



2017 Consent Calendar for the Reference Committee on Education

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

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

5
6 **RECOMMENDATION: The Reference Committee on Practice Enhancement recommends the**
7 **following consent calendar for adoption:**

8
9 **Item 1:** Not Adopt Resolution No. 2001: “Proposal for New Search Options for Specific Residency
10 Characteristics in the Residency Directory on the AAFP website” (pp. 1-2).

11
12 **Item 2:** Adopt Substitute Resolution No. 2002: “AAFP Recognize Physician Wellness Activities for
13 AAFP Elective Credits” in lieu of Resolution No. 2002 (p. 2).

14
15 **Item 3:** Adopt Substitute Resolution No. 2003: “Develop Residency Curriculum for Social
16 Determinants of Health” in lieu of Resolution Nos. 2003 and 2008 (pp. 2-3).

17
18 **Item 4:** Not Adopt Resolution No. 2004: “Parental Leave During Residency Training” (p. 3).

19
20 **Item 5:** Adopt Substitute Resolution No. 2005: “Reassessment of American Academy of Family
21 Physicians Educational Opportunities About Modern Evidence-based Fertility Awareness Based
22 Methods of Family Planning” in lieu of Resolution No. 2005 (pp. 3-4).

23
24 **Item 6:** Adopt Substitute Resolution No. 2006: “Family Physician Education on Undesired and
25 Nonviable Pregnancy” in lieu of Resolution No. 2006 (pp. 4-5).

26
27 **Item 7:** Adopt Substitute Resolution No. 2007: “Improving Physician Education for Buprenorphine
28 Treatment for Opioid Use Disorder” in lieu of Resolution No. 2007 (pp. 5-6).

29
30 **Item 8:** Adopt Substitute Resolution No. 2009: “Transgender Medicine Training in Family
31 Medicine” in lieu of Resolution No. 2009 (p. 6).

32
33 **Item 9:** Not Adopt Resolution No. 2010: “Solving Our Shortage of Primary Care Physicians By
34 Eliminating All Medical School Debt” (pp. 6-7).

35
36 **Item 10:** Adopt Resolution No. 2011: “IMG Mentorship Program via the American Academy of
37 Family Physicians” (p. 7).

38
39 **Item 11:** Adopt Resolution No. 2012: “Live Continuing Medical Education on Comprehensive
40 Treatment of Gender, Sexual and Romantic Minorities” (p. 7).

42 **Item 12:** Not Adopt Resolution No. 2013: “Endorsement of National Board of Physicians and
43 Surgeons” (p. 8).

44

45 **Item 13:** Adopt Substitute Resolution No. 2014: “Elimination of American Board of Family Medicine
46 Board Re-Certification Exam” in lieu of Resolution No. 2014 (pp. 8-9).

47

48 **Item 14:** Adopt Substitute Resolution No. 2016: “Enduring Continuing Medical Education on
49 Comprehensive Treatment of Gender, Sexual and Romantic Minorities” in lieu of Resolution No.
50 2016 (pp. 9-10).

51

52 **Reaffirmation Calendar:** Reaffirmation of Item A under the Reaffirmation Calendar (pp. 10-11).



2017 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: PROPOSAL FOR NEW SEARCH OPTIONS FOR**
7 **SPECIFIC RESIDENCY CHARACTERISTICS IN THE RESIDENCY DIRECTORY ON THE AAFP**
8 **WEBSITE**
9

10 RESOLVED, That the American Academy of Family Physicians obtain input from each
11 Member Interest Group about at least one searchable feature to add to “Find Residency
12 Programs” on the AAFP website so that prospective residents would be able to search for
13 procedures including, but not limited to, “abortion,” “primary caesarian section”,
14 “buprenorphine provision”, “hospitalist training”, “ultrasound training”, “colonoscopy” and
15 “high volume maternity care”, and be it further
16

17 RESOLVED, That the American Academy of Family Physicians reach out to family
18 medicine program directors to identify which search terms are appropriate for their
19 programs.
20

