



# 2021 Agenda for the Reference Committee on Education

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## National Conference of Constituency Leaders

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 2001	Virtual Continuing Medical Education
2. Resolution No. 2002	Make the Medical College Admissions Test (MCAT) Pass/Fail
3. Resolution No. 2003	Antiracism Training for Family Medicine Residents and Physicians
4. Resolution No. 2004	AAFP Support for Telehealth Inclusion in ACGME Requirements
5. Resolution No. 2005	Increased Opportunities for Leadership Education for Female Family Physicians in AAFP
6. Resolution No. 2006	End Ableism in Family Medicine
7. Resolution No. 2007	Paid Parental Leave for Family Medicine Residents
8. Resolution No. 2008	Promoting Racial Equity in Healthcare
9. Resolution No. 2009	How Family Medicine Physicians Could Bridge the Gap in Specialty Care
10. Resolution No. 2010	IMG and Preparation for the Match
11. Resolution No. 2011	Simple Changes to Dramatically Improve IMG Member Experience



# Resolution No. 2001

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## 2021 National Conference of Constituency Leaders

1 Virtual Continuing Medical Education

2

3 Submitted by: Selim Sheikh, DO, MBA, Minority

4 Spencer Fray, MD, Minority

5 Toussaint Mears-Clarke, MD, General Registrant

6 Bernard Richard, MD, Minority

7

8 WHEREAS, The American Academy of Family Physicians (AAFP) has adapted business and  
9 educational activities effectively in virtual platforms for its membership, and

10

11 WHEREAS, the option of remote participation in live continuing medical education activities fosters  
12 an aspect of inclusivity previously absent within the organization, now, therefore be it

13

14 RESOLVED, That the American Academy of Family Physicians provide education via virtual  
15 platforms that allow for live continuing medical education (CME) credit indefinitely, and be it further

16

17 RESOLVED, That the American Academy of Family Physicians, increase live CME activities held  
18 via livestream, or live internet activities, and be it further

19

20 RESOLVED, That the American Academy of Family Physicians, continue to accept CME credit  
21 from live CME activities obtained via livestream, or live internet activities, including CME obtained  
22 from other medical societies, and organizations, and be it further

23

24 RESOLVED, That the American Academy of Family Physicians increase infrastructure to enhance  
25 virtual interaction during and after live CME events.



# Resolution No. 2002

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## 2021 National Conference of Constituency Leaders

1 Make the Medical College Admissions Test (MCAT) Pass/Fail

2

3 Submitted by: Eleanor Lavadie-Gomez, MD, FAAFP, Minority

4 Mara Groom, DO, New Physician

5 Joanna Bisgrove MD, FAAFP, General Registrant

6 Jorge Mario Galdamez MD, MPH, General Registrant

7

8 WHEREAS, The American Academy of Family Physicians (AAFP) is committed to creating a  
9 diverse family medicine workforce that reflects the diversity of the US population, and

10

11 WHEREAS, the AAFP has policy which states “Medical schools and medical teaching programs of  
12 the U.S. have a vital role and obligation to improve access to and provide health care services for  
13 disadvantaged, disenfranchised, minority, vulnerable, and underserved populations”, and

14

15 WHEREAS, studies show that concordance in racial and ethnic backgrounds between patient and  
16 physician improve health outcomes and patient satisfaction, and

17

18 WHEREAS, additional studies show that physicians without disabilities have a poor understanding  
19 of how to care for patients with disabilities, leading to the hypothesis that physicians with  
20 disabilities would be more empathetic to patients with disabilities, and

21

22 WHEREAS, the current proportion of underrepresented minorities from Black and Latinx  
23 backgrounds in medicine and of disabled physicians are both disproportionately less than their  
24 respective communities in the US population, and

25

26 WHEREAS, the Medical College Admission Test (MCAT) is utilized to measure an applicant’s  
27 academic readiness and preparation for medical school, and

28

29 WHEREAS, there are persistent differences in MCAT score results for racial and ethnic minorities  
30 and other students from socioeconomically disadvantaged backgrounds, that according to the  
31 AAMC, “reflect societal inequalities in income, education, and other factors rather than test bias”,  
32 and

33

34 WHEREAS, the MCAT is 7 hours and 30 minutes long, which includes only 50 minutes of breaks  
35 [ELG8] and takes months of study, requires a certain physical stamina that many aspiring  
36 physicians with disabilities have difficulty ever obtaining, now, therefore be it

37

38 RESOLVED, That the American Academy of Family Physicians advocate for transition of the  
39 Medical College Admission Test (MCAT) scoring and grading rubric from a quantitative result to a  
40 qualitative Pass/Fail result, allowing for more equitable appraisal of an applicant’s preparedness for  
41 medical school.



