



2015 Agenda for the Reference Committee on Education

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

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 2001	Residency Transparency in Training Information
2. Resolution No. 2002	Additional Resources for Community-Based Family Medicine GME Programs
3. Resolution No. 2003	Internationally Funded Residency Slots in U.S. Residency Programs
4. Resolution No. 2004	Updating Colon Cancer Screening
5. Resolution No. 2005	Physicians Advocating for Effective School Anti-Bullying Policy
6. Resolution No. 2006	Human Trafficking Awareness and Education in Family Medicine
7. Resolution No. 2007	GLBT Education Tool-Kit
8. Resolution No. 2008	Promoting Transparency in Medical Education and Access to Training and Care in Settings Affiliated with Religious Health Care Organizations
9. Resolution No. 2009	Family Physicians as Providers of Community Health Care and Appropriate Reimbursement
10. Resolution No. 2010	Transgender Health Education
11. Resolution No. 2011	Safe Use of Psychotropic Medications in Pregnancy
12. Resolution No. 2012	Physician Licensure Based on Competence and Not Diagnosis
13. Resolution No. 2013	Spotlighting the Value of International Medical Graduates in Family Medicine Residency Programs
14. Resolution No. 2014	Deemphasizing Numeric Requirements for Competency-based Family Medicine Residency Education



Resolution No. 2001

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1 Residency Transparency in Training Information

2

3 Submitted by: Meshia Q. Waleh, MD, New Physicians
4 Anneliese Heckert, DO, New Physicians
5 Sarah T. Marks, MD, New Physicians
6 Saby Karuppiah, MD, New Physicians

7

8 WHEREAS, Medical student membership in the American Academy of Family Physicians
9 (AAFP) is at 1 in 4 medical students, and

10

11 WHEREAS, non-AAFP databases exist that include information regarding residency percentage
12 fill rates, board pass rates, graduate practice types, and other information, and

13

14 WHEREAS, the large number of AAFP student members necessitates access to information
15 about family medicine scope of practice and where adequate training can be obtained, now,
16 therefore, be it

17

18 RESOLVED, That the Academy of Family Physicians investigate expansion of the current
19 residency database to include, but not be limited to, program-specific family medicine board
20 exam pass rates, OB delivery and C-section numbers, insurance breakdown of residency clinic
21 patient population, graduate practice types including subspecialty practice, program fill
22 percentage rates, and geographical distribution of graduates.



Resolution No. 2002

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1 Additional Resources for Community-Based Family Medicine GME Programs

2
3 Submitted by: F. George Leon, MD, IMG

4 Polina Sayess, MD, IMG

5 Shani Muhammad, MD, Minority

6 Saby Karuppiah, MD, FAAFP, New Physician

7
8 WHEREAS, The American Academy of Family Physician's current efforts in graduate medical
9 education (GME) reform, which will provide more transparent system to help fund programs in
10 family medicine, and

11
12 WHEREAS, current GME funds driven by hospitals continue to be hospital-centric and may not
13 fulfill the needs for well-trained family physicians, and

14
15 WHEREAS, the Institute of Medicine reported that, "By giving the funds directly to teaching
16 hospitals, the payment system discourages physician training in the clinical settings outside the
17 hospital where most people seek care. Primary care residency programs are at a distinct
18 disadvantage because of their emphasis on training in ambulatory care settings," now,
19 therefore, be it

20
21 RESOLVED, That the American Academy of Family Physicians advocate for additional federal
22 resources for community-based graduate medical programs in family medicine residencies.



Resolution No. 2003

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1 Internationally Funded Residency Slots in U.S. Residency Programs

2
3 Submitted by: Sneha Chacko, MD, IMG
4 Sharif Latif, MD, IMG
5

6 WHEREAS, Various foreign governments are funding residency slots for their medical students
7 in United States residency and fellowship programs, with the stipulation that they return to their
8 respective countries upon completion, and
9

10 WHEREAS, this is leading to U.S. residency slots being taken up by such candidates resulting
11 in fewer slots in some cases, toward U.S. graduates or International Medical Graduates (IMG)
12 candidates who are entering by merit, and not by monetary means, and
13

