



2016 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 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 (page numbers indicate page in**
4 **reference committee report). An item or items may be extracted for debate.**

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

8
9 **Item 1:** Adopt Resolution No. 2001 “Unconscious Bias Training in Residency and for AAFP
10 Members” (p. 1).

11
12 **Item 2:** Not Adopt Resolution No. 2002 “Inclusion of Healthcare Disparities Education in Training
13 and Clinical Practice” (pp. 1-2).

14
15 **Item 3:** Adopt Substitute Resolution No. 2003 “Necessary Changes to the ABFM MC-FP Process”
16 in lieu of Resolution No. 2003 (pp. 2-4).

17
18 **Item 4:** Adopt Substitute Resolution No. 2004 “Recognition of HIV/AIDS as a Chronic Disease” in
19 lieu of Resolution No. 2004 (p. 4).

20
21 **Item 5:** Not Adopt Resolution No. 2005 “Reducing International Medical Graduates Stigma” (p. 5).

22
23 **Item 6:** Adopt Substitute Resolution No. 2006 “GLBT Education Tool-Kit” and Resolution No. 2007
24 “Promoting Transparency in Medical Education and Access to Training and Care in Settings
25 Affiliated with Religious Health Care Organizations” in lieu of Resolution Nos. 2006 and 2007 (pp.
26 5-6)

27
28 **Item 7:** Adopt Substitute Resolution No. 2009 “Create Observership Guidelines and Evaluation
29 Tools for Physicians Who Host International Medical Graduates” in lieu of Resolution No. 2009 (p.
30 7).

31
32 **Item 8:** Adopt Resolution No. 2010 “Racism and Bias Education for Family Physicians” (pp. 7-8).

33
34 **Item 9:** Not Adopt Resolution No. 2011 “Modify Education Electronic Residency Application
35 Service Filter” (p. 8).

36
37 **Item 10:** Adopt Resolution No. 2012 “AAFP Promotion and Support of the Public Service Loan
38 Forgiveness Program” (pp. 8-9).

39
40 **Reaffirmation Calendar:** Reaffirmation of Item A under the Reaffirmation Calendar (pp. 9-10).



2016 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: UNCONSCIOUS BIAS TRAINING IN RESIDENCY AND**
7 **FOR AAFP MEMBERS**

8
9 RESOLVED, That the American Academy of Family Physicians (AAFP) create an
10 annotated list of unconscious bias educational resources and materials for members and
11 residency educators on www.aafp.org, and be it further

12
13 RESOLVED, That the American Academy of Family Physicians (AAFP) promote the
14 integration of unconscious bias training into residency programs through the creation of
15 novel materials or by use of the existing toolkits and seminars available through
16 organizations such as the American Association of Medical Colleges or other academic
17 institutions.

18
19 The reference committee heard testimony from the authors and representatives from several
20 constituencies in support of this resolution. The testimony noted that one key driver to optimize
21 family physicians' cultural competency is to engage in a deeper understanding of unconscious
22 biases. The subcommittee also learned, for example, that in the academic health center
23 environment unconscious biases can compromise diversity and inclusion efforts in recruitment,
24 curriculum development, counselling and faculty advising, among other functions. By learning how
25 to identify and confront unconscious bias in themselves and others, it is possible for family
26 physicians to mitigate the impact of unconscious bias and support cultural competency. The
27 members of the committee resonated with the knowledge gap that may exist among the AAFP
28 membership and is supportive of socializing these concepts and training opportunities to family
29 medicine clinical faculty, family medicine preceptors, and family medicine learners. Currently, the
30 AAFP provides no specific resources on this topic to members.

