



2022 Agenda for the Reference Committee on Education

National Conference of Constituency Leaders

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 2001	Improve Clerkship Access for Minority & International Medical Graduates (IMG) Students into Family Medicine.
2. Resolution No. 2002	Redefining Diversity in Family Medicine: A Far-Reaching Youth Pipeline
3. Resolution No. 2003	Supporting the Scope of Practice of Rural Family Physicians
4. Resolution No. 2004	Education about Self-Sourced Medication Abortion
5. Resolution No. 2005	Inclusion of Intersectional Education Regarding LGBTQIA+ Patients for Medical Students, Residents, and Physicians
6. Resolution No. 2006	Value Based Care Education and Contract Negotiation for Physicians and Residents
7. Resolution No. 2007	Improving Family Medicine Work Force Using ECFMG-certified IMGs in Medically Underserved Areas/Population
8. Resolution No. 2008	Assist Unmatched Medical Graduates Interested in Family Medicine with Employment and Experience in Primary Care
9. Resolution No. 2009	Enhancing Severe Mental Health Continuing Medical Education



Resolution No. 2001

2022 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Improve Clerkship Access for Minority & International Medical Graduates (IMG) Students into
2 Family Medicine.

3
4 Submitted by: Cean Mahmud, MBA; MD, Minority
5 Lovedhi Aggarwal, MD, FAAFP, IMG
6 Lily Kosminsky, MD, General Registrant
7 Anna Sliwowska, MD, Women

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9 WHEREAS, Underrepresented minorities have a higher representation in the student bodies of
10 foreign medical schools, including those located in the Caribbean, and

11
12 WHEREAS, the ability to rotate as a fourth-year medical student at a family medicine residency
13 program leads to a higher chance of matching into a family medicine program, and

14
15 WHEREAS, foreign medical students are excluded from the Visiting Student Application Service
16 (VSAS) to schedule rotations while United States medical students are given access to the
17 VSAS system, and

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19 WHEREAS, the VSAS is a service operated by the Association of American Medical Colleges,
20 and

21
22 WHEREAS, it is the policy of the American Academy of Family Physicians to encourage
23 medical students to enter family medicine to increase diversity, and

24
25 WHEREAS, access to family medicine sites for foreign medical students may increase the
26 likelihood of those students choosing to enter family medicine, increasing the number and
27 diversity of family medicine physicians, now, therefore, be it

28
29 RESOLVED, That the American Academy of Family Physicians strongly advocate that the
30 Visiting Student Application Service (VSAS) system be made available for students from foreign
31 medical schools to schedule clerkships/rotations, and be it further

32
33 RESOLVED, That, should such advocacy fail, the American Academy of Family Physicians
34 develop a standardized online platform for all family medicine residency programs list open
35 clerkship slots for students to apply to rotate at and, as such, increase opportunities for minority
36 and international medical graduate (IMG) students to obtain access to family medicine
37 experiences that lead to a higher likelihood of a successful residency match.



Resolution No. 2002

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1 Redefining Diversity in Family Medicine: A Far-Reaching Youth Pipeline

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3 Submitted by: Amanda Aninwene, MD, New Physician
4 Kwanza Devlin, MD, Minority
5 Cybill Oragwu, MD, General Registrant
6 Veronica Poffel, MD, Minority
7 Emmeline Ha, MD, New Physician

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9 WHEREAS, Family medicine is the specialty shown to have the most positive impact on patient
10 health outcomes, and

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12 WHEREAS, less than 7% of medical students choose family medicine as their specialty and there
13 exists a critical deficit of providers in family medicine, particularly from underrepresented
14 communities, and

15
16 WHEREAS, racial concordance for underrepresented minority (URM) patients is shown to improve
17 health outcomes, and

18
19 WHEREAS, socioeconomic status impacts students' ability to enroll in scholarly programs outside
20 of local school offerings, and

21
22 WHEREAS, children in the underrepresented minority demographics are shown to have regression
23 of academic progress during summer months compared to those of majority/higher socioeconomic
24 status, and

25
26 WHEREAS, pipeline programs have shown increased enrollment of URM students in science,
27 technology, engineering, and medicine (STEM) programs, and medicine, and

28
29 WHEREAS, the American Academy of Family Physicians (AAFP) has current policies and
30 programs supporting URM and pipeline outreach, including the AAFP Congress of Delegates
31 NCCL Resolution # 4013 in 2016 to report efforts to increase the pipeline of underrepresented
32 physicians to address diversity and inclusion, now, therefore, be it

