



2023 Agenda for the Reference Committee on Education

National Conference of Constituency Leaders

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 2001	Including LGBTQIA+ Healthcare, Including Gender-Affirming Care, as a Core Competency in Family Medicine Training
2. Resolution No. 2002	Lessons Learned from Long Covid: Increase Education and Treatment in Primary Care for Chronically Fatiguing Illnesses
3. Resolution No. 2003	Integrating Free Anti-Racism and Health Equity Training into Residency Programs
4. Resolution No. 2004	Create a Longitudinal Mentorship Program for International Medical Graduates Students, Residents and New Physicians
5. Resolution No. 2005	Transparency in Visa Sponsorship Information for Residency and Fellowship Programs
6. Resolution No. 2006	Promoting Clinical Research Opportunities for International Medical Graduates
7. Resolution No. 2007	Increasing Access for Resident Engagement in Advocacy and Legislation
8. Resolution No. 2008	Increasing Access to Palliative Care and Hospice Services to Minority Underserved Populations
9. Resolution No. 2009	Creating Safety for Diversity, Equity, Inclusion and Antiracism (DEIA) Work through Restorative Justice and Racial Affinity Caucusing
10. Resolution No. 2010	Promoting Greater Access for Sub-internship to IMG and BIPOC Students Interested in Family Medicine

RESOLUTION NO. 2001

Including LGBTQIA+ Healthcare, Including Gender-Affirming Care, as a Core Competency in Family Medicine Training

Introduced by: Haley Parsley, MD, LGBTQ+
 Colbey Ricklefs, MD, MPH, LGBTQ+
 Kevin Wang, MD, LGBTQ+

WHEREAS, One-third of transgender patients experience healthcare discrimination and one-quarter of patients delay seeking healthcare due to fear of discrimination and shortage of competent and informed clinicians, which has been further compounded by the recent slate of state anti-LGBT legislation banning access to gender affirming healthcare, and

WHEREAS, the American Academy of Family Physicians (AAFP) recommends that family physicians demonstrate clinical competency in patient care and medical knowledge of caring for LGBTQIA+ patients, including gender affirming care for gender-diverse patients, and

WHEREAS, gender-affirming care is not currently widely integrated into family medicine residency curricula despite these recommendations and many trainees do not feel adequately prepared to meet the needs of their LGBTQIA+ patients, and

WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) requires, as a common residency requirement, that “Residents must demonstrate competence in: respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation,” now, therefore, be it

RESOLVED, That the American Academy of Family Physicians write a letter to the Accreditation Council for Graduate Medical Education requesting that competency in patient care and medical knowledge in LGBTQIA+ healthcare, including gender-affirming care, in family medicine residency education be required.

RESOLUTION NO. 2002

Lessons Learned from Long Covid: Increase Education and Treatment in Primary Care for Chronically Fatiguing Illnesses

Introduced by: Jiana Menendez, MD; MPH, New Physician
Laura Murphy, DO, New Physician
Kyle Leggott, MD, New Physician
Katherine Schreck, MD, LGBTQ+

WHEREAS, The medical community has a poor understanding of, and often negative stigma towards chronically fatiguing illness, including post-exertional malaise, myalgic encephalitis/chronic fatigue syndrome (ME/CFS), and chronic fatigue in long-covid, and

WHEREAS, prior to the Covid-19 pandemic in 2015, the prevalence of ME/CFS was estimated to affect 836,000 to 2.5 million people in the United States, leaving those affected, “more functionally impaired than those with other disabling illnesses, including type 2 diabetes mellitus, congestive heart failure, hypertension, depression, multiple sclerosis, and end-stage renal disease,” and

WHEREAS, an estimated 84-91% of people suffering from ME/CFS are undiagnosed, and it takes an average of one-fiveyears or more for people to get an accurate diagnosis, and

WHEREAS, it was previously known that ME/CFS can be preceded by a viral infection, there has been a significantly increased incidence of ME/CFS cases since the Covid-19 pandemic began, with recent studies suggesting it affects about half of the millions diagnosed with “long-covid”, and

WHEREAS, family physicians are often the first doctor that patients with chronically fatiguing illness, present to with symptoms, the American Academy of Family Physicians (AAFP) does not have diagnostic or practice guidelines related to ME/CFS, and even has outdated and inaccurate information available,, and