21 Authors and several others testified that medical students routinely reference the American
22 Academy of Family Physicians (AAFP) residency directory when considering options for their
23 residency choice. Concern was noted that students utilizing the AAFP directory cannot readily
24 identify information about specific curriculum elements such as procedures or the nature and depth
25 of education in reproductive health. The reference committee members learned that the residency
26 directory serves two purposes. First it serves as a voluntary, self-populated resource for residency
27 programs to share information about their residency programs to prospective students. Second, it
28 is a complementary resource to other residency directory resources commonly used by students
29 such as FRIEDA, to help them search family medicine residency programs by location, community
30 setting, residency program type, program size and a select number of other features. While this
31 resource is comprehensive in attempting to capture all Accreditation Council for Graduate Medical
32 Education-accredited family medicine residency programs, it is not intended to be comprehensive
33 with respect to curriculum, procedures taught, and all features that individual medical students
34 might find interesting as they discern programs of potential interest. Previously, the AAFP
35 Commission on Education considered similar requests and concluded that the factors asked to be
36 included readily overwhelm residency programs charged with regular maintenance. It also noted
37 numerous technical and practical barriers including redesign costs, technical maintenance,
38 residency program need and technical processes that outweigh the pros to such a change. It also
39 discovered that with an increasing applicant pool to family medicine residency programs, program

1 administrators who largely complete the updates on behalf of their residency programs are
2 increasingly less responsiveness to requests from the AAFP to update and maintain their
3 information.

4
5 **RECOMMENDATION: The reference committee recommends that Resolution No. 2001 not**
6 **be adopted.**

7
8 **ITEM NO. 2: RESOLUTION NO. 2002: AAFP RECOGNIZE PHYSICIAN WELLNESS**
9 **ACTIVITIES FOR AAFP ELECTIVE CREDITS**

10
11 RESOLVED, That the American Academy of Family Physicians members be allowed to
12 self-report physician wellness activities for AAFP Elective credit up to a limit of 30 per year.

13
14 The reference committee heard mixed testimony on this issue. The testimony in support of the
15 issue noted that physician burnout is a topic of increasing importance. The author of the resolution
16 noted the American Academy of Family Physicians (AAFP) has a statement in support of
17 addressing physician burnout and this resolution offers a concrete action that will allow physicians
18 to prevent or overcome burnout. The testimony against the resolution indicated that as worded, the
19 resolution would allow family physicians to fulfill continuing medical education (CME) requirements
20 through participation in wellness activities. As CME is a tool for physicians to self-regulate in a
21 manner that is recognized by individuals outside the medical community, this type of credit offering
22 might harm the integrity others perceive family physicians with, as well as the CME system.
23 Reference committee members discussed that while establishing the definition of CME is outside
24 of the AAFP's purview, pursuing a list of wellness activities that would be allowable for Elective
25 credit would be within the AAFP's purview, and therefore adopted the following substitute
26 resolution.

27
28 **RECOMMENDATION: The reference committee recommends that Substitution Resolution**
29 **No. 2002, which reads as follows, be adopted in lieu of Resolution No. 2002:**

30
31 **RESOLVED, That the American Academy of Family Physicians investigate the**
32 **feasibility for members to self-report approved physician wellness activities for**
33 **AAFP elective credit.**

34
35 **ITEM NO. 3: RESOLUTION NO. 2003: DEVELOP RESIDENCY CURRICULUM FOR SOCIAL**
36 **DETERMINANTS OF HEALTH**

37
38 RESOLVED, That the American Academy of Family Physicians develop a residency
39 curriculum guideline in alignment with Accreditation Council for Graduate Medical
40 Education (ACGME) competencies, on the topic of healthcare disparities and social
41 determinants of health.

42
43 **RESOLUTION NO. 2008: SOCIAL DETERMINANTS OF HEALTH CURRICULUM**

44
45 RESOLVED, That the American Academy of Family Physicians provide training programs
46 with a standardized social determinants of health, health inequities, community needs
47 assessment curriculum.