14 WHEREAS, these internationally funded candidates are required to complete three year
15 residency programs as well as one year of fellowship, which is also funded by their respective
16 governments, further taking out slots for further training opportunities for U.S. and IMG
17 candidates, and
18

19 WHEREAS, this also contributes toward inequality when taking into consideration the fact that
20 other countries who may not be able to afford this astronomical sum of \$300,000 per candidate,
21 are not able to participate, as well as the inequality and unfairness that this opportunity is not
22 available to everyone, including the people of this country, and
23

24 WHEREAS, this further contributes toward the shortage of primary physicians in our country,
25 and
26

27 WHEREAS, this system contributes toward inequality, injustice, and possibly reducing physician
28 quality of residency graduates, thus undermining and contaminating the current system of
29 selection and the National Residency Match Program process, now, therefore, be it
30

31 RESOLVED, That the American Academy of Family Physicians refer this issue to the
32 Association of Family Medicine Residency Directors for further investigation to prohibit
33 potentially unethical practices in filling residency and fellowship slots, and to help ensure
34 transparency and fairness in choosing residents.



Resolution No. 2004

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1 Updating Colon Cancer Screening

2

3 Submitted by: Mary Krebs, MD, FAAFP, Women

4 Robin Barnett, DO, FAAFP, Women

5 Tasha Starks, MD, New Physicians

6 Tabatha Wells, MD, New Physicians

7

8 WHEREAS, Colorectal screening rates may be improved by giving patients options, and

9

10 WHEREAS, Cologard is 92% sensitive for detecting colon cancer, higher than Fecal Occult

11 Blood Test, and

12

13 WHEREAS, that the American Academy of Family Physicians has not updated colorectal
14 cancer screening guidelines since 2008, prior to the approval of Cologard, now, therefore, be it

15

16 RESOLVED, That the American Academy of Family Physicians update its colorectal cancer
17 screening guidelines to include Cologard as an acceptable alternative for screening.



Resolution No. 2005

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1 Physicians Advocating for Effective School Anti-Bullying Policy

2
3 Submitted by: Alan Schwartzstein, MD, FAAFP, GLBT
4 Adebowale Prest, MD, FAAFP, GLBT
5 Benjamin Simmons III, MD, GLBT
6

7 WHEREAS, Family physicians are leaders in their communities, and

8
9 WHEREAS, being a family physician includes being involved in the community, and

10
11 WHEREAS, research shows that sexual harassment and bullying at a young age increase the
12 risks of suicide, behavioral disorders, and involvement in physical violence, beginning a cycle of
13 violence in families, and

14
15 WHEREAS, school districts often need strong community leadership to create such effective
16 policies, and

17
18 WHEREAS, the American Academy of Family Physicians has current policy, titled "Violence,
19 Harassment, and School Bullying Among Children and Adolescents", stating, "Violence,
20 harassment, and bullying that takes place in any venue, including electronic media, for any
21 reason including, but not limited to ethnicity, socioeconomic status, religion, sexual orientation,
22 gender identity, gender expression, physical status, disability, or other personal characteristics,
23 has significant and harmful physical and psychological effects and should not be tolerated," and

24
25 WHEREAS, the implementation of this policy often will occur in the school (K-12) environment,
26 and

27
28 WHEREAS, many of our local school districts have ineffective policy which does not specify
29 investigation and action, protection and confidentiality of the target, appropriate retraining or
30 consequences for perpetrators, and

31
32 WHEREAS, school districts often need strong community leadership to create such effective
33 policies, and

34
35 WHEREAS, our youth learn best in a safe environment which includes safety from the above
36 actions, now, therefore, be it

37
38 RESOLVED, That the American Academy of Family Physicians encourage its members to
39 advocate in their local school district for effective policies on preventing sexual harassment,
40 bullying and cyber bullying of students and staff, and ensuring retraining for perpetrators, and be
41 it further

42
43 RESOLVED, That the American Academy of Family Physicians educate its members about the
44 resource of the www.stopbullying.gov website, and be it further

45 RESOLVED, That the American Academy of Family Physicians publish an article in *American*
46 *Family Physician* updating the November 1, 2004 article on "Childhood Bullying: Educating
47 Physicians on the Implications", which includes information on effective school district policies.



