



2018 Report of the Reference Committee on Education

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

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

5
6 **ITEM NO. 1: RESOLUTION NO. 2001: ADDRESSING THE BURDEN OF INDIRECT PATIENT**
7 **CARE ON PHYSICIAN WELL-BEING**

8
9 RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a policy in
10 keeping with the AAFP position paper on “Physician Burnout,” recognizing that indirect
11 patient care is as important as direct patient care and that physician schedules reflect this,
12 regardless of insurance reimbursement, and be it further

13
14 RESOLVED, That the American Academy of Family Physicians advocate for increased
15 hours allowing for family physicians to complete indirect patient care within the employed
16 physician’s typical work day, and be it further

17
18 RESOLVED, That the American Academy of Family Physicians adopt a policy recognizing
19 that work done outside of typical working hours and infringing on personal time no longer be
20 acceptable, and be it further

21
22 RESOLVED, That the American Academy of Family Physicians lobby for adequate time for
23 all patient care to be completed in order to improve work-life balance and reduce burnout
24 for physicians so as to ensure an adequate primary care workforce.

25
26 The reference committee heard testimony, including from an author, in support of this resolution,
27 about the value of non-face-to-face cognitive work that physicians perform and the need to
28 recognize this as part of work hours to support work-life balance for physicians. It was recognized
29 that the AAFP has placed importance on the issue of physician burnout through its Physician
30 Health First initiative. To acknowledge work already being done by the AAFP, the committee
31 decided to combine the resolved clauses and recommend a substitute.

32
33 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
34 **2001, which reads as follows, be adopted in lieu of Resolution No. 2001:**

35
36 **RESOLVED, That the American Academy of Family Physicians adopt a policy**
37 **recognizing that indirect patient care is an important part of patient care and a**
38 **component in burnout due to physician work/life imbalance, and be it further**

1 **RESOLVED, That the American Academy of Family Physicians advocate for adequate**
2 **time for both direct and indirect patient care to be completed, to improve work-life**
3 **balance.**
4

5 **ITEM NO. 2: RESOLUTION NO. 2002: FAMILY MEDICINE RESIDENCY EDUCATION**
6 **INVOLVING NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS**
7

8 RESOLVED, That the American Academy of Family Physicians perform a survey to
9 residents to determine the level of interaction, instruction and/or supervision of physician
10 assistant and nurse practitioner educators for family medicine residents during residency.
11

12 The reference committee heard limited support for adoption of this resolution though some of the
13 testimony for the resolution did not reconcile with the language in the resolved clause. The
14 reference committee believed that confusion about the purpose of the survey would create
15 ambiguity for the AAFP in preparing an adequate survey instrument if it were to be adopted.
16

17 **RECOMMENDATION: The reference committee recommends that Resolution No. 2002 not**
18 **be adopted.**
19

20 **ITEM NO. 3: RESOLUTION NO. 2003: MATERNAL MORTALITY IN THE UNITED STATES**
21

22 RESOLVED, That the American Academy of Family Physicians advocate to the
23 Accreditation Council for Graduate Medical Education (ACGME) to increase training in
24 prepregnancy care, interpregnancy care, and complications of maternity care that have
25 been shown to contribute to maternal mortality, and, be it further
26

27 RESOLVED, That the American Academy of Family Physicians advocate to relevant
28 stakeholders for evidence-based measures shown to decrease maternal mortality and
29 morbidity, such as access to contraception, access to doulas and labor support, health
30 insurance coverage for all pregnant and postpartum women, and programs to address
31 social determinants of health, and, be it further
32

33 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a
34 curriculum in implicit bias and reproductive justice principles for presentation at state and
35 national AAFP Continuing Medical Education Programs to combat discrimination and bias,
36 and, be it further
37

38 RESOLVED, That the American Academy of Family Physicians support and advocate for
39 legislative initiatives to fund research to further understand and address both the high rate
40 and disparities of maternal mortality in the United States.
41

42 The reference committee heard testimony from authors in support for this resolution. While there is
43 a belief this issue has been addressed, data shows that with a maternal morbidity and mortality
44 rate as one of the worst world-wide, there is room for improvement. One person noted that racism
45 and sexism likely contributed to the high infant mortality rate where she practices. The reference
46 committee recommended the first resolved clause be adopted because they agreed it was an
47 important topic and could be addressed via changes to the core accreditation of residency
48 programs. The second resolved clause was substituted because evidence for the interventions
49 listed was lacking. The third resolved clause was substituted to acknowledge that the AAFP does
50 provide education on implicit bias, but could enhance it with reproductive justice principles. The
51 fourth resolved clause was substituted to acknowledge that there are other organizations the AAFP
52 could work with to further legislative initiatives.