# Resolution No. 2003

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## 2021 National Conference of Constituency Leaders

1 Antiracism Training for Family Medicine Residents and Physicians

2

3 Submitted by: Spencer Fray, MD, FFAFP, Minority  
4 Toussaint Mears-Clarke MD, General Registrant  
5 Bernard Richard, MD, Minority

6

7 WHEREAS, The American Academy of Family Physicians (AAFP) recognizes racism as a public  
8 health issue that impacts mental health, chronic diseases, maternal and infant mortality rates,  
9 overall health outcomes and life expectancy of Americans, and

10

11 WHEREAS, the existence of institutionalized and systemic racism in the healthcare system has  
12 served as a major cause of poor health outcomes in minority groups, and

13

14 WHEREAS, family physicians have the obligation to improve health equity via addressing structural  
15 and systemic racism, and

16

17 WHEREAS, the Accreditation Council on Graduate Medical Education (ACGME) is committed to  
18 eliminating racism, implicit bias, and other forms of discrimination, but does not have a formal  
19 curricular requirement surrounding these issues, now, therefore be it

20

21 RESOLVED, That the American Academy of Family Physicians urge the Accreditation Council on  
22 Graduate Medical Education to require education for faculty and residents on the effects of implicit  
23 bias, microaggressions, and systemic racism in healthcare, and be it further

24

25 RESOLVED, That the American Academy of Family Physicians provide additional tools to family  
26 medicine residents and physicians related to addressing implicit biases, microaggressions and  
27 systemic racism, and be it further

28

29 RESOLVED, That the American Academy of Family Physicians, continue to provide continuing  
30 medical education on the effect of implicit biases, microaggressions, and racism in healthcare.



# Resolution No. 2004

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## 2021 National Conference of Constituency Leaders

1 AAFP Support for Telehealth Inclusion in ACGME Requirements

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3 Submitted by: Muhammad Deen, MD, New Physician  
4 Spencer Fray, MD, Minority  
5 Alex Knobloch, MD, FAAFP, New Physician  
6 Raghuvveer Vedala, MD, New Physician  
7 Kevin Bernstein, MD, MS, FAAFP, General Registrant  
8 Yusuke Kobayashi, MD, New Physician  
9 Avinash Mantha, MD, IMG  
10 Mara Groom, DO, New Physician  
11 Jessica Brumfield, DO, New Physician  
12 Jyothi Patri, MD, MHA, FAAFP, General Registrant  
13 Julie Marcinek, DO, FAAFP, New Physician  
14 Kyle Leggett, MD, New Physician

15  
16 WHEREAS, The Accreditation Council on Graduate Medical Education (ACGME) recognizes that  
17 institutions have reduced the volume of their elective visits and procedures as a result of the  
18 COVID-19 pandemic, thereby permitting residents to participate in the use of telemedicine, and  
19

20 WHEREAS, the ACGME recognizes that institutions have adopted use of telehealth visits and  
21 intend to continue these visits in the future, as it results in improved patient satisfaction and  
22 accessibility to care, and  
23

24 WHEREAS, the ACGME requires family medicine residents to provide care for a minimum of 1,650  
25 in-person outpatient encounters at their primary residency program site, and  
26

27 WHEREAS, the ACGME has allowed program directors and core faculty during the pandemic to  
28 assess the competence of an individual resident and his/her ability to practice unsupervised  
29 medicine, outside of the 1,650-visit minimum, now, therefore be it  
30

31 RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council  
32 for Graduate Medical Education and its Review Committee for Family Medicine to correct the  
33 unintended consequence to residents caused by inflexibility of the requirements for 1,650 in-  
34 person patient encounters during the COVID-19 pandemic and to include telehealth visits during  
35 the COVID-19 pandemic in this number, and be it further  
36