Resolution No. 2006

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Human Trafficking Awareness and Education in Family Medicine

2
3 Submitted by: Anita Ravi, MD, MPH, General Registrant
4 Melissa Hemphill, MD, New Physicians
5 Alicia L. Wooldridge, MD, New Physicians
6 Saskia Spiess, MD, FAAFP, Women
7

8 WHEREAS, Human trafficking involves the use of force, fraud or coercion to lure victims,
9 including children under the age of 18, into commercial sexual or labor exploitation, and
10

11 WHEREAS, studies suggest that more than 28% of victims of human trafficking are seen by
12 health care providers while in captivity without recognition of circumstances, and
13

14 WHEREAS, the health outcomes associated with human trafficking include infectious diseases
15 such as tuberculosis and human immunodeficiency virus (HIV)/AIDS, malnutrition, reproductive
16 health problems, substance abuse, mental health problems including posttraumatic stress
17 disorder, depression, and suicidal ideation, traumatic brain injury and physical injuries from
18 violence, and
19

20 WHEREAS, low awareness and a lack of national evidence-based standardized protocols for
21 responding to human trafficking in the health care setting present significant barriers to an
22 optimal healthcare response, and
23

24 WHEREAS, data shows that a brief educational intervention for health professionals increased
25 their awareness about human trafficking, as well as self-reported recognition of
26 human trafficking victims, and
27

28 WHEREAS, professional medical organizations, including the American Academy of Pediatrics
29 and the American College of Obstetrics and Gynecology have put forth position papers calling
30 for increased educational training of medical professionals with regard to health and human
31 trafficking, and
32

33 WHEREAS, the issue of human trafficking fulfills criteria for the Liaison Committee on Medical
34 Education's core educational objective: "The curriculum of a medical education program must
35 prepare medical students for their role in addressing the medical consequences of common
36 societal problems", the National Board of Medical Examiners and the Federation of State
37 Medical Boards of the United States' necessary content for the U.S. Medical Licensing
38 Examination Step 1 examination, the Accreditation Council on Graduate Medical Education
39 Common Program Requirements, and the violence and abuse content requirements for the
40 American Board of Family Medicine's certification examination, now, therefore, be it
41

42 RESOLVED, That the American Academy of Family Physicians (AAFP) write a letter to the
43 Society of Teachers of Family Medicine (STFM) encouraging the integration of the subject of
44 human trafficking into the education of medical students, residents and fellows, and be it further

45 RESOLVED, That the American Academy of Family Physicians investigate the feasibility of
46 human trafficking related continuing medical education, including but not limited to a
47 monograph, live presentations at the Family Medicine Experience and National Conference of
48 Family Medicine Residents and Medical Students, and be it further
49

50 RESOLVED, That the American Academy of Family Physicians develop a position statement on
51 human trafficking, and be it further
52

53 RESOLVED, That the American Academy of Family Physicians request the Robert Graham
54 Center to investigate the economic, social and public health impact of human trafficking.



Resolution No. 2007

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1 GLBT Education Tool-Kit

2

3 Submitted by: David Holting, MD, GLBT
4 Edward Braun, MD, GLBT
5 Alice Daniels, MD, GLBT
6 Randy Gelow II, MD, GLBT
7 Mary Sharp, MD, GLBT

8

9 WHEREAS, There are limited educational resources on Gay, Lesbian, Bisexual, and
10 Transgender (GLBT) care available for residency training programs, and

11

12 WHEREAS, there are a paucity of readily available educational resources pertaining to GLBT
13 healthcare issues for family practitioners, and

14

15 WHEREAS, there is no existing Self Assessment Module (SAM) pertaining to GLBT healthcare,
16 and

17

18 WHEREAS, there are existing resources through other associations such as Gay Lesbian
19 Medical Association, HIV guidelines from National Institute of Health, Fenway Health Institute,
20 American Academy of Medical Colleges, AAFP Reprint No. 289D entitled “Lesbian, Gay,
21 Bisexual, Transgender Health Care” that could be utilized, now, therefore, be it

