California Academy of Family Physicians

POLICY COMPENDIUM

Medical Education Policies

CAFP
California Academy of Family Physicians

EDUCATION

This section contains policy about medical education. This includes continuing professional development and education, graduate medical education, and family medicine residency programs.

40.01 Continuing Medical Education (CME)

40.01a CME / Mandates

Continuing Medical Education Policies Paper
Approved the recommendations of the Committees on Continuing Medical Education and Scientific Program regarding planning and implementation of CME activities for the Academy and total quality improvement. *(BoD 11/1998)*

Curriculum
CAFP oppose all mandates on CME curriculum, regardless of topic, because:

1. CME curriculum should be developed by demonstrated clinical need, advances in research, and developments in the field.
2. A physician should be allowed to choose the courses that would best meet the needs of his or her own patients, setting, or practice model.
3. In addition, CAFP should support creation of an advisory group to the Legislature that would be consulted on CME issues. CAFP could work with the Institute for Medical Quality in accomplishing this.
4. Work with the Institute for Medical Quality (an accrediting provider) to create an advisory committee to the Legislature for consultation on CME issues. *(BoD 11/2005)*

Honoraria

1. Honoraria ranges must be consistent and must not be dependent on whether or hot CAFP has received commercial support for the activity.
2. CAFP will delineate in all invitations to participate in academy activities the standard honoraria and reimbursement, and its policies with regard to academy support for a participant.
3. A returned letter of agreement, contract, or assignment form will indicate the acceptance of the honoraria and reimbursement.
4. If honoraria exceed the customary range, documentation explaining the reason for the exception will be placed in the activity file. *(BoD 4/2005)*

Policy
CAFP offers continuing medical education courses to its members as an integral portion of its services. A portion of the membership enjoys these services. In an effort to provide a wide range of services to members and fairly distribute the cost of services to those who utilize them, it is the policy of CAFP to charge a fee for specific services whenever feasible and possible. This policy also provides a foundation for

generating income outside of dues so that dues can remain as low as possible and so that dues income can be allocated to those less tangible services for which fees cannot be charged. *(BoD 1/1991)*

Education on Eating Disorders
CAFP supports responding to the problem of eating disorders by including the issue in its continuing medical education programs. *(CoD 2/2000, updated 9/2026)*

40.01b Continuing Professional Development / Education

ACCME Accreditation and CME Development
Approve the CME Mission Statement as presented for use in ACCME Accreditation and CME development which states: 10/96 The CME Mission Statement is reviewed on an annual basis by the CCPD, and submitted annually to the BOD for approval. *(BoD 10/1996)*

CME Philosophy
Goal: CAFP's continuing medical education mission is to enhance and improve the quality of patient care by maintaining, developing, and increasing the competence, knowledge, skills and professional performance of family physicians, their practice teams and other primary care physicians — within California, nationally and internationally. CAFP's educational programming is based on sound principles of learning and adult education that are tailored for the physician audience through effective needs assessment, development of explicit learning objectives and course content, proven educational methodologies, learning evaluation and physician performance outcome illustrating changes in competence, performance or patient outcomes.

Scope: The scope of the CAFP's CME/CPD Program includes educational activities addressing identified needs and gaps in clinical, scientific and health care socioeconomics, ethics and professionalism areas of interest and importance family physicians worldwide. The program will focus efforts on meeting broad-based competencies as those developed by ABMS, ACGME and/or IOM.

Characteristics of Potential Participants: The target audience for CAFP's educational activities includes allopathic and osteopathic family physicians and other primary care specialists (general internists, pediatricians and obstetricians-gynecologists), family medicine residents and medical students Practice team members (allied health professionals who work within the primary care setting) may also benefit from CAFP educational offerings.

Types of Activities and Services: The format of CAFP's CME/CPD activities includes a variety of educational modalities such as symposia, lectures, small group presentations, case presentations, panel discussions, hands-on workshops, performance improvement, maintenance of certification, interactive online, podcasts, and audio and video conferencing. Individualized learning is facilitated through production of enduring materials including monographs, interactive CD-ROM and Internet applications. These activities may be supported, through registration fees, educational grants, commercial support and joint sponsorship.

Responsibility and Direction: The CME/CPD program is under the direction of the Board of Directors, and receives ongoing physician guidance from the Committee on Continuing Professional Development. Specific planning and implementation input is provided by other CAFP committees and the CAFP professional staff.