31
32 **RECOMMENDATION: The reference committee recommends that Resolution No. 2001 be**
33 **adopted.**

34
35 **ITEM NO. 2: RESOLUTION NO. 2002: INCLUSION OF HEALTHCARE DISPARITIES**
36 **EDUCATION IN TRAINING AND CLINICAL PRACTICE**

37
38 RESOLVED, That the American Academy of Family Physicians (AAFP) to include
39 Healthcare disparities in the educational curricular frame work, and be it further

1 RESOLVED, That the American Academy of Family Physicians (AAFP) communicate with
2 the American Board of Family Medicine to develop an additional self-assessment module to
3 address the healthcare disparities.
4

5 The reference committee heard limited testimony which included information from the authors. One
6 author noted that there is a call for training future physicians to care for underserved and
7 vulnerable populations to reduce health disparities. The reference committee learned, from viewing
8 the results of a 2014 published study examining the extent of health disparities training in the
9 nation's primary care residency programs, that although there is general consensus on the need
10 for health care professionals to learn about health disparities and participate in eliminating or
11 reducing them, there is a lack of agreement on what such training should encompass. The study
12 noted that a significant dilemma in training of physicians to provide quality care for underserved
13 and vulnerable populations is the lack of clarity about key curricular elements for training programs
14 aimed at addressing health disparities. The findings of the study highlight the need for careful
15 attention and specificity to both format and content of learning activities for health disparities
16 curricula.
17

18 Though overall supportive of calling for additional education and training, reference committee
19 members felt constrained to act affirmatively on this resolution because it lacks a level of specificity
20 that the 2014 research concludes is necessary for residencies and other institutions to use to guide
21 their efforts.
22

23 **RECOMMENDATION: The reference committee recommends that Resolution No. 2002 not**
24 **be adopted.**
25

26 **ITEM NO. 3: RESOLUTION NO. 2003: NECESSARY CHANGES TO THE ABFM MC-FP**
27 **PROCESS**
28

29 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that
30 the American Board of Family Medicine look to the American Board of Anesthesiology,
31 American Board of Internal Medicine, American Board of Pediatrics, and American Board of
32 Obstetrics and Gynecology for Maintenance of Certification models that may be more
33 relevant to family physicians, and be it further
34

35 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend again
36 to the American Board of Family Medicine to eliminate the Part IV activities, and be it
37 further
38

39 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend the
40 American Board of Family Medicine abandon the two-question per week model referenced
41 in the Winter 2016 Phoenix newsletter, and be it further
42

43 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend to the
44 American Board of Family Medicine to the current Part II activity with assessment questions
45 based on current literature, as modeled after American Board of Obstetrics and
46 Gynecology, and be it further
47

48 RESOLVED, That the American Academy of Family Physicians (AAFP) study an alternative
49 to the American Board of Family Medicine Part III (re-certification examination) that is
50 practice-based and report back to the 2017 AAFP Congress of Delegates (COD), and be it
51 further

1 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend the
2 American Board of Family Medicine eliminate the re-certification examination for those that
3 have successfully completed yearly ongoing Maintenance of Certification for Family
4 Physicians (MC-FP) requirements.
5

6 The reference committee heard testimony in support of the resolution from the authors, individuals,
7 and representatives speaking on behalf of the IMG, Women, GLBT, and New Physicians
8 delegations. Members shared their frustration with the current Maintenance of Certification for
9 Family Physicians (MC-FP) from the American Board of Family Medicine (ABFM), acknowledging a
10 significant amount of time, money, and other resources that family physicians must spend to go
11 through a process they felt was also largely ineffective. The reference committee acknowledged
12 that this issue seems to be a point of frustration, even anger, for members that is more significant
13 than many issues of late. The reference committee discussed concerns that member frustrations
14 and anger have been directed at the AAFP even though the ABFM sets the maintenance of
15 certification requirements for family medicine and felt that members want the AAFP to send a
16 stronger message to the ABFM regarding this issue.
17