WHEREAS, there are few chronically fatiguing illness specialists in the United States who cannot keep up with the need, and siloed specialists often miss the complex multi-system presentation, and

WHEREAS, family physicians are uniquely positioned to identify and treat patients with chronic fatiguing illnesses because of their broad medical scope with focus on the whole individual, and

WHEREAS, the Covid pandemic has highlighted the need for further research and awareness to guide clinical practice for those suffering from chronically fatiguing illnesses; ME/CFS, for example, is the most underfunded disease with respect to burden and would need to increase roughly 14-fold in order to be commensurate with disease burden, and

WHEREAS, chronically fatiguing illnesses are under researched and poorly understood yet there have been a plethora of new publications and resources available to understand and treat this complex disease, and family doctors need this accurate, up-to-date information in order to be fully equipped to meet the needs of their patients and communities, now, therefore, be it

RESOLVED, that the American Academy of Family Physicians (AAFP) evaluate the current literature and recommendations for chronically fatiguing illnesses (including post-exertional malaise, myalgic encephalitis/chronic fatigue syndrome, and chronic fatigue in long-covid) and publish an *American Family Physician* article to better reflect current evidence and practice-based guidelines for chronically fatiguing illnesses, and be it further

RESOLVED, that the American Academy of Family Physicians (AAFP) produce continuing medical education (CME) materials for chronically fatiguing illnesses (including post-exertional malaise, myalgic encephalitis/chronic fatigue syndrome, and chronic fatigue in long-covid) and make them available on the AAFP website under the “Chronic Conditions” CME categorization, and be it further

RESOLVED, that the American Academy of Family Physicians (AAFP) increase in-person educational opportunities on chronically fatiguing illnesses (including post-exertional malaise, myalgic encephalitis/chronic fatigue syndrome, and chronic fatigue in long-covid) at the AAFP educational conferences, such as the Family Medicine Experience (FMX) conference.

RESOLUTION NO. 2003

Integrating Free Anti-Racism and Health Equity Training into Residency Programs

Introduced by: Manasa Irwin, MD, Minority
 Armando Quiroz, MD, Minority
 Pablo da Silva, MD, Minority
 Derrick Camerson, MD, MBA, MPH, FAAFP, Minority

WHEREAS, The Centers for Disease Control and Prevention (CDC) recognizes that a growing body of research shows that centuries of racism in this country has had a profound and negative impact on communities of color, and

WHEREAS, anti-racism and health equity training is an Accreditation Council for Graduate Medical Education (ACGME) requirement (associated milestones include medical knowledge, patient care, systems based practice, practice-based learning and improvement, advocacy and professionalism), and

WHEREAS, the American Academy of Family Physicians (AAFP) has been focused on diversity, equity, and inclusion, and

WHEREAS, multiple anti-racism and health equity training resources are available including through the AAFP, for example Anti-Racism: Tools for Change through EveryONE toolkit (AAFP EveryONE project), and

WHEREAS, residency anti-racism and health equity training is variable across programs and funding may be a barrier, and

WHEREAS, to facilitate standardized training and equity in access to training, now, therefore, be it

RESOLVED, The American Academy of Family Physicians (AAFP) provide free access to the Anti-racism: Tools for Change continuing medical education (CME) program to Family Medicine Accreditation Council for Graduate Medical Education (ACGME) certified residency programs.

RESOLUTION NO. 2004

Create a Longitudinal Mentorship Program for International Medical Graduates Students, Residents and New Physicians

Introduced by: Manju Mahajan, MD, IMG
Diana Veronica Steau, MD, IMG
Kara Foster-Weiss, MD, IMG
Evangeline Chinyelu Obi, MD, IMG
Claudia Rey, MD, FAAFP, Women
Ryan Walker, MD, MPH, Minority

WHEREAS, Currently International Medical Graduates (IMGs) are 20% of the total American Academy of Family Physicians (AAFP) membership, and

WHEREAS, the American health system is difficult to navigate, particularly for IMG students, residents and new physicians to adapt to, and

WHEREAS, the American Medical Association (AMA) believes that the United States should promote an increase of IMGs, and

