



# Commission on Membership and Member Services 2018 Annual Report

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## COMMISSION ON MEMBERSHIP AND MEMBER SERVICES

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### General Overview of Duties

As residents and student representatives of the AAFP Commission on Membership and Member Services (CMMS), we were responsible for representing the interests and opinions of the AAFP resident and student constituencies, respectively, during meetings and other correspondence of the Commission. During our time on the commission, we participated in two AAFP Cluster Meetings (Winter and Summer) as well as frequent online correspondence from the commission.

### General Overview of Business

The Commission on Membership and Member Services is charged by the Board of the American Academy of Family Physicians to manage the working tasks related to the membership and member constituencies. This broadly includes working to further AAFP goals in membership recruitment, retention and services. More specifically CMMS also works closely to monitor and support the needs of member constituency groups (New Physicians, Women, International Medical Graduates, LGBT, and Minority). The Commission oversees the AAFP National Conference of Constituency Leaders (NCCL). Additional tasks include addressing resolutions forwarded from the AAFP Board, establishing requirements for the degree of Fellow, credentialing and monitoring Member Interest Groups (MIG) and selecting recipients for several prestigious awards in family medicine including the Award for Excellence in Graduate Medical Education and the Awards for Distinguished and Meritorious service to Family Medicine.

### Major Topics Pertinent to Residents and Medical Students

- A. Review of AAFP Membership and Benchmark Data
- B. First Year New Physician Dues Reduction Update
- C. Resident Membership Group Application
- D. Proposed Student Membership Bylaws Change
- E. New Physician Retention

## **Minutes on Major Topics Pertinent to Medical Students and Residents**

### **A. Review of AAFP Membership and Benchmark Data**

The primary role of the CMMS is monitoring AAFP membership and the benchmark data that is presented related to the membership.

#### **Membership Benchmark 2018 - Category Number of Members**

Active: 71,300 Resident: 12,300 Student: 34,000

The current total benchmark for membership is 129,000. It was discussed that after an election year membership numbers tend to drop slightly as there may be members who disagree with AAFP political opinions. The AAFP does send out surveys asking why members choose not to renew, but very few respond. CMMS discussed ways in which to communicate the AAFP's advocacy messages to members. Chapters were also encouraged to communicate advocacy efforts at the local level.

The number of osteopathic physician members continues to grow. It is a new opportunity for the AAFP to reach out to students in osteopathic medical schools in order to continue to grow membership. After enacting the changes discussed in item D of this report, student membership should increase with an influx of new osteopathic and international student members.

The commission discussed asking members to reach out to the graduating residents in their states to encourage them to continue their membership as a new physician. The AAFP invoices

graduating residents in May which may allow residents to use the balance of their CME money to pay dues. The AAFP does provide six months for free and a 50% reduction in national dues and chapter dues in their first year, as discussed in item B of this report. AAFP and chapters monitor renewals closely and partner in retention efforts. The Member Interest Groups were discussed as a great way to get residents engaged.

### **B. First Year New Physician Dues Reduction Update**

In 2010 the AAFP Board of Directors approved a recommendation to reduce active membership dues by 50% for members in the first year following graduation from their residency programs. Initially thirty-five state chapters also offered discounts, but this number has now increased to forty-two chapters. Staff presented data on the payment rates of first-year new physicians during the years 2014-2017. During this time, the percentage of first-year new physicians who paid membership dues to remain part of the AAFP ranged from 72-74%.

Additionally, the staff presented the current percentage of first year physicians that had paid dues for 2018 as of May 1, 2018. The percentage ranged from 44% to 87% depending on the state, with an average of 63%. At this time last year, the payment rate was 61% demonstrating an increase in first year physicians paying dues to remain a part of the AAFP. This is an important issue for the AAFP, as new physicians are a key group to capture for membership. Residents by and large have their membership fees paid for by their residency programs, so the year after residency graduation is typically the first time that they are asked to personally pay for an AAFP membership, and the AAFP is working hard to make a membership valuable to this group of physicians.

### **C. Resident Membership Group Application**

Previously, the AAFP solicited individual resident applications from residency programs and residents. This year, AAFP staff proposed a new way of receiving and processing resident applications in groups in order to streamline onboarding of resident members. The number of AAFP resident members has grown more than 10% in the last 5 years, and with single accreditation on the horizon this number is likely to increase. Using a program-submitted group application would result in a significant reduction in staff time focused on data management,

and increased opportunity to focus resources on member retention and service. It was noted that moving to a group application for Resident membership would increase efficiencies for both AAFP staff and residency program staff. Furthermore, a majority of residents already have some or all of their AAFP resident member dues paid for by their residency program.

The commission was supportive of implementing a group application for resident membership. They also agreed that a statement in the AAFP Bylaws specifying that “applications for resident membership shall be in a form prescribed by the Board” should also be removed to allow staff to make minor modifications to the membership application process without requiring Board approval for efficiency. Because similar statements were also made in reference to other categories of membership (Active, Inactive, Student, Supporting, and International) in the Bylaws the commission suggested that this change be made throughout the Bylaws for consistency’s sake.

