



2014 Consent Calendar for the Reference Committee on Education

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 **The Reference Committee on Education recommends the following consent calendar for**
2 **adoption (page numbers indicate page in reference committee report):**

3
4 **RECOMMENDATION: The Reference Committee on Education recommends the**
5 **following consent calendar for adoption:**

6
7 **Item 1:** Not Adopt Resolution No. 2001 “Support of Miscarriage Management Training in Family
8 Medicine Residencies” (p. 1).

9
10 **Item 2:** Adopt Substitute Resolution No. 2004 “Feasible Loan Repayment for Medical Student
11 Debt” in lieu of Resolution No. 2004 (p. 2).

12
13 **Item 3:** Adopt Substitute Resolution No. 2005 “We Deliver Babies” in lieu of Resolution No.
14 2005 (pp. 2-3).

15
16 **Item 4:** Adopt Substitute Resolution No. 2008 “Increase Awareness of the American Academy
17 of Family Physicians’ Efforts to Recruit Minority Students to Family Medicine” in lieu of
18 Resolution No. 2008 (pp. 3-4).

19
20 **Item 5:** Adopt Substitute Resolution No. 2009 “Improving Post-Traumatic Stress Diseases
21 Screening in the Child and Adolescent Population” in lieu of Resolution No. 2009 (pp. 4-5).

22
23 **Item 6:** Not Adopt Resolution No. 2003 “Certification/Reciprocity Standards for Family Medicine
24 Residency Training Done Outside the United States” (p. 5).

25
26 **Item 7:** Adopt Substitute Resolution No. 2006 “Hospitalist Continuing Medical Education (CME)
27 Resources” in lieu of Resolution No. 2006 (pp. 5-6)

28
29 **Item 8:** Not Adopt Resolution No. 2007 “Expanding Transgender Education for Family
30 Physicians” (p. 6).

31
32 **Item 9:** Adopt Resolution No. 2010 “Development of a Gay, Lesbian, Bisexual, Transgender
33 Health Care Maintenance of Certification Self-Assessment Module” (p. 7).

34
35 **Item 10:** Adopt Substitute Resolution No. 2011 “Creation of Resources to Aid Physicians in
36 Caring for Patients with Physical and/or Intellectual Disabilities” in lieu of Resolution No. 2011
37 (pp. 7-8).

38
39 **Reaffirmation Calendar:** Reaffirmation of Item A under the Reaffirmation Calendar (p. 8).



2014 Report of the Reference Committee on Education

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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

5
6 **ITEM NO. 1: RESOLUTION NO. 2001: SUPPORT OF MISCARRIAGE MANAGEMENT**
7 **TRAINING IN FAMILY MEDICINE RESIDENCIES**

8
9 RESOLVED, That the American Academy of Family Physicians write a letter to the
10 Residency Review Committee advocating for the inclusion of comprehensive
11 miscarriage management within their training requirements for family medicine, and be it
12 further

13
14 RESOLVED, That the American Academy of Family Physicians include comprehensive
15 miscarriage management within their continuing medical education meetings as a
16 hands-on, skill-building workshop.

17
18 The reference committee heard testimony from the authors who were supportive of focused
19 training on miscarriage management. The committee heard testimony from a residency program
20 director who was supportive of the intent of the resolution and indicated that current program
21 requirements already encompass miscarriage management within requirements for obstetric
22 training and demonstration of competency by all family medicine residents.

23
24 The Accreditation Council for Graduate Medical Education's (ACGME) Review Committee for
25 Family Medicine (RC-FM), in its accreditation requirements for family medicine residency
26 programs, sets minimum standards for residency education that allow programs to adapt what is
27 appropriate for their patient population. The specificity of this resolution is more granular than
28 the ACGME accreditation requirements for family medicine, or any other specialty, so the
29 reference committee felt it was not appropriate to draft a letter to the ACGME on this topic. The
30 AAFP has a Recommended Curriculum Guideline for Family Medicine Residents on Maternity
31 and Gynecologic Care.

32
33 The AAFP CME Curricular Framework recognizes comprehensive obstetric care and the need
34 for hands-on procedural training. This resolution would require additional investigation and a
35 fiscal note.