18 The reference committee reviewed the 2015 AAFP Congress of Delegates Resolution No. 606
19 which directed the AAFP to engage in dialogue with the ABFM in order to explore changes that
20 could be made to the ABFM's Maintenance of Certification for Family Physicians (MC-FP) and the
21 action that has taken place to address that resolution. The committee acknowledged that the AAFP
22 is already communicating the concerns captured in this resolution to the ABFM and attempting to
23 influence the ABFM's decisions. However, the reference committee felt it important to continue
24 those efforts by adopting some of the specific suggestions captured in this resolution.
25

26 Reference committee members felt that the second, fourth, and fifth resolved clauses of the
27 original resolution captured action that is already taking place and did not offer new
28 recommendations. The AAFP is actively attempting to influence the ABFM to eliminate Part IV
29 activities. The ABFM is currently studying alternatives to its re-certification examination that are
30 practice-based, and the reference committee acknowledged that it would be a significant
31 undertaking for the AAFP to try to study that in lieu of the ABFM, which is the board certification
32 entity. The reference committee felt that the request of the original fourth resolved clause to look to
33 the American Board of Obstetrics and Gynecology (ABOG) for a potential new model for Part II is
34 already included in the first resolved clause of the resolution, which asks the AAFP to recommend
35 that the ABFM look to other specialty certification models, including that of the ABOG, as example
36 models.
37

38 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
39 **2003, which reads as follows, be adopted in lieu of Resolution No. 2003:**
40

41 **RESOLVED, That the American Academy of Family Physicians (AAFP) recommend**
42 **that the American Board of Family Medicine look to the American Board of Internal**
43 **Medicine, American Board of Pediatrics, and American Board of Obstetrics and**
44 **Gynecology for Maintenance of Certification models that may be more relevant to**
45 **family physicians, and be it further**
46

47 **RESOLVED, That the American Academy of Family Physicians (AAFP) recommend**
48 **the American Board of Family Medicine abandon the two-question per week model**
49 **referenced in the Winter 2016 Phoenix newsletter, and be it further**
50

51 **RESOLVED, That the American Academy of Family Physicians (AAFP) recommend**
52 **the American Board of Family Medicine eliminate the re-certification examination for**

1 those that have successfully completed yearly ongoing Maintenance of Certification
2 for Family Physicians (MC-FP) requirements.
3

4 **ITEM NO. 4: RESOLUTION NO. 2004: RECOGNITION OF HIV/AIDS AS A CHRONIC DISEASE**
5

6 RESOLVED, That the American Academy of Family Physicians (AAFP) petition the
7 ACGME to strengthen training in chronic disease management of HIV/AIDS and its impact
8 on the health of patients, families and communities as part of the family medicine residency
9 curriculum, and be it further
10

11 RESOLVED, That the American Academy of Family Physicians (AAFP) develop
12 educational programming, continuing medical education and a resource center for resident
13 and practicing physicians regarding prevention and management of other chronic diseases
14 in individuals with HIV, and be it further
15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) petition the
17 American Board of Family Medicine (ABFM) to recognize and promote the development of
18 family medicine HIV/HCV fellowship and certification of additional qualification programs.
19

20 The reference committee heard extensive testimony in support of efforts to develop the knowledge,
21 skills, and competencies of family physicians treating patients with HIV/AIDS in the context of
22 whole person care. The members of the committee learned that patients with HIV/AIDS are
23 experiencing age-related illness and incidence of chronic disease at higher rates as the longevity
24 of HIV/AIDS-afflicted individuals has increased significantly. The committee heard testimony about
25 the importance of understanding how to care for HIV/AIDS patients in a chronic care model.
26