22

23 RESOLVED, That the American Academy of Family Physicians develops a web-based toolkit
24 geared toward gay, lesbian, bisexual, and transgender (GLBT) health that includes but not
25 limited to such topics as: basic screening and preventative care for all GLBT individuals, Human
26 Immunodeficiency Virus Care, GLBT patient education and support, and be it further

27

28 RESOLVED, That the American Academy of Family Physicians advise the American College of
29 Graduate Medical Education to develop and integrate a gay, lesbian, bisexual, and transgender
30 curriculum into primary care residency programs, and be it further

31

32 RESOLVED, That the American Academy of Family Physicians advise the American Board of
33 Medical Specialties to include gay, lesbian, bisexual, and transgender health in current self-
34 assessment modules or develop a new SAM specifically on gay, lesbian, bisexual, and
35 transgender health, and be it further

36

37 RESOLVED, That the American Academy of Family Physicians (AAFP) update the AAFP
38 Reprint No. 289D to include indications for rectal pap smears and Pre-Exposure Prophylaxis
39 therapy (PrEP) “Lesbian, Gay, Bisexual, Transgender Health Care.”



Resolution No. 2008

2015 National Conference of Constituency Leaders —Sheraton Kansas City Hotel at Crown Center

1 Promoting Transparency in Medical Education and Access to Training and Care in Settings
2 Affiliated with Religious Health Care Organizations

3
4 Submitted by: Cathleen London, MD, Women
5 Sarah Olsasky, DO, Women
6 Rachelle Brilliant, DO, Women
7 Shadi Edaluti, New Physicians

8
9 WHEREAS, Under health care reform, hospital consolidations have led to an increasing number
10 of affiliations and mergers with religiously affiliated hospitals around the country, and

11
12 WHEREAS, one in nine hospital beds in the United States is supervised by Catholic affiliated or
13 sponsored health systems in 2011, which often decreases access to key reproductive health
14 services like contraception, tubal ligation and abortion, and

15
16 WHEREAS, physicians, including trainees, treating patients at religiously affiliated health care
17 institutions often must follow certain guidelines, such as the Ethical and Religious Directives for
18 Catholic Health Care (ERD) issued by the U.S. Conference of Catholic Bishops, and

19
20 WHEREAS, ERDs may include limitations on the provision of health care services prescribed by
21 physicians, including but not limited to reproductive services, sexual health, treatment of
22 pregnancy complications, end-of-life care, and health care services for the LGBTQ community,
23 and

24
25 WHEREAS, increasing numbers of medical schools and Graduate Medical Education (GME)
26 training programs around the country have made affiliations with religiously affiliated
27 organizations, and

28
29 WHEREAS, the scope and quality of medical training may be limited by religious guidelines for
30 trainees (students, residents, and fellows) at religiously affiliated training programs, now,
31 therefore, be it,

32
33 RESOLVED, That the American Academy of Family Physicians strongly encourage medical
34 schools and graduate medical education training programs to communicate with current
35 and prospective medical students, residents, and fellows how affiliations and mergers among
36 health care organizations may impact health care delivery, medical education, and training
37 opportunities at their respective institution, and be it further

38
39 RESOLVED, That the American Academy of Family Physicians include information on the
40 religious affiliation of residency programs on the AAFP Family Medicine Residency Directory
41 (<https://nf.aafp.org/Directorries/Residency/Search>) (Directive to take action), and be it further

42
43 RESOLVED, That the American Academy of Family Physicians work with the Accreditation
44 Council for Graduate Medical Education and other appropriate stakeholders to support

45 transparency within medical education, recommending that medical schools and graduate
46 medical education training programs communicate with current and prospective medical
47 students, residents, fellows, and faculty about how affiliations and mergers among health care
48 organizations may impact health care delivery, medical education and training opportunities,
49 and be it further

50

51 RESOLVED, That the American Academy of Family Physicians discourage the practice of
52 Catholic institutions restricting scope of care upon purchasing practices.



