

March 2017

## **ACOFP Board of Governors' Report to the 2017 Congress of Delegates on the Issue of Allowing MDs to Become Full Active Members of the ACOFP**

### **Preamble**

*This Report is submitted as an information item for which no action is required at the 2017 ACOFP Congress of Delegates. Constituent comments are requested by September 15, 2017, after which the Board will make a recommendation for consideration by the 2018 ACOFP Congress of Delegates. After a final decision is made by the Congress, any necessary changes will be processed in the ACOFP Constitution & Bylaws and other appropriate ACOFP governing documents. This Report can be circulated by ACOFP State Societies to their members; however, it is not intended for distribution to the general public.*

### **Introduction**

With the passage of Resolution 6, Consideration of Allopathic Physicians for American College of Osteopathic Family Physicians (ACOFP) Membership, the 2016 ACOFP Congress directed "*the ACOFP Board of Governors to consider changes to the ACOFP Constitution and Bylaws necessary to allow allopathic physicians (MDs) to become Active Members of the ACOFP.*"

In response to this directive, President Dr. Larry Anderson appointed a Task Force to explore not only the charge given by the Congress, but also to study and report on how allowing MDs to become Active Members could impact the ACOFP, its members, the ACOFP Auxiliary, and ACOFP policies.

MDs have always been welcome to join the ACOFP as Associate Members. However, the Task Force realized that allowing MDs to become Active Members with full rights and privileges would be the single biggest change to the ACOFP in its history. The Task Force determined that allowing MDs to become full Active Members would involve not only changes to the Constitution & Bylaws, but could also change the ACOFP's identity. To ensure that the Task Force fully understood the depth and breadth of the organizational change allowing MDs to become Active Members would bring, the Task Force developed a set of essential questions it believed needed to be answered before a recommendation could be made to the Congress of Delegates.

The Task Force met by teleconference on several occasions and communicated extensively by email over the past year. On November 30, 2016, the entire ACOFP Board met by conference call and discussed the Task Force's preliminary report. It was noted that for approximately half of the questions, there was general agreement among the Task Force members. For the remaining questions, there was a divergence of opinions.

The ACOFP Board respectfully submits this report for consideration by the ACOFP Congress of Delegates. It is the recommendation of the Board that the Congress give consideration to this report, and that delegates take the report back to their states for further thought and discussion.

### **Comment Submission Timeline**

All interested constituencies and individuals are encouraged to submit comments on this report to the ACOFP Board of Governors. All comments on this report are requested to be submitted by September 15, 2017 for consideration at the Board's October 7, 2017 meeting. It is anticipated that the Board will make a recommendation for consideration and action at the 2018 Congress of Delegates. To submit comments, please use the [White Paper Comment Form](#), including summary contents in the text field and by attaching any related correspondence.

The ACOFP Board of Governors determined that there are various options to be considered for granting MD membership in the ACOFP, three of which are summarized below and outlined in the Possible Membership Models table.

**Status Quo** – Maintain the existing ACOFP Constitution & Bylaws and related governing documents that allow MDs to join as Associate Members who can serve on committees, but not be Delegates to Congress or hold elected office.

Rationale: ACOFP was founded as an osteopathic organization for osteopathic family physicians and should remain that way. MDs now have access to ACOFP Associate Membership, including educational resources and our Journal at the member rate, but the common bond among Osteopathic Family Physicians should be preserved in leadership positions, elected offices, State Societies and Student Chapters, and Fellow status.

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**Hybrid with Conditions** – Amend the ACOFP Constitution & Bylaws and related governing documents to establish specific criteria that MDs must meet to be allowed to vote on committees, chair committees, be a Delegate in the ACOFP Congress, achieve ACOFP Fellow and Distinguished Fellow status, receive ACOFP awards, and be elected to the ACOFP Board of Governors, including the office of President.

Rationale: Times are changing in ways that could not be envisioned by ACOFP’s founders. Many MDs now teach DOs through COMs and train DOs in osteopathic family medicine residencies. With MDs completing family medicine residencies with Osteopathic Recognition as early as 2020, they may desire to “practice osteopathically” and may actively seek to benefit from the greater networking provided through Active Membership.