WHEREAS, there is a shortage of physicians in the country and we need more family physicians (it is projected that by 2032, there will be a physician shortage of between 54,100, and 139,000 with a Primary Care Physician shortage of between 21,400 and 55,200), many available being IMGs that can fill a growing need for a larger physician workforce that the United States cannot fill on its own, and

WHEREAS, the AAFP already has the existing IMG orientation site, with no direct mentorship program available for IMG students, resident and new physicians, and

WHEREAS, the AAFP does not currently have any incentive for mentors for mentoring IMG students, residents and new physicians, now, therefore be it

RESOLVED, That the American Academy of Family Physicians create and promote an online formal mentorship program for International Medical Graduate students, residents and new physicians that is longitudinal up to seven years post-residency that would include meeting with the member every 1-3 months or as needed, and be it further

RESOLVED, That the American Academy of Family Physicians with the longitudinal International Medical Graduate (IMG) mentorship program help with accessible information and support for IMG students, residents and new physicians to thrive and connect within the medical community and be it further

RESOLVED, That the American Academy of Family Physicians create and promote an online formal mentorship program for International Medical Graduate (IMG) students, residents and new physicians that is longitudinal up to 7 years post residency that would include meeting with the member every 1-3 months or as needed, to help with accessible information and support for IMG students, residents and new physicians to thrive and connect within the medical community, and be it further

RESOLVED, That the American Academy of Family Physicians research and create an online

database for mentors-mentees specifically to support International Medical Graduate students, residents and new physicians, and be it further

RESOLVED, That the American Academy of Family Physicians promote the availability of incentives for mentorship of International Medical Graduate students, residents and new physicians.

RESOLUTION NO. 2005

Transparency in Visa Sponsorship Information for Residency and Fellowship Programs

Introduced by: Kento Sonoda, MD, IMG
Roger Musa, MD, IMG
Donnaville Ortiz, MD, IMG
Xinuo Gao, MD, New Physician
Sarah Gerrish, MD, Minority
Lovedhi Aggarwal, MD, FAAFP, IMG
Sahoko Little, MD, FAAFP, IMG

WHEREAS, 22.2% of the active members of the American Academy of Family Physicians are international medical graduates (IMGs), playing a vital role in addressing the physician workforce shortage in the United States, and

WHEREAS, the majority of IMGs require a visa to complete residency or fellowship training in the United States, and

WHEREAS, the J-1 and H1-B visas are the most commonly used visas for IMGs in residency and fellowship programs, and

WHEREAS, information about sponsoring of J-1 or H-1B visas is not always clearly stated on programs' websites, which can create delay and financial burden, and

WHEREAS, 88.7% of family medicine positions filled during the Match in 2023, down from 90.6% in 2022, and

WHEREAS, In 2023, there were 577 unfilled positions after the Match, up from 465 in 2022; 2023 had the lowest fill rate since 2007, now, therefore, be it

RESOLVED, that the American Academy of Family Physicians (AAFP) request that all residency and fellowship programs clearly state on their websites and in promotional materials whether or not they sponsor J1 or H1B visas or any other immigration status which may be relevant, and be it further

RESOLVED, that the American Academy of Family Physicians communicate with the Accreditation Council for Graduate Medical Education (ACGME), the National Resident Matching Program (NRMP), and the American Medical Association (AMA) to increase transparency in visa sponsorship information to better support international medical graduates (IMGs) in their pursuit of medical training in the United States.

RESOLUTION NO. 2006

Promoting Clinical Research Opportunities for International Medical Graduates

Introduced by: Sai Guttikonda, MD;MPH, IMG
 Olusesan Olotu, MD, IMG

WHEREAS, 25% of the filled FM PGY-1 positions in 2022 were International Medical Graduates (IMGs) but 10% of total positions were unfilled in 2022 match, and

WHEREAS, 3,293 (42%) of Non-United States (U.S.) IMGs and 1,949 (39%) of U.S. IMGs were unmatched in the 2022 match cycle, and

WHEREAS, some of the obstacles for IMGs matching into Family Medicine include lack of clinical or research experience and/or lack of exposure to family medicine practice in the U.S., now, therefore, be it

RESOLVED, That the American Academy of Family Physicians act as a bridge to help potential International Medical Graduate family medicine residency candidates find clinical research opportunities by creating online resources, and be it further

RESOLVED, That the American Academy of Family Physicians has an International Medical Graduate representative on the AAFP National Research Network Advisory Committee, and be it further

RESOLVED, That the American Academy of Family Physicians post studies to the International Medical Graduate (IMG) board and identify the opportunities for potential IMG participation.