Expected Outcomes and Program Evaluation: The expected results of CAFP's continuing medical education program include the following three key elements:
The development and implementation of outcome and output measurement strategies including surrogate markers, follow-up surveys, chart audits, self-assessment surveys pre-and post-tests, case-based assessments and sentinel evaluation methods. These measures will assess improved competence and self-reported performance as well as potentially documented performance improvement.
The promotion of Evidence Based Medicine (EBM) definitions and principles, and the integration of EBM into CME activities.
An increase in the number of learners attending CAFP CME/CPD activities who report an expected change in practice consistent with the identified need, target outcome or activity purpose.

CAFP overall CME/CPD Program evaluation is performed at least annually by the following review process, including these markers:

Activity evaluations summaries and outcome assessments efforts will to continue to expand.
CME/CPD staff effectiveness including financial strength, committee support and communication.
Perception of CME/CPD Program by membership and other stakeholders including an assessment of educational needs.

These activities along with strong membership participation and committee leadership ensure that the CAFP's CME offerings are of relevance to the family physicians and are of the highest quality possible. *(BoD 11/2015)*

Chapter CME Listings
CAFP carry listings of accredited CME programs offered by local chapters at no charge in the *California Family Physician* and the CAFP website. *(CoD 2/2000)*

Committee Charge
Approved a request for amended committee charge by addition: "Expand presentations and activities with FP components, including, but not limited to, grand rounds, hospital lectures, local chapter CME programming, managed care education and academic institution offerings." *(EC 5/1996)*

Cultural and Language Proficiency
The Spirit and the Letter of the Law
Assembly Bill 1195: In 2006, the People of the State of California passed Assembly Bill No. 1195 requiring that continuing medical education courses, except as specified, include curriculum in the subjects of cultural and linguistic competency in the practice of medicine, as defined.

Cultural competency means a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities.

Cultural competency includes: Linguistic skills Cultural information to establish therapeutic relationships Cultural data in diagnosis and treatment Cultural and ethic data to the process of clinical care.

Linguistic competency means the ability of a physician and surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.

CAFP has been at the forefront in the discussions on cultural and linguistic competency. Since 2002, CAFP has been the convener of the Medical Leadership Council on Cultural Proficiency, and has developed and presented curriculum and a toolkit on Addressing Language Access. The CAFP and CAFP-F efforts in this arena continue to be supported and recognized by The California Endowment.

The Spirit of the Law: The United States is becoming more culturally and linguistically diverse, and there are proven differences in health outcomes based on cultural and linguistic differences.

It is estimated by the US Bureau of Census that by 2030, minority Americans will constitute more than 40 percent of the total US population. The most prominent growth rates are expected in the Hispanic and Asian American populations. A minimum of 329 languages are currently spoken by residents of the US, and in some US cities, less than 60 percent of the overall population speaks English.

Studies have shown that among other things: Spanish-speaking Latinos are less likely to have physician visits, flu shots, or mammograms than English speaking Latinos or non-Latino whites. Spanish speakers are less likely to be discharged from the ER with an understanding of their medications, special instructions, and plans for follow-up care. Disparities between Limited English Proficiency (LEP) and non-LEP patients in colorectal screening and flu shots decrease after implementation of an interpreter services program.

There are numerous clinical studies, including studies on cholesterol screening, A1c screening and control, acute cardiac events, beta blocker use, breast cancer screening, and mental health hospitalization which all show significant disparities when cultural and linguistic issues are brought to bear. The spirit of AB1195 does not need explanation, or justification.

The Letter of the Law: According to AB 1195, every CME activity must contain elements of cultural and/or linguistic competency. The law says that the Institute of Medical Quality (IMQ) and ACCME will develop standards. It also says that this law is in effect for all California providers, regardless of the location of the activity (for example, CAFP's Hepatitis C curriculum must include C/L competency even when presented in Massachusetts).

A CME activity is defined as: A single activity with a single session, A single activity with multiple session during the same time period, A regularly-scheduled conference (RSC) activity with multiple sessions occurring over time, or an enduring material. The law is in effect for ALL activities planned (and presented) after July 1, 2006. CAFP will be incorporating these elements into all currently activities, including the Influenza panel, Osteoarthritis, and Hepatitis C curriculum, and into all future activities.

Compliance
All CME activities with a patient care component are included under AB1195; exempt activities includes those solely dedicated to research, those not containing patient care (i.e., leadership training), or those offered by providers not located in California (i.e., the AAFP).