33
34 RESOLVED, That the American Academy of Family Physicians will create a task force of members
35 to research national pipeline programs and resources already in place and create a directory of
36 current programs, and be it further

37
38 RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health
39 Equity will create a best practices toolkit for implementing longitudinal, retention-focused pipeline
40 programs along the educational continuum, including school-aged children, high school students,
41 pre-medical students, and medical students, and be it further

42

43 RESOLVED, That the American Academy of Family Physicians will propose that the AAFP
44 Foundation create a funded pipeline program with support from member chapters, specifically
45 supporting underrepresented minority students (including demographics that are underrepresented
46 in medicine - e.g. racial/ethnic minorities, rural, low socioeconomic status, LGBTQ+), and be it
47 further

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49 RESOLVED, That the American Academy of Family Physicians will facilitate the development of
50 family medicine-centered summer and year-round programs, and cascading mentorship programs
51 focused on the enrichment of youth, especially those in underrepresented demographics.



Resolution No. 2003

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1 Supporting the Scope of Practice Of Rural Family Physicians

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3 Submitted by: Andrew Lutzkanin, MD, New Physician
4 Cybill Oragwu, MD, General Registrant
5 Olusesan Olotu, MD, IMG
6 Gerald Banks, MD, General Registrant

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8 WHEREAS, The strategic priorities of the American Academy of Family Physicians (AAFP) include
9 “advocacy for patient health and the family physician workforce, education and practice
10 enhancement, and advancing the health of the public,” and

11
12 WHEREAS, thousands of AAFP members have an essential role in providing emergency care in
13 rural areas and yet are often unrecognized in health policy, and

14
15 WHEREAS, the emergency medicine workforce is rapidly changing and there is now a surplus of
16 residency trained emergency physicians, which has led to discrimination against family physicians
17 who work in emergency departments, and

18
19 WHEREAS, the federal Consolidated Appropriations Act (CAA) of 2021; Public Law 116- 260,
20 Section 125 creates a new type of hospital called a Rural Emergency Hospital, and

21
22 WHEREAS, the American Board of Medical Specialties allows its member boards to develop
23 Focused Practice Designations that “acknowledges additional expertise that diplomates gain
24 through clinical experience” without the same requirements as Certificates of Added Qualification,
25 and

26
27 WHEREAS, a Focused Practice Designation in Rural Emergency Care, which has been previously
28 considered by the American Board of Family Medicine, would protect the role of family physicians
29 in the delivery of emergency care in rural areas from discrimination by organized emergency
30 medicine with minimal, if any, financial implications for the AAFP, now, therefore be it

31
32 RESOLVED, That the American Academy of Family Physicians strongly recommend that the
33 American Board of Family Medicine develop a Focused Practice Designation in Rural Emergency
34 Care.



Resolution No. 2004

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2 Education about Self-Sourced Medication Abortion

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4 Submitted by: Monica Agarwal, MD, New Physician

5 Sheila Attaie, DO, Women

6 Cynthia Heckman-Davis, MD, General Registration

7 Shayne Poulin, MD, Women

8 Jennifer Liedtke, MD, Women

9 Jiana Menendez, MD, New Physician

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11 WHEREAS, The American Academy of Family Physicians states that abortion is healthcare and
12 patients have the right to make their own reproductive decisions, and

13

14 WHEREAS, the majority of abortions in the United States (U.S.) are now done with medications
15 (mifepristone and misoprostol), approved by the U.S. Food and Drug Administration in 2000,
16 accounting for 54% of all abortions in 2020, and

17

18 WHEREAS, self-managed abortion (SMA) is any method of ending a pregnancy without interfacing
19 with medical system and self-sourced medication abortion is a type of SMA, where pills are
20 obtained and used outside of the medical setting, and

21

22 WHEREAS, a recent study from Project SANA and the University of Austin Texas examined
23 outcomes of nearly 3,000 patients who obtained mifepristone and misoprostol obtained from Aid
24 Access. They found that 96% of participants had a successful medication abortion, and only 1%
25 had any serious adverse event, similar to efficacy and complication rates for in-clinic medication
26 abortion, and

27

28 WHEREAS, there have been more than 536 abortion restrictions in 42 states in the first three
29 months of 2022, profoundly limiting abortion access for millions of patients, and