Resolution No. 2009

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Family Physicians as Providers of Community Health Care and Appropriate Reimbursement

2
3 Submitted by: Srikar Reddy, MD, FAAFP, New Physicians
4 Cody Wingler, MD, New Physicians
5 Samuela Manages, MD, BS New Physicians
6

7 WHEREAS, The American Academy of Family Physicians has a position paper outlining the
8 importance and value of family physicians providing mental health care, and
9

10 WHEREAS, according to the National Ambulatory Medical Care Survey, an estimated 63 million
11 patients per year are not treated for a psychiatric illness, despite need, and
12

13 WHEREAS, family physicians provide the majority of care to patients with mental illness and are
14 adequately trained to provide treatment in a variety of settings, and
15

16 WHEREAS, access to care is limited because of well-known socioeconomic and geographical
17 barriers, and
18

19 WHEREAS, prevailing payment structures are an impediment to the family physician's ability to
20 maintain continuity of care that results in higher cost of care, now, therefore, be it
21

22 RESOLVED, That the American Academy of Family Physicians provide resources to members
23 including web-based education and interactive or live programs on behavioral health, including
24 diagnosis and treatment, and be it further
25

26 RESOLVED, That the American Academy of Family Physicians advocate and educate third-
27 party payers and governmental entities of the high level of mental health care provided by family
28 physicians to their communities, and the necessity of appropriate compensation for this care.



Resolution No. 2010

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Transgender Health Education

2

3 Submitted by: David Bucher, MD, FAAFP, GLBT

4 Joe Freund, MD, GLBT

5 Peggy Sue Brooks, MD, Women

6 Lillian Wu, MD, FAAFP, Women

7

8 WHEREAS, Transgender persons have often experienced disparity in their health care, and

9

10 WHEREAS, the American Academy of Family Physicians holds health care equity for all
11 persons as a priority, now, therefore, be it

12

13 RESOLVED, That the American Academy of Family Physicians provide integrated, thorough
14 and accessible provider education on transgender health across the life spectrum, and be it
15 further,

16

17 RESOLVED, That the American Academy of Family Physicians website contain current and
18 accurate health information for transgender patients.



Resolution No. 2011

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Safe Use of Psychotropic Medications in Pregnancy

2

3 Submitted by: Karla L. Booker, MD, Women

4 Rebecca Lundh, MD, Women

5 Peggy Sue Brooks, MD, Women

6 Lillian Wu, MD, Women

7

8 WHEREAS, The incidence of depressive disorders in pregnancy approaches 20%, and

9

10 WHEREAS, undue concern over fetal harm as well as potential litigation leads to inappropriate
11 discontinuation or lack of appropriate initiation of psychotropic medications in pregnancy, and

12

13 WHEREAS, appropriate treatment of depressive disorders in pregnancy leads to improved
14 maternal and fetal outcomes, and

15

16 WHEREAS, there are safe and effective pharmacotherapies and behavioral therapies for
17 pregnant patients, now, therefore, be it

18

19 RESOLVED, That the American Academy of Family Physicians improve education to its
20 members on appropriate use of psychotropic medications in pregnancy to address and improve
21 maternal-fetal outcomes, through means such as live conferences, an article in the *American*
22 *Family Physician*, and online modules, and be it further

23

24 RESOLVED, That the American Academy of Family Physicians develop web-based patient
25 educational materials on mental health treatment, including use of psychotropic medications in
26 pregnancy.



Resolution No. 2012

2015 National Conference of Constituency Leaders —Sheraton Kansas City Hotel at Crown Center

1 Physician Licensure Based on Competence and Not Diagnosis

2
3 Submitted by: JoAnna Kauffman, MD, Women
4 Peggy Sue Brooks, MD, Women
5 Rebecca Lundh, MD, Women
6 Bernard Richard, MD, GLBT
7

8 WHEREAS, Mental health diagnoses are common, including among physicians who are
9 providing competent and empathetic care to patients, and
10

11 WHEREAS, physicians with mental health diagnoses have faced discrimination in licensure
12 based solely on diagnosis without any evidence of impairment and treat physicians receiving
13 mental health care differently from those receiving physical health care, and
14

15 WHEREAS, diagnosis and treatment are distinct from impairment and this distinction is
16 recognized by the American Academy of Family Physicians, the Federation of State Medical
17 Boards, and the Federation of State Physician Health Programs, and
18