For CAFP (and those organizations working with CAFP on CME), compliance will mean:

- Single activity, single session: elements incorporated into the session
- Single activity, multiple sessions: single sessions dedicated to cultural and linguistic issues and/or CL incorporated into multiple sessions
- RSCs: CAFP does not currently offer regularly scheduled conference, but would treat them like single activity/multiple sessions
- Enduring materials: CL must be incorporated into the activity

The requirement is easily understood; the mechanics of compliance are less clear. IMQ and CAFP recommend the following mechanics:

- CL incorporated into sessions with information on differences in incidence, diagnosis, management, prognosis, etc.
- CL issues specific to topic
- CL as dedicated sessions, with general approaches to diversity, appropriate use of interpreters, overview of health disparities

As supporting documents: Websites, handouts, reference cards, patient education materials, tapes/CDs, local resources

CAFP will amend its documentation requirements (and forms) to include proof of CL in the planning process and activity content. We'll also require samples of how these topics are included, and ask for a show of faith in complying with the new law.

We greatly appreciate the work of Carol Havens, MD and Jill Silverman, MPH, and the IMQ for developing a standard we can all adopt. *(BoD 6/2006)*

Educate CAFP Members on Health Care Reform
CAFP will look for opportunities to educate members about health care reform, which could include offering CME at the All Member Advocacy Meeting and the Family Medicine Clinical Forum on Health Care Systems, Health Care Economics, Health Care Policy, and health care reform approaches endorsed by AAFP. *(BoD 6/2021)*

Expansion of Transgender Medical Education
CAFP supports the concept of transgender education for all levels of medical providers and supports the provision of comprehensive care for the transgender community. *(BoD 7/2021, updated 9/2026)*

Promoting a Conflict-Free CAFP
CAFP provide to members information about conflict of interest (COI) resolution and management, including but not limited to CAFP policies and procedures and potential effects of COI. *(BoD 7/2020)*

Requiring Trauma-Informed Care (TIC) & Resilience Training for Family Physicians

CAFP offers ongoing educational opportunities on trauma-informed care and ACEs, either through their own in person or online offerings, or by linking their website to appropriate trainings offered by other entities, and be it further

CAFP support the inclusion of Trauma Informed Care training as an ACGME requirement for residency programs, and be it further

CAFP support more research in how Trauma Informed Care improves patient outcomes and should be included as part of the standard of care. *(BoD 07/2021)*

40.02 Graduate Medical Education and Family Medicine Residency Programs

ACGME Restriction of Residency Choice
CAFP opposes restrictions on graduate medical training that restricts the choices of residency and fellowship training opportunities for new physicians. CAFP believes that both MDs and Dos should have the opportunity to train in their preferred residency or fellowship program and receive credit for previous training at the discretion of the program director. Limiting the potential of new physicians by accepting previous training solely from ACGME-accredited residency programs as a prerequisite for entry into a different ACGME-accredited residency or fellowship program further increases barriers to care for patients and wastes valuable graduate medical education dollars by requiring previous training to be repeated without regard for the quality of that training. *(BoD 11/2012)*

Colonoscopy Training
CAFP actively encourages the training of family medicine residents to be competent in performing colonoscopies and supports their ability to obtain privileges and be supported at capable hospitals. *(CoD Res. A-02-13)*
Topic: privileges

Education on Termination of Pregnancy
Support and recommend that programs offer training of medical students, residents and new physicians in the basic skills of termination of pregnancy, and encourage medical training institutions to provide such training.

Support the education of medical students, residents and new physicians regarding the need for physician providers of termination of pregnancy, and the medical and public health importance of access to safe termination of pregnancy. *(CoD 1/1995)*

End-of-Life Training for Family Practice Residents
Ask AAFP to petition the Residency Review Committee for mandatory family practice residency instruction on end-of-life issues in residency programs and use the Society of Teachers of Family Medicine guidelines on “End-of-Life Issues” as their model. Make these guidelines known to residency directors throughout the state and encourage their implementation. *(CoD 2/1999)*

Expand FM-OB Training to Address Maternity Care Deserts
CAFP advocate for increased funding and support for the rapid expansion of training programs for full scope maternity care to supplement the training of family medicine physicians, including Cesarean and operative vaginal births. This could include 1) OB training tracks within FM residencies (for those residencies with capacity to support this) and 2) 1-2 year FMOB fellowships.

CAFP promote the development of regional collaborative networks linking Family physicians providing maternity care (FM-OB) with other perinatal clinicians, including the integration of FM-OB into laborist groups

CAFP promotes policies that support the credentialing and affordable liability coverage of family physicians with competence in obstetrical training.

CAFP support opportunities for mentorship networks for FM-OB graduates, peer support to promote professional well-being, and develop strategies to encourage long-term retention in providing obstetrical care including deliveries.

