

**Res. A-05-18**

December 17, 2017

**TITLE:** Increased Percentage of Women’s Reproductive Health Topics at AAFP FMX and at the National Conference for Residents and Students

**Introduced by:** Drs Emily Guh, Sarah McNeil, Nicole Person-Rennell, Anjana Sharma, and Anne Toledo

**WHEREAS**, the AAFP affirms it is essential that family physicians be well trained to provide “comprehensive, continuing care of women throughout their lifecycle;”<sup>1</sup> and

**WHEREAS**, the AAFP “supports a woman’s access to reproductive health services and opposes non-evidence based restrictions on medical and the provision of such services;”<sup>2</sup> and

**WHEREAS**, in order to maintain qualification and a broad scope of practice, family physicians must continue learning throughout their careers so they might provide patients with up-to-date and evidence-based care throughout their lifecycle; and

**WHEREAS**, for the 2018 Family Medicine Experience FMX, the Curriculum Advisory Panel (CAP) has weighted women’s reproductive health topics at four percent; and

**WHEREAS**, 51 percent of physician visits are to primary care providers and 19.5 percent (the highest proportion) are with family medicine physicians<sup>3</sup>; and

**WHEREAS**, an estimated 17.9 percent of outpatient visits are by women of reproductive age with preconception or contraceptive counseling integral aspects of these visits<sup>4</sup>; and

**WHEREAS**, in order to recruit new members, the AAFP wants to appeal to family residents, 54 percent of whom are female<sup>5</sup> and tend to see majority female patients; and

**WHEREAS**, funding for Planned Parenthood and Title X clinics is at risk, shifting care to Federally Qualified Health Clinics, which tend to be family physician-led, requiring a well-prepared work force to meet the increased demand of reproductive health needs of patients<sup>6</sup>; and

**WHEREAS**, while the AAFP does offer a women’s health and maternity care conference containing a few reproductive health care updates, it is a burden for members to attend two separate conferences rather than one full spectrum CME activity; and

**WHEREAS**, at the 2017 FMX there were seven presentations dedicated to women’s reproductive health, but 26 slots dedicated to practice management and 11 dedicated to neurology<sup>7</sup>; and

**WHEREAS**, family medicine residents and students have requested more reproductive health care and women’s health care at their national conference, passing resolutions and filling out conference evaluations; now, therefore be it

**RESOLVED**, That the California Academy of Family Physicians will advocate through the American Academy of Family Physicians to the Family Medicine Experience (FMX) Curriculum Advisory Panel (CAP) to increase the weight of women’s reproductive health topics at future FMX events and remove the four percent cap; and be it further

**RESOLVED**, That the California Academy of Family Physicians via its delegation will submit a resolution to the American Academy of Family Physicians (AAFP) calling on the AAFP to increase the representation of women’s reproductive health topics among future AAFP CME events.

**Speaker’s Notes:**

**Fiscal Note:**

(NOT REQUIRED BUT REQUESTED):

**1) PROBLEM STATEMENT: What specific practice problem does this resolution seek to solve, or, if this resolution pertains to a proposed new CAFP policy or change of policy, what issue does it seek to address?**

As noted above, providing comprehensive women’s healthcare throughout a woman’s life is an AAFP supported goal. Despite the need for robust training and continuous education in women’s reproductive health to meet this goal, women’s reproductive health is proportionally underrepresented at CME conferences with one illustration being the weighting of this topic to just 4 percent at the AAFP FMX conference. This weighting at only 4 percent does not represent the volume of visits and health concerns relating to healthcare need of female patients addressed by family medicine physicians.

**2) PROBLEM UNIVERSE: Approximately how many CAFP members or members’ patients are affected by this problem or proposed policy?**

Narrowly viewed, all CAFP members who attend AAFP CME events would be affected by the expansion of the weight of women’s reproductive health topics at future FMX and other AAFP CME events. More broadly applied, increasing inclusion of women’s reproductive health topics at future AAFP CME events would potentially impact thousands of current and future CAFP members and feasibly the care of their female patients (55 percent of clinical volume).

**3) WHAT SPECIFIC SOLUTION ARE YOU PROPOSING TO RESOLVE THE PROBLEM OR POLICY (i.e., what action do you wish CAFP to take)?**

California Academy of Family Physicians will advocate to the Family Medicine Experience (FMX) Curriculum Advisory Panel (CAP) to increase the weight of women’s reproductive health topics at future FMX events to be more representative of the percentage of clinical care that involves women’s reproductive health topics and to remove the 4% cap; and advocate for increasing representation of women’s reproductive health topics at future CME events.

**4) WHAT EVIDENCE EXISTS TO: 1) INDICATE THAT A PROBLEM EXISTS; OR 2) THAT THERE IS NEED FOR A NEW OR REVISED POLICY?**

Please see “whereas section” and problem statement

**5) PLEASE PROVIDE CITATIONS to support the existence of the problem and your proposed solution.**

Citations:

1. American Academy of Family Physicians. Reproductive Health Services (COD 2014). <http://www.aafp.org/about/policies/all/reproductivehealth-services.html>. November 1, 2017.
2. American Academy of Family Physicians. Women’s Healthcare, Family Physician Providing (2015 COD). <http://www.aafp.org/about/policies/all/womens-health-care.html>. November 1, 2017
3. National Center for Health Statistics. National Ambulatory Medical Care Survey: 2015 State and National Summary Tables. Public-use data file and documentation. [https://www.cdc.gov/nchs/data/ahcd/namcs\\_summary/2015\\_namcs\\_web\\_tables.pdf](https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2015_namcs_web_tables.pdf). 2017.
4. Institute of Medicine. Clinical preventive services for women: closing the gaps. Washington, DC: The National Academies Press; 2011.
5. American Academy of Family Physicians. Table 2: Demographic Characteristics of AAFP Members. <https://www.aafp.org/about/the-aafp/family-medicine-facts/table-2.html>. December 19, 2017.
6. Frost, Jennifer. Response to Inquiry Concerning Geographic Service Availability From Planned Parenthood Health Centers. <https://www.guttmacher.org/sites/default/files/pdfs/pubs/guttmacher-cbo-memo-2015.pdf>. December 13, 2017.
7. American Academy of Family Physicians. 2017 Family Medicine Experience CME Session Topics. <http://www.aafp.org/events/fmx/cme/opportunities/session-topics.html>. November 28, 2017.