



2023 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 Resolution No. 2001: "Including LGBTQIA+ Healthcare, Including Gender-Affirming Care, as a Core Competency in Family Medicine Training".

Item 2: Adopt Substitute Resolution No. 2002: "Lessons Learned from Long Covid: Increase Education and Treatment in Primary Care for Chronically Fatiguing Illnesses in lieu of Resolution No. 2002.

Item 3: Adopt Substitute Resolution No. 2003: "Integrating Free Anti-Racism and Health Equity Training into Residency Programs" in lieu of Resolution No. 2003.

Item 4: Adopt Substitute Resolution No. 2004: "Create a Longitudinal Mentorship Program for International Medical Graduates Students, Residents and New Physicians" in lieu of Resolution No. 2004.

Item 5: Adopt Substitute Resolution No. 2005: "Transparency in Visa Sponsorship Information for Residency and Fellowship Programs" in lieu of Resolution No. 2005.

Item 6: Not adopt Resolution No. 2006: "Promoting Clinical Research Opportunities for International Medical Graduates".

Item 7: Adopt Resolution No. 2007: "Increasing Access for Resident Engagement in Advocacy and Legislation".

Item 8: Not Adopt No. 2008: "Increasing Access to Palliative Care and Hospice Services to Minority Underserved Populations".

Item 9: Adopt Substitute Resolution No. 2009: "Creating Safety for Diversity, Equity, Inclusion and Antiracism (DEIA) Work through Restorative Justice and Racial Affinity Caucusing" in lieu of Resolution No. 2009.

Item 10: Not adopt Resolution No. 2010: "Promoting Greater Access for Sub-internship to IMG and BIPOC Students Interested in Family Medicine".



2023 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: INCLUDING LGBTQIA+ HEALTHCARE, INCLUDING GENDER-AFFIRMING CARE, AS A CORE COMPETENCY IN FAMILY MEDICINE TRAINING

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.

The reference committee heard testimony exclusively in support of this resolution. Testimony reflected concerns with recent state laws' impacts on patient access to gender-affirming care, physicians being fired for providing gender-affirming care, and lack of competence in providing care to LGBTQIA+ patients. One member testified about inequitable mortality rates among transgender populations, justifying the need to prepare family physicians with training to care for these populations. The reference committee reviewed existing residency accreditation guidelines set by the Accreditation Council on Graduate Medical Education (ACGME), which includes care of gender-diverse patients, but is not as specific as this resolution. The reference committee discussed that the AAFP works closely and often with the ACGME to bring recommendations on behalf of AAFP members and would have opportunities to communicate this recommendation during the next round of residency accreditation guideline changes.

RECOMMENDATION: The reference committee recommends that Resolution No. 2001 be adopted.

ITEM NO. 2: RESOLUTION NO. 2002: LESSONS LEARNED FROM LONG COVID: INCREASE EDUCATION AND TREATMENT IN PRIMARY CARE FOR CHRONICALLY FATIGUING ILLNESSES

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

1 RESOLVED, that the American Academy of Family Physicians (AAFP) produce
2 continuing medical education (CME) materials for chronically fatiguing illnesses (including
3 post-exertional malaise, myalgic encephalitis/chronic fatigue syndrome, and chronic
4 fatigue in long-covid) and make them available on the AAFP website under the "Chronic
5 Conditions" CME categorization, and be it further
6

7 RESOLVED, that the American Academy of Family Physicians (AAFP) increase in-person
8 educational opportunities on chronically fatiguing illnesses (including post-exertional
9 malaise, myalgic encephalitis/chronic fatigue syndrome, and chronic fatigue in long-covid)
10 at the AAFP educational conferences, such as the Family Medicine Experience (FMX)
11 conference.
12

13 The reference committee heard testimony exclusively in support of the resolution. One coauthor
14 testified about the lack of available CME on the effects of long COVID, specifically post-exertional
15 malaise, myalgic encephalitis/chronic fatigue syndrome, and chronic fatigue in long-covid.
16 Several members shared personal stories about the effects of long COVID and difficulty in
17 understanding evidence-based treatment options. The reference committee agreed that there is
18 insufficient CME on the topic and that it is important to include in the AAFP's CME portfolio. The
19 reference committee acknowledged that *American Family Physician* is editorially independent,
20 but that live and online CME are educational modalities that would be appropriate to use. The
21 reference committee had concerns that the resolution wording may be restrictive and therefore
22 amended the resolution to allow the AAFP to incorporate the topics and modalities in a way that
23 are most educationally appropriate.
24

25 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
26 **No. 2002 which reads as follows be adopted in lieu of Resolution No. 2002:**
27