37 RESOLVED, That the American Academy of Family Physicians urge the Accreditation Council for  
38 Graduate Medical Education's Review Committee for Family Medicine to support the inclusion of  
39 telehealth visits as a percentage of total visits to be included in future academic year calculations  
40 of the minimum number of outpatient encounters required for graduation, and be it further  
41

42 RESOLVED, That the American Academy of Family Physicians urge the Accreditation Council for  
43 Graduate Medical Education's Review Committee for Family Medicine to revoke citations given to  
44 residency programs due to graduates falling short of the minimum number of outpatient encounters

45 required for graduation that otherwise would have met this requirement if including telehealth visits  
46 during the COVID-19 pandemic.



# Resolution No. 2005

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## 2021 National Conference of Constituency Leaders

1 Increased Opportunities for Leadership Education for Female Family Physicians in AAFP

2

3 Submitted by: Angela Yerdon McLeod, DO, Women

4 Douglas Phelan, DO, MPH, FAAFP, New Physician

5

6 WHEREAS, Today, the number of female physicians entering the workforce is greater than 50%  
7 and, in comparison, the statistics of female physicians at leadership levels has been described as  
8 analogous to a complex 'leaky pipe' which likely is due to the nature of the pipe, rather than the  
9 women within it, and

10

11 WHEREAS, women report less control over their day-to-day work, lower compensation, greater  
12 strain in the work-home integration, and are more likely to report burnout than their male  
13 colleagues, and

14

15 WHEREAS, it is acknowledged, in order to foster change in both organizational structures and  
16 individual skills, building a broad definition of a diverse workforce, which includes diversity of  
17 geographic location (ex: physicians in rural locations), parenting or military status, in addition to the  
18 more traditional definitions of diversity, such as race, ethnicity, and ability, will contribute to  
19 healthier, more equitable work experiences for female physicians, and

20

21 WHEREAS, AAFP empowers female leadership by supporting Women's Equity and Leadership  
22 Project candidates, but the spaces are very limited, now, therefore be it

23

24 RESOLVED, That the American Academy of Family Physicians (AAFP) create opportunities for  
25 rising and current female leaders within AAFP to speak and educate as part of CME in national  
26 conferences, and be it further

27

28 RESOLVED, That the American Academy of Family Physicians create a database of conferences  
29 and CME opportunities as a catalog of leadership development opportunities (including Women's  
30 Equity and Leadership, Women's Physician Wellness Conference, Women in Medicine Summit,  
31 etc.), and be it further

32

33 RESOLVED, That the American Academy of Family Physicians create an administrative committee  
34 to develop a Women in Leadership track with annual scholarship funding that focuses on the  
35 nurturing and training of diverse women physician leaders through facilitating their attendance of  
36 existing and novel AAFP conferences and CME structure with an aim of increasing representation  
37 in executive level leadership.



# Resolution No. 2006

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## 2021 National Conference of Constituency Leaders

1 End Ableism in Family Medicine

2

3 Submitted by: Joanna Bisgrove, MD, FAAFP, General Registrant

4 Carrie Pierce, MD, Women

5 Samuel Mathis, MD, FAAFP, New Physician

6

7 WHEREAS, Ableism, defined as discrimination in favor of able-bodied persons, is rarely  
8 acknowledged in medicine despite its significant impact on patients and physicians with  
9 disabilities, and

10

11 WHEREAS, the American Academy of Family Physicians (AAFP) has specific policy stating “The  
12 AAFP will position itself in a leadership role in creating a medical workforce reflective of the patient  
13 populations family physicians serve.”, and

14

15 WHEREAS, as of 2019, an estimated 20% of the US population had an identified disability, yet a  
16 recent study estimates that only 3.1% of physicians in the US self-identify as having a disability,  
17 and

18

19 WHEREAS, it is also estimated that medical students with disabilities make up less than 1% of the  
20 total medical student population, despite the rate of disability in the 18-24 age group being 3.2%,  
21 and