RESOLUTION NO. 2007

Increasing Access for Resident Engagement in Advocacy and Legislation

Introduced by: Kyle Leggott, MD, New Physician
Xi Nuo Gao, MD, New Physician
Alicia Gonzales, MD, General Registrant

WHEREAS, the American Academy of Family Physicians identifies advocacy as one of its seven core values, and

WHEREAS, the National Conference for Family Medicine Residents and Medical Students provides an opportunity for residents to learn about the governance process through the safe learning environment of the resident congress, and

WHEREAS, the Family Medicine Advocacy Summit (FMAS) exemplifies an ideally coordinated and executed advocacy experience that serves as a model for its attendants to replicate at a state level, and

WHEREAS, current funding only covers scholarship for two residents to attend FMAS and in this previous cycle for FMAS 2023, there were sixteen resident applicants. Further, as of May 1, 2023, there were 71 residents registered to attend out of a total of 253 registered attendants accounting for 28% of all registrants, and

WHEREAS, current scholarships cover the cost of airfare, hotel, and registration, which amounts to \$1,000 per recipient, and

WHEREAS, Washington, D.C., the location of FMAS, is considered a “high cost” city and attendance may be prohibitively expensive for non-scholarship recipients, and likely exclude attendance and representation of residents from smaller, minority, or less wealthy states, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians explore means by which to expand financial assistance opportunities for residents with a focus in advocacy and legislation to have greater representation at AAFP conferences focused in these areas, such as the National Conference for Family Medicine Residents and Student Members and the Family Medicine Advocacy Summit.

RESOLUTION NO. 2008

Increasing Access to Palliative Care and Hospice Services to Minority Underserved Populations

Introduced by: Jessica Garcia, DO, Minority
Lonzale Ramsey, MD, Minority
Glorymar Lopez Garayua, MD, Minority
Bharat Joshi, MD, Minority
Kyle Kurzet, MD, MS, FAAFP, LGBTQ+
Rida Khan, MD, Women
Jean Ghosn, MD, New Physician

WHEREAS, In 2023 there are projected to be 80,200 new cancer cases diagnosed in Hispanic men and 96,400 cases in Hispanic women, and

WHEREAS, cancer is the leading cause of death in the United States (U.S.) Hispanic population, and

WHEREAS, heart disease is the leading cause of death in non-Hispanic Whites, and, comparatively, African Americans compared to other racial and ethnic groups are known to currently have the highest death rate and lowest survival rate of cancer patients, and

WHEREAS, overall, it is noted that African Americans tend to receive more aggressive and non-beneficial medical care at the end of life compared to their white counterparts and have greater odds of intensive care unit and emergency department admissions, and are more likely to undergo mechanical ventilation, and

WHEREAS, palliative care in advanced disease has proven benefits, unfortunately minorities are frequently confronted with barriers such as poverty, racial discrimination, lack of insurance coverage, and education which can cause a delay in advanced disease diagnosis and access to palliative care services leading to overall poorer health outcomes, and

WHEREAS, in many urban low-income communities, less than 5% of decedents receive hospice care in the last six months of life, and

WHEREAS, additionally, sexual and gender minority patients and chosen family members are denied access to affirming palliative and hospice care, as well as bereavement services, and

WHEREAS, African American, Asian, and Hispanic patients collectively comprised less than 20% of Medicare hospice patients in 2018, according to the National Hospice and Palliative Organization, while Caucasians were at 80%, and

WHEREAS, it is noted in a 2019 State by State Report Card on Access to Palliative Care, 72% of U.S. hospitals (with fifty or more beds) and 94% of large hospitals (with 300 or more beds) report a palliative care team, and

WHEREAS, public hospitals serving 44 million patients who are disproportionately minorities, Medicaid beneficiaries, the uninsured, or those living in disadvantaged communities are much less likely to provide the service, with only 60% reporting a palliative care team, and

WHEREAS, the American Academy of Family Physicians currently only provides select articles on palliative care benefits, hospice and palliative care continuing medical education self-study guides, this is insufficient information to educate primary care physicians on how to have these discussions with their minority patients, and