36
37 **RECOMMENDATION: The reference committee recommends that Resolution No. 2001 not**
38 **be adopted.**

1 **ITEM NO. 2: RESOLUTION NO. 2004: FEASIBLE LOAN REPAYMENT FOR MEDICAL**
2 **STUDENT DEBT**
3

4 RESOLVED, That the American Academy of Family Physicians supports endorsement
5 of federal legislation that offers decreased interest rates on educational loans, and be it
6 further
7

8 RESOLVED, That the American Academy of Family Physicians further explores options
9 to alleviate the medical student loan burden in order to promote further students
10 subsidized loans expanded funding for federal loan programs, allowing the deferment of
11 interest and principal payment.
12

13 The reference committee heard testimony from an AAFP resident member who worked with
14 members of the women's constituency to author the resolution.
15

16 The first resolved clause of the original resolution is current policy and practice, and the
17 reference committee felt the advocacy efforts of the AAFP met the request of the resolution.
18

19 The reference committee agreed that alleviating the burden of debt and associated debt
20 aversion should remain a high priority for the AAFP and suggested modification of the resolution
21 to provide more opportunities for leadership to search for additional solutions to address the
22 issue.
23

24 The committee felt it was important to specify within the resolution the need to attract medical
25 students to the specialty of family medicine, which can be more vulnerable to the impact of debt
26 on specialty choice.
27

28 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
29 **No. 2004, which reads as follows, be adopted in lieu of Resolution No. 2004:**
30

31 **RESOLVED, That the American Academy of Family Physicians further explore**
32 **options to alleviate the burden of medical student debt to encourage medical**
33 **student interest in family medicine.**
34

35 **ITEM NO.3: RESOLUTION NO. 2005: WE DELIVER BABIES**
36

37 RESOLVED, That the American Academy of Family Physicians (AAFP) extend a letter
38 of concern to the Accreditation Council for Graduate Medical Education (ACGME) in
39 regards to the changes in family medicine residency program requirements concerning
40 maternity care to preserve obstetrical competence in our future workforce, and be it
41 further
42

43 RESOLVED, That the American Academy of Family Physicians (AAFP) elucidate what
44 factors are preventing family medicine residency graduates from providing obstetrical
45 care and promote policies to increase the percentage of family physicians providing this
46 vital service, and be it further
47

48 RESOLVED, That the American Academy of Family Physicians (AAFP) draft a letter to
49 the Health Resources Services Administration to investigate ways in which to promote
50 and advocate for training family physicians to provide full spectrum care including

1 obstetrics with an emphasis on providing rural and underserved care.

2
3 The reference committee heard testimony from authors of the resolution who expressed
4 concerns of perceived decreasing numbers of family physicians offering obstetric care in their
5 practices. Exceptional need exists in rural and underserved areas, where family physicians are
6 primary providers of full scope care including obstetrics, and where other physician providers
7 may not offer these services.

8
9 The AAFP is in regular communication with the Accreditation Council for Graduate Medical
10 Education (ACGME) regarding accreditation requirements for family medicine residency
11 programs, including staff representation on the Review Committee for Family Medicine (RC-
12 FM). Requirements regarding obstetric care have been a primary topic of conversation and
13 debate with the development of the New Accreditation System and associated requirements.
14 The AAFP and other family medicine associations, including the Association of Family Medicine
15 Residency Program Directors (AFMRD), have expressed the concerns of their members relating
16 to these requirements. The reference committee felt the ongoing relationship met the intent of
17 the first resolved clause.

18
19 The reference committee recognized that the current and new ACGME requirements for family
20 medicine include training in and demonstration of competency by all family medicine residents
21 in obstetric care.

22
23 The committee discussed the reasons family physicians may or may not choose to include
24 obstetric care in their practices upon completion of residency, including location of practice,
25 patient population, interest, lifestyle preferences, and other reasons, and felt the intent of the
26 second resolved clause is being met. The committee recognized the challenges for family
27 physicians in some locations related to privileging.

28
29 The reference committee heard testimony referencing an AAFP member serving on a rural
30 health committee discussing similar issues related to obstetric care in underserved areas, and
31 the committee agreed that there may be opportunities to promote and advocate for training of
32 family physicians.