27 The committee learned that the AAFP already maintains an extensive number of curricula and
28 continuing medical education resources dedicated to support the knowledge, skills, and
29 competencies of family medicine residents, family medicine teachers, and family physicians in
30 community practice settings. These include an extensive AAFP Family Medicine Residency
31 Curriculum Guideline and more than 50 live and enduring continuing medical education activities.
32 The committee felt conflicted with the notion in the two resolved clauses that seemed to support
33 the notion of ensuring all family physicians have these competencies, while also potentially
34 experiencing the unintended consequences of limiting chronic care of HIV/AIDS patients to family
35 physicians who complete an approved fellowship. It was also noted that there are already several
36 quality fellowships available to family physicians. The reference committee concluded that a
37 substitute action that calls for the AAFP to evaluate and enhance its existing efforts would support
38 the intent of the resolution.
39

40 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
41 **2004, which reads as follows, be adopted in lieu of Resolution No. 2004:**
42

43 **RESOLVED, That the American Academy of Family Physicians (AAFP) explore**
44 **opportunities to enhance existing educational resources and develop new ones to**
45 **educate family medicine residents and family physicians to care for patients with**
46 **HIV/AIDS in a chronic care model, specifically by incorporating prevention and**
47 **management of other chronic diseases that individuals with HIV may develop, into**
48 **these resources.**

1 **ITEM NO. 5: RESOLUTION NO. 2005: REDUCING INTERNATIONAL MEDICAL GRADUATES**
2 **STIGMA**
3

4 RESOLVED, That the American Academy of Family Physicians (AAFP) work aggressively
5 with the Association of Family Medicine Residency Directors (AFMRD) and the Society for
6 Teachers of Family Medicine (STFM) to reduce stigma and discrimination against
7 International Medical Graduates (IMGs) by sharing research about equivalent quality of
8 care provided by International Medical Graduates (IMGs), and be it further
9

10 RESOLVED, That the American Academy of Family Physicians (AAFP) work with
11 organizations like the Foundation for the Advancement of International Medical Education
12 and Research to author a position paper or conduct further research on the benefits and
13 advantages that International Medical Graduates (IMGs) bring to residency programs.
14

15 The reference committee heard some mixed testimony that the AAFP's efforts to support
16 international medical students and advocates might be better directed toward continued advocacy
17 for the increase of graduate medical education training positions in family medicine, as the number
18 of graduates from U.S. medical schools continues to increase while there is a relative cap on
19 graduate medical training slots.
20

21 The reference committee agreed with the spirit of the resolution that international medical students
22 and graduates should be evaluated based on their merits and not discriminated against based on
23 the geographic location of their medical training.
24

25 The AAFP has existing policy entitled "Discrimination in Resident and Student Education" that
26 strongly states the AAFP's opposition to discrimination, including that on the basis of geographical
27 location of training.
28

29 In its review of the specific suggested actions of this resolution, the reference committee
30 acknowledged that the AAFP is not in a position to directly control how residency programs review
31 and select applicants. Members also noted concerns that it might be inappropriate, or even illegal,
32 for the AAFP to advocate on behalf of any particular type of residency applicant and noted that this
33 might also elicit controversy over other applicant types that could be described as facing
34 discrimination and therefore worthy of similar efforts.
35

36 The reference committee also felt that the Foundation for the Advancement of International
37 Medical Education and Research is a more appropriate organization to be working on these efforts
38 and that the AAFP should not enter into a partnership with that organization.
39

40 **RECOMMENDATION: The reference committee recommends that Resolution No. 2005 not**
41 **be adopted.**
42

43 **ITEM NO. 6: RESOLUTION NO. 2006: STUDENT DEBT AND TAX REFORM**
44

45 RESOLVED, That the American Academy of Family Physicians (AAFP) use its legislative
46 advocacy and lobbying efforts in collaboration with other professional societies to allow
47 student loan interest payments to be tax deductible by removing the adjusted gross income
48 cap to qualify for these deductions, and be it further
49

50 RESOLVED, That the American Academy of Family Physicians (AAFP) will work with other
51 professional societies to write a letter to the United States (U.S.) Congress about the impact
52 of student loan debt on the health and economic wellbeing of the U.S., and be it further

1 RESOLVED, That the American Academy of Family Physicians (AAFP) will use information
2 from that letter to create a tool kit for state chapters to use in their own legislative efforts to
3 lobby for state income tax deductions of student loan interest.