WHEREAS, these articles do not sufficiently address how to break down the racial biases and healthcare inequities minority patients face when having an advanced disease, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians should advocate to the Accreditation Council for Graduate Medical Education an increase in fellowship career opportunities and increase residency requirements in the palliative and the hospice field, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) make mandatory palliative and hospice educational opportunities such as workshops at Family Medicine Experience, online modules and AAFP National Conference with an emphasis on cultural sensitivity surrounding end-of-life care, including awareness of chosen family members/members of the patient's support system, and promote educational workshops designed to include minority community leaders and senior centers to explain the benefits of palliative care as an added layer of support in the context of living with a serious illness, advance care planning, and caregiving resources, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for Centers for Medicare and Medicaid Services (CMS) to expand Medicare funding, to include an incentivized plan to underserved and rural inpatient and outpatient palliative and hospice care, and funding to support services for chosen family members, and advocate for bedside patient access and CMS funding for bereavement and related services for all patient caregivers, including chosen family without legal standing, and inclusion of education about sexual and gender minorities in cultural sensitivity training.

RESOLUTION NO. 2009

Creating Safety for Diversity, Equity, Inclusion and Antiracism (DEIA) Work through Restorative Justice and Racial Affinity Caucusing

Introduced by: Sarah Gerrish, MD, Minority
Octavia Amaechi, MD, FFAFP, Women
Kento Sonodo, MD, IMG
Loren Colson, DO, New Physician

WHEREAS, The American Academy of Family Physicians (AAFP) released a 2020 statement naming racism as a public health crisis and is in "support [of] family physicians in their efforts to actively dismantle implicit racist and discriminatory institutional practices in their communities," and

WHEREAS, significant racial and ethnic health disparities have persisted despite current efforts, and

WHEREAS, it is recognized that racism, social, and structural determinants of health are known to perpetuate negative health outcomes, and

WHEREAS, American Academy of Family Physicians (AAFP) has developed antiracism, implicit bias, and health equity educational modules and toolkits, and

WHEREAS, restorative justice (RJ) is defined through three tiers of practice: Tier I - community-building circles to help develop healthy working relationships and interpersonal competence to address conflict and climate concerns, Tier II - dedicated spaces to respond to incidents of misconduct or harm by developing plans to repair harm and rebuild trust, Tier III - provide community and institutional reassurance and social support surrounding social justice, and

WHEREAS, Association of American Medical Colleges states that restorative justice is an answer to mistreatment and discrimination and provides restorative justice facilitator training, and

WHEREAS, racial affinity caucusing addresses issues of potentially harmful group dynamics that reflect how white people benefit from the status quo, and provide space to collectively work with people of color to dismantle racism, and

WHEREAS, racial affinity caucusing provides an opportunity to understand how identity dynamics operate in specific institutional and group settings and devise strategies to overcome the barriers and oppression that are created by them, and

WHEREAS, racial affinity caucusing is used to provide safety for conversations to actively dismantle implicit racist and discriminatory practices without perpetuating harm, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians make equity training available at each national conference, and be it further

RESOLVED, That the American Academy of Family Physicians make restorative justice facilitator training available during national conferences and asynchronous continuing medical

education materials, and be it further

RESOLVED, That the American Academy of Family Physicians make racial affinity caucusing facilitator training available during national conferences and asynchronous continuing medical education.

RESOLUTION NO. 2010

Promoting Greater Access for Sub-internship to IMG and BIPOC Students Interested in Family Medicine

Introduced by: Tambetta Ojong, MD, IMG
 Sai Swapnika Guttikonda MD, MPH, IMG

WHEREAS, A shortage of more than 52,000 primary care physicians are predicted by 2025, and

WHEREAS, only 5.7% of United States doctors are black and the shortage harms public health, and

WHEREAS, a cost data analysis from 2018-2019 among non-nursing home Medicare Accountable Care Organization (ACO) patients showed a spending nearly \$43 higher per member per month that APP PCP compared to those with a physician PCP, and

WHEREAS, having International Medical Graduates and minority medical students do sub-internships could result in retention in the state and community, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for creating more sub-internship opportunities in Family Medicine for BIPOC and International Medical Graduate medical students to meet the shortage of primary care physicians across the nation.