1
2 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
3 **2003, which reads as follows, be adopted in lieu of Resolution No. 2003:**
4

5 **RESOLVED, That the American Academy of Family Physician advocate to the**
6 **Accreditation Council for Graduate Medial Education (ACGME) to increase training in**
7 **prepregnancy care, interpregnancy care, and complications of maternity care that**
8 **have been shown to contribute to maternal mortality, and be it further**
9

10 **RESOLVED, That the American Academy of Family Physicians advocate for**
11 **evidence-based measures shown to decrease maternal mortality and morbidity, and**
12 **be it further**
13

14 **RESOLVED, That the American Academy of Family Physicians (AAFP) enhance its**
15 **curriculum on implicit bias to include reproductive justice principles for presentation**
16 **at state and national AAFP continuing medical education programs to combat**
17 **discrimination and bias, and be it further**
18

19 **RESOLVED, That the American Academy of Family Physicians support and**
20 **collaborate on legislative initiatives to fund research to further understand and**
21 **address both the high rate and disparities of maternal mortality in the United States.**
22

23 **ITEM NO. 4: RESOLUTION NO. 2004: J-1 VISA WAIVER PROGRAM HOUR REQUIREMENTS**
24 **MAKE HOSPITALIST POSITIONS UNATTAINABLE**
25

26 RESOLVED, That the American Academy Family Physicians advocate for flexibility in the
27 40-hour per week requirement for J-1 visa waivers to an average of 40 hours per week
28 requirement, for those who apply for nontraditional positions, such as hospitalist positions.
29

30 The reference committee heard limited and favorable testimony in support of expanding the current
31 AAFP policy for J-1 Visa to better support alternative career tracks for family physicians such as
32 hospitalist medicine and emergency medicine. The reference committee heard testimony that
33 indicated some hospitalist positions do not have a classic 40-hour work week schedule. As a
34 result, some communities and care settings are experiencing workforce shortages because they
35 are unable to employ physicians with a J-1 Visa. The reference committee agreed with the
36 testimony presented.
37

38 **RECOMMENDATION: The reference committee recommends that Resolution No. 2004 be**
39 **adopted.**
40

41 **ITEM NO. 5: RESOLUTION NO. 2005: LGBT HEALTHCARE EDUCATION**
42

43 RESOLVED, That the American Academy of Family Physicians promote education on
44 appropriate contraceptive therapy for lesbian, gay, bisexual, transgender patients, and be it
45 further
46

47 RESOLVED, That the American Academy of Family Physicians promote education on
48 appropriate gender-affirming hormone therapy for transgender patients, and be it further
49

50 RESOLVED, That the American Academy of Family Physicians promote education on
51 appropriate gender-affirming surgical care for transgender patients, and be it further
52

1 RESOLVED, That the American Academy of Family Physicians promote education on
2 appropriate psychological and support services for lesbian, gay, bisexual and transgender
3 individuals.
4

5 The reference committee heard limited unanimous support of adoption for this resolution. In both
6 comments the members mentioned the struggles that their patients within rural and underserved
7 areas have within the lesbian, gay, bisexual, and transgender community (LGBT) in seeking
8 medical care. The reference committee reviewed the resolutions' education requests and
9 compared them with the education provided by the AAFP. Additional information was provided to
10 the reference committee about past education that was provided on this subject matter and
11 upcoming scheduled education in the future. It was determined that AAFP already has much of this
12 education provided in the current continuing medical education and planned for future AAFP
13 events. Both gender-affirming hormone therapy education and care for transgender patients will
14 be scheduled for Family Medicine Experience (FMX) 2018 and 2019 and post event via FMX on
15 demand. Education on psychological and support services within the LGBT community was
16 presented at the 2017 FMX focused on adolescent population. The reference committee believed
17 that this was sufficient as the author did not specify the type of education. Areas where education
18 was limited to the scope of request was contraception therapy specific for the LGBT community.
19 Therefore, the reference committee determined that the first resolved clause should be adopted to
20 fulfill this specific request of the authors. Resolved clauses two through four are current policy
21 since education already was available or scheduled.
22