Therefore, ACOFP can “set the bar” so that only those MDs who complete training in an ACGME-accredited family medicine residency with Osteopathic Recognition status and are AOA-certified through the American Osteopathic Board of Family Physicians can become Active Members with ability to vote on and chair committees, and join State Societies. However, MDs who fail to meet these criteria are precluded from being appointed as a committee chair, being a Delegate in the ACOFP Congress, receiving ACOFP awards currently restricted to DOs, achieving Fellow status, and being elected to the governing boards of ACOFP State Societies and the ACOFP Board of Governors – thereby including MDs in the educational and networking opportunities they seek while preserving the osteopathic distinctiveness of ACOFP governance and Fellow status.

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**Full Parity** – Amend the ACOFP Constitution and Bylaws and related governing documents to allow MDs unconditional access to vote on committees, chair committees, be a Delegate in the ACOFP Congress, achieve ACOFP Fellow and Distinguished Fellow status, receive ACOFP awards, and be elected to ACOFP State Society governing boards and the ACOFP Board of Governors, including the office of President.

Rationale: There should be no discrimination against MDs or “loyalty test.” If MDs are qualified to serve and demonstrate the necessary leadership abilities, allow them to serve without conditions. The tenets of osteopathy will gain broad acceptance within organized medicine.

<b>POSSIBLE MEMBERSHIP MODELS</b>				
	<b>Key Topics &amp; Constituencies</b>	<b>Status Quo</b>	<b>Hybrid With Conditions</b>	<b>Full Parity</b>
1.	<b>Mission Statement</b>	Keep: “To promote excellence in osteopathic family medicine through quality education, visionary leadership and responsible advocacy.”		
2.	<b>Vision Statement</b>	“To serve as the professional home/community for osteopathic family physicians, fostering the career-long success of its members – to this are dedicated all ACOFP leadership, staff and financial resources.”	Amend to: “To serve as the professional home/community for osteopathic family physicians and other physicians demonstrating commitment to osteopathic family medicine, fostering the career-long success of its members – to this are dedicated all ACOFP leadership, staff and financial resources.”	Amend to: “To serve as the professional home/community for all physicians who practice osteopathic family medicine fostering the career-long success of its members – to this are dedicated all ACOFP leadership, staff and financial resources.”
4	<b>Organization Name</b>	“ACOFP”	Keep “ACOFP”	Amend to: “American College of Osteopathic Family MEDICINE (ACOFM)”
5.	<b>Definition of an “Osteopathic Physician”</b>	An osteopathic physician is a person who has earned the DO degree from a college of osteopathic medicine. An MD may practice osteopathically, but an MD is not an osteopathic physician.		
6.	<b>ACOFP Board Criteria for Officer &amp; Governor</b>	Presently, MDs are only accepted as Associate Members who cannot hold office	Accept MDs as Active Members, but require a demonstrable commitment to osteopathic family medicine to be an officer or governor	Allow MD to be elected to officer and governor positions with no restrictions.
7.	<b>ACOFP Board Criteria for Resident Governor</b>	Presently, MD Residents are not accepted as ACOFP Resident Members, therefore they cannot hold office	MD residents enrolled in a family medicine residency with Osteopathic Recognition can be nominated for the Resident Governor position	Allow MD family medicine residents to be elected to the Resident Governor position with no requirement for enrollment in a family medicine residency with Osteopathic Recognition

<b>POSSIBLE MEMBERSHIP MODELS</b>				
<i>continued</i>				
	<b>Key Topics &amp; Constituencies</b>	<b>Status Quo</b>	<b>Hybrid With Conditions</b>	<b>Full Parity</b>
8.	<b>ACOFP Board Criteria for Student Governor</b>	Presently, students at MD schools are not accepted as ACOFP Student Members, therefore they cannot hold office	Accept allopathic medical students as Student Members, but maintain the prohibition for holding office since MD students have no formal osteopathic training	Allow allopathic medical students to be elected to the Student Governor position, provided they meet nominee criteria for ACOFP Student Chapter leadership experience.
9.	<b>ACOFP Committee Participation</b>	Presently, MDs who are Associate members can serve and vote on committees	Continue to accept MDs on committees with vote, but only those who have completed a residency with Osteopathic Recognition and are AOBFP certified.	Allow MDs to vote on committees and be appointed as committee chairs
10.	<b>Congress of Delegates</b>	Delegates apportioned one per 25 members, 1 resident, and 1 student per COM. No MDs.	MD delegates must have completed a residency with Osteopathic Recognition and be AOBFP certified.	Allow MDs to serve as Delegates, if selected by the ACOFP State Society.
11.	<b>State Societies</b>	No MD members, other than those with "Associate" status similar to national ACOFP	Allow MD members with the same conditions as national ACOFP regarding committee service and elected office	Individual states determine whether to allow MD membership in the state society and the extent of their rights and privileges.
12.	<b>Student Chapters</b>	Membership is restricted to osteopathic medical students, with no membership for allopathic medical students	Allow allopathic medical students to join as a student member but do not allow ACOFP student chapters at allopathic medical schools	Allow allopathic medical students to join ACOFP Student Chapters, hold office and be Delegates. Allow ACOFP Student Chapters at allopathic medical schools
13.	<b>Off Shore Schools</b>	Not allowed	Do not allow	Allow off shore schools to start ACOFP Student Chapters, according to procedure

