

SUBJECT: Revisions to Sunsetting ACOFP Position Statements of the
American College of Osteopathic Family Physicians (ACOFP)

SUBMITTED BY: ACOFP Constitution & Bylaws/Policy & Organization Review Committee

REFERRED TO: 2015 ACOFP Congress of Delegates

RESOLUTION NO. 5

1 RESOLVED, that Congress of Delegates of the American College of Osteopathic Family Physicians
2 adopts and approves the sunsetting ACOFP Position Statements as amended, as submitted by the
3 ACOFP Constitution & Bylaws/Policy & Organization Review Committee. (Old material crossed
4 out, new material capitalized.)

5

6 **GME Funding for Residency Programs Using Volunteer Faculty**

7 ***ACTION: RECOMMENDS REAFFIRMATION WITH NO CHANGES.***

8 The ACOFP supports the enactment of federal legislation that increases and adequately finances the
9 training of osteopathic family medicine residents in ambulatory non-hospital sites.

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11 The ACOFP calls upon continued grassroots efforts to contact U.S. senators and representatives and the
12 Center for Medicare and Medicaid Services (CMS) to take the necessary steps to allow hospitals to utilize
13 volunteer faculty without any funding decrease by CMS.

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15 The ACOFP supports the enactment of federal legislation that clarifies Congressional intent as established
16 in the Balanced Budget Act of 1997, allowing teaching hospitals and physicians in non-hospital sites to
17 enter into educational agreements to train osteopathic family medicine residents regardless of financial
18 arrangement.

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20 **Tax Credits for Health Profession Shortage Area**

21 ***ACTION: RECOMMENDS REAFFIRMATION WITH NO CHANGES.***

22 The ACOFP supports the establishment of tax credits for physicians who practice in federally designated
23 health professions shortage areas (HPSAs) or Medicare physician scarcity areas. These tax credits should
24 be available, on a sliding scale, to physicians who provide services on a part-time basis in these
25 communities.

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27 **Certification Eligibility for New and Existing CAQs**

28 ***ACTION: RECOMMENDS REAFFIRMATION WITH EDITORIAL CORRECTION.***

29 No new Basic Standard developed by the Committee on Evaluation and Education (CEE) of the
30 American College of Osteopathic Family Physicians (ACOFP) for the ultimate purpose of gaining
31 Certification of Added Qualification status through the American Osteopathic Board of Family
32 Physicians (AOBFP) shall be approved or maintained by the ACOFP Board of Governors unless the
33 ACOFP Board receives the advanced assurance of the AOBFP that a pathway to that CAQ will be
34 provided for certified osteopathic family physicians for a minimum of five years.

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37 The following explanatory statement accompanies the Board’s policies on certification eligibility for
38 future new CAQs and revisions to existing CAQ: It is the responsibility of the ACOFP Board of
39 Governors through its CEE to establish Basic Standards for postdoctoral training in osteopathic family
40 practice MEDICINE. These Basic Standards are submitted to the Department of Education Affairs of the
41 AOA for approval. The AOBFP under direction of the Bureau of Osteopathic Specialists (BOS) is
42 responsible for the certification or verification of competence in those subjects being taught in the
43 postdoctoral training programs. This verification process generates a primary certification for residents
44 and/or a Certification of Added Qualification (CAQ) for certified osteopathic family physicians. New
45 Basic Standards can be developed at any time for potential CAQs, but it would take a residency program
46 to implement them before an examination or certification process would be generated by the AOBFP. It
47 is the policy of the ACOFP Board of Governors not to approve or maintain a Basic Standard for any new
48 CAQ if that certification process does not contain a reentry pathway (grandfather clause).

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50 **Prescription Drugs – Direct Consumer Advertising**

51 ***ACTION: RECOMMENDS REAFFIRMATION WITH NO CHANGES.***

52 The ACOFP continues to recommend that pharmaceutical company direct to consumer advertising not be
53 product specific.

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55 The ACOFP should work with the AOA to request that state and federal governments adopt policies or
56 legislation to promote disease-specific public health education as the focus of direct to consumer
57 advertising of prescription medicines to the general public.

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59 **Separate Osteopathic Match**

60 ***ACTION: RECOMMEND REAFFIRMATION WITH REVISIONS.***

61 The ACOFP continues to support the separate osteopathic match that is currently in place, UNTIL A
62 NEW UNIFIED MATCH UNDER THE AOA/ACGME SINGLE ACCREDITATION SYSTEM IS IN
63 PLACE.

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65 **Veterans Administration Credentialing of Non-Physician Providers**

66 ***ACTION: RECOMMENDS DELETION.***

67 The ACOFP supports the establishment of well-defined credentialing and privileging criteria within the
68 Veterans Administration that prohibits non-physician providers who have been granted expanded scope of
69 practice rights in a minority of states from demanding such privileges in the VA system. The ACOFP
70 supports the establishment of a consistent requirement for the privileging of non-physician providers in
71 the VA system that reflects the opinion of a majority of states.

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73 Explanatory Statement: The ACOFP cannot dictate how the Veterans Administration system functions.

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ACTION _____