4
5 **RESOLUTION NO. 2007: INTEREST ON STUDENT LOAN DEDUCTIBILITY**

6
7 RESOLVED, That the American Academy of Family Physicians (AAFP) petition Congress to
8 ask the Internal Revenue Service (IRS) to allow student loan interest of family physicians to be
9 deductible for everyone, regardless of income level.

10
11 The reference committee heard testimony in favor of Resolution No. 2006 from the author and from
12 new physician delegates sharing their personal struggles with student loan debt. Many of the same
13 delegates also testified for Resolution No. 2007, which addresses the same topic, and referenced
14 their previous testimony.

15
16 As reference committee members researched the AAFP's current policy and federal legislative
17 efforts to reduce the burden of medical student debt for family physicians, they acknowledged that
18 the AAFP is actively engaged in this work. However, the reference committee felt the specific
19 recommendations made in this resolution should be reinforced as a priority for the AAFP's
20 governmental advocacy efforts at both the national and state levels.

21
22 The reference committee agreed with testimony that it is important that the AAFP's efforts to
23 advocate for reducing the student debt burden be focused on family physicians because of the
24 income disparity between family physicians and other specialists and the workforce shortage in
25 primary care.

26
27 To align the recommendations made by these two resolutions, the reference committee
28 recommends combining them to capture the elements captured by each.

29
30 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
31 **2006, which reads as follows, be adopted in lieu of Resolution Nos. 2006 and 2007:**

32
33 **RESOLVED, That the American Academy of Family Physicians (AAFP) use its**
34 **legislative advocacy and lobbying efforts, in collaboration with other professional**
35 **societies, to allow student loan interest payments by family physicians to be tax**
36 **deductible by removing the adjusted gross income cap to qualify for these**
37 **deductions, and be it further**

38
39 **RESOLVED, That the American Academy of Family Physicians (AAFP) work with**
40 **other professional societies to write a letter to the United States (U.S.) Congress**
41 **about the impact of student loan debt on the health and economic wellbeing of the**
42 **U.S., and be it further**

43
44 **RESOLVED, That the American Academy of Family Physicians (AAFP) create a**
45 **toolkit for state chapters to use in their own legislative efforts to lobby for state**
46 **income tax deductions of student loan interest.**

1 **ITEM NO. 7: RESOLUTION NO. 2009: CREATE OBSERVERSHIP GUIDELINES AND**
2 **EVALUATION TOOLS FOR PHYSICIANS WHO HOST INTERNATIONAL MEDICAL**
3 **GRADUATES**

4
5 RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a
6 standardized set of guidelines (goals and objectives) and evaluation tools for family
7 physicians who provide observerships for international medical graduates.
8

9 The reference committee heard testimony in favor of the resolution from the author and delegates
10 speaking on behalf of themselves. Testimony from one delegate who works in a family medicine
11 residency program reflected the difficulty in evaluating applicants when there is a lack of
12 standardized tools and that most students studying in U.S. medical schools have that structure and
13 standardization for their experiences and evaluation. Supporters testified that there is a lack of
14 standardization in observerships for international medical students and graduates. This provides a
15 challenge in the path to practice in the U.S. for international medical students and graduates, as
16 well as a challenge to residency programs to evaluate applicants who are not students at U.S.
17 medical schools and may not have those standardized forms of evaluation.
18

19 The reference committee felt the mechanism used to address this issue should serve as a
20 resource to both the applicants and the residency programs.
21

22 Reference committee members were uncertain about whether or how the existing resource from
23 the American Medical Association entitled "AMA Observership Guidelines" would need to be
24 modified to address the specific needs of family medicine training. They felt this was worth
25 additional research by the AAFP. They also felt further exploration needs to happen to determine
26 what types of resources will be of use to residency program faculty in applicant review before any
27 effort is put into developing resources.
28