22

23 WHEREAS, the AAFP needs to know what percentage of its members have a disability in order to  
24 both effectively advocate for and work towards a medical workforce that has a percentage of  
25 physicians with one or more disabilities that is reflective of the population, yet does not have this  
26 information because the question is not asked, and

27

28 WHEREAS, in 1979 the American Association of Medical Colleges (AAMC) published a set of  
29 minimum technical standards that all medical schools must meet, and

30

31 WHEREAS, in 2004, the AAMC published guidelines in a handbook to encourage medical schools  
32 to update their technical standards to comply with the 1990 American with Disabilities Act, but did  
33 not require any medical school to do so, and

34

35 WHEREAS, a study published in 2016 found that, when evaluating accessibility to medical schools  
36 for persons with hearing, visual, and/or mobile disabilities, only 33% of schools evaluated had  
37 updated their technical standards in order to accommodate qualified applicants with those  
38 disabilities (the most common disabilities accommodated), and

39

40 WHEREAS, the Accreditation Council on Graduate Medical Education Common Program  
41 Requirements for residencies discusses the importance of caring for patients with disabilities, but  
42 includes no language on the need to accommodate residents with disabilities, and

43



44 WHEREAS, there is no identifiable information in the current documents for the collaborative  
45 “Reimagining Family Medicine Residency” initiative on how to accommodate and include residents  
46 with disabilities, now, therefore be it  
47

48 RESOLVED, That the American Academy of Family Physicians officially recognize ableism and  
49 update available policy and information on health equity to incorporate the use of the term ableism,  
50 and be it further  
51

52 RESOLVED, That the American Academy of Family Physicians will develop a process to gather  
53 data regarding members who self-identify as having a disability and their accommodation needs,  
54 and then use that process to gather such data, and be it further,  
55

56 RESOLVED, That the American Academy of Family Physicians work with the American Board of  
57 Family Medicine, the Society of Teachers of Family Medicine and other stakeholders involved in  
58 the current effort to re-envision family medicine residency training to ensure that barriers to  
59 residency training for otherwise qualified disabled individuals are reduced to the fullest extent  
60 possible, and be it further  
61

62 RESOLVED, That the American Academy of Family Physicians engage partner organizations to  
63 call on the Association of American Medical Colleges and the Accreditation Council for Graduate  
64 Medical Education to update their minimal technical standards to require medical schools and  
65 residencies to reduce barriers and provide appropriate accommodations for qualified disabled  
66 applicants, medical students, and residents.



# Resolution No. 2007

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## 2021 National Conference of Constituency Leaders

1 Paid Parental Leave for Family Medicine Residents

2  
3 Submitted by: Carolyn Gilbertson, MD, Women  
4 Carrie Pierce, MD, Women  
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6 WHEREAS, The United States (U.S.) is among a small handful of the 193 United Nations member  
7 states, and alone among developed nations, that does not have a national policy of paid parental  
8 leave, and  
9

10 WHEREAS, maternal mortality rates are higher in the U.S. than in any other industrialized nation,  
11 and  
12

13 WHEREAS, research demonstrates that parental leave is associated with improved infant, child  
14 and maternal health and well-being and access to paid parental leave, in particular, is strongly  
15 associated with lower rates of infant and child mortality, decreased intimate partner violence,  
16 increase in exclusive breastfeeding, improved parent-child bonding, and improved childhood  
17 vaccination rates, and  
18

19 WHEREAS, findings indicate that paid leave is also associated with improvements in gender  
20 equality and has positive long-term economic impacts on families, and  
21

22 WHEREAS, paid family leave is endorsed by the American Academy of Pediatrics and the  
23 American College of Obstetricians and Gynecologists, and  
24

25 WHEREAS, the American Board of Family Medicine allows for up to 12 weeks parental leave in an  
26 academic year without the prolongation of training, now, therefore be it  
27

28 RESOLVED, That the American Academy of Family Physicians support a minimum of 12 weeks  
29 paid leave for family medicine residents parenting a newly born or newly adopted child of any age,  
30 and support an optional extension of this leave as unpaid time off, and be it further  
31