<b>POSSIBLE MEMBERSHIP MODELS</b>				
<i>continued</i>				
	<b>Key Topics &amp; Constituencies</b>	<b>Status Quo</b>	<b>Hybrid With Conditions</b>	<b>Full Parity</b>
14.	<b>ACOFP Fellow/Distinguished Fellow Criteria</b>	Maintain current qualifications, except for obsolete AOA internship requirement	Allow MDs to be sponsored for Fellow status according to modified qualifications (eliminating obsolete AOA Internship option)	Allow MDs to be sponsored for Fellow status according to current qualifications (eliminating obsolete AOA Internship option)
15.	<b>Award Criteria</b>	Maintain current criteria, limiting awards to DOs only	Maintain current criteria limiting awards to DOs only, but consider creating new award(s) for MDs, especially educators	Modify all awards to allow MDs to qualify for all ACOFP awards
16.	<b>Auxiliary Student Scholarship Criteria</b>  <b>(For illustration only. Final determination to be made by the ACOFP Auxiliary)</b>	Maintain current criteria for student scholarships	Modify current criteria to allow allopathic medical students to qualify for ACOFP scholarships	Modify current criteria to allow allopathic medical students to qualify for ACOFP scholarships
17.	<b>Auxiliary Membership</b>	Auxiliary membership is open to all family and friends of those who qualify for ACOFP membership.		

Following is a comprehensive list of the questions raised by the Task Force, a brief description of why the question is relevant to the issue of MD membership, and a discussion of the question.

### **Mission & Vision Statements**

#### **1. Will the Mission Statement in the ACOFP Constitution need to be changed or should it remain the same?**

ACOFP Mission Statement: To promote excellence in osteopathic family medicine through quality education, visionary leadership, and responsible advocacy.

Why is this an issue? – The mission of any organization defines what it is and the purposes it seeks to fulfill. The admission of MDs as Active Members raises a number of questions that are listed below and could impact our mission statement.

Discussion: The ACOFP Mission Statement should remain as currently stated. Whether MDs are members or not, the ACOFP should continue to vigorously advocate for the advancement of *osteopathic* family medicine.

## 2. **Would the ACOFP Vision Statement need to change or should it remain the same?**

ACOFPP Vision Statement: To serve as the professional home/community for osteopathic family physicians, fostering the career-long success of its members – to this are dedicated all ACOFP leadership, staff and financial resources.

Why is this an issue? – The Vision Statement makes reference to being the home/community for osteopathic family physicians. This raises the question discussed later of whether we would consider an MD, even one trained in an ACGME-accredited family medicine residency with osteopathic recognition, as being an osteopathic family physician?

Discussion: The Board believes, and many states define an osteopathic family physician to be a graduate of a college of osteopathic medicine. While MDs may gain a fundamental understanding of osteopathic principles and practices (OPP) through participation in a family medicine residency with Osteopathic Recognition, they would not have the depth or breadth of understanding that is possessed by an osteopathic family physician. As such, if the Congress determines that MDs should be admitted as Active Members, the Vision Statement should be amended to be inclusive of our new allopathic colleagues, but still recognize the significant difference in understanding of OPP that would exist between DO and MD members.

### **Definitions**

## 3. **Would we consider an MD who joins the ACOFP to be an "osteopathic physician"?**

Why is this an issue? – The ACOFP Constitution & Bylaws uses the term "osteopathic family physician" in multiple places to describe ACOFP objectives, the ACOFP membership, who can form an affiliate society, and who may be a delegate to the ACOFP Congress. With the admission of MDs as Active Members, the question of how we define an osteopathic physician becomes an issue.

