



## 2012 Consent Calendar for the Reference Committee on Education

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National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 **The Reference Committee on Education recommends the following consent calendar for**  
2 **adoption (page numbers indicate page in reference committee report):**

3  
4 **RECOMMENDATION: The Reference Committee on Education recommends the**  
5 **following consent calendar for adoption:**

6  
7 **Item 1:** Adopt Resolution No. 2003 “Increasing Proficiency in Medical Spanish” (p. 1).

8  
9 **Item 2:** Not Adopt Resolution No. 2004 “Performance of the Clinical Physical Exam” (pp. 1-2).

10  
11 **Item 3:** Adopt Resolution No. 2007 “Impact of the 2010 Accreditation Council on Graduate  
12 Medical Education Duty Hours Reform” (p. 2).

13  
14 **Item 4:** Adopt Substitute Resolution No. 2008 “Provide Training on Mentorship of Medical  
15 Students” in lieu of Resolution No. 2008 (pp. 2-3).

16  
17 **Item 5:** Not Adopt Resolution No. 2009 “Leadership, Education and Curriculum for International  
18 Medical Graduates” (p. 3).

19  
20 **Item 6:** Not Adopt Resolution No. 2010 “Improving Awareness of International Medical  
21 Graduates (IMGs) Visa Application Process Among Residency Program Directors” (pp.3-4).

22  
23 **Item 7:** Not Adopt Resolution No. 2011 “International Medical Graduate Parity with United  
24 States Medical Graduates” (p. 4).

25  
26 **Item 8:** Not Adopt Resolution No. 2012 “Requiring a Family Medicine Rotation” (pp. 4-5).

27  
28 **Item 9:** Adopt Substitute Resolution No. 2005 “Gay, Lesbian, Bisexual, and Transgender  
29 (GLBT) Health Education in Medical and Graduate Medical Education” in lieu of Resolution Nos.  
30 2005 and 2006 (pp. 5-6).

31  
32 **Item 10:** Adopt Substitute Resolution No. 2001 “Integrating Work-Life Balance into Residency  
33 Training to Better Prepare Family Physicians for Practice” in lieu of Resolution No. 2001 (p. 7).

34  
35 **Item 11:** Adopt Substitute Resolution No. 2002 “Address the Growing Epidemic of Prescription  
36 Drug Abuse” in lieu of Resolution No. 2002 (pp. 7-8).



# 2012 Report of the Reference Committee on Education

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National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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

5  
6 **ITEM NO. 1: RESOLUTION NO. 2003: INCREASING PROFICIENCY IN MEDICAL SPANISH**  
7

8 RESOLVED, That the American Academy of Family Physicians (AAFP) survey its  
9 members regarding their interests in medical Spanish related Continuing Medical  
10 Education (CME) with a goal of eventually introducing a self-study CME packet to  
11 improve medical Spanish skills.  
12

13 The reference committee heard testimony only in support of this resolution. The reference  
14 committee agreed with the author's testimony that since this resolution asked only for the  
15 survey, a fiscal note is not needed. These questions could be included in other existing surveys.  
16 The committee agreed that if a survey indicates interest, education in medical Spanish should  
17 focus on explaining medical terms to a lay person.  
18

19 **RECOMMENDATION: The reference committee recommends that Resolution No. 2003 be**  
20 **adopted.**  
21

22 **ITEM NO. 2: RESOLUTION NO. 2004: PERFORMANCE OF THE CLINICAL PHYSICAL**  
23 **EXAM**  
24

25 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the  
26 American Board of Family Medicine (ABFM) to add a self-assessment module (SAM) on  
27 physical exam skills, covering them in a more thorough and comprehensive manner than  
28 was taught in medical school, and be it further  
29

30 RESOLVED, That continuing medical education (CME) in physical exam skills using live  
31 patients be provided at the American Academy of Family Physicians (AAFP) Scientific  
32 Assembly on a regular basis, and be it further  
33

34 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the  
35 American Board of Family Medicine (ABFM) to add demonstration of physical exam skills to  
36 the Maintenance of Certification requirements, and be it further  
37

38 RESOLVED, That the American Academy of Family Physicians (AAFP) call upon other  
39 specialists to revive the art of medicine and return to the practice of the physical exam and

1 perform a clinical physical exam on all patients, especially those who have been referred to  
2 them by a family physician.  
3

4 Testimony recognized the author's concern about declining physical exam skills; however, the  
5 majority of testimony opposed the resolution. The reference committee recognized the spirit of  
6 the resolution but decided the resolution, as written, does not address the intended issues. The  
7 Scientific Assembly offers some clinical physical exam skills education. The reference  
8 committee felt execution of the first and third resolved clauses was not feasible, and the fourth  
9 resolved clause was out of the AAFP's scope of influence and would be difficult to enforce.