19 WHEREAS, the stigma and discrimination surrounding a mental health diagnosis can
20 discourage physicians from seeking treatment that would prevent impairment, now, therefore,
21 be it
22

23 RESOLVED, That the American Academy of Family Physicians adopt a policy that a diagnosis
24 or treatment of a mental health condition not be used as proxy for impairment in the physician
25 licensure process but rather that physician licensure focus on ability to practice and that there
26 be parity in consideration of mental health and physical health diagnoses, and be it further,
27

28 RESOLVED, That the American Academy of Family Physicians assist chapters in advocacy
29 efforts with state medical boards to ensure that licensure processes focus on ability to practice
30 and do not deal with mental health and physical health diagnoses differently, including providing
31 reference materials such as a sample letter for use in advocacy, and be it further
32

33 RESOLVED, That the American Academy of Family Physicians advocate to the Federation of
34 State Medical Boards regarding this issue of diagnosis and treatment of mental health
35 conditions being used as a proxy for impairment in matters of physician licensure and the lack of
36 parity in consideration of mental health and physical health diagnoses.



Resolution No. 2013

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Spotlighting the Value of International Medical Graduates in Family Medicine Residency
2 Programs

3
4 Submitted by: Shaista Qureshi, MD, IMG
5 Asim Jaffer, MD, IMG
6 Amir Saiek, MD, IMG
7 Ana Solis, MD, IMG

8
9 WHEREAS, There remains an underlying bias against international medical graduates (IMGs) in
10 recruitment at many family medicine residency programs, and

11
12 WHEREAS, IMGs can help improve the diversity of a residency program, and

13
14 WHEREAS, IMGs may come with a unique set of skills that come from training in an
15 international setting, and

16
17 WHEREAS, IMGs may help to enrich the cultural competency of the residency program, and

18
19 WHEREAS, IMGs are a large part of the solution to the primary care workforce shortage in this
20 country, now, therefore, be it

21
22 RESOLVED, That the American Academy of Family Physicians partner with the Association of
23 Family Medicine Residency Directors and the Society of Teachers of Family Medicine to market
24 the true value that international medical graduate candidates can bring to their residency
25 programs.



Resolution No. 2014

2015 National Conference of Constituency Leaders —Sheraton Kansas City Hotel at Crown Center

1 Deemphasizing Numeric Requirements for Competency-based Family Medicine Residency
2 Education
3

4 Submitted by: Peter Koopman, MD, ACLF
5 Scott Nass, MD, GLBT
6 Scott Hartman, MD, General registrant
7 Shani Muhammad, MD, Minority
8 Vivianna Martinez-Bianchi, MD, Minority
9

10 WHEREAS, Family medicine residents are required by Accreditation Council for Graduate
11 Medical Education (ACGME) to provide care for a minimum of 1,650 in-person patient
12 encounters in the Family Medicine Practice site during three years of training, and
13

14 WHEREAS, the ACGME has moved to a competency-based evaluation through the Milestones
15 Project and no compelling evidence exists as to the exact number of outpatient visits needed to
16 achieve competency, and
17

18 WHEREAS, many full-spectrum family medicine residency programs face challenges balancing
19 comprehensive inpatient and outpatient curricula, and
20

21 WHEREAS, many single-residency family medicine programs face challenges meeting the
22 numeric requirements while covering service needs of the hospital population, and
23

24 WHEREAS, family medicine residents struggle with obtaining diverse elective experiences due
25 to concerns with satisfying this numeric requirement, thus limiting the diversity of their training,
26 now, therefore, be it
27

28 RESOLVED, That the American Academy of Family Physicians advocate for the Accreditation
29 Council for Graduate Medical Education to expand the definition of Family Medicine Practice
30 site encounters to include a diverse selection of encounters for FMP patients; such as inpatient
31 care, critical care, maternity care, and emergency department care, and be it further
32

33 RESOLVED, That the American Academy of Family Physicians advocate for the Accreditation
34 Council for Graduate Medical Education to study the impact of numeric goals for Family
35 Medicine Practice site encounters on quality of training and the absolute number of in-person
36 patient encounters required to achieve competence in outpatient care.