Discussion: As noted in the response to Question 2, it is the Board's belief that an MD should not be considered or referred to as an osteopathic family physician. This will require that alternative language be found to amend references used in the ACOFP Constitution & Bylaws, as well as in ACOFP policies.

## 4. **How should we define the commitment to Osteopathic Medicine that is possessed by an MD who desires full membership in the ACOFP**

Why is this an issue? – If MD members are allowed all the rights and privileges of full membership including holding office, some current members may be concerned about the MD's commitment to the ACOFP.

Discussion: The Task Force had divergent opinions on this issue. Some believe that the fact that they would join the ACOFP and put in the time and effort to rise to a leadership position would be a sufficient demonstration of their commitment to the profession.

Others believe that membership should be limited to those MDs who have completed an ACGME family medicine residency with Osteopathic Recognition. They argued that these individuals would have had some level of education regarding the osteopathic profession and would make a more informed decision to join the ACOFP. Also, they would have sought out osteopathic training, thereby demonstrating their desire to align with osteopathic family medicine.

**5. Would an MD member be considered to be a part of the "osteopathic profession" or be considered an "osteopathic professional"?**

Why is this an issue? – There are several awards, the Board Code of Leadership, the Congress of Delegates Code of Leadership, the Code of Ethics, the criteria for the award of Fellow, and the dues waiver policy that include references to the "osteopathic profession" or "osteopathic professional". If MDs are to be included in the membership, then alternative terms that are inclusive of both DOs and MDs will need to be used. The challenge is to make these changes while continuing to be true to our osteopathic heritage.

Discussion: The term "osteopathic profession" refers to the profession of osteopathic family medicine. Through the act of joining the ACOFP, MDs will have demonstrated a desire to learn and be a part of the profession. While they would not have the same understanding of osteopathic family medicine as that possessed by a DO family physician, they could potentially be considered to be a part of the "osteopathic profession". However, for the reasons noted above, they should not be considered to be an osteopathic professional. If adopted, this would require changes to the criteria for certain awards or a decision would need to be made to limit some awards to DO members only. Doing so would in essence create two classes of members.

**6. If MDs are allowed to be full Active Members, can we refer to ourselves as the osteopathic family medicine profession?**

Why is this an issue? – The question at the heart of the issue is what is the osteopathic family medicine profession? Is it linked to the ACOFP, or is the ACOFP linked to it? If it is the former, then changes in the ACOFP will result in changing the profession. If it is the latter, then changes to the ACOFP will not change the profession, but may move the ACOFP outside of the profession. Perhaps a bit existential but none the less important, if we include MDs in our membership, who are we?

Discussion: Whether we have MD members or not, the ACOFP represents the osteopathic family medicine profession. No other organization is more qualified, dedicated, or passionate about advancing the profession. Collectively, the members of the ACOFP *are* osteopathic family medicine.

**7. How do we define osteopathic education and can an MD be considered an osteopathic educator?**

Why is this an issue? - The Joseph W. Stella, DO, FACOFP, dist. Osteopathic Educator of the Year award "*honors an individual who exemplifies the osteopathic family medicine profession's highest standards of excellence in teaching and should demonstrate significant, commendable, and longstanding contributions to the academic advancement of osteopathic students, residents and the osteopathic profession.*" The criteria require the nominee be currently active in osteopathic education, demonstrate commitment to the osteopathic philosophy and profession, and exemplify and encourage osteopathic principles when teaching. Is an MD eligible for this award? While there are certainly MDs who teach osteopathic students, residents and physicians, are they themselves an osteopathic educator by virtue of the fact they are teaching osteopathic students and physicians or is the meaning of osteopathic educator as used here much deeper? If an MD member is to be eligible for this award, this question must be answered. If the answer is yes, that an MD can be an osteopathic educator, then no changes to the criteria will be needed. The answer to this questions will impact this award, but will also impact our definition of osteopathic education.



Discussion: In answering this question, we recall that our founder, A.T. Still, was first an MD. Osteopathic education in osteopathic colleges is defined by the Commission on Osteopathic College Accreditation; osteopathic post graduate education is currently defined by the American Osteopathic Association and the Accreditation Council for Graduate Medical Education; and osteopathic post-graduate education is defined by the American Osteopathic Association. Each of these entities allows MDs to participate in the education of osteopathic students, residents, and physicians.