10  
11 **RECOMMENDATION: The reference committee recommends that Resolution No. 2004 not**  
12 **be adopted.**  
13

14 **ITEM NO. 3: RESOLUTION NO. 2007: IMPACT OF THE 2010 ACCREDITATION COUNCIL**  
15 **ON GRADUATE MEDICAL EDUCATION DUTY HOURS REFORM**  
16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with  
18 other specialty societies and professional organizations to request that the Accreditation  
19 Council on Graduate Medical Education research the impact of the 2010 duty hour  
20 standards on resident training and education, and be it further  
21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) collect data on  
23 graduating family medicine residents regarding their self-assessment of their skill set  
24 and overall preparedness for independent practice following the implementation of the  
25 2010 Accreditation Council on Graduate Medical Education duty hour standards.  
26

27 The author of the resolution stated that the impact of duty hours has been studied in other  
28 specialties but limited data exists for family medicine. Limited testimony heard was in support of  
29 this resolution. The reference committee agreed with the importance of studying the impact of  
30 duty hours on family medicine residents' self-assessment of their skill set and overall  
31 preparedness for independent practice.  
32

33 **RECOMMENDATION: The reference committee recommends that Resolution No. 2007 be**  
34 **adopted.**  
35

36 **ITEM NO. 4: RESOLUTION NO. 2008: PROVIDE TRAINING ON MENTORSHIP OF MEDICAL**  
37 **STUDENTS**  
38

39 RESOLVED, That the American Academy of Family Physicians (AAFP) consider offering  
40 workshops or online continuing medical education courses to train community family  
41 physicians to incorporate medical student mentoring efficiently in their busy medical  
42 practices.  
43

44 The reference committee heard strong support for this resolution. The committee felt that  
45 resources are currently available through some AAFP constituent chapters and other  
46 organizations such as the Society of Teachers of Family Medicine (STFM). The AAFP can  
47 identify these resources and provide a more visible web presence for the community physician  
48 to find them. In addition, the reference committee recommended utilizing a future workshop or  
49 breakout session at the National Conference of Special Constituencies focusing on mentoring of  
50 medical students.

1 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
2 **2008 be adopted in lieu of Resolution No. 2008, which reads as follows:**  
3

4 **RESOLVED, That the American Academy of Family Physicians (AAFP) consider**  
5 **offering links to online resources, workshops, or continuing medical education**  
6 **courses to train community family physicians to incorporate medical student**  
7 **mentoring efficiently in their busy medical practices.**  
8

9 **ITEM NO. 5: RESOLUTION NO. 2009: LEADERSHIP, EDUCATION AND CURRICULUM FOR**  
10 **INTERNATIONAL MEDICAL GRADUATES**

11  
12 RESOLVED, That special leadership education modules be introduced by the American  
13 Academy of Family Physicians (AAFP) to help international medical graduates (IMGs)  
14 prepare to take leadership positions during residency, clinical practice or as part of the  
15 community, and be it further  
16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) is encouraged to  
18 consider a partnership with the Society of Teachers of Family Medicine to develop such  
19 modules as part of their Management of Health Systems curriculum.  
20

21 The reference committee heard mixed testimony on this resolution. Most agreed with the spirit  
22 of the resolution but were concerned that addressing leadership development skills should not  
23 be intended for international medical graduates (IMGs) only. Testimony highlighted that the  
24 creation of modules may not be the most effective venue for leadership development. The  
25 reference committee investigated available AAFP resources. One of the Recommended  
26 Curriculum Guidelines for Residents and Students is on Leadership. The AAFP conducts  
27 educational sessions at the National Conference on Special Constituencies (NCSC), the  
28 National Institute of Program Director Development, Chief Resident Leadership Development,  
29 and other national conferences to address leadership development.  
30

31 The reference committee recognizes that IMGs are a broad cultural group. It is not plausible to  
32 develop modules to address the varying leadership skills needed for just one constituency. The  
33 reference committee felt strongly that the need for leadership skills is universal in nature. In  
34 addition, similar modules targeted for IMGs were created by another organization. Due to limited  
35 use, these modules have been discontinued. The reference committee strongly encourages  
36 IMGs to attend their constituent chapter meetings and NCSC to develop their leadership skills.  
37