28 **RESOLVED, That the American Academy of Family Physicians (AAFP) evaluate the**
29 **current literature and recommendations for chronically fatiguing illnesses**
30 **(including post-exertional malaise, myalgic encephalitis/chronic fatigue syndrome,**
31 **and chronic fatigue in long-covid) and produce continuing medical education (CME)**
32 **in multiple formats (including live synchronous, online asynchronous, and others)**
33 **to better reflect current evidence and practice-based guidelines.**
34

35 **ITEM NO. 3: RESOLUTION NO. 2003: INTEGRATING FREE ANTI-RACISM AND HEALTH**
36 **EQUITY TRAINING INTO RESIDENCY PROGRAMS**
37

38 RESOLVED, That the American Academy of Family Physicians (AAFP) provide free access
39 to the Anti-racism: Tools for Change continuing medical education (CME) program to Family
40 Medicine Accreditation Council for Graduate Medical Education (ACGME) certified
41 residency programs.
42

43 The reference committee heard testimony exclusively in support of the resolution. Members
44 speaking in favor of the resolution noted that accreditation requirements for residency programs
45 set by the Accreditation Council for Graduate Medical Education include diversity, equity, and
46 inclusion (DEI), but execution against those requirements varies in quality across different
47 programs, especially specific to anti-racism training for residents and faculty. Supportive
48 testimony noted that AAFP programs and tools developed through the EveryONE Project could
49 provide value to residency programs seeking to expand or improve DEI efforts. In discussing the
50 intended outcome of the resolution, the reference committee suggested refocusing on access to
51 resources for residents and encouraging that the AAFP explore all barriers to accessing training.

The reference committee also determined there are unintended consequences and complexities regarding mandating the pricing of specific AAFP products and that the resolution should instead guide the AAFP on the issue itself.

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 increase and improve resident education on anti-racism by leveraging tools from the EveryONE Project and exploring options to remove barriers to access for training for residents and residency programs.

ITEM NO. 4: RESOLUTION NO. 2004: CREATE A LONGITUDINAL MENTORSHIP PROGRAM FOR INTERNATIONAL MEDICAL GRADUATES STUDENTS, RESIDENTS, AND NEW PHYSICIANS

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.

The reference committee heard testimony exclusively in support of the resolution. Those speaking in favor identified additional barriers that International Medical Graduates encounter throughout their training and transition to practice. The reference committee reviewed past resolutions on pathway and mentorship topics, including a 2022 NCCL resolution asking for a longitudinal mentorship program for black males. The AAFP's current strategic plan includes a strategic objective to, "Strengthen the pathway of family physicians to best care for our communities," with an objective to "develop a new mentorship program targeting underrepresented in medicine." A board chair report on that resolution noted that the AAFP's existing AAFP efforts to advance this strategic priority include identifying best practices and partnering with organizations with shared values that have existing mentoring programming and

1 structures. The reference committee suggested refocusing this resolution to leverage the AAFP's
2 efforts underway.

3
4 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
5 **No. 2004 which reads as follows be adopted in lieu of Resolution No. 2004:**
6

7 **RESOLVED, That the American Academy of Family Physicians (AAFP) ensure that**
8 **international medical students and graduates are included as populations served**
9 **by AAFP mentorship programs and efforts of the AAFP strategic plan to strengthen**
10 **pathways to family medicine careers.**
11

12 **ITEM NO. 5: RESOLUTION NO. 2005: TRANSPARENCY IN VISA SPONSORSHIP**
13 **INFORMATION FOR RESIDENCY AND FELLOWSHIP PROGRAMS**
14

15 RESOLVED, that the American Academy of Family Physicians (AAFP) request that all
16 residency and fellowship programs clearly state on their websites and in promotional
17 materials whether or not they sponsor J1 or H1B visas or any other immigration status which
18 may be relevant, and be it further
19

20 RESOLVED, that the American Academy of Family Physicians communicate with the
21 Accreditation Council for Graduate Medical Education (ACGME), the National Resident
22 Matching Program (NRMP), and the American Medical Association (AMA) to increase
23 transparency in visa sponsorship information to better support international medical
24 graduates (IMGs) in their pursuit of medical training in the United States.
25

26 The reference committee heard testimony exclusively in support of the resolution from the
27 authors, multiple constituencies, and individuals. Many members shared their struggles
28 navigating residency and fellowship application processes and the lack of clarity from programs
29 about whether they will support foreign citizens through visa waivers. Those sharing testimony
30 noted this lack of clarity leads to wasted time, effort, and money applying to programs that will
31 never consider them as candidates. The reference committee discussed that the AAFP has no
32 current policy on this issue and that policy may be the first and strongest effort the organization
33 can make to improve this experience for international medical students and graduates. The
34 reference committee reviewed current AAFP efforts to improve its family medicine residency
35 directory to include program-level information regarding visa waiver but acknowledged that the
36 validity and currency of the database will still rely on program-provided information. The AAFP is
37 not able to dictate what information residency programs make publicly available nor what other
38 organizations include in their directories, but the reference committee determined that AAFP
39 policy on this topic will empower the AAFP to represent members on this issue when the
40 organization has the best opportunities to have an influence.
41