48
49 The reference committee heard compelling testimony about the opportunity for residency programs
50 to engage and amplify their efforts to support faculty development and residency training focused
51 on social determinants of health. The reference committee examined some research that
52 conditions common among those in poverty, such as food insecurity, housing instability,

1 inadequate parental education, and parental substance abuse, are associated with higher rates of
2 behavioral, developmental, and learning problems. Substandard housing and homelessness have
3 been linked to higher rates of diarrheal illness, ear infections, asthma, and health service utilization
4 in children for example. It is believed that teaching faculty and residents would benefit from
5 guidance from the American Academy of Family Physicians (AAFP) in the form of a curriculum
6 guideline, a resource that AAFP makes available to residency programs to spark residency
7 curriculum innovation and modernization.

8
9 **RECOMMENDATION: The reference committee recommends that Substitution Resolution**
10 **No. 2003, which reads as follows, be adopted in lieu of Resolution Nos. 2003 and 2008:**

11
12 **RESOLVED, That the American Academy of Family Physicians develop a residency**
13 **curriculum guideline in alignment with Accreditation Council for Graduate Medical**
14 **Education competencies, on the topic of healthcare disparities, social determinants**
15 **of health, and community needs assessment.**

16
17 **ITEM NO. 4: RESOLUTION NO. 2004: PARENTAL LEAVE DURING RESIDENCY TRAINING**

18
19 RESOLVED, That the American Academy of Family Physicians lobby the American Board
20 of Family Medicine to amend its continuity of care requirement to afford parental leave for
21 12 weeks following delivery and independent of absence prior to delivery.

22
23 The reference committee heard overwhelmingly favorable testimony for this resolution citing the
24 hardship that some family medicine residents experience with the current American Board of
25 Family Medicine (ABFM) policy designed to ensure family medicine residents have an extensive
26 experience in delivering continuity of care to a panel of patients. The reference committee was
27 made aware of recent efforts by the American Academy of Family Physicians (AAFP) Commission
28 on Education and Association of Family Medicine Residency Directors to address this issue during
29 regularly scheduled meetings each year. The ABFM has welcomed the conversations and
30 considered its current and future policies. Currently, the ABFM provides for individuals and their
31 programs to request a waiver of the continuity requirements which has specific hardship criterion
32 and has requested programs and directors to utilize this process for qualified individuals.

33
34 **RECOMMENDATION: The reference committee recommends that Resolution No. 2004 not**
35 **be adopted.**

36
37 **ITEM NO. 5: RESOLUTION NO. 2005: REASSESSMENT OF AMERICAN ACADEMY OF**
38 **FAMILY PHYSICIANS EDUCATIONAL OPPORTUNITIES ABOUT MODERN EVIDENCE-**
39 **BASED FERTILITY AWARENESS BASED METHODS OF FAMILY PLANNING**

40
41 RESOLVED, That the American Academy of Family Physicians offer updated continuing
42 medical education opportunities for members to learn about fertility awareness based
43 methods, including a presentation at the Family Medicine Experience conference, and be it
44 further

45
46 RESOLVED, That the American Academy of Family Physicians (AAFP) ensure the
47 *American Family Physician* journal and all AAFP-sponsored/offered education cite fertility
48 awareness based methods' effectiveness rates based on the highest quality research
49 available.

50
51 The reference committee heard testimony, with the resolution authors noting that the American
52 Academy of Family Physicians (AAFP) has made progress since 2012 to provide information to

1 members about modern fertility methods. However, in some instances, the information that was
2 presented included outdated effectiveness rates or data from low quality studies. Additional
3 testimony noted that there remains an opportunity to optimize the understanding and preparedness
4 of family physicians to counsel and engage in shared decision making with patients about their
5 reproductive health using the latest fertility methods. The reference committee supports the
6 resolution and recommends substitute language to recognize that *American Family Physician* has
7 editorial independence from the AAFP.
8

9 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
10 **2005, which reads as follows, be adopted in lieu of Resolution No. 2005.**