23 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
24 **2005, which reads as follows, be adopted in lieu of Resolution No. 2005:**
25

26 **RESOLVED, That the American Academy of Family Physicians promote education on**
27 **appropriate contraceptive therapy for lesbian, gay, bisexual, and transgender**
28 **patients.**
29

30 **ITEM NO. 6: RESOLUTION NO. 2006: PAID PARENTAL LEAVE POLICY SURVEY AND**
31 **RESOURCES**
32

33 RESOLVED, That the American Academy of Family Physicians conduct a survey of its
34 active members regarding current parental leave contractual agreements, and be it further
35

36 RESOLVED, That the American Academy of Family Physicians provide the information
37 from a parental leave policy survey of its Active members as a resource to help family
38 physicians negotiate employment contracts/work environment solutions leading to a
39 healthier and financially viable work life balance for physicians with expanding families, and
40 be it further
41

42 RESOLVED, That the American Academy of Family Physicians support 12 weeks fully paid
43 leave for primary caregivers for a newly born or adopted child and support an optional
44 extension leave as partially paid or unpaid leave up to six months.
45

46 The reference committee heard testimony in favor of the resolution noting the value of paid leave in
47 mitigating burnout of family physicians and supporting work-life balance. Members of the reference
48 committee agreed with the resolution's intentions and to make the information from the survey
49 known to American Academy of Family Physicians (AAFP) members to aid them in negotiation of
50 future employment contracts. The members of the reference committee also learned that the AAFP
51 submitted a letter to the U.S. Congress in April 2018 in support of paid leave policies. As such, the
52 reference committee reaffirmed the third resolved clause as current AAFP policy.

1
2 **RECOMMENDATION: The reference committee recommends that Substitution Resolution**
3 **No. 2006, which reads as follows, be adopted in lieu of Resolution No. 2006:**
4

5 **RESOLVED, That the American Academy of Family Physicians conduct a survey of**
6 **its active members regarding current parental leave contractual agreements, and be**
7 **it further**
8

9 **RESOLVED, That the American Academy of Family Physicians provide the**
10 **information from a parental leave policy survey of its Active members as a resource**
11 **to help family physicians negotiate employment contracts/work environment**
12 **solutions leading to a healthier and financially viable work life balance for physicians**
13 **with expanding families, and be it further**
14

15 **ITEM NO. 7: RESOLUTION NO. 2007: PROMOTING FAMILY MEDICINE TO MIDDLE, HIGH**
16 **SCHOOL, AND COLLEGE STUDENTS WHO ARE MEMBERS OF POPULATIONS**
17 **UNDERREPRESENTED IN MEDICINE**
18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) work with the AAFP
20 Foundation to create a new initiative to engage middle and high school student populations
21 who are underrepresented in family medicine in programs that may promote interest in the
22 specialty, and be it further
23

24 RESOLVED, That the American Academy of Family Physicians amend the policy, “Medical
25 Schools, Minority and Women Representation in Medicine”, to broaden its position on
26 stimulating interest in medical careers among minorities and women to specifically include
27 middle school, high school, and college age students.
28

29 The reference committee heard testimony for this resolution from several members, including an
30 author. It was acknowledged that creating a pipeline program might alleviate the physician
31 shortage in family medicine and that there were many existing programs supported by local
32 communities. It was noted that the AAFP Foundation and the AAFP were separate entities, and as
33 such, the AAFP could not direct the Foundation. The reference committee also was concerned
34 about which populations were included in the term *minorities*. The first resolved clause was
35 substituted to reflect the Foundation as a separate entity and to reflect existing work and policy.
36 The second resolved clause was substituted to replace the less specific term *minority* with the
37 phrase “populations underrepresented in medicine,” since some minority populations are well
38 represented in medicine.
39