33
34 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
35 **No. 2005, which reads as follows, be adopted in lieu of Resolution No. 2005:**

36
37 **RESOLVED, That the American Academy of Family Physicians explore options**
38 **with the United States Department of Health and Human Services Health**
39 **Resources and Services Administration (HRSA) and others to investigate ways to**
40 **promote and advocate for training family physicians to provide full spectrum care,**
41 **including obstetrics with an emphasis on providing rural and underserved care.**

42
43 **ITEM NO. 4: RESOLUTION NO. 2008: INCREASE AWARENESS OF THE AMERICAN**
44 **ACADEMY OF FAMILY PHYSICIANS' EFFORTS TO RECRUIT MINORITY STUDENTS TO**
45 **FAMILY MEDICINE**

46
47 RESOLVED, That the Board of Directors evaluate state and national programs currently
48 in existence designed to increase underrepresented minorities in medical school, and be
49 it further

1 RESOLVED, That the American Academy of Family Physicians will promote such
2 programs to members through the state chapters via CHEX list serve and similar
3 methods of communication, and, be it further

4
5 RESOLVED, That the American Academy of Family Physicians will increase member
6 participation in such programs by offering incentives such as credit towards degree of
7 fellow, continuing medical education credits, etc.

8
9 The reference committee heard testimony in support of the resolution from the authors and
10 other minority constituents. The committee felt this is a priority issue for careers in medicine,
11 family medicine specifically, and supported the intent of the resolution, recognizing that the
12 resolved clauses as written did not capture the full intent. The first resolved clause of the
13 resolution requests a review of current programs, an action that has already taken place over
14 the past year by the AAFP Commission on Education in response to an adopted resolution from
15 the 2013 National Conference of Special Constituencies (2013 NCSC Resolution No. 3003:
16 Increasing Minority Representation in Family Medicine). The communications plan associated
17 with the review currently is being developed. The reference committee offered a substitute
18 resolution that captures the intent to share information through the AAFP chapters and to
19 incentivize family physician participation in these programs.

20
21 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
22 **No. 2008, which reads as follows, be adopted in lieu of Resolution No. 2008:**

23
24 **RESOLVED, That the American Academy of Family Physicians will promote**
25 **programs designed to increase underrepresented minorities in medical schools to**
26 **its members through the state chapters via the Chapter Executive listserv and**
27 **similar methods of communication, and be it further**

28
29 **RESOLVED, That the American Academy of Family Physicians will explore**
30 **opportunities for incentivizing its members to participate in programs designed to**
31 **increase underrepresented minorities in medical school.**

32
33 **ITEM NO. 5: RESOLUTION NO. 2009: IMPROVING POST-TRAUMATIC STRESS DISEASES**
34 **SCREENING IN THE CHILD AND ADOLESCENT POPULATION**

35
36 RESOLVED, That the American Academy of Family Physicians increase public and
37 member awareness of signs and symptoms regarding post-traumatic stress disorder and
38 behavioral changes in child and adolescent age group via a public service campaign,
39 and be it further

40
41 RESOLVED, That the American Academy of Family Physicians explore validated
42 electronic screening tools specific to children and adolescence for Post-Traumatic Stress
43 Disorder (PTSD).

44
45 Limited testimony was heard from a member speaking on behalf of the authors. Concern was
46 expressed that validated tools exist for identifying and treating adult patients with PTSD, but not
47 for younger populations.

48
49 The reference committee agreed with the intent of the resolution and believed that additional
50 member awareness should be included. The committee was concerned that a public awareness

1 campaign would require further exploration, prioritization among AAFP public health initiatives,
2 and possibly a substantial fiscal note.

3
4 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
5 **No. 2009, which reads as follows, be adopted in lieu of Resolution No. 2009:**
6

7 **RESOLVED, That the American Academy of Family Physicians increase public**
8 **and member awareness of signs and symptoms regarding post-traumatic stress**
9 **disorder (PTSD) and behavioral changes in child and adolescent age group, and**
10 **be it further**

11
12 **RESOLVED, That the American Academy of Family Physicians explore validated**
13 **electronic screening tools specific to children and adolescents for post-traumatic**
14 **stress disorder (PTSD).**
15

16 **ITEM NO. 6: RESOLUTION NO. 2003: CERTIFICATION/RECIPROCIITY STANDARDS FOR**
17 **FAMILY MEDICINE RESIDENCY TRAINING DONE OUTSIDE THE UNITED STATES**
18

19 RESOLVED, That the American Academy of Family Physicians supports an alternate
20 pathway to family medicine certification for family medicine trained international medical
21 graduates, that may include a shortened period of residency training here in the United
22 States.
23