11
12 **RESOLVED, That the American Academy of Family Physicians (AAFP) offer updated**
13 **continuing medical education opportunities at AAFP-sponsored events for members**
14 **to learn about fertility awareness based methods, and be it further**

15
16 **RESOLVED, That the American Academy of Family Physicians request the *American***
17 ***Family Physician* journal cite fertility awareness based methods' effectiveness rates**
18 **based on the highest quality research available, and be it further**

19
20 **RESOLVED, That the American Academy of Family Physicians (AAFP) ensure all**
21 **AAFP-provided education cite fertility awareness based methods' effectiveness rates**
22 **based on the highest quality research available.**

23
24 **ITEM NO. 6: RESOLUTION NO. 2006: FAMILY PHYSICIAN EDUCATION ON UNDESIRE AND**
25 **NONVIABLE PREGNANCY**

26
27 RESOLVED, That the American Academy of Family Physicians encourage family medicine
28 residency programs to include care and counseling for women experiencing nonviable and
29 undesired pregnancies beyond that which is required by the Accreditation Council for
30 Graduate Medical Education by providing teaching materials, and be it further

31
32 RESOLVED, That the American Academy of Family Physicians dedicate a *FP Essentials*
33 issue to the care of women with undesired and nonviable pregnancies, and be it further

34
35 RESOLVED, That the American Academy of Family Physicians offer enduring continuing
36 medical education programs including a session at least every three years at the Family
37 Medicine Experience, the National Conference of Family Medicine Residents and Medical
38 Students, and the Program Directors Workshop on the counseling and management of
39 nonviable and undesired pregnancies.
40

41 The reference committee heard testimony in support of this resolution. Testimony included a
42 statement that individuals see a decrease in the amount of women's health education being
43 offered. Other supportive testimony indicated that this topic surfaces in areas outside of the
44 traditional women's health arena, and affects care areas that include emergency medicine and
45 urgent care.

46 Reference committee members noted that teaching faculty and residents would benefit from
47 guidance from the American Academy of Family Physicians (AAFP) in the form of a curriculum
48 guideline. A curriculum guideline is a resource that AAFP makes available to residency programs
49 to encourage residency curriculum innovation and modernization. Therefore, the first resolved was
50 adopted with substitution.
51

1 Discussion around the second resolved clause identified that the content of *FP Essentials* spans a
2 three-year cycle, with 36 topics being addressed once within that three-year cycle. The maternity
3 care monograph is currently under development, and does not include the requested topics.
4 Therefore, to better align with the product's planning cycle, reference committee members
5 suggested a substitute resolution.
6

7 Reference committee members learned that during the curriculum development process, the AAFP
8 has a deliberate process of matching types of education with a format appropriate for the learning
9 objectives identified for that education. Based on that conversation there was concern that the
10 resolution, as written, might inadvertently limit the education that could be provided on this topic.
11 Therefore, a substitute resolution is recommended.
12

13 **RECOMMENDATION: The reference committee recommends that Substitution Resolution**
14 **No. 2006, which reads as follows, be adopted in lieu of Resolution No. 2006:**
15

16 **RESOLVED, That the American Academy of Family Physicians update the**
17 **current maternal care curriculum guidelines to include the management of**
18 **unintended or nonviable pregnancies that family medicine residency programs can**
19 **use, and be it further**
20

21 **RESOLVED, That the American Academy of Family Physicians include the care of**
22 **women with unintended or nonviable pregnancies in a future *FP Essentials* issue,**
23 **and be it further**
24

25 **RESOLVED, That the American Academy of Family Physicians include in its future**
26 **curriculum cycles the topic of counseling and management of unintended or**
27 **nonviable pregnancies in live continuing medical education events.**
28

29 **ITEM NO. 7: RESOLUTION NO. 2007: IMPROVING PHYSICIAN EDUCATION FOR**
30 **BUPRENORPHINE TREATMENT FOR OPIOID USE DISORDER**
31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) co-sponsor
33 addiction medicine continuing medical education training on opioid agonist therapy
34 including buprenorphine waiver training with the American Society of Addiction Medicine
35 and other relevant organizations, and be it further
36

37 RESOLVED, That the American Academy of Family Physicians (AAFP) coordinate with the
38 American Society of Addiction Medicine and other relevant organizations to disseminate
39 information on existing addiction medicine continuing medical education to AAFP members.
40

41 The reference committee heard testimony exclusively in support of this resolution. Testimony
42 focused on the fact that few physicians have received a physician waiver for prescribing or
43 dispensing buprenorphine. One speaker said that since family physicians helped to contribute to
44 the overprescribing of opioids, family physicians need to take the lead in helping to reduce this
45 epidemic, and, therefore, more education on this topic needs to be available.