40 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
41 **2007, which reads as follows, be adopted in lieu of Resolution No. 2007:**
42

43 **RESOLVED, That the American Academy of Family Physicians (AAFP) ~~invite~~ request**
44 **the AAFP Foundation to collaborate in current and future initiatives to engage middle**
45 **and high school student populations who are underrepresented in family medicine in**
46 **programs that may promote interest in the specialty, and be it further**
47

48 **RESOLVED, That the American Academy of Family Physicians amend the policy,**
49 **“Medical Schools, Minority, and Women Representation in Medicine,” to broaden its**
50 **position on stimulating interest in medical careers among populations**
51 **underrepresented in medicine to specifically include middle school, high school, and**
52 **college age students. **ADOPTED AS AMENDED****

1
2 **ITEM NO. 8: RESOLUTION NO. 2008: INTERNATIONAL MEDICAL GRADUATES ADVOCACY**
3

4 RESOLVED, That the American Academy of Family Physicians supports and protects
5 medical students, residents, and fellows in family medicine training under a J-1 and H1-B
6 Visa, and be it further
7

8 RESOLVED, That the American Academy of Family Physicians routinely assess the
9 number of international medical graduates members, their country of origin, and who
10 among them are on H-1B and J-1 visas, and be it further
11

12 RESOLVED, That the American Academy of Family Physicians amend its current position
13 on the J-1 Visa Waiver Program to include an exception to support the retention of
14 physicians in training and practicing in the United States. from countries in unrest and war,
15 and be it further
16

17 RESOLVED, That the American Academy of Family Physicians create a form letter for
18 international medical graduates members stating they are a physician in good standing,
19 which can be used during immigration proceedings to help facilitate their visa application.
20

21 The reference committee heard limited testimony in support of the resolution. The reference
22 committee believes the resolution’s language was vague making three of the four resolved
23 statements difficult for the AAFP to implement. For example, it was unclear what specific action
24 would constitute “supports and protects.” In another instance, the reference committee had
25 difficulty identifying what might constitute a country experiencing “unrest.” Lastly, the reference
26 committee came to understand that the AAFP is not positioned to evaluate whether any of its
27 physicians are “in good standing” except for eligibility for membership in the AAFP.
28

29 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
30 **2008, which reads as follows, be adopted in lieu of Resolution No. 2008.**
31

32 **RESOLVED, That the American Academy of Family Physicians (AAFP) conduct a**
33 **needs assessment of international medical graduate members with an aim to help**
34 **the AAFP better understand the unique needs of these members, particularly**
35 **implications related to members H1B and J-1 visas.**
36

37 **ITEM NO. 9: RESOLUTION NO. 2009: COLLABORATIVE EFFORTS IN ADDRESSING THE**
38 **OPIOID EPIDEMIC IN THE MINORITY POPULATION**
39

40 RESOLVED, That the American Academy of Family Physicians develop an awareness
41 campaign to educate physicians and physicians-in-training of the gaps in treatment in the
42 minority population, and be it further
43

44 The reference committee heard testimony in favor of this resolution, citing how minority populations
45 have suffered disproportionately in the opioid epidemic. The reference committee was also
46 supportive and recommended adoption of the second and third resolved clauses with no changes
47 and amending the first resolved clause to include the term “for opioid addiction”, because it was not
48 included in the original submission.
49

50 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
51 **2009, which reads as follows, be adopted in lieu of Resolution No. 2009:**
52

1 **RESOLVED, That the American Academy of Family Physicians develop an awareness**
2 **campaign to educate physicians and physicians-in-training of the gap in treatment**
3 **for opioid addiction in the minority population, and be it further**
4

5 **RESOLVED, That the American Academy of Family Physicians educate members on**
6 **best practice and collaborative efforts which are effective in the treatment of opioid**
7 **misuse and abuse in the minority population, and be it further**
8