42 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
43 **No. 2005 which reads as follows be adopted in lieu of Resolution No. 2005:**
44

45 **RESOLVED, That the American Academy of Family Physicians develop policy**
46 **encouraging family medicine residencies and organizations that house residency**
47 **and fellowship application services and databases to be fully transparent about**
48 **institution-level support of visa waivers.**
49

50 **ITEM NO. 6: RESOLUTION NO. 2006: PROMOTING CLINICAL RESEARCH OPPORTUNITIES**
51 **FOR INTERNATIONAL MEDICAL GRADUATES**
52

1 RESOLVED, That the American Academy of Family Physicians act as a bridge to help
2 potential International Medical Graduate family medicine residency candidates find clinical
3 research opportunities by creating online resources, and be it further
4

5 RESOLVED, That the American Academy of Family Physicians has an International
6 Medical Graduate representative on the AAFP National Research Network Advisory
7 Committee, and be it further
8

9 RESOLVED, That the American Academy of Family Physicians post studies to the
10 International Medical Graduate (IMG) board and identify the opportunities for potential
11 IMG participation.
12

13 The reference committee heard testimony in support of the resolution from the authors, also
14 speaking on behalf of the IMG constituency. Testimony reflected challenges for international
15 medical students and graduates applying for medical residencies in the United States because of
16 a lack of clinical training opportunities and a lack of connections with physicians trained in the
17 United States who can serve as professional references. The reference committee discussed the
18 mismatch between testimony, which was about clinical training opportunities, and the resolved
19 clauses, which are specific to research opportunities for international medical graduates. The
20 AAFP's National Research Network (NRN) is a practice-based research network that regularly
21 communicates about involvement opportunities. The NRN's Advisory Group accepts international
22 graduates who meet eligibility requirements. The AAFP offers an online community discussion
23 group for members of the IMG constituency where research and other opportunities may be
24 shared. The AAFP also offers online resources in its Strolling Through the Match guide
25 specifically for international medical students and graduates pursuing family medicine residency
26 positions. However, efforts to connect physicians with clinical research opportunities external to
27 the AAFP would be resource intensive and difficult to maintain. Due to this, as well as the
28 mismatch between the testimony and the resolution, the reference committee does not
29 recommend the AAFP take further action on the details of this resolution beyond these current
30 activities.
31

32 **RECOMMENDATION: The reference committee recommends that Resolution No. 2006 not**
33 **be adopted.**
34

35 **ITEM NO. 7: RESOLUTION NO. 2007: INCREASING ACCESS FOR RESIDENT**
36 **ENGAGEMENT IN ADVOCACY AND LEGISLATION**
37

38 RESOLVED, That the American Academy of Family Physicians explore means by which to
39 expand financial assistance opportunities for residents with a focus in advocacy and
40 legislation to have greater representation at AAFP conferences focused in these areas,
41 such as the National Conference for Family Medicine Residents and Student Members and
42 the Family Medicine Advocacy Summit.
43

44 The reference committee heard testimony from the authors of the resolution. The speakers
45 shared that their experiences at the AAFP Family Medicine Advocacy Summit (FMAS) and the
46 AAFP National Conference of Family Medicine Residents and Medical Students improved their
47 personal well-being and enhanced their ability to advocate for their patients to address drivers of
48 health. Additional testimony reflected the importance of encouraging students and residents to
49 engage in advocacy efforts early in their careers. The testimony also reflected the strong impact
50 residents can have in legislative advocacy because they are often working in underserved
51 communities and can speak with firsthand knowledge regarding health equity. The reference
52 committee determined that removing financial barriers and expanding opportunities for students

and residents to engage in advocacy efforts and connect with their peers at FMAS and the AAFP National Conference is an important effort that should move forward.

RECOMMENDATION: The reference committee recommends that Resolution No. 2007 be adopted.

ITEM NO. 8: INCREASE ACCESS TO PALLIATIVE CARE AND HOSPICE SERVICES TO MINORITY UNDERSERVED POPULATIONS

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.

