WHEREAS, the AAFP affirms it is essential that family physicians be well trained to provide “comprehensive, continuing care of women throughout their lifecycle;”¹ 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;”² 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 physicians³; 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 visits⁴; and

WHEREAS, in order to recruit new members, the AAFP wants to appeal to family residents, 54 percent of whom are female⁵ 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 patients⁶; 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 neurology⁷; 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 American Academy of Family Physicians advocate that 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.
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:


