduate Medical Education to establish within its program
166 closure policy, that residents and fellows within programs facing closure shall not endure
167 the burden financial or otherwise, of record retention, and be it further,

168

169 RESOLVED, That the responsibility, including financial, of training records retention for
170 residents and fellows be placed upon the sponsoring institution to ensure that records
171 are appropriately secure and protected through the Federation of State Medical Boards,
172 unless another viable option is available which shall be communicated with trainees prior
173 to closure

174

175 The reference committee heard passionate testimony from a resident of the recently closed
176 Hahnemann University Hospital. Testimony reinforced the uncertainty these residents are facing
177 in their training, including record retention and increased financial burden. The reference
178 committee agreed that the burden of this process should not fall on the resident. Testimony
179 noted that this burden typically falls upon the sponsoring organization unless another viable
180 option is available, which should be communicated with trainees prior to closure. As such, the
181 AAFP should collaborate with key stakeholders to investigate a secure and effective process
182 for record retention of residents facing similar situations.

183

184 **RECOMMENDATION: The reference committee recommends Substitute Resolution No.**
185 **R3-607 be adopted in lieu of Resolution No. R3-607, which reads as follows:**

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187 RESOLVED, That the American Academy of Family Physicians work with the
188 Accreditation Council for Graduate Medical Education, Federation of State Medical
189 Boards, and other key stakeholders to investigate a program closure policy, that
190 residents and fellows impacted shall not endure the financial burden of record
191 retention and that the responsibility be placed upon the sponsoring institution.

192 **ITEM NO. 5: RESOLUTION NO. R3-608: AAFP IMMIGRANT AND REFUGEE HEALTH**
193 **PHYSICIAN AND RESIDENT EDUCATION**

195 RESOLVED, That the American Academy of Family Physicians adopt a policy in support
196 of physician education on the unique health care needs of all immigrant and refugee
197 patients, regardless of documentation status, and be it further

199 RESOLVED, That the American Academy of Family Physicians develop and make
200 available a toolkit and workshop template aimed at increasing physician knowledge
201 regarding the health and wellbeing of all immigrant and refugee patients, regardless of
202 documentation status, and be it further

204 RESOLVED, That the American Academy of Family Physicians aim to hold a workshop
205 at the 2020 AAFP National Conference addressing health care delivery to all immigrant
206 and refugee patients.

208 The reference committee heard testimony in support of the resolution. Testimony highlighted
209 that most family physicians serve patients with immigrant or refugee status. Specifically,
210 testimony noted that little education for physicians and residents is available on reducing
211 barriers and providing comprehensive, coordinated care for these patients. The reference
212 committee acknowledged that this topic has been well-received by students and residents at
213 state level educational activities and asked that the AAFP provide educational opportunities on
214 this topic more broadly. Furthermore, the reference committee wanted to ensure the AAFP has
215 the flexibility to adapt and provide innovative education solutions on this topic in the future.

217 **RECOMMENDATION: The reference committee recommends Substitute Resolution No.**
218 **R3-608 be adopted in lieu of Resolution No. R3-608, which reads as follows:**

220 **RESOLVED, That the American Academy of Family Physicians support physician**
221 **education on the unique health care needs of all immigrant and refugee**
222 **patients, regardless of documentation status, and be it further**

224 **RESOLVED, That the American Academy of Family Physicians develop**
225 **educational resources, such as a workshop or toolkit, aimed at increasing**
226 **physician knowledge regarding the health and wellbeing of all immigrant and**
227 **refugee patients, regardless of documentation status, and be it further**

229 **RESOLVED, That the American Academy of Family Physicians consider**
230 **opportunities (such as workshops, sessions) at the 2020 AAFP National**
231 **Conference addressing health care delivery to all immigrant and refugee patients.**

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

236
237 Respectfully submitted,

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Anthony Markuson, Chair
242
243 Kate Nowakowski
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