32 RESOLVED, That the American Academy of Family Physicians communicate with the Family  
33 Medicine Residency Committee of the Accreditation Council for Graduate Medical Education to  
34 recommend updating the Program Requirements to endorse paid family leave for a minimum of 12  
35 weeks and include covering the birth of a child or adoption of a child of any age with optional  
36 extension of this leave as unpaid time off, and be it further  
37

38 RESOLVED, That this resolution be referred to the Congress of Delegates.



# Resolution No. 2008

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## 2021 National Conference of Constituency Leaders

1 Promoting Racial Equity in Healthcare  
2  
3 Submitted by: Po-Yin Huang, MD, Minority  
4 Josephine Glaser, MD, FAAFP, Minority  
5 Christal Crooks, MD, Minority  
6  
7 WHEREAS, Race is a social construct, and  
8  
9 WHEREAS, structural racism and the use of race-based medicine have led to health inequities for  
10 Black, Indigenous, and people of color (BIPOC), and  
11  
12 WHEREAS, the American Academy of Family Physicians (AAFP) opposes the use of race as a  
13 proxy for biology or genetics in clinical evaluation and management and in research, and  
14  
15 WHEREAS, the AAFP has committed to annual antiracism and bias training for all commission  
16 members and the Board of Directors, and  
17  
18 WHEREAS, anti-racism and bias training for all family physicians is an integral component of  
19 addressing racial inequities in healthcare, and  
20  
21 WHEREAS, events of the recent past have highlighted the racial disparities that affect the BIPOC  
22 population, and  
23  
24 WHEREAS, according to the Centers for Disease Control (CDC), race and ethnicity are risk  
25 markers for other underlying conditions that affect health including socioeconomic status, access to  
26 health care, and exposure to the virus related to occupation, and  
27  
28 WHEREAS, according to the CDC, when compared to Non-Hispanic White persons, the rate of  
29 hospitalization due to COVID-19 is 3.5 times for American Indian or Alaska Native persons, 2.8  
30 times for Black or African American persons, and 3 times for Hispanic or Latinx persons, now,  
31 therefore be it  
32  
33 RESOLVED, That the American Academy of Family Physicians advocate for racial equity in  
34 healthcare, and be it further  
35  
36 RESOLVED, That the American Academy of Family Physicians actively promote anti-racism and  
37 bias training at all stages of healthcare education, and be it further  
38  
39 RESOLVED, That the American Academy of Family Physicians incorporate anti-racism and bias  
40 training opportunities for its members at all AAFP CME conferences, and be it further  
41  
42 RESOLVED, That American Academy of Family Physicians send a letter to the American Board of  
43 Family Medicine (ABFM) requesting that the ABFM develop a racial equity Knowledge Self-

44 Assessment (KSA) and include questions that address racial equity in healthcare for each of their  
45 existing KSA modules.



# Resolution No. 2009

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## 2021 National Conference of Constituency Leaders

1 How Family Medicine Physicians Could Bridge the Gap in Specialty Care

2

3 Submitted by: Krishna Syamala, MD, MBBS, IMG

4 Carrie Pierce, MD, Women

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6 WHEREAS, COVID-19 pandemic has exposed huge shortage of physicians especially in  
7 Infectious Diseases, Nephrology, Endocrinology, and

8

9 WHEREAS, one thing that was evident is a prevalence of obesity in the United States, which was  
10 the main cause of mortality with COVID-19, and

11

12 WHEREAS, having made family medicine physicians eligible for unfilled fellowships in Infectious  
13 Diseases, Nephrology, and Endocrinology will lead to better health outcomes in medically  
14 underserved areas and rural areas, and

15

16 WHEREAS, these specialty trained family medicine physicians can continue primary care and  
17 will reduce time for referral to specialty and maintain continuity of care, and

18

19 WHEREAS, so many patients with undiagnosed diabetes were uncovered during the pandemic,  
20 and

21

22 WHEREAS, as primary care physicians we must focus on helping our patient population to have  
23 better health outcomes by addressing obesity and endocrinology at grass roots and uncover  
24 undiagnosed kidney disease, and

25

26 WHEREAS, family medicine physicians currently are not eligible to train for Infectious Diseases,  
27 Nephrology and Endocrinology as they are not American Board of Internal Medicine certified, and

28

29 WHEREAS, family medicine physicians want to improve access to subspecialty care and  
30 provide that level of care in their communities with the support of extra training, now, therefore be it

31

32 RESOLVED, That the American Academy of Family Physicians will advocate for collaboration with  
33 the American Board of Internal Medicine (ABIM) and the American Board of Family Medicine to  
34 allow family medicine physicians to be eligible for fellowships in internal medicine subspecialties  
35 and to take ABIM fellowship board exams.