29 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
30 **2009, which reads as follows, be adopted in lieu of Resolution No. 2009:**

31
32 **RESOLVED, That the American Academy of Family Physicians (AAFP) review the**
33 **American Medical Association (AMA) Observership Guidelines and identify**
34 **opportunities to tailor those guidelines to create resources specific to family**
35 **medicine that would be valuable to international medical students and international**
36 **medical graduates, and residency programs, to structure and evaluate observership**
37 **experiences in the United States.**
38

39 **ITEM NO. 8: RESOLUTION NO. 2010: RACISM AND BIAS EDUCATION FOR FAMILY**
40 **PHYSICIANS**

41
42 RESOLVED, That the American Academy of Family Physicians (AAFP) endorse the
43 American Public Health Association National Campaign Against Racism, and be it further
44

45 RESOLVED, That the American Academy of Family Physicians (AAFP) include a keynote
46 presentation on racism and bias at an Family Medicine Experience (FMX) conference in the
47 near future, and be it further
48

49 RESOLVED, That the American Academy of Family Physicians (AAFP) provide education
50 to members on racism and bias through such means as, American Academy of Family
51 Physicians live continuing medical education, online enduring continuing medical education

1 modules, the *American Family Physician* (AFP) journal, and/or promote other evidence
2 based resources.

3
4 The reference committee heard compelling testimony from the author and several other speakers
5 about imagining new ways and opportunities to explore the issue of racism and bias among and
6 with more AAFP members. There was deep appreciation expressed for the experience attendees
7 of the 2016 NCCL had in diving deeper into the topic of racism and bias through the presentation
8 by Marc Nivet, EdD, MBA, chief diversity officer of the Association of American Medical Colleges,
9 and a call to action for the AAFP to broaden the conversation to the general AAFP membership. In
10 its background research, the reference committee learned that the AAFP is in active conversations
11 with and seeking additional opportunities to collaborate with the American Public Health
12 Association (APHA) and felt the National Campaign Against Racism would align with both
13 organizations' missions and goals. The reference committee members are highly supportive of
14 engaging in opportunities to support the APHA effort and support member engagement utilizing the
15 AAFP's largest live meeting, AAFP Family Medicine Experience (FMX).

16
17 **RECOMMENDATION: The reference committee recommends that Resolution No. 2010 be**
18 **adopted.**

19
20 **ITEM NO. 9: RESOLUTION NO. 2011: MODIFY EDUCATION ELECTRONIC RESIDENCY**
21 **APPLICATION SERVICE FILTER**

22
23 RESOLVED, That the American Academy of Family Physicians (AAFP) will write a letter to
24 the Electronic Residency Application Service (ERAS) supporting the inclusion of additional
25 filters such that International Medical Graduates actively participating in hands on patient
26 care be able to be discerned using the ERAS filter software in order to address the
27 physician shortage in primary care by 2020.

28
29 The reference committee heard limited and mixed testimony about the functionality of the ERAS
30 filter. A family medicine residency faculty member explained how she is able to utilize preset and
31 tailored filters currently functioning in the ERAS tool and that the functionality noted in the
32 resolution already exists. Members of the reference committee further examined the functionality of
33 ERAS and confirmed that ERAS provides filtering ability by prior clinical experiences.

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

37
38 **ITEM NO. 10: RESOLUTION NO. 2012: AAFP PROMOTION AND SUPPORT OF THE PUBLIC**
39 **SERVICE LOAN FORGIVENESS PROGRAM**

40
41 RESOLVED, That the American Academy of Family Physicians (AAFP) use its legislative
42 advocacy and lobbying efforts to encourage Congressional continuation of the Public
43 Service Loan Forgiveness program, and be it further

44
45 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the
46 inclusion of primary care physicians in the Public Service Loan Forgiveness program, and
47 be it further

48
49 RESOLVED, That the American Academy of Family Physicians (AAFP) promote the Public
50 Service Loan Forgiveness program to its members including the inclusion of this program
51 on its service-based loan repayment program educational materials.