46 Reference committee members reviewed testimony and agreed with the intent of the resolution.
47 The reference committee members noted that as written, the first resolved clause could
48 inadvertently limit the ability to create education on this topic.
49

50 In review of the second resolved clause, reference committee members discussed a need for
51 making the education and resources on the American Academy of Family Physician's website

1 clearly visible. As a result, a substitute resolution is being recommended.

2
3 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
4 **2007, which reads as follows, be adopted in lieu of Resolution No. 2007:**

5
6 **RESOLVED, That the American Academy of Family Physicians (AAFP) offer**
7 **addiction medicine continuing medical education training on opioid agonist therapy**
8 **including buprenorphine waiver training with other relevant organizations, and be it**
9 **further**

10
11 **RESOLVED, That the American Academy of Family Physicians (AAFP) create a link**
12 **to the American Society of Addiction Medicine and other relevant organizations to**
13 **disseminate information on existing addiction medicine continuing medical**
14 **education to AAFP members.**

15
16 **ITEM NO. 8: RESOLUTION NO. 2009: TRANSGENDER MEDICINE TRAINING IN FAMILY**
17 **MEDICINE**

18
19 RESOLVED, That the American Academy of Family Physicians write a letter to the
20 Accreditation Council for Graduate Medical Education encouraging transgender medicine
21 be a training competency within family medicine education.

22
23 The reference committee heard limited testimony that transgender patients are at risk for health
24 disparities due in part to limited access to primary care physicians trained in transgender medicine.
25 Currently, the Accreditation Council for Graduate Medical Education (ACGME) Review Committee
26 for Family Medicine's program requirements do not specifically address transgender care in the
27 patient and procedural skills or medical knowledge portions of the requirements. Currently, the
28 language in the requirements are broad such as, "residents must demonstrate proficiency in their
29 knowledge of the broad spectrum of clinical disorders seen in the practice of family medicine."
30 Though it is not clear whether the ACGME Review Committee may consider more specific
31 language in the requirements the reference committee believes it is worthy of submitting a request
32 for consideration. It is the understanding of the reference committee that the next major call for
33 revisions by the ACGME will be in approximately 24 months.

34
35 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
36 **2009, which reads as follows, be adopted in lieu of Resolution No. 2009:**

37
38 **RESOLVED, That the American Academy of Family Physicians write a letter to the**
39 **Accreditation Council for Graduate Medical Education encouraging transgender**
40 **medicine be a family medicine residency training requirement.**

41
42 **ITEM NO. 9: RESOLUTION NO. 2010: SOLVING OUR SHORTAGE OF PRIMARY CARE**
43 **PHYSICIANS BY ELIMINATING ALL MEDICAL SCHOOL DEBT**

44
45 RESOLVED, That the American Academy of Family Physicians investigate providing "free
46 medical school education" by requiring a two year mandatory service prior to the possibility
47 of specializing.

48
49 The reference committee heard only testimony in opposition to this resolution. Testimony focused
50 on the desire that physicians continue to see education as an opportunity to invest in themselves,
51 along with their future. Elimination of medical school debt would be in opposition to this idea.
52 Additionally, speakers requested more specificity regarding who would be providing the debt relief
53 before the resolution be adopted.