38 **RECOMMENDATION: The reference committee recommends that Resolution No. 2009 not**  
39 **be adopted.**  
40

41 **ITEM NO. 6: RESOLUTION NO. 2010: IMPROVING AWARENESS OF INTERNATIONAL**  
42 **MEDICAL GRADUATES (IMGS) VISA APPLICATION PROCESS AMONG RESIDENCY**  
43 **PROGRAM DIRECTORS**  
44

45 RESOLVED, That the American Academy of Family Physicians (AAFP) with cooperation  
46 from the international medical graduates (IMGs) caucus create an informative  
47 presentation during the annual AAFP Residency Program Director (PDW) meeting  
48 aimed at educating them about the visa application process related to admission of  
49 qualified IMG residency applicants.

1 Testimony in general supported the authors' convictions that family medicine residency program  
2 directors need additional education regarding the visa application process. Other testimony  
3 focused on the difficulty of international medical graduates (IMGs) entering family medicine  
4 residencies.

5  
6 The reference committee considered data from the supplemental questions of the 2011  
7 residency census (50% response rate) which indicated only 8.41% of family medicine program  
8 directors (18 out of 214) had residents who had difficulties with the visa process. The total  
9 number of residencies who do not accept visas is unknown. The reference committee agreed  
10 that some program directors may benefit from education on the visa process. In many cases,  
11 hospitals determine whether a visa is accepted, not the program director. The resolution as  
12 written does not address how a presentation is submitted and accepted by the Program  
13 Directors Workshop (PDW). Presenters, primarily program directors, submit a proposal to the  
14 planning committee who determines the educational content of PDW. Collaboration with a  
15 program director would accomplish the authors' goal.

16  
17 **RECOMMENDATION: The reference committee recommends that Resolution No. 2010 not**  
18 **be adopted.**

19  
20 **ITEM NO. 7: RESOLUTION NO. 2011: INTERNATIONAL MEDICAL GRADUATE PARITY**  
21 **WITH UNITED STATES MEDICAL GRADUATES**

22  
23 RESOLVED, That the American Academy of Family Physicians (AAFP) make a  
24 statement that international medical graduates (IMGs) who have completed the  
25 equivalent training and successfully completed United States (US) medical licensing  
26 exams be recognized on parity with US medical graduates.

27  
28 Limited testimony was heard in support of this resolution. The AAFP currently has a policy,  
29 "Resident Education Discrimination" that opposes discrimination in resident education for many  
30 factors. International medical school graduation is not included in the policy. However, the  
31 reference committee felt it was beyond the scope of the AAFP to recognize or assess the parity  
32 of international medical training.

33  
34 **RECOMMENDATION: The reference committee recommends that Resolution No. 2011 not**  
35 **be adopted.**

36  
37 **ITEM NO. 8: RESOLUTION NO. 2012: REQUIRING A FAMILY MEDICINE ROTATION**

38  
39 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the  
40 Federation of State Medical Boards to require all new physician applicants for licensure  
41 to complete a minimum of a four week block rotation in family medicine or 12 weeks of a  
42 longitudinal family medicine rotation (including outpatient experience).

43  
44 The reference committee heard favorable testimony regarding the importance of a family  
45 medicine rotation in medical school to increase student interest in family medicine. Testimony  
46 expressed strong support for the spirit of the resolution. Opposition recognized that the  
47 Federation of State Medical Boards does not dictate the curriculum of medical schools.  
48 The reference committee determined that the AAFP has an existing policy, Family Medicine  
49 Clerkship, which states: "Every medical student attending a Liaison Committee on Medical  
50 Education (LCME) accredited medical school should be required to successfully complete a

1 third-year family medicine clerkship. (2009 Congress of Delegates).” There are approximately  
2 12 allopathic medical schools in the United States that do not have family medicine clerkships.  
3 The committee was concerned that if adopted, this resolution could add a barrier to international  
4 medical graduates whose medical schools do not have family medicine clerkships.