### **Membership Criteria**

#### **8. Do we propose to grant full membership to all MDs, only those who pledge or demonstrate some allegiance to osteopathic family medicine, or only those who have completed an ACGME Family Medicine residency with Osteopathic Recognition?**

Why is this an issue? – We previously asked the question, "How should we define the commitment to osteopathic medicine that is possessed by an MD who desires membership in the ACOFP"? The answer to that question would inform the answer to the question asked here.

Discussion: Here too, there were divergent opinions of the Task Force members. Those who believed that an MD would demonstrate their commitment to the ACOFP by the fact that they sought membership advocated for an open membership process, allowing all MDs who desired to become members to do so.

Those who believe that an MD should be required to demonstrate some form of commitment, such as completion of an osteopathic focused ACGME family medicine residency, argued for membership for only those MDs who fulfilled some prerequisite requirements.

#### **9. Should the ACOFP continue to require membership in the AOA for all members?**

Why is this an issue? – The ACOFP Code of Ethics, Article 6 states in part: "*An osteopathic family physician should maintain membership in the American Osteopathic Association and remain in good standing in the American College of Osteopathic Family Physicians.*" What is the reason for this requirement? If we are a separate organization, can we legally require membership in another organization? Is this requirement fair to MDs who may not find relevance in AOA membership? The answer to this question will determine the content of our Code of Ethics.

Discussion: The ACOFP should not create barriers or burdens which would discourage membership in the ACOFP. Requiring AOA membership as a condition of ACOFP membership could possibly discourage individuals, both DO and MD from joining the ACOFP. We would certainly continue to encourage all members to support the broader osteopathic profession through a variety of ways, one of those being membership in the AOA.

#### **10. Can the ACOFP allow MD membership, but restrict certain areas? Is this an “all or none” proposition?**

Why is this an issue? – Those who advocate a more cautious approach to opening full membership to MDs argued that limiting the rights and privileges of MD members would protect the ACOFP from MD members with insincere motives.

Discussion: There were divergent views among Task Force members on this question. Some argued that if we are going to admit MD members, they should enjoy all the rights and privileges of membership. Not doing so would in essence continue the status quo, as MDs are currently allowed to become Associate Members. Associate Members enjoy all of the rights and privileges of membership except the right to vote or hold office.

Other Task Force members argued that a cautious approach to opening membership for MDs would be a reasonable way to allow greater membership privileges: for example, allow an MD to be the chair of a committee.

### **ACOFP Board of Governors Qualifications**

#### **11. Should we continue to require certification by AOBFP as a condition of becoming a member of the Board of Governors?**

Why is this an issue? – Current ACOFP policy requires nominees for the Board of Governors to be certified by the AOBFP. Does this requirement have a place and purpose in a post-Single Accreditation System world? What about an MD or DO who is ABFM certified; if they are a member, should they not be able to participate in ACOFP governance? The answer to this question could impact the composition of the ACOFP Board and determine the extent to which both MDs and DOs who are certified by the ABFM may participate in the ACOFP governance.

Discussion: Here too there were divergent opinions among the Task Force members. Those who favor full MD membership recommended removing the requirement to be AOBFP certified to be a member of the ACOFP Board. They also argued that an MD or DO who completed an ACGME Osteopathic Recognized Family Medicine residency would be able to take either the AOBFP or ABFM exam, and that keeping this requirement would potentially prevent DOs from becoming Board members.

Those who advocate for some measure of commitment to the profession argue that AOBFP certification for Board members is a mark of a commitment to preserving our osteopathic identity.

#### **12. Is it possible to allow MDs to become members, yet not allow MDs to be elected ACOFP officers?**

Why is this an issue? – Some members may be concerned that a large influx of MD members could lead to a significant change in the ACOFP identity. One possible solution to this situation would be to allow MDs to be members, but not allow them to hold elective office.

Discussion: The members of the Task Force disagreed on this issue. There were some who advocated for full membership for MDs. They argued that the likelihood of MDs becoming members in numbers sufficient enough to outvote DO members was essentially non-existent.

Others believed that it would not require a majority of MDs to garner enough votes to become an officer. They argued that as an organization, the ACOFP retains the right to determine the qualifications of those who would seek elected office.