24 The reference committee heard extensive testimony on this resolution and discussed it at
25 length. Testimony in support of the resolution references the redundant medical training
26 required by some international medical graduates who have completed post-graduate training in
27 another country but seek to practice in the United States (U.S.), and the undersupply of family
28 physicians in the U.S. Testimony in opposition of the resolution noted that the AAFP is not the
29 certifying body for U.S. residency programs or for U.S. physician licensing.
30

31 The reference committee reviewed current resources available through the AAFP to provide
32 information and assistance to international medical graduates seeking to practice in the U.S.
33 and discussed with staff present some potential additions to those resources that would
34 highlight existing opportunities to limit repetition of training when seeking to practice in the U.S.
35 The reference committee also discussed the priority for the U.S. health care system, and for the
36 AAFP, not to drain other countries of their medical providers, acknowledging the AAFP's
37 support of its international constituents. The committee determined the resolution as written is
38 outside the scope of the AAFP, given its role as a professional membership society.
39

40 **RECOMMENDATION: The reference committee recommends that Resolution No. 2003 not**
41 **be adopted.**
42

43 **ITEM NO.7: RESOLUTION NO. 2006: HOSPITALIST CONTINUING MEDICAL EDUCATION**
44 **(CME) RESOURCES**
45

46 RESOLVED, That the American Academy of Family Physicians (AAFP) provide more
47 accredited resources for family physicians who primarily practice in the inpatient setting,
48 and be it further
49

50 RESOLVED, That the American Academy of Family Physicians (AAFP) provide a
51 hospitalist tract at the AAFP Scientific Assembly, and be it further

1 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with
2 other organizations, such as the Society of Hospital Medicine, to provide category 1
3 AAFP (Continuing Medical Education) CME credits.
4

5 The reference committee heard testimony from the authors and international medical graduate
6 constituents in support of the resolution, noting recent employment trends from graduates of
7 residency training into inpatient hospital practices.
8

9 The committee was not clear of the intent of the first resolved clause and reviewed existing
10 resources on the AAFP website as well as recently published articles in *American Family*
11 *Physician*.
12

13 The committee agreed that offering a concentration of hospital medicine sessions, including
14 how this integrates with the Patient Centered Medical Home (PCMH) model, is a priority, and
15 offering this highlight at a future AAFP Assembly meeting would be attractive to those practicing
16 hospital medicine. Committee members also discussed emerging efforts to establish member
17 interest groups and noted that family physicians practicing inpatient and hospital medicine are
18 likely to be represented within these groups, further justifying the desire for a track at future
19 AAFP Assembly meetings.
20

21 The reference committee reviewed the requirements for AAFP CME credit, noting that
22 education developed can be considered for AAFP CME credit through a formalized application
23 process and that Prescribed credit requires the participation of an active AAFP member on the
24 education planning committee. Any organization developing CME content and considering
25 AAFP CME credit, including the Society of Hospital Medicine, is able to participate in this
26 process.
27

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

31 **RESOLVED, That the American Academy of Family Physicians (AAFP) provide a**
32 **hospital medicine track at a future AAFP Assembly meeting.**
33

34 **ITEM NO. 8: RESOLUTION NO. 2007: EXPANDING TRANSGENDER EDUCATION FOR**
35 **FAMILY PHYSICIANS**
36

37 RESOLVED, That the American Academy of Family Physicians support competence in
38 its membership through biannual online education and articles in the *American Family*
39 *Physician* to improve awareness of issues in transgender primary care.
40

41 The reference committee agreed with the intent of this resolution and with the testimony
42 provided in support. The committee reviewed current resources and publications, including an
43 AAFP web resource entitled, "Transgender Health Resources," and CME activities available at
44 the upcoming AAFP Assembly meeting. Committee members also reviewed *American Family*
45 *Physician (AFP)* content, including an *AFP* special collection entitled, "Care of Special
46 Populations," which includes content on the transgender population and others. The committee
47 recognized that *AFP*, as a peer-reviewed journal, maintains editorial independence, preventing
48 the AAFP or any entity from dictating content.
49

50 **RECOMMENDATION: The reference committee recommends that Resolution No. 2007 not**
51 **be adopted.**

1 **ITEM NO. 9: RESOLUTION NO. 2010: DEVELOPMENT OF A GAY, LESBIAN, BISEXUAL,**
2 **TRANSGENDER HEALTH CARE MAINTENANCE OF CERTIFICATION SELF-**
3 **ASSESSMENT MODULE**

4
5 RESOLVED, That the American Academy of Family Physicians in conjunction with the
6 American Board of Family Medicine promote the development of a maintenance of
7 certification/self-assessment module regarding gay, lesbian, bisexual, and transgender
8 health care.