5  
6 **RECOMMENDATION: The reference committee recommends that Resolution No. 2012 not**  
7 **be adopted.**

8  
9 **ITEM NO. 9: RESOLUTION NO. 2005: GAY, LESBIAN, BISEXUAL, AND TRANSGENDER**  
10 **(GLBT) HEALTH EDUCATION IN MEDICAL AND GRADUATE MEDICAL EDUCATION**

11  
12 RESOLVED, That the American Academy of Family Physicians (AAFP) engage in  
13 dialogue with the Review Committee for Family Medicine (RC-FM) and Accreditation  
14 Council of Graduate Medical Education (ACGME) supporting the inclusion of gay,  
15 lesbian, bisexual, and transgender (GLBT) health knowledge and skills as a required  
16 element of the residency curriculum, and be it further

17  
18 RESOLVED, That the American Academy of Family Physicians (AAFP) engage in a  
19 dialogue with Liaison Committee on Medical Education (LCME) supporting the inclusion  
20 of in gay, lesbian, bisexual, and transgender (GLBT) health knowledge and skills as a  
21 required element of the medical student curriculum, and be it further

22  
23 RESOLVED, That the American Academy of Family Physicians (AAFP) engage in  
24 dialogue with the American Board of Family Medicine (ABFM) supporting the inclusion of  
25 questions relevant and specific to gay, lesbian, bisexual, and transgender (GLBT) health  
26 in the Family Medicine board exam, and be it further

27  
28 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the  
29 American Board of Family Medicine (ABFM) to develop a Self-Assessment Module  
30 focusing on gay, lesbian, bisexual, and transgender (GLBT) health, and be it further

31  
32 RESOLVED, That the American Academy of Family Physicians (AAFP) recognize the  
33 particular disparity involving training in transgender care and emphasize course  
34 requirements and curricular development targeted to this population, and be it further

35  
36 RESOLVED, That the American Academy of Family Physicians (AAFP) offer  
37 courses/workshops at the AAFP Scientific Assembly focused on transgender healthcare.

38  
39 **RESOLUTION NO. 2006: FAMILY PHYSICIAN AND CARE OF THE TRANSGENDERED**  
40 **PATIENT**

41  
42 RESOLVED, That the American Academy of Family Physicians (AAFP) acknowledge  
43 that the care of transgender individuals, including providing cross-gender hormone  
44 treatment, is within the scope of family medicine, and be it further

45  
46 RESOLVED, That the American Academy of Family Physicians (AAFP) take a  
47 leadership position in the education of family physicians in the care of transgendered  
48 individuals, and be it further

1 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the  
2 American Board of Family Medicine (ABFM) to develop a Part III module on gay,  
3 bisexual, lesbian, transgender (GBLT) care.  
4

5 The reference committee heard limited but favorable testimony. The authors were open to  
6 combining the two resolutions on this topic. The committee agreed that gay, lesbian, bisexual,  
7 and transgender (GLBT) medical care is important to include in medical student, resident, and  
8 practicing physicians' medical knowledge acquisition. In addition, the reference committee  
9 recognized that even less medical education is devoted to the specific medical needs of the  
10 transgender population, and confirmed that care of the transgender population is within the  
11 scope of the skills of a family physician, especially the medical treatment and coordination of  
12 care.  
13

14 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
15 **No. 2005 be adopted in lieu of Resolution Nos. 2005 and 2006, which reads as follows:**  
16

17 **RESOLVED, That the American Academy of Family Physicians (AAFP) engage in**  
18 **dialogue with the Review Committee for Family Medicine (RC-FM) and**  
19 **Accreditation Council of Graduate Medical Education (ACGME) supporting the**  
20 **inclusion of gay, lesbian, bisexual, and transgender (GLBT) health knowledge and**  
21 **skills as a required element of the residency curriculum, and be it further**  
22

23 **RESOLVED, That the American Academy of Family Physicians (AAFP) engage in a**  
24 **dialogue with Liaison Committee on Medical Education (LCME) supporting the**  
25 **inclusion of gay, lesbian, bisexual, and transgender (GLBT) health knowledge and**  
26 **skills as a required element of the medical student curriculum, and be it further**  
27

28 **RESOLVED, That the American Academy of Family Physicians (AAFP) engage in**  
29 **dialogue with the American Board of Family Medicine (ABFM) supporting the**  
30 **inclusion of questions relevant and specific to gay, lesbian, bisexual, and**  
31 **transgender (GLBT) health in the Family Medicine board exam, and be it further**  
32

33 **RESOLVED, That the American Academy of Family Physicians (AAFP) encourage**  
34 **the American Board of Family Medicine (ABFM) to develop a Self-Assessment**  
35 **Module focusing on gay, lesbian, bisexual, and transgender (GLBT) health, and be**  
36 **it further**  
37

38 **RESOLVED, That the American Academy of Family Physicians (AAFP)**  
39 **acknowledge that the care of transgender individuals, including providing cross-**  
40 **gender hormone treatment, is within the scope of family medicine, and be it**  
41 **further**  
42