1
2 Reference committee members agreed with the testimony provided.
3

4 **RECOMMENDATION: The reference committee recommends that Resolution No. 2010 not**
5 **be adopted.**
6

7 **ITEM NO. 10: RESOLUTION NO. 2011: IMG MENTORSHIP PROGRAM VIA THE AMERICAN**
8 **ACADEMY OF FAMILY PHYSICIANS**
9

10 RESOLVED, That the American Academy of Family Physicians promote the availability of
11 elective continuing medical education teaching credits for the provision of direct training and
12 mentorship to international medical graduates.
13

14 The reference committee heard testimony from the authors in support of this resolution.
15 International medical graduates (IMGs) face challenges that are specific to their status and may
16 require different training and mentoring opportunities than their peers who are not IMGs. For those
17 individuals who are serving as a mentor or in a teaching role with an IMG, it is important to
18 specifically call out that their actions can be reportable for elective credit. Reference committee
19 members agreed with the testimony.
20

21 **RECOMMENDATION: The reference committee recommends that Resolution No. 2011 be**
22 **adopted.**
23

24 **ITEM NO. 11: RESOLUTION NO. 2012: LIVE CONTINUING MEDICAL EDUCATION ON**
25 **COMPREHENSIVE TREATMENT OF GENDER, SEXUAL AND ROMANTIC MINORITIES**
26

27 RESOLVED, That the American Academy of Family Physicians offer continuing medical
28 education at the 2018 Family Medicine Experience on hormone therapy for transgender
29 patients.
30

31 The authors testified that family physicians can play a critical, leading role in providing high quality,
32 evidence-based care to transgender patients if there were additional continuing medical education
33 opportunities by the American Academy of Family Physicians addressing this issue. It was noted
34 that primary care and hormone therapy are essential services for transgender and gender-
35 nonconforming patients. The reference committee learned that patients who identify as
36 transgender often share stories of discrimination by medical professionals. These experiences
37 coincide with increased incidence of mental illnesses such as anxiety and depression. They also
38 lead to distrust of health professionals and reduced access to health care. The members of the
39 reference committee believe that the Family Medicine Experience event may help socialize
40 members to these issues and provide them with high quality, evidence-based continuing medical
41 education.
42

43 **RECOMMENDATION: The reference committee recommends that Resolution No. 2012 be**
44 **adopted.**
45
46

1 **ITEM NO. 12: RESOLUTION NO. 2013: ENDORSEMENT OF NATIONAL BOARD OF**
2 **PHYSICIANS AND SURGEONS**
3

4 RESOLVED, That the American Academy of Family Physicians recognize and endorse the
5 National Board of Physicians and Surgeons as a viable board certifying entity for family
6 physicians, and be it further
7

8 RESOLVED, That the American Academy of Family Physicians support the use of
9 continuing medical education to fulfill life-long learning requirements without redundant
10 activities, as is the focus of National Board of Physicians and Surgeons.
11

12 The reference committee heard testimony in favor of this resolution from the authors. The
13 American Board of Family's Medicine's (ABFM) requirements to maintain recertification are time
14 intensive and expensive. Additionally, the ABFM's recertification exam is not shown to be a
15 predictor of a physician's ability to effectively practice medicine. In opposition to the ABFM's costly
16 process, the National Board of Physicians and Surgeons (NBPAS) has a less expensive
17 alternative. The American Academy of Family Physicians should, therefore, endorse NBPAS as an
18 alternative certifying entity for family physicians. Utilizing continuing medicine education (CME) as
19 a mechanism for the fulfilment of life-long learning requirements should be endorsed by the
20 American Academy of Family Physicians (AAFP).
21

22 Reference committee members discussed the statement within the resolution that indicates the
23 ABFM is the only certifying board for family physicians and clarified that the American Osteopathic
24 Association (AOA) is the representative organization for osteopathic family physicians.
25

26 Continued discussion was had around the fact that the AAFP remains agnostic in endorsing
27 specific Board-related certification and that members are free to engage with any Board they find
28 relevant to their practice. As a result of that engagement, the lifelong learning requirements will be
29 set by that institution. For these reasons, the members of the reference committee did not agree
30 with the resolution.
31

32 **RECOMMENDATION: The reference committee recommends that Resolution No. 2013 not**
33 **be adopted.**
34