1 The reference committee heard testimony in support of this resolution from the author, the
2 Women’s constituency, and individuals from both the IMG and New Physician constituencies.
3 Testimony reflected the importance of programs that reduce the debt burden on family physicians,
4 especially as it can impact specialty choice.

5
6 As reference committee members researched the AAFP’s current policy and federal legislative
7 efforts to reduce the burden of medical student debt for family physicians, they acknowledged that
8 the AAFP is actively engaged in this work. However, the reference committee felt the specific
9 recommendations made by this resolution regarding the Public Service Loan Forgiveness Program
10 should be reinforced as a priority for the AAFP’s governmental advocacy efforts at both the
11 national and state levels.

12
13 Reference committee members agreed with the authors of this resolution that AAFP members who
14 could benefit from this program may also be unaware of its existence. They also recognized that
15 current proposed legislation threatens the inclusion of family physicians in this program through a
16 proposed cap on income for eligible participants and felt that the AAFP has an opportunity to
17 advocate for the continued inclusion of family physicians.

18
19 **RECOMMENDATION: The reference committee recommends that Resolution No. 2012 be**
20 **adopted.**

21
22
23 **REAFFIRMATION CALENDAR**

24
25 **The following item A is presented by the reference committee for reaffirmation. Testimony**
26 **in the reference committee hearing and discussion by the reference committee in executive**
27 **session concurred that the resolution presented is a current policy or is already addressed**
28 **in current projects. At the request of the NCCL, any item may be taken from this section for**
29 **an individual vote on that item. Otherwise, the reference committee will request approval of**
30 **this item for reaffirmation in a single vote.**

31
32 (A) Resolution No. 2008: “Substance Abuse Education for Family Physicians” the
33 resolved portion of which reads as printed below:

34
35 RESOLVED, That the American Academy of Family Physicians (AAFP) should work
36 to identify and streamline educational resources and training for diagnosis and
37 management of substance abuse disorders presenting to family physicians.

38
39 The reference committee heard testimony in support of the resolution from the author, Women’s
40 constituency, and individuals.

41
42 The reference committee believes that substance abuse is a prevalent and critically important
43 health issue and that family physicians are in a position to deliver care to patients afflicted with
44 substance abuse disorders. Reference committee members reviewed existing educational
45 resources on this topic and found what it felt were extensive resources on this topic, including:

- 46
47 • Clinical Practice Guideline on Opioid Prescribing for Chronic Pain
48 • Position paper entitled, “Pain Management and Opioid Abuse”

- 1 • Family Medicine Residency Curriculum Guideline entitled, “Substance Abuse Disorders”
- 2 • A dedicated topic category of *American Family Physician*
- 3 • Curriculum and curricular resources, including model curriculum for residency education,
- 4 from family medicine academic organizations including the Society of Teachers of Family
- 5 Medicine
- 6

7 Though reference committee members agreed with the testimony provided, they felt that neither
8 the limited resolution language nor the testimony offered specific recommendations that addressed
9 a gap in educational resources and that their research did not reveal a lack of opportunities for
10 family physicians to be trained in treating substance abuse disorders at the residency level or
11 through continuing medical education.

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

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

4
5 Respectfully Submitted,

6
7
8
9
10 _____
11 Ikemefuna Okwuwa, MD, FAAFP – CHAIR

12
13 Ken Becker, MD, FAAFP – IMG
14 Gail Guerrero-Tucker, MD, MPH, FAAFP – Women
15 David J. Hoelting, MD – GLBT
16 LeAnna Muzquiz, MD – Minority
17 Anita Ravi, MD, MPH – New Physician
18 Rachel O’Byrne, MD (Observer)