#### **D. Proposed Student Membership Bylaws Change**

This year an important item on the docket for the student and resident members was that of student membership categorization. Previously, the 34,000 student members from schools accredited by the ACGME or AOA paid no dues for membership to the AAFP while the 1,135 student members from non-accredited schools paid \$35 per year. The CMMS was presented with a resolution that sought to absolve the separation of these two categories and to have a singular student category in which all students would be eligible for free membership. After a robust discussion, the CMMS decided to support this resolution and allow all students to enroll as AAFP student members for free and furthermore to apply for leadership positions through the AAFP. It was determined that the leadership election and appointment processes primarily should seek dedicated and passionate students regardless of accreditation.

As part of this discussion, the CMMS further determined that medical school graduates from any school who did not match into an ACGME or AOA accredited residency program and who previously had no eligibility for membership should now be eligible as “transitional members” for a two-year period, thus allowing them to maintain connection to the AAFP during this time.

#### **E. New Physician Retention**

New Physicians, defined as residency graduates in their first 7 years of practice, represent 25% of the AAFP’s members. However, the current retention rate for these new physicians is lower than many other member groups. The increase in dues is often a source of concern for new physicians, however, data presented by the AAFP staff showed that there was not much difference in retention between states offering dues discounts and those that did not. Eighty percent of all first-year new physicians receive a dues discount from national and their chapter, and the current payment rate on renewal memberships remains at 63% of those billed. For this reason, the CMMS spent a significant amount of Summer Cluster talking about this population and discussing strategies to engage these members.

#### **Resident Reflection**

During medical school I was peripherally involved with my Family Medicine Interest Group, and in 2016 I served as an alternate delegate at National Conference. These experiences introduced me to the many ways to be involved in the AAFP and encouraged me to get more involved. As a member of CMMS, I had privilege of representing the voice of residents to the organization. The landscape of family medicine and our healthcare system is changing rapidly, and I am grateful that the AAFP has made it a priority to have a resident and student member on each of the commissions. The group truly seeks out the opinions of the student and resident members, and values the our perspective as members of the newest generation of family physicians.

This year we were able to tackle several issues that were highly relevant to family medicine residents and students considering family medicine as a specialty. We reviewed the Member Interest Groups (MIGs) and recommended that the Board of Directors approve a new MIG focusing on mentorship that will surely be helpful to students, residents, and new physicians. We also had a robust discussion about the involvement of students from medical schools -- largely international -- which are not AOA or ACGME accredited. Finally, we spent time discussing how the organization might better retain new physician members who are early in practice. My student counterpart and I were able to contribute much to these conversations which will impact us as trainees and young physicians.

It is impressive to see all of the effort that goes into making the AAFP an organization that truly serves its members and their needs. The CMMS physician members and the dedicated AAFP staff put a lot of effort and thought into increasing the value of an AAFP membership, sometimes discussing topics at length that previously I did not realize had so much nuance that affected members. I am even more proud to be an AAFP member after seeing the work that goes into building this organization, and I am inspired to remain involved and pursue further leadership in residency and beyond.

This experience was very enjoyable for me, and further confirmed my decision to become a family physician. The physicians who choose to serve in leadership positions on the AAFP are a dedicated, passionate, and fun bunch of doctors! They come from a variety of practice settings and backgrounds, and I was continually impressed by their ability to tackle tough conversations, disagree with kindness and respect, and create an environment of openness and inclusivity. As a resident passionate about shifting our healthcare system toward robust primary care, particularly for underserved populations, I was so grateful for this experience. I am now more deeply aware of the large scope of influence that the AAFP has on the future of healthcare in our country, and am excited to remain involved.

### **Medical Student Reflection**

Having previously served as a Family Medicine Interest Group Network Regional Coordinator, I was excited to learn more about the ways in which the AAFP serves its actively practicing physicians and resident members. I also wanted to see how resolutions from AAFP members at large could affect change in an organization with such a large scope of influence. Throughout the course of the year, I definitely attained a greater appreciation for the diversity of the AAFP constituency and how challenging it can be to best serve an organization's members at large. Our physician members, residents, and students, all have unique needs and providing resources and space for member engagement is a hefty goal for CMMS in particular. Luckily, CMMS is a diverse commission ranging from community physicians and academic program directors, to chapter executives and AAFP staff. However, focused on striving towards progress and action, the creative thinking, true passion, and mutual respect employed by this commission was inspiring.

The Commission spent much of their cluster time this year focused on retaining physicians in the first seven years of practice after residency. It's easy for new physicians to get caught up in the day to day trials of new administrative responsibilities but keeping an open line of communication with the next generation of doctors is important to the leadership of the AAFP at the highest levels. My views and the views of my resident counterpart were always sought out and appreciated when making decisions that would affect the future of our organization, showing that the AAFP upholds a virtue I personally believe to be true: that a true leader's legacy is found in the people it leaves behind to carry on the cause.

Lastly, my time on the commission taught me a lot about respectful discourse. While we may have sometimes had differing perspectives or opinions, the individuals on this commission were able to prioritize the overall mission and values of the AAFP in order to reach a decision that was best for the organization as a whole. In a day and age that can be so divisive and unkind, this commission showed me that there are still those out there who can sit down and have a thoughtful discussion without derision. I am leaving this

experience with a little piece of hope that despite the many challenges we face as healthcare providers, there is a way forward and there are individuals from all backgrounds in search of solutions that are best for our nation as a whole.

*Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit [aafp.org](http://aafp.org).*