35 **ITEM NO. 13: RESOLUTION NO. 2014: ELIMINATION OF AMERICAN BOARD OF FAMILY**
36 **MEDICINE BOARD RE-CERTIFICATION EXAM**
37

38 RESOLVED, That the American Academy of Family Physicians advocate on behalf of its members
39 to the American Board of Family Medicine for elimination of the re-certification board exam.
40

41 The reference committee heard testimony in support and against the resolution. Those that
42 testified for an elimination of the recertification exam cited excess costs, time away from patient
43 care and family and the limited empirical evidence that the process protects patients and enhances
44 the clinical competencies and knowledge of practicing family physicians. Those testifying against
45 the resolution expressed a need and obligation for professional self-regulation and the absence of
46 a known alternative method that demonstrates that physicians are up-to-date on advances in care
47 and medical knowledge. Though the American Academy of Family Physician (AAFP) position on
48 the American Board of Family Medicine is mostly agnostic, the reference committee believes that
49 this resolution with modification may be considered in context of the current AAFP policy that
50 reads, "The AAFP is opposed to the use of specialty board certification as the sole or an
51 exclusionary criterion in determining medical staff membership."
52

1 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
2 **2014, which reads as follows, be adopted in lieu of Resolution No. 2014:**

3
4 **RESOLVED, That the American Academy of Family Physicians support the**
5 **elimination of the American Board of Family Medicine re-certification board exam.**
6

7 **ITEM NO. 14: RESOLUTION NO. 2016: ENDURING CONTINUING MEDICAL EDUCATION ON**
8 **COMPREHENSIVE TREATMENT OF GENDER, SEXUAL AND ROMANTIC MINORITIES**

9
10 RESOLVED, That the American Academy of Family Physicians develop free and enduring
11 continuing medical education on comprehensive Gender, Sexual and Romantic Minorities
12 (GSRM) care, including transgender hormone therapy, for its members, and be it further
13

14 RESOLVED, That the American Academy of Family Physicians (AAFP) compile these
15 resources in an easily identifiable location on the AAFP website under the title "LGBT
16 Health" in "CME by Topic" or "Patient Care," and be it further
17

18 RESOLVED, That the American Academy of Family Physicians update its online list of
19 transgender resources, and be it further
20

21 RESOLVED, That the American Academy of Family Physicians make *FP Essentials* 449
22 Gender and Sexual Health October 2016 Bulletin free to all members.
23

24 The reference committee heard testimony in support of the resolution from the authors and
25 representatives from several constituencies. Testimony included reference to the fact that
26 treatment of patients who identify as a part of the gender, sexual, and romantic minorities (GSRM)
27 is within the scope of family medicine. Additionally, given the recent recognition of this minority,
28 physicians do not know where to get resources for these individuals.
29

30 The reference committee members discussed the testimony and agreed with the intent of the
31 resolved clauses.
32

33 Members of the reference committee agree the first resolved clause be revised to ensure the
34 education is included in the best learning format, which will be determined by the learning
35 objectives that are created within the education. They also agreed to revise the second resolved
36 clause to ensure clarification.
37

38 Reference committee members agreed with the testimony provided about the third resolved
39 clause.
40

41 Reference committee members discussed the specific request for an edition of *FP Essentials* and
42 a Bulletin on this topic in the fourth resolved clause. With the newly revised first resolved clause,
43 the fourth clause is now encompassed within the first clause.
44

45 **RECOMMENDATION: The reference committee recommends that Substitution Resolution**
46 **No. 2016, which reads as follows, be adopted in lieu of Resolution No. 2016:**

47
48 **RESOLVED, That the American Academy of Family Physicians explore the**
49 **development of free and enduring continuing medical education on comprehensive**
50 **Gender, Sexual and Romantic Minorities (GSRM) care, including transgender**
51 **hormone therapy, for its members, and be it further**

1
2 **RESOLVED, That the American Academy of Family Physicians (AAFP) compile**
3 **Gender, Sexual and Romantic Minorities (GSRM) resources in an easily identifiable**
4 **location on the AAFP website, and be it further**