43 **RESOLVED, That the American Academy of Family Physicians (AAFP) recognize**  
44 **the particular disparity involving training in transgender care, and offer courses or**  
45 **workshops at the AAFP Scientific Assembly focused on transgender healthcare.**

1 **ITEM NO. 10: RESOLUTION NO. 2001: INTEGRATING WORK-LIFE BALANCE INTO**  
2 **RESIDENCY TRAINING TO BETTER PREPARE FAMILY PHYSICIANS FOR PRACTICE**

3  
4 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a  
5 curriculum guideline for work-life balance for family medicine residents, and be it further  
6

7 RESOLVED, That the American Academy of Family Physicians (AAFP) develop tools for  
8 family medicine residents and practicing physicians to help adequately prepare them to  
9 perform self-assessment and action planning regarding personal work-life balance.

10  
11 Limited testimony was heard in support of this resolution. The reference committee felt it was  
12 not in the scope of the AAFP to develop a work-life balance curriculum. The Accreditation  
13 Council for Graduate Medical Education (ACGME) is focusing on resident wellness and may be  
14 developing curriculum requirements for residencies on work-life balance. Tools for personal  
15 work-life balance are developed by multiple parties, and the reference committee believed the  
16 AAFP could promote these tools instead of develop them.

17  
18 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
19 **No. 2001 be adopted in lieu of Resolution No. 2001, which reads as follows:**

20  
21 **RESOLVED, That the American Academy of Family Physicians (AAFP) promote**  
22 **tools for family medicine residents and practicing physicians to help adequately**  
23 **prepare them to perform self-assessment and action planning regarding personal**  
24 **work-life balance.**

25  
26 **ITEM NO. 11: RESOLUTION NO. 2002: ADDRESS THE GROWING EPIDEMIC OF**  
27 **PRESCRIPTION DRUG ABUSE**

28  
29 RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm its  
30 existing policy listed under Substance and Alcohol Abuse and Addiction, and be it further  
31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) educate its  
33 members about the Continuing Medical Education opportunities available on treatment  
34 and guidelines of chronic pain management, and be it further  
35

36 RESOLVED, That the American Academy of Family Physicians (AAFP) develop  
37 guidelines and recommendations for diagnosis and treatment of addiction, and be it  
38 further  
39

40 RESOLVED, That the American Academy of Family Physicians (AAFP) include  
41 addiction and substance abuse as a competency in the curriculum of training family  
42 medicine residents, and be it further  
43

44 RESOLVED, That the American Academy of Family Physicians (AAFP) support National  
45 All Schedules Prescription Electronic Reporting Act (NASPER) and advocate for all  
46 states to develop a prescription drug monitoring system and report back in two years  
47 with an update.  
48

49 The reference committee heard favorable testimony for this resolution. The committee  
50 recognized many AAFP resources already are addressing this important topic. The AAFP  
51 currently has in place the Opioid Abuse/Pain Management (OAPM) work group and



1 multidivisional staff team to address the issues in this resolution, and is creating a position  
2 paper and educational resources for AAFP members. The work group is evaluating the existing  
3 guidelines on substance abuse and chronic pain management, and will make a  
4 recommendation regarding them in the near future. The reference committee strongly supports  
5 establishing state and national prescription drug monitoring and reporting systems. The AAFP  
6 will report their progress on this issue in a timely manner.

7  
8 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
9 **No. 2002 be adopted in lieu of Resolution No. 2002, which reads as follows:**

10  
11 **RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm its**  
12 **existing policy listed under Substance and Alcohol Abuse and Addiction, and be it**  
13 **further**

14  
15 **RESOLVED, That the American Academy of Family Physicians (AAFP) support**  
16 **National All Schedules Prescription Electronic Reporting Act (NASPER) and**  
17 **advocate for all states to develop a prescription drug monitoring system.**  
18

19  
20 **I wish to thank those who appeared before the reference committee to give testimony**  
21 **and the reference committee members for their invaluable assistance. I also wish to**  
22 **commend the AAFP staff for their help in the preparation of this report.**

23  
24  
25 Respectfully Submitted,

26  
27  
28 \_\_\_\_\_  
29 Christina Kelly, MD, FAAFP, Chair

30  
31 Laura Ellis, MD, FAAFP, GLBT  
32 Kelly Jones, MD, Women  
33 Tiffany Leonard, MD, New Physicians  
34 Elizabeth Seymour, MD, IMG  
35 Mark Solano, MD, Minority  
36 Abayomi Jones, MD (Observer), Minority