30

31 WHEREAS, more patients will be self-managing their abortion and may seek medical care
32 afterwards for confirmation of completion, bleeding, contraception, and other aftercare needs, now,
33 therefore, be it

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35 RESOLVED, That the American Academy of Family Physicians make continuing medical
36 education materials accessible for providers to educate themselves about self-managed
37 medication abortion and management of physician-directed aftercare needs, including an updated
38 educational article about self-sourced medication abortion in the *American Family Physician (AFP)*
39 journal and publication of a policy paper stating the safety and efficacy of self-sourced medication
40 abortion, and be it further

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42 RESOLVED, That the American Academy of Family Physicians produce educational material and
43 resources for patients about alternative abortion services and self-sourced medication abortion and
44 make these resources available on familydoctor.org.



Resolution No. 2005

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Inclusion of Intersectional Education Regarding LGBTQIA+ Patients for Medical Students, Residents, and Physicians

Submitted by: Casey Darrah, MD, LGBTQ+
Ivonne McLean, MD, LGBTQ+
Vickie Fowler, MD, LGBTQ+
Lynn Fisher, MD, LGBTQ+

WHEREAS, Studies have shown that between 7-10% of Americans identify as lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual, along with other sexual orientations not listed (LGBTQIA+), and

WHEREAS, studies have shown that approximately 40% of LGBTQIA+ adults identify as Black, Indigenous, or People of Color (BIPOC), and

WHEREAS, the Centers for Disease Control and Prevention (CDC) as well as the American Association of Medical Colleges (AAMC) has called for LGBTQIA+ focused education at the medical student level, and

WHEREAS, a strategic priority of the American Academy of Family Physicians includes equipping members with the data, knowledge, competencies and skills to provide high-quality, evidence-based, safe care of their patients in the context of family and community, and

WHEREAS, there exists a need for education at the medical student, resident, and physician level regarding LGBTQIA+ centered issues such as gender identity and expression, as well as the intersection between LGBTQIA+ and BIPOC health concerns, and

WHEREAS, there has been political pressure from several states to restrict gender-affirming and other valued LGBTQIA+ care, which has led to the closure of the largest gender-affirming clinic in Texas as an example, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians recommend and expedite the inclusion of lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual (LGBTQIA+) centered education as an educational target for medical students, residents, and physicians, and that this education shall include the intersection of LGBTQIA+ and Black, Indigenous, or People of Color (BIPOC) communities through dedicated student-directed education, Graduate Medical Education (GME) or Continuing Medical Education (CME), and be it further

RESOLVED, That the American Academy of Family Physicians object to any restrictions to funding for undergraduate and graduate medical education based upon the provision of

education or care for lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual (LGBTQIA+) communities.



Resolution No. 2006

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Value Based Care Education and Contract Negotiation for Physicians and Residents

Submitted by: Annette Li, MD, Women

Michelle Ballentyne-Hyatt, MD, Women
Michelle Prentice, MD, New Physician

WHEREAS, Value based care and alternative models of payment are becoming more mainstream and there are many benefits to value based care that many new physicians are not aware of, and

WHEREAS, value based care payment models promote a higher level of care by holding physicians, clinicians, and care facilities accountable for quality and cost through shared financial risk, and

WHEREAS, over 70% of the members of the American Academy of Family Physicians (AAFP) are employed and therefore will have to engage in some form of contract negotiation, and

WHEREAS, the average medical school graduate in the United States finishes with approximately \$200,000 - \$250,000 in total education debt and do not have enough time or financial resources to repay the loan, save for retirement or fund the cost to raise a family, family physicians are in dire need of education on these issues, and

WHEREAS, the majority of physicians graduate from academic residency programs where value based care is not emphasized or supported, and

WHEREAS, the AAFP already has some education on value based delivery and alternative payment models as well as different models of care but there is no centralization or consolidation concerning education available to include other aspect of healthcare that are controversial to better educate residents and new physicians on the healthcare environment so that they feel empowered to choose the practice type most suitable for them and feel empowered to advocate for themselves as they practice in our changing healthcare environment, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians provide directly or work with other organizations to advocate or provide programs to educate residents and physicians about value based care, different models of practice, contract negotiations, and financial planning post residency.