The reference committee heard testimony exclusively in support of this resolution. The testimony broadly focused on the gaps in education and lack of CME options on the topic. An author of the resolution acknowledged that advocacy to the Centers for Medicare and Medicaid Services was a "tough ask" and did not provide additional testimony on that issue. Another member reflected the importance of cultural sensitivity training in end-of-life care, sharing personal experience that the topic is not often discussed in certain families or cultures, undermining the importance of training and education to prepare family physicians to discuss with patients. The reference committee agreed on the importance of increasing education about hospice and palliative care, specifically culturally sensitive and appropriate care. The reference committee noted that the limited testimony for the third resolved clause focused on caregiver access to patients in these settings and not patient care and determined there was not enough clarity to recommend action. The reference committee discussed the complex and specific overall wording of the resolved clauses and the difficulty to determine the original intents, ultimately being unsure of how to achieve those goals as a result.

RECOMMENDATION: The reference committee recommends that Resolution No. 2008 not be adopted.

ITEM NO. 9: RESOLUTION NO. 2009: CREATING SAFETY FOR DIVERSITY, EQUITY, INCLUSION AND ANTIRACISM (DEIA) WORK THROUGH RESTORATIVE JUSTICE AND RACIAL AFFINITY CAUCUSING

1
2 RESOLVED, That the American Academy of Family Physicians make equity training
3 available at each national conference, and be it further
4

5 RESOLVED, That the American Academy of Family Physicians make restorative justice
6 facilitator training available during national conferences and asynchronous continuing
7 medical education materials, and be it further
8

9 RESOLVED, That the American Academy of Family Physicians make racial affinity
10 caucusing facilitator training available during national conferences and asynchronous
11 continuing medical education.
12

13 The reference committee heard testimony exclusively in support of the resolution. The coauthor
14 testified that she has seen the toll and inefficiency in not having caucusing, noting that
15 opportunities to connect with others with shared experiences can improve physician well-being.
16 Another coauthor testified about seeing the effects of structural and internalized racism firsthand
17 during his service to his native tribe. The reference committee agreed that these are important
18 areas of focus for the AAFP. The reference committee reviewed current efforts by the AAFP
19 Center for Diversity and Health Equity to develop and incorporate equity education into AAFP
20 conferences. The review committee noted that there is currently no content within AAFP
21 regarding facilitator training on restorative justice and racial affinity caucusing. The committee
22 noted that the first step may be development of materials or partnerships with other organizations
23 with skills in this area before incorporating facilitator training into national conferences. Reference
24 committee members support the spirit of the resolution with the intent to encourage AAFP
25 members' developed competency and confidence, using their leadership skills in restorative
26 justice and racial affinity caucusing to create more inclusive environments at their institutions and
27 in their communities.
28

29 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
30 **No. 2009 which reads as follows be adopted in lieu of Resolution No. 2009:**
31

32 **RESOLVED, That the American Academy of Family Physicians investigate and pilot**
33 **ways to improve members' ability to facilitate restorative justice and racial affinity**
34 **caucusing in their institutions and communities.**
35

36 **ITEM NO. 10: RESOLUTION NO. 2010: PROMOTING GREATER ACCESS FOR SUB-**
37 **INTERNSHIP TO IMG AND BIPOC STUDENTS INTERESTED IN FAMILY MEDICINE**
38

39 RESOLVED, That the American Academy of Family Physicians advocate for creating
40 more sub-internship opportunities in Family Medicine for BIPOC and International Medical
41 Graduate medical students to meet the shortage of primary care physicians across the
42 nation.
43

44 The reference committee heard testimony from the author in support of the resolution. Testimony
45 reflected the need for more family physicians, particularly in rural and other underserved
46 communities, where international medical graduates make up a large portion of the primary care
47 workforce. The testimony focused on the importance of clinical experiences in the United States
48 for international medical students and graduates to strengthen their residency applications. The
49 reference committee identified that sub-internships are created and offered by institutions and not
50 governed by the AAFP or any single organization. They reviewed examples of scholarships and
51 incentives to support underrepresented students in accessing these training opportunities, but
52 there is no precedent for opportunities exclusive to specific categories of students, such as

1 international medical students or BIPOC students. The reference committee also discussed that
2 growing the family medicine workforce will take expansion of residency training, which is already
3 a priority for the AAFP, and not addressed by this resolution.
4

5 **RECOMMENDATION: The reference committee recommends that Resolution No. 2010 not**
6 **be adopted.**

1 **I wish to thank those who appeared before the reference committee to give testimony and**
2 **the reference committee members for their invaluable assistance. I also wish to commend**
3 **the AAFP staff for their help in the preparation of this report.**
4

5 Respectfully Submitted,
6
7
8
9

10 _____
11 Madie Hartman, DO – CHAIR

12 Carrie Pierce, MD – Women
13 Jiana Menendez, MD, MPH – New Physician
14 Kwanza Devlin, MD, FAAFP – Minority
15 Kento Sonoda, MD – IMG
16 Kate Schreck, MD – LGBTQ+
17 Ryan Walker, MD, MPH (Observer)