#### **13. If an MD were to become President or President-elect of the ACOFP, should he/she be referred to as the "Osteopathic Representative" to the AOA House of Delegates?**

Why is this an issue? – ACOFP Policy defines the ACOFP delegate to the American Osteopathic Association House of Delegates as an "osteopathic" representative. It further states that the ACOFP President shall be the delegate and the President-elect the alternate delegate to the AOA House. If an MD were to become President or President-elect, would we consider them to be the "osteopathic" representative to the AOA House? The answer to this question will impact the amendments necessary in the ACOFP policies. It also goes to the question of to what extent an MD can be truly osteopathic.

Discussion: Some Task Force members believe that an MD who was the ACOFP delegate to the AOA House of Delegates should be referred to as an osteopathic representative because they would be representing the ACOFP, which is an osteopathic organization.

Others believe that an MD, even one who has completed an Osteopathic Recognized ACGME family medicine residency could not fully understand the osteopathic profession and as such should not be referred to as an osteopathic representative.

**14. Can any MD resident become the Resident Governor of the ACOFP Board, or is it only an MD resident in an ACGME Family Medicine residency with Osteopathic Recognition?**

Why is this an issue? – The ACOFP Constitution requires the Resident Governor on the Board to be an *"osteopathic family medicine resident"*. If MDs are granted full membership rights, an MD resident would also be eligible for membership and would enjoy all the rights and privileges of membership. How do we ensure that an MD resident has the best interests of the osteopathic profession in mind? This is especially an issue if an MD student cannot be a member or if we do not allow ACOFP chapters on allopathic campuses. A resident who was denied the right of membership as a student would lack the experience needed to demonstrate their understanding of and experience in the osteopathic profession. This decision will impact the amendments needed in the ACOFP Constitution & Bylaws.

Discussion: Again the Task Force was split on this question. Many believe that it would make sense that a resident should be enrolled in a residency with Osteopathic Recognition to demonstrate their interest in and commitment to the profession.

Others argue for no restriction on an MD resident being able to apply to become the Resident Governor of the Board. They argue that the current application, interview, and nomination process is up to the task of selecting the right resident to nominate to the Board.

**15. If an MD student can become a member, are there additional qualifications for that student to become the Student Governor of the ACOFP Board?**

Why is this an issue? – The ACOFP Constitution requires the Student Governor on the ACOFP Board to be an *"osteopathic medical student"*. If allopathic students are allowed to be members, then should they not enjoy all the same rights and privileges of a DO student member? This decision will impact the amendments needed in the ACOFP Constitution & Bylaws.

Discussion: This question also led to divergent opinions from the Task Force members. Some again argue for an open process allowing any student, osteopathic or allopathic, to become Student Governor. They again express their confidence in the current application, vetting, and nominating process.

Others on the Task Force argue that the issue of Student Governor selection is even more complex than the issue of Resident Governor discussed above, due to the fact that no decision has been made on allowing MD students to become members of student chapters. Thus, determining the commitment an MD student would have to the profession would be very difficult. Also, if it is decided not to allow MD students to become student ACOFP members, it would be very difficult to assess their leadership accomplishments – a crucial determinant in selecting the Student Governor.

## State Societies

### **16. Can MDs join ACOFP State Societies and be delegates in the ACOFP Congress?**

Why is this an issue? – The Constitution & Bylaws define who can form or be a member of a state society. It also impacts who a state society can select to be a delegate to the Congress of Delegates. If MDs cannot be members of a state society, then no MD could be a full member with all the rights and privileges that DO members enjoy. Also, leadership development begins at the state level. While not in the Constitution & Bylaws, the Nominating Committee uses leadership experience at the state level as one of its criteria for selecting a Governor nominee. If MDs cannot join state societies, they are effectively prohibited from full participation in ACOFP activities. This decision will impact the amendments needed in the ACOFP Constitution & Bylaws. Also, the Osteopathic Family Physician of the Year award may be nominated by state societies (among others); The Michael F. Avallone, DO, FACOFP, *dist.* Young Osteopathic Family Physician of the Year award requires participation in the leadership of a state society; The ACOFP Outstanding Female Leader award allows for nomination from a state society; and the award of Fellow requires *"active participation in local and state organizations and ACOFP affiliate societies"*.

Discussion: To allow full participation in the organizations, MD members would need to be able to be members of ACOFP state societies.