9 **RESOLVED, That the American Academy of Family Physicians reassess the current**
10 **Chronic Pain Management Toolkit to incorporate health equity tools to address the**
11 **opioid epidemic in the minority population.**
12

13 **ITEM NO. 10 RESOLUTION NO. 2010: THE ANNUAL FAMILY MEDICINE REPORT TO CMS**
14

15 RESOLVED, That the American Academy of Family Physicians create an annual report to
16 be delivered to the Centers for Medicare and Medicaid Services, indicating the number and
17 overall percentage of residency-matched physicians into family medicine.
18

19 The reference committee learned that the American Academy of Family Physicians regularly
20 interacts with the Centers for Medicare and Medicaid Services addressing GME financing and the
21 current intended and unintended consequences impacting family medicine residencies and family
22 medicine workforce. The AAFP annually publishes a manuscript in *Family Medicine* in the fall each
23 year that describes the current state of residency match and fill rates. This information is
24 referenced and utilized frequently by AAFP members and staff in dialogue with CMMS staff and
25 officials.
26

27 **RECOMMENDATION: The reference committee recommends that Resolution No. 2010 be**
28 **reaffirmed as current policy or are already addressed in current projects. EXTRACTED AND**
29 **REAFFIRMED AS WRITTEN**
30

31 **ITEM NO. 11: RESOLUTION NO. 2011: FAMILY PLANNING EDUCATION DURING MEDICAL**
32 **SCHOOL**
33

34 RESOLVED, That the American Academy of Family Physicians urge the Society of
35 Teachers of Family Medicine to develop specific inclusive curriculum on unplanned
36 pregnancy and abortion to be taught during the medical school family medicine clerkship
37 rotation.
38

39 The reference committee was compelled by the testimony and the positive working relationship the
40 American Academy Family Physicians maintains with the Society of Teachers of Family Medicine
41 to adopt the resolution. Currently, there are limited curriculum resources for unplanned pregnancy
42 within existing clerkship curriculum resources, and efforts to train learners while in medical school
43 may lead to improved clinician knowledge and comfort in shared decision-making with patients.
44

45 **RECOMMENDATION: The reference committee recommends that Resolution No. 2011 be**
46 **adopted.**
47

48
49 **ITEM NO. 12: RESOLUTION NO. 2012: LONG-ACTING REVERSIBLE CONTRACEPTION**
50 **(LARC) IN PRACTICE**
51

1 RESOLVED, That the American Academy of Family Physicians advocate to expand
2 educational training in residency programs to include the process of ordering and managing
3 long-acting, reversible contraception programs in active practice after training, and be it
4 further

5
6 RESOLVED, That the American Academy of Family Physicians make available and
7 accessible to physicians a communication access point to locate resources to bring long-
8 acting, reversible contraception to local communities through enhanced training and
9 business management information and networks.

10
11 The reference committee heard testimony from the authors in support of this resolution. They cited
12 practice management challenges with providing long-acting reversible contraception (LARC)
13 services. The reference committee recommended that the first resolved clause not be adopted
14 since the AAFP does not produce residency curriculum. The committee was supportive of the
15 second resolved clause since there were no existing AAFP resources identified, but it was
16 amended to clarify vague wording.

17
18 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
19 **2012, which reads as follows, be adopted in lieu of Resolution No. 2012:**

20
21 **RESOLVED, That the American Academy of Family Physicians add resources on its**
22 **website to bring long-acting, reversible contraception to local communities through**
23 **enhanced training, business management information, and networks.**

24
25 **ITEM NO. 13: RESOLUTION NO. 2013: INCREASE PERCENTAGE OF WOMEN'S**
26 **REPRODUCTIVE HEALTH TOPICS AT AAFP FMX AND AT THE NATIONAL CONFERENCE**
27 **FOR FAMILY MEDICINE RESIDENTS AND MEDICAL STUDENTS**

28
29 RESOLVED, That the American Academy of Family Physicians direct the Education
30 Content Advisory to differentiate reproductive health from women's health and create a
31 Reproductive Health category and a Women's Health category, and be it further

32
33 RESOLVED, That the American Academy of Family Physicians direct the Family Medicine
34 Experience (FMX) Curriculum Advisory Panel (CAP) to increase the weight of women's
35 reproductive health topics at future FMX events and remove the four percent cap, and be it
36 further

37
38 RESOLVED, That the American Academy of Family Physicians direct the National
39 Conference for Family Medicine Residents and Medical Students Programming Committee
40 to increase the weight of women's reproductive health topics at future events.