CAFP should advocate to the AAFP to promote expansion, on a national level, of training programs that prepare family medicine physicians for full scope maternity care that supplement the training of family medicine physicians, including operative births. This could include 1) OB training tracks within FM residencies (for those residencies with capacity to support this) and 2) FMOB fellowships. *(BoD 4/2026)*

Family Medicine Interest Groups (FMIG)
Approve strengthening all medical school Family Medicine Interest Groups, using as resources the salaried advisor and administrative personnel. Hold an annual networking conference. Make efforts to involve practicing physicians. *(BoD 10/1991)*

Family Physician Faculty
CAFP support a policy that ensures that all family medicine residency programs have at least one full-time family physician faculty with hospital privileges in obstetrics and who is "actively engaged in providing these services as a role model for their residents." *(BoD 6/1992)*
Topic: privileges

Incorporate Anti-Racism Training into Family Residency Programs
CAFP support efforts to encourage family medicine residency programs to incorporate anti-racism training as part of their equity and diversity training, including measures to reduce implicit bias and encourage community engagement, that addresses health disparities and mends distrust within historically disenfranchised populations;

CAFP support sharing of anti-racism training resources with family medicine residency programs to utilize in their curriculum (*BoD 7/2021)*
Topic: diversity equity and inclusion

Increase Education in Substance Use Disorder for Residency Programs
CAFP use available grant funding to support the integration of addiction training into family medicine residency program curriculum through the California Primary Care Residency Program Collaborative.

CAFP/AAFP write a letter to the Accreditation Council on Graduate Medical Education (ACGME) encouraging increased training in substance use disorder treatment for residency.

CAFP offer x-waiver trainings (as long as a data 2000 waiver continues to be required to treat opioid use disorder) at major conference events such as the All Member Advocacy Meeting, Family Medicine Clinical Forum and Student +FM Resident Summit.

CAFP delegation to AAFP submit a resolution to the AAFP COD requesting the AAFP to write a letter to the Accreditation Council on Graduate Medical Education (ACGME) encouraging increased training in substance use disorder treatment for residency.

CAFP delegation to AAFP submit a resolution to the AAFP COD requesting the AAFP to offer x waiver trainings (as long as a data 2000 waiver continues to be required to treat opioid use disorder) at major conference events such as the FMX Experience, and National Conference for Family Medicine Residents and Medical Students. *(BoD 11/2020)*

Increase Nutrition Education in ACGME Residencies and Medical Schools
CAFP advocate for increased nutrition education embedded into the curriculum of ACGME residencies and medical schools.

Insurance for Residents and Students
CAFP encourage all California family practice residency programs to provide adequate health and disability insurance for their residents, and all California medical schools to provide health and disability insurance to students. *(BoD 2/1992)*

CAFP encourage residency programs to maintain residents' positions, malpractice coverage and benefit packages while individual residents seek educational opportunities during away rotations. *(CoD 2/1994)*

Limited On Call Hours
CAFP encourages all residency programs to limit consecutive in-house on call work hours to 30 hours per shift and permit residents to spend on average at least two out of every 14 days away from the residency program. *(CoD 2/1994)*

Medication Assisted Treatment Training in Graduate Medical Education

CAFP/AAFP encourage ACGME to require substance use disorder curriculum, including medication assisted treatment (MAT) training, in family medicine residency programs. *(BoD 4/2022)*

Medical School Training Duration
CAFP believes in medical education innovations that are grounded in scientific evidence and supports continued research to improve the quality of medical student education, including potential changes in duration of training. CAFP is concerned that decreasing medical school duration to three years may provide an inadequate foundation to prepare students for a future career in primary care, and may inadvertently lead to a devaluation in the perception of primary care. Any pilot programs evaluating three-year medical school training must achieve the goal of increased medical student selection of primary care while decreasing debt burden, and maintaining or improving upon medical student readiness for residency. *(BoD 4/2012)*

Resident Membership
All first year California residents shall be ensured membership in CAFP; the CAFP and/or residency programs will fund the first year of membership. *(BoD 8/1986)*

Moonlighting
CAFP encourage all family medicine residency programs to ensure the ability of all licensed resident physicians in good academic standing and in appropriate rotations to moonlight as part of their education experience. *(CoD 2/1994)*

Parental Leave Policy
All California residency programs be urged to develop clear, written policies on parental leave for residents and adhere to the following guidelines, a combination of AAFP's and AMA's recommendations. The CAFP policy will be distributed to all program directors. *(CoD 2/1999)*

Support Resident Unionization
CAFP support efforts to allow resident labor unions at University of California sponsored residencies, and be it further

CAFP support efforts that promote fair salaries and benefits, and improved working conditions for residents. *(BoD 7/2021)*

Trauma Informed Care Curriculum Development for ACGME Training Programs
CAFP/AAFP encourages collaboration with AAFP/STFM/ACGME in developing and standardizing a trauma-informed care (TIC) curriculum, including mandatory ACEs training, in family medicine residency programs. *(BoD 4/2022)*