# Resolution No. 2010

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2021 National Conference of Constituency Leaders

1 IMG and Preparation for the Match

2

3 Submitted by: Stephen Bishop, MD, IMG

4 Nancy Mathieu, MD, IMG

5 Maresi Berry-Stoelzle MD, IMG

6

7 WHEREAS, Twenty-five percent of licensed U.S. doctors are international medical graduates  
8 (IMGs), and

9

10 WHEREAS, IMGs are a significant part of the COVID-19 response, with 33% working in hospitals,  
11 and

12

13 WHEREAS, IMGs are a large part of the family medicine workforce, making up 36% of family  
14 medicine residents in 2019, and

15

16 WHEREAS, IMGs match at rates significantly lower than US graduates (less than 60% for IMGs to  
17 greater than 90% for US Medical School graduates), and

18

19 WHEREAS, IMGs work in disadvantaged areas, and

20

21 WHEREAS, IMGs are part of the fulfilling the American Academy of Family Physician's mission for  
22 equity in healthcare, now, therefore be it

23

24 RESOLVED, That the American Academy of Family Physicians will examine barriers for qualified  
25 International Medical Graduates (IMG) and international medical students in placement in the  
26 Match, including discussing with family medicine programs about how IMGs are evaluated in the  
27 selection process, and be it further

28

29 RESOLVED, That the American Academy of Family Physicians identify the benefit of U.S. clinical  
30 experience as an important step in developing a pathway with mentorship for supporting IMGs  
31 prior to coming into the Match to allow qualified IMGs the opportunity to bring their skills to the  
32 practice of Family Medicine.



# Resolution No. 2011

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## 2021 National Conference of Constituency Leaders

1 Simple Changes to Dramatically Improve IMG Member Experience

2

3 Submitted by: Rachel Carter, MD, IMG

4 Fatin Sahhar, MD, FAAFP, IMG

5 Maria Papino, MD, FAAFP, IMG

6

7 WHEREAS, Twenty-five percent of the physician workforce and 32% of family medicine residents  
8 are comprised of International Medical Graduates (IMGs), and

9

10 WHEREAS, the mission of the American Academy of Family Physicians (AAFP) is to improve the  
11 health of patients, families, and communities by serving the needs of members with  
12 professionalism and creativity, and

13

14 WHEREAS, IMGs come from different cultures, language backgrounds, and life experiences, they  
15 bring diverse, culturally sensitive, and excellent care often to rural and low-income populations,  
16 and

17

18 WHEREAS, IMGs often don't have exposure to the United States medical system and how  
19 American culture plays into health care, and

20

21 WHEREAS, IMGs therefore struggle to match in residency as represented by a match rate of  
22 56.1% for non-US IMGs and 57.1% for US IMGs and, if they do match, they struggle to adapt, and

23

24 WHEREAS, IMGs have multiple other barriers to entry into the United States, despite their many  
25 talents, their skills often go to waste in low level jobs as they struggle to integrate into the US  
26 system, and

27

28 WHEREAS, the free resources about family medicine available on the AAFP website created  
29 based on prior resolutions are difficult to locate and six levels deep, and

30

31 WHEREAS, there are not specific courses on the U.S. health system or the culture of America and  
32 how it affects healthcare in the current AAFP library, now, therefore be it

33

34 RESOLVED, That the American Academy of Family Physicians move the useful page "Learn about  
35 Requirements for IMGs" to the Medical Student and Resident dropdown menu on the AAFP main  
36 page and add a spot for the International Medical Graduates Community to the Connect page, and  
37 be it further

38

39 RESOLVED, That the American Academy of Family Physicians explore creating educational  
40 classes or CME on the United States health system and how American culture plays into  
41 national/regional healthcare differences that would be beneficial training to all in comparative  
42 health systems but would be especially beneficial to IMGs.