



# 2023 Consent Calendar for the Reference Committee on Organization and Finance

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National Conference of Constituency Leaders

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

5  
6 **RECOMMENDATION: The Reference Committee on Organization and Finance recommends**  
7 **the following consent calendar for adoption:**

8  
9 **Item 1:** Adopt Substitute Resolution No. 4001 "Spotlighting the Scope of Practice of Family  
10 Medicine on the American Academy of Family Physicians Website to Increase Medical Student  
11 Interest" in lieu of Resolution 4001.

12  
13 **Item 2:** Adopt Substitute Resolution No. 4002 "Leadership Toolkit" in lieu of Resolution 4002.

14  
15 **Item 3:** Adopt Substitute Resolution No. 4003 "Working Group on Determining Medical  
16 Stakeholders Perceptions on the Future Value of Family Physicians" in lieu of Resolution 4003.

17  
18 **Item 4:** Adopt Substitute Resolution No. 4004 "Elected Representative from National Conference  
19 of Constituency Leaders to the American Academy of Family Physicians Board of Directors" in lieu  
20 of Resolution 4004.

21  
22 **Item 5:** Adopt Substitute Resolution No. 4005 "Transparency for Visa Support in Family Physician  
23 Job Postings" in lieu of Resolution 4005.

24  
25 **Item 6:** Adopt Substitute Resolution No. 4006 "Words Matter: Changing Minority Caucus to BIPOC  
26 Caucus" in lieu of Resolution 4006.

27  
28 **Item 7:** Adopt Resolution No. 4007 "Promoting and Increasing Native American Representation in  
29 Family Medicine at All Levels."

30  
31 **Item 8:** Resolution No. 4008 "Serving All Members Better by Understanding Intersectional  
32 Identities of Attendees of NCCL and AAFP Members" not be adopted.

33  
34 **Item 9:** Reaffirm First Resolved Clause and adopt Second Resolved Clause of Resolution No.  
35 4009 "AAFP to Provide Advocacy Recommendations and Resources to All Members."



# 2023 Report of the Reference Committee on Organization and Finance

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National Conference of Constituency Leaders

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

5  
6 **ITEM NO. 1: RESOLUTION NO. 4001: SPOTLIGHTING THE SCOPE OF PRACTICE OF**  
7 **FAMILY MEDICINE ON THE AMERICAN ACADEMY OF FAMILY PHYSICIANS WEBSITE TO**  
8 **INCREASE MEDICAL STUDENT INTEREST**

9  
10 RESOLVED, That the American Academy of Family Physicians use their website to spotlight,  
11 biography and interview family medicine physicians and their wide scope of practice to  
12 provide greater opportunity and interest in family medicine for medical students.

13  
14 The reference committee heard testimony in support of the resolution. Those that provided  
15 testimony believed the broad scope of practice that family physicians can provide options for what  
16 skills they can practice throughout their career, make family medicine attractive and help draw  
17 medical students to the specialty. They would like compelling resources, including personal stories  
18 from family physicians, available on the AAFP website to help medical students better understand  
19 the breadth of family medicine. The reference committee agreed and supported the need to focus  
20 on the full scope of practice family medicine offers in order to help attract medical students to the  
21 specialty. The reference committee also acknowledged there are existing resources on the AAFP  
22 website, including physician stories and videos. However, the reference committee believed there  
23 can be improvements to the existing resources and content so they are more accessible,  
24 consumable, and relevant.

25  
26 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
27 **4001 which reads as follows be adopted in lieu of Resolution No. 4001:**

28  
29 **RESOLVED, That the American Academy of Family Physicians improve their website**  
30 **to spotlight, provide biographies and interview family medicine physicians and their**  
31 **wide scope of practice to provide greater opportunity and interest in family medicine**  
32 **for medical students.**

33  
34 **ITEM NO. 2: RESOLUTION NO. 4002: LEADERSHIP TOOLKIT**

35  
36 RESOLVED, That the American Academy of Family Physicians expand their centralized list  
37 of resources for leadership development to include other resources such as articles, books,  
38 and podcasts, and be it further  
39

1 RESOLVED, That the American Academy of Family Physicians develop a leadership-  
2 focused performance improvement project that would be recognized by the American Board  
3 of Family Medicine to meet the requirements for the Performance Improvement portion of  
4 Maintenance of Certification.

5  
6 The reference committee heard testimony on the value of leadership development for members  
7 given their roles in their work settings and communities. Members also supported expanding  
8 existing leadership development resources provided by the AAFP and curated resources provided  
9 by other entities. Members also expressed support for creating leadership development education  
10 that can be dual purposed to meet the Performance Improvement (PI) requirement for  
11 Maintenance of Certification (MOC). The reference committee acknowledged the AAFP currently  
12 makes leadership development resources available, including a physician well-being leadership  
13 course that can be used for the PI requirement for MOC; however, the reference committee  
14 believed that more comprehensive leadership development education available on demand should  
15 be provided. The reference committee recommended the AAFP provide leadership development  
16 opportunities that are more conveniently available and help meet the PI requirement for MOC.

17  
18 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
19 **4002 which reads as follows be adopted in lieu of Resolution No. 4002:**

20  
21 **RESOLVED, That the American Academy of Family Physicians expand their**  
22 **centralized list of resources for leadership development to include other resources**  
23 **such as articles, books, and podcasts, and be it further**

24  
25 **RESOLVED, That the American Academy of Family Physicians develop a continuously**  
26 **accessible leadership-focused performance improvement project that would be**  
27 **recognized by the American Board of Family Medicine to meet the requirements for**  
28 **the Performance Improvement portion of Maintenance of Certification.**

29  
30 **ITEM NO. 3: RESOLUTION NO. 4003: WORKING GROUP ON DETERMINING MEDICAL**  
31 **STAKEHOLDERS' PERCEPTIONS ON THE FUTURE VALUE OF FAMILY PHYSICIANS**

32  
33 RESOLVED, That the American Academy of Family Physicians conduct longitudinal  
34 assessments of stakeholder perceptions on the future role of family physicians within health  
35 care, and be it further

36  
37 RESOLVED, That the American Academy of Family Physicians incorporate stakeholders  
38 from public and private sectors at both the state and federal levels into longitudinal  
39 assessments, and be it further

40  
41 RESOLVED, That American Academy of Family Physicians use the outcomes from these  
42 assessments to develop a rebuttal and negotiation toolkit for new family physicians to utilize  
43 in the face of any misconceptions, including those perpetuated by Medical Group  
44 Management Association (MGMA) data.

45  
46 The reference committee heard testimony in support of the resolution. Members testified to the  
47 disconnect they have perceived between how they view the value they bring to the healthcare  
48 system versus how patients and other stakeholders view the value family physicians bring. One  
49 member offered their own job interview experience as testimony, when they were told that two  
50 other types of non-physician health care practitioners could be hired in lieu of hiring the job  
51 applicant. Members testified that they believed a means to combatting this disconnect and  
52 promoting recognition of the importance of family medicine locally and nationally is to provide them

1 tools and resources to assist in successfully negotiating their roles in communities and healthcare  
2 systems. The reference committee supported the spirit of the resolution and believed that a toolkit  
3 would enable family physicians to proactively advocate for themselves and the family medicine  
4 specialty during the job interview and contract negotiations process.

5  
6 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
7 **4003 which reads as follows be adopted in lieu of Resolution No. 4003:**

8  
9 **RESOLVED, That the American Academy of Family Physicians conduct longitudinal**  
10 **assessments of public and private stakeholder perceptions on the current and future**  
11 **role of family physicians and use this information to develop a negotiation toolkit for**  
12 **family physicians to address misconceptions on the value of family physicians.**

13  
14 **ITEM NO. 4: RESOLUTION NO. 4004: ELECTED REPRESENTATIVE FROM NATIONAL**  
15 **CONFERENCE OF CONSTITUENCY LEADERS TO THE AMERICAN ACADEMY OF FAMILY**  
16 **PHYSICIANS BOARD OF DIRECTORS**

17  
18 RESOLVED, That the National Conference of Constituency Leaders should elect a  
19 representative to serve as a Board Member on the American Academy of Family Physicians  
20 Board of Directors.

21  
22 The reference committee heard testimony from numerous members in support of the resolution.  
23 Those members testifying believed that adding a National Conference of Constituency Leaders  
24 (NCCL) member of the Board of Directors would provide needed representation and accountability  
25 by ensuring that NCCL's resolutions are interpreted and implemented using a diversity, equity, and  
26 inclusion framework. Members shared the success of leaders that have come through NCCL, but  
27 also pointed out that the leadership pathway to the Board of Directors can be difficult and support  
28 efforts to strengthen the pathways to provide diverse representation on the Board of Directors. One  
29 member expressed concern that the resolution could be seen as limiting NCCL representation by  
30 seeking the addition of only one NCCL member of the Board of Directors. Another member  
31 proposed replacing the new physician member of the Board of Directors with an NCCL member of  
32 the Board of Directors. There was support expressed to retain the new physician board member as  
33 they have unique needs and experiences that should be represented on the Board of Directors.  
34 There was also clarification provided from the author that the intent of the added board position  
35 was one that would be elected from all NCCL constituencies, unlike the New Physician board  
36 member. The reference committee agreed that adding an NCCL member of the Board of Directors  
37 and retaining the existing New Physician board position allowed for valuable and representative  
38 perspective on the board. The reference committee also believed the new position should be  
39 provided a term limit consistent with other similar board positions.

40  
41 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
42 **4004 which reads as follows be adopted in lieu of Resolution No. 4004:**

43  
44 **RESOLVED, That the American Academy of Family Physicians (AAFP) amend the**  
45 **bylaws to add a National Conference of Constituency Leaders (NCCL) member to the**  
46 **AAFP Board of Directors with a one-year term, who is elected by all constituencies of**  
47 **the NCCL.**

48  
49 **ITEM NO. 5: RESOLUTION NO. 4005: TRANSPARENCY FOR VISA SUPPORT IN FAMILY**  
50 **PHYSICIAN JOB POSTINGS**

1 RESOLVED, That the American Academy of Family Physicians CareerLink website update  
2 its job filters to include visa sponsorship as a required field for potential employers on job  
3 postings.  
4

5 The reference committee heard testimony from members who require visa sponsorship for  
6 employment. They faced frustrating job search and interview experiences, often lengthy processes  
7 requiring extensive time and effort, which could have been prevented had they been aware or  
8 informed early in the process that the employer did not provide visa sponsorship for employment.  
9 There was also testimony in support from those who sit on selection/recruitment committees for  
10 their employers. They, too, share the desire to have a transparent and efficient process. The  
11 reference committee agreed and supported the request to alleviate the expressed frustrations. The  
12 reference committee acknowledged CareerLink is a third-party provider of career resources to the  
13 AAFP and since the AAFP is not in full control of the job search site, the reference committee  
14 supported the AAFP pursuing improvements to the CareerLink job search site for members who  
15 require visa sponsorship.  
16

17 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
18 **4005 which reads as follows be adopted in lieu of Resolution No.d 4005:**  
19

20 **RESOLVED, That the American Academy of Family Physicians request CareerLink to**  
21 **provide a filter for job postings that indicates if the employer provides visa**  
22 **sponsorship for the posted position.**  
23

24 **ITEM NO. 6: RESOLUTION NO. 4006: WORDS MATTER: CHANGING MINORITY CAUCUS TO**  
25 **BIPOC CAUCUS**  
26

27 RESOLVED, That the American Academy of Family Physicians change the term “minorities”  
28 to be in line with some of the changes happening in the medical community, and be it further  
29

30 RESOLVED, That the American Academy of Family Physicians adopt the term BIPOC  
31 (Black, Indigenous, and People of Color), which is used to “highlight the unique relationship  
32 to whiteness that Indigenous and Black (including African American) people have, which  
33 shapes the experience of and relationship to white supremacy for all people of color in the  
34 US context,” and, ultimately, update our language to become and remain linguistically,  
35 mathematically, and historically responsible.  
36

37 The reference committee heard testimony acknowledging the important work the AAFP has done  
38 to support diversity, equity, and inclusion. Members provided testimony in support of changing the  
39 name of the National Conference of Constituency Leaders Minority Constituency to be the Black,  
40 Indigenous, and People of Color (BIPOC) Constituency. Members observed that words matter and  
41 evolve over time and desired people-first language that is more inclusive. Members recognized  
42 that BIPOC may not fully express the inclusivity of the constituency, but it is a good step forward  
43 and welcomed input for a more adequate name to replace the Minority Constituency. The  
44 reference committee supported the name change of the constituency to be more representative  
45 and inclusive and offered substitute language that reflects the intent of the resolution heard during  
46 the hearing.  
47

48 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
49 **4006 which reads as follows be adopted in lieu of Resolution No. 4006:**  
50

**RESOLVED, That the American Academy of Family Physicians change the Minority Constituency to be called the Black, Indigenous, and People of Color (BIPOC) Constituency.**

**ITEM NO. 7: RESOLUTION NO. 4007: PROMOTING AND INCREASING NATIVE AMERICAN REPRESENTATION IN FAMILY MEDICINE AT ALL LEVELS**

RESOLVED, That the American Academy of Family Physicians identify and explore partnerships with Tribal Nations and organizations such as, the Indian Health Services, the Association of American Indian Physicians, and Tribal Epidemiology Centers, who have networks and historical relationships with Native American Communities, to be better informed on health disparities impacting Native Americans, and be it further

RESOLVED, That the American Academy of Family Physicians maintain and expand upon Culturally, Linguistic, Appropriate Services toolkits, that includes supporting the creation of a Native American Healthcare Member Interest Group, and other resources to highlight Native American health, and be it further

RESOLVED, That the American Academy of Family Physicians' Annual Chapter Leader Forum and National Conference of Constituency Leaders do land acknowledgements at the start of their conferences.

The reference committee heard testimony overwhelmingly in support of the resolution. Members testified about the importance of the AAFP's partnerships with organizations representing disadvantaged communities to the advancement of those communities and pointed out that "representation matters." Another member also pointed out that partnering with Native American organizations can facilitate the integration of traditional healthcare practices with the cultural norms of Native American Communities. The reference committee agreed that partnering with Native American organizations and the creation of a Native American Healthcare Member Interest Group would provide needed representation and inclusion to Native American Communities and would benefit the health of Native American populations and public health.

**RECOMMENDATION: The reference committee recommends that Resolution No. 4007 be adopted.**

**ITEM NO. 8: RESOLUTION NO. 4008: SERVING ALL MEMBERS BETTER BY UNDERSTANDING INTERSECTIONAL IDENTITIES OF ATTENDEES OF NCCL AND AAFP MEMBERS**

RESOLVED, That the American Academy of Family Physicians evaluate existing demographic data of its National Conference of Constituency Leaders (NCCL) attendees to assess the intersectionality of its constituencies and report the data back to NCCL members once the data has been analyzed, and be it further

RESOLVED, That the American Academy of Family Physicians investigate available demographic data for other relevant identities, which may include ability status, socioeconomic background (i.e. class), geographic practice, and intersectionality within medicine and report the data back to National Conference of Constituency Leaders (NCCL) members once the data has been analyzed.

The reference committee heard testimony in support of the resolution by members who desire to be recognized and represented for their unique differences despite experiencing exclusion and

1 mistreatment. The reference committee considered the testimony and agreed the AAFP and NCCL  
2 should celebrate diversity and intersectionality and continue to explore ways to allow individual  
3 members to express their identities. However, the reference committee shared concerns that the  
4 request for analysis of NCCL attendees and broad review of diversity and intersectionality data in  
5 medicine may require a large-scale effort without a definitive outcome or use of the data and  
6 analysis, making it challenging to define and focus the work that should be completed.

7  
8 **RECOMMENDATION: The reference committee recommends that Resolution No. 4008 not**  
9 **be adopted.**

10  
11 **ITEM NO. 9: RESOLUTION NO. 4009: AAFP TO PROVIDE ADVOCACY RECOMMENDATIONS**  
12 **AND RESOURCES TO ALL MEMBERS**

13  
14 RESOLVED, That the American Academy of Family Physicians (AAFP) Board of Directors  
15 examine the relationship between the national academy and individual chapters to ensure  
16 that the needs of members are met equally in regards to educational and advocacy  
17 resources, and be it further

18  
19 RESOLVED, That the American Academy of Family Physicians (AAFP) explore ways to  
20 safely expand access to advocacy resources such as legislative toolkits for all members.

21  
22 There was testimony provided all in support of the resolution. The members testifying expressed  
23 concerns that distribution of resources specific to a particular state chapter's legislative agenda can  
24 be inconsistent, which may result in gaps in the availability of those resources to members who  
25 would like to advocate for state level legislative issues. The reference committee recognized the  
26 AAFP currently collaborates with chapters to ensure member needs are being met and does  
27 provide state level advocacy resources to members. However, there are some resources produced  
28 for chapters that are not directly provided to members. The reference committee supported the  
29 AAFP exploring ways to collaborate and expand access to advocacy resources where there may  
30 be gaps in availability from state chapters.

31  
32 **RECOMMENDATION 1: The reference committee recommends that Resolution No. 4009,**  
33 **first resolved clause be reaffirmed as current policy, and**

34  
35 **RECOMMENDATION 2: The reference committee recommends that Resolution No. 4009,**  
36 **second resolved clause 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 Respectfully Submitted,  
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6  
7

8  
9 \_\_\_\_\_  
10 Matthew Adkins, DO – CHAIR

11 Maresi Berry-Stoelzle, MD – IMG  
12 Megan Early, DO, MPH – Women  
13 Po-Yin Samuel Huang, MD – Minority  
14 Cybill Oragwu, MD – New Physician  
15 Andi Selby, DO, FAAFP – LGBTQ+