5
6 **RESOLVED, That the American Academy of Family Physicians update its online list**
7 **of transgender resources.**

8
9 **REAFFIRMATION CALENDAR**

10
11 **The following item A is presented by the reference committee for reaffirmation. Testimony**
12 **in the reference committee hearing and discussion by the reference committee in executive**
13 **session concurred that the resolution presented is a current policy or is already addressed**
14 **in current projects. At the request of the NCCL, any item may be taken from this section for**
15 **an individual vote on that item. Otherwise, the reference committee will request approval of**
16 **this item for reaffirmation in a single vote.**

17
18 (A) Resolution No. 2015: "Family Physician Continuing Medical Education on Reproductive
19 Healthcare," the resolved portion of which reads as printed below:

20
21 RESOLVED, That the American Academy of Family Physicians (AAFP) offer enduring
22 continuing medical education (CME) programs including sessions annually at the
23 Family Medicine Experience, the National Conference of Family Medicine Residents
24 and Medical Students, and other CME opportunities in person and online covering
25 topics of reproductive healthcare, including but not limited to, contraception counseling
26 and management (beginner and advanced sessions), long-acting reversible
27 contraceptives (LARC) workshops, Ob/gyn ultrasound workshops, miscarriage
28 management, abortion management, prenatal and pregnancy related care, infertility
29 care, sexuality, Lesbian, Gay, Bisexual Transgender care, sexual dysfunction, sexually
30 transmitted infections, trauma-informed exams, and assessing and treating for violence
31 and abuse, and be it further

32
33 RESOLVED, That the American Academy of Family Physicians encourage chapters to
34 offer members enduring continuing medical education (CME) programs including
35 sessions annually at the Family Medicine Experience, the National Conference of
36 Family Medicine Residents and Medical Students and other CME opportunities in
37 person and online covering topics of reproductive healthcare, including but not limited
38 to, contraception counseling and management (beginner and advanced sessions), long-
39 acting reversible contraceptives (LARC) workshops, Ob/gyn ultrasound workshops,
40 miscarriage management, abortion management, prenatal and pregnancy related care,
41 infertility care, sexuality, sexual dysfunction, sexually transmitted infections, trauma
42 informed exams, and assessing and treating for violence and abuse.

43
44 The reference committee heard limited testimony, including from the author, about the need for
45 continuing medical education related to reproductive health care. The reference committee learned
46 how each of the major live and enduring non-continuing medical education (CME) and CME
47 activities use a structured process to address education and programming gaps which includes a
48 mechanism to get voices from members about their needs and confidence to adequately practice

1 in care domains such as reproductive health. In each of these processes, it was noted that
2 deliberate care is taken to address topics related to reproductive health. As a result of these
3 processes, the American Academy of Family Physicians (AAFP) includes many of these topics
4 annually across its portfolio of live and enduring offerings that are available to AAFP family
5 physician members and non-members. As such, the members of the reference committee believe
6 that the AAFP is currently meeting the intent of this resolution.

7
8 Reference committee members discussed the specific request for an edition of FP Essentials to be
9 made free to AAFP members. Given the cost of the edition of the FP Essentials monograph, the
10 committee did not adopt this resolved clause.

11
12 **RECOMMENDATION: The reference committee recommends that Item A above be approved**
13 **as current policy or as already being addressed in current projects.**

14
15 **I wish to thank those who appeared before the reference committee to give testimony and**
16 **the reference committee members for their invaluable assistance. I also wish to commend**
17 **the AAFP staff for their help in the preparation of this report.**

18
19 Respectfully Submitted,

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KrisEmily McCrory, MD, FAAFP – Chair

25
26 Tamer Said, MD – IMG
27 Melissa See, MD – Minority
28 Ashley Bloom, MD – Women
29 LCDR Kevin Bernstein, MD, MS, USN – New Physicians
30 Alexander Langley, MD – LGBT
31 Bushra Dar, MD, MEd (Observer)