### **17. Should the ACOFP force State Societies to change their bylaws to accept MDs?**

Why is this an issue? – As previously noted, state membership has many important benefits. Yet each state society determines its own membership criteria. On the other hand, the ACOFP Bylaws require state society bylaws to conform to the ACOFP national Constitution & Bylaws. If we force states to change their bylaws, considerable anger toward national ACOFP could develop. If we do not compel state societies to allow MD membership, then there may be an unequal opportunity for MD members. Also, to enjoy all the rights and privileges of ACOFP membership requires membership in ACOFP state chapters. For example, the Nominating Committee looks at state leadership activity when evaluating candidates for nomination to the ACOFP Board. Each state society is its own entity and decides on its membership criteria as it sees fit. It is highly likely that some states will quickly open membership to MDs, but other states may be more cautious. This would lead to an unequal opportunity for MDs to enjoy full membership rights depending on their state of residence. If the ACOFP mandated states to allow MD membership, then MDs would have uniform access to the full rights of membership. However, doing so would clearly violate the rights of our state chapters to determine their membership. The answer to this question will determine our relationship with our state chapters and whether MD members will enjoy all the rights and privileges of ACOFP membership. It will also impact the amendments needed in the ACOFP Constitution & Bylaws.

Discussion: The ACOFP trusts the judgment of its state society leadership. Each state should be allowed to make its own decision on whether to allow MDs to become members of their organization.

### **18. Can the ACOFP dictate to state societies the criteria for representation in the ACOFP Congress?**

Why is this an issue? – The ACOFP Constitution & Bylaws delineate the qualifications of a delegate to the Congress. The Bylaws currently require that a state representative to the Congress *"shall be a member in good standing"*. The Bylaws further define the resident and student qualifications for delegates. Finally, the Bylaws state, *"Each affiliate society shall determine the method of choosing the delegate."*

Discussion: Some Task Force members support leaving the Bylaws as they currently read. This would allow a state society to choose anyone they want to represent them as long as they meet the requirement of being an ACOFP member in good standing. This would allow a state to select an MD as a regular, alternate, or resident delegate. Most, although not all of the Task Force members agree with this position.

Where the greatest challenge comes is in selecting a student delegate. The Bylaws currently state that each state society is entitled to *"one voting delegate from each approved undergraduate chapter located within the geographic boundaries served by the ACOFP affiliate society."* This clearly expands this question into the issue of whether we should allow MD students to join or form ACOFP chapters. Many on the Task Force believe that this question should wait until the issue of MD students in ACOFP student chapters has been addressed.

## **Student Chapters**

### **19. Are MD students at allopathic colleges eligible to become members?**

Why is this an issue? – If we are going to allow MDs to be members, then why not MD students? If they have an interest in osteopathic family medicine would not the ACOFP be the best outlet for this information? Certainly if we can get an MD to be a member as a student, we have a better chance of getting that student to be a member after they graduate. But what are the criteria for MD student membership? We do not really have any limitation on which DO students can be members. If we open membership to MD students, should it be on the same basis? This decision will impact the amendments needed in the ACOFP Constitution & Bylaws.

Discussion: Some members of the Task Force argue that allowing MD students to become members would be a natural extension of MD membership. They suggest that each current student chapter should be allowed to determine if they desire to open their membership to MD students.

Others argue that allowing MD student membership in ACOFP student chapters raise complex issues that should be thought through before opening student chapter membership to MD students. They suggest that an intermediate step would be to create “osteopathic family medicine interest groups”.

### **20. Can MD students at an allopathic medical school form an ACOFP Student Chapter?**

Why is this an issue? – If we are going to allow MDs to become members, then why not MD students? It may lead to even more students choosing a career as a family physician using osteopathic principles. If our goal is to "Let our light so shine", where better to shine it than at a medical school that does not teach osteopathic principals? Yet this creates several new issues. What are the criteria for starting a student chapter at an allopathic medical school? Should we require a DO advisor? What if there is an MD who is an ACOFP member at the MD school, can they be the faculty advisor? Also, the ACOFP currently funds each student chapter with \$1,000 per year and additional funds to send leadership to the ACOFP Annual Convention. Allowing MD students to start ACOFP chapters on allopathic medical school campuses could have significant fiscal impact on the ACOFP. This decision will impact the amendments needed in the ACOFP Constitution & Bylaws and the ACOFP annual budget.

Discussion: Here, too, the Task Force was split. Some believe that with proper criteria, including requiring an osteopathic family physician faculty advisor, we could effectively charter and manage student ACOFP chapters on allopathic medical campuses.