9
10 The reference committee agreed with testimony provided in support of development of a
11 Maintenance of Certification/Self-Assessment Module regarding gay, lesbian, bisexual, and
12 transgender health care. The American Board of Family Medicine (ABFM), as a certifying board,
13 however, is the entity that crafts content for these modules and not the AAFP. The reference
14 committee agreed that adopting this resolution would provide an opportunity for the AAFP to
15 formalize communication with the ABFM and share, via letter, the intent of the resolution to
16 create content for this population.

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

20
21 **ITEM NO. 10: RESOLUTION NO. 2011: CREATION OF RESOURCES TO AID PHYSICIANS**
22 **IN CARING FOR PATIENTS WITH PHYSICAL AND/OR INTELLECTUAL DISABILITIES**

23
24 RESOLVED, That the American Academy of Family Physicians create an on-line toolkit
25 (which could include, for example, resources on various disabilities and their respective
26 organizations, information on how to manage practices and workflows to be
27 accommodating to persons with disabilities, connections to geographically based
28 resources, etc. to aid physicians in caring for patients with physical and intellectual
29 disabilities, and be it further

30
31 RESOLVED, That the American Academy of Family Physicians support creation of
32 comprehensive CME programming to educate physicians on caring for patients with
33 disabilities, and be it further

34
35 RESOLVED, That the American Academy of Family Physicians actively support federal
36 legislation which provides resources to persons with physical and/or intellectual
37 disabilities as well as support their state chapters in advocating for similar legislation at
38 the state level.

39
40 The reference committee heard testimony in support of this resolution from the authors and
41 other constituents. The committee agreed with testimony addressing the desire of family
42 physicians to be better equipped to treat patients with complex medical needs. The committee
43 discussed confusion with the use of the term "disability," as it potentially relates to social
44 security impairment rating relating to state and federal mandates. The committee felt that on-line
45 resources, such as a toolkit related to practice management workflow, physician education, and
46 other resources should be considered by the AAFP for development and suggested modifying
47 the resolution to broaden opportunities to address this important need.

48
49 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
50 **No. 2011, which reads as follows, be adopted in lieu of Resolution No. 2011:**

1 **RESOLVED, That the American Academy of Family Physicians explore the**
2 **development of resources to educate and aid family physicians in the sensitive**
3 **care of individuals with physical and intellectual disabilities.**
4

5 **REAFFIRMATION CALENDAR**
6

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

14
15 (A) Resolution No. 2002: “Dental Health Training and Collaboration,” the resolved portion of
16 which reads as printed below:
17

18 RESOLVED, That the American Academy of Family Physicians partner or collaborate
19 with established dental health training programs to increase dental health education for
20 family physicians.
21

22 The reference committee heard limited testimony from the author of the resolution seeking
23 opportunities for additional dental health training for family physicians.
24

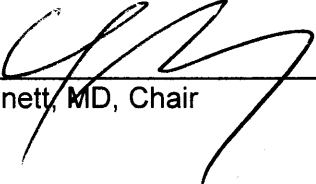
25 The committee felt existing resources address the request of the resolution. The 2014 AAFP
26 Assembly has sessions dedicated to oral health, including both CME and expanded learning
27 opportunities. In addition, the AAFP has current certified CME for “Smiles for Life: A National
28 Oral Health Curriculum” produced by the Society of Teachers of Family Medicine.
29

30 **RECOMMENDATION: The reference committee recommends that item A above be**
31 **approved as current policy or as already being addressed in current projects.**
32

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

4
5
6
7
8
9

Respectfully Submitted,



10 _____
Cecil Bennett, MD, Chair

- 11
12
13 Rachel Franklin, MD – Women
14 Andrew Goodman, MD – GLBT
15 Kristen Koenig, MD – New Physicians
16 Wael Mourad, MD – Minority
17 Jayashree Paknikar, MD, FAAFP – IMG
18 Jonathan Wells, MD (Observer) – Resident