41
42 The reference committee heard support from multiple members in favor of this resolution with one
43 against. Those in favor spoke about their limited time and ability to travel for education and the
44 perceived limited nature of the amount of reproductive health education at conferences. The
45 individual who opposed the resolution, who has a relationship with the Family Medicine Experience
46 (FMX) advisory board, discussed the process of deciding topics. Topics chosen are data driven by
47 knowledge gaps, needs assessments, American Board of Family Medicine (ABFM) exam blueprint,
48 prior years' assessments, interest group recommendations, etc. There was also concern voiced
49 about deviation from the evidence-based process and whether it would disadvantage other topics,
50 which data has shown are of higher priority.

1 The reference committee discussed the merits of both sides of the argument. Within the first
2 resolved clause, the committee agreed with differentiating reproductive health from women's health
3 due to the shared belief that those topics could stand alone. The Curriculum Advisory Panel was
4 substituted for Education Content Advisory as it has the authority to make such a decision. Thus,
5 the reference committee recommended the first resolved clause be adopted with substitution.

6
7 In addition, the reference committee noted that women's reproductive health topics are already a
8 high priority for the AAFP and the National Conference of Family Medicine Residents and Medical
9 Students. Thus, the reference committee recommended the second resolved clause not be
10 adopted. The reference committee determined the third resolved clause is current policy.

11
12 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
13 **2013, which reads as follows, be adopted in lieu of Resolution No. 2013:**

14
15 **RESOLVED, That the American Academy of Family Physicians direct the Curriculum**
16 **Advisory Panel to differentiate reproductive health from women's health and create a**
17 **Reproductive Health category and a Women's Health category.**

18
19 **RESOLVED, That the AAFP directs the curriculum advisory panel to openly publish**
20 **the percentage allocations of session topic categories for all national AAFP live and**
21 **online continuing medical education activities.**

22
23 **ADOPTED AS AMENDED**

24
25 **ITEM NO. 14: RESOLUTION NO. 2014: IMPLEMENTATION OF SEXUAL ORIENTATION AND**
26 **GENDER IDENTITY DATA COLLECTION**

27
28 RESOLVED, That the American Academy of Family Physicians provide a toolkit for practice
29 development of office procedures for patient sexual orientation and gender identity data
30 collection, and be it further

31
32 RESOLVED, That a toolkit for practice development of office procedures for patient sexual
33 orientation and gender identity data collection be included in the online *American Family*
34 *Physician* by topic collections under "Care of Special Populations" subtopic of "Gay,
35 Lesbian, Bisexual and Transgendered Persons", and be it further

36
37 RESOLVED, That the effort to collect the sexual orientation and gender identity data be
38 included in work related to the EveryONE project.

39
40 The reference committee heard testimony in support of this resolution from the authors, who
41 explained that, despite requirements by some entities to collect sexual orientation and gender
42 identity (SOGI) data, many healthcare providers did not know how to put processes in place to
43 collect it, so while there may be willingness to gather data, tools are required. The reference
44 committee recognized that a search of AAFP's resources could not identify current tools on the
45 AAFP web site.

46
47 **RECOMMENDATION: The reference committee recommends that Resolution No. 2014 be**
48 **adopted.**

49
50 **I wish to thank those who appeared before the reference committee to give testimony and**
51 **the reference committee members for their invaluable assistance. I also wish to commend**
52 **the AAFP staff for their help in the preparation of this report.**

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Respectfully Submitted,

Harold Phillips, MD– Chair

- Rachel Franklin, MD, FAAFP – Women
- Lawrence “Larry” Gibbs, MD, MED, FAAFP – New Physician
- Marie Elizabeth Ramas, MD – Minority
- Tamer Said, MD – IMG
- Anuj Shah, MD, MPH – LGBT
- Wanda Gumbs, MD, MPH (Observer)