Resolution No. 2007

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1 Improving Family Medicine Work Force Using ECFMG-certified IMGs in Medically Underserved
2 Areas/Population

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4 Submitted by: Vijaya Kumar, MD, MPH, IMG
5 Samidha Bhat, MD, MBA, IMG

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7 WHEREAS, The Association of American Medical Colleges (AAMC) data estimates shortage of
8 physicians between 37,800 and 124,000 by 2034, which includes between 17,800 and 48,000
9 primary care physicians, and

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11 WHEREAS, twenty-five percent of licensed United States (U.S.) doctors are International Medical
12 Graduates (IMGs), are a significant part of the COVID-19 response, with 33% working in hospitals,
13 and

14
15 WHEREAS, IMGs match at rates significantly lower than U.S. medical graduates (less than 60%
16 for IMGs to greater than 90% for U.S. medical graduates), and

17
18 WHEREAS, there are about 10,000 IMG's who go unmatched every year, and

19
20 WHEREAS, these Educational Commission for Foreign Medical Graduates (ECFMG) certified
21 IMGs who have had significant experience working in their home countries are willing to work in
22 medically underserved areas/population, and

23
24 WHEREAS, IMGs are part of fulfilling the American Academy of Family Physician's mission for
25 equity in healthcare, now, therefore, be it,

26
27 RESOLVED, That the American Academy of Family Physicians advocate to the Accreditation
28 Council for Graduate Medical Education (ACGME) to introduce a one year/two-year alternate
29 pathway for International Medical Graduates (IMGs) which focuses on inculcating the principles of
30 family medicine, and be it further

31
32 RESOLVED, That the American Academy of Family Physicians work with the Federation of State
33 Medical Boards towards a pathway for licensure.



Resolution No. 2008

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1 Assist Unmatched Medical Graduates Interested in Family Medicine with Employment and
2 Experience in Primary Care

3
4 Submitted by: Yoojin Park, MD, IMG
5 Cean Mahmud, MD, MBA, Minority
6 Jason Guevara, MD, IMG
7 Grant Studebaker, MD, IMG
8 Cesareo Tongco II, MD, IMG
9 Vinay Bhooma, MD, IMG
10 Maresi Berry-Stoelzle, MD, IMG

11
12 WHEREAS, 19.9% of medical school graduates did not match to residency in 2022, and

13
14 WHEREAS, there were 219 unfilled family medicine residency slots in the 2022 Match, and

15
16 WHEREAS, based on Association of American Medical Colleges statistics, there is projected
17 primary care shortage by 17,800-48,000 physicians, and

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19 WHEREAS, states like Missouri, Utah, and Arkansas, have a program for graduate physicians to
20 be licensed as 'assistant physicians', and

21
22 WHEREAS, this proposal gives unmatched medical graduates an opportunity to experience the
23 field of family medicine that can lead them to get into family medicine, now, therefore, be it

24
25 RESOLVED, That the American Academy Family Physicians explore various pathways for
26 unmatched medical graduates interested in family medicine to gain postgraduate training and/or
27 employment as a family medicine physician prior to reentering the match.



Resolution No. 2009

2022 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Enhancing Severe Mental Health Continuing Medical Education

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3 Submitted by: Aisha Harris, MD, New Physician
4 John Heafner, MD; MPH, New Physician

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6 WHEREAS, The American Academy of Family Physicians (AAFP) promotes the integration of the
7 behavioral and physical models of illness, and

8
9 WHEREAS, the AAFP has a position paper, Mental Health Care Services by Family Physicians,
10 focusing on advocating for the maintenance and expansion of state, federal, and private insurance
11 funding of mental health care services for all, and

12
13 WHEREAS, the AAFP already has existing CME surrounding first line therapies for common
14 mental health diagnoses such as depression, anxiety, bipolar, substance use disorders, and

15
16 WHEREAS, about 70% of primary care visits are driven by patients' psychological problems, such
17 as anxiety, panic, depression, and stress, and

18
19 WHEREAS, there are still 1 in 5 adults in the US who experience mental illness with 1 in 20 having
20 serious mental illness in 2020, and

21
22 WHEREAS, approximately 35% of US adults are not receiving mental health treatment for serious
23 mental illness in 2020, now, therefore, be it

24
25 RESOLVED, That the American Academy of Family Physicians create continuing medical
26 education materials for the diagnosis and treatment of severe and treatment resistant mental
27 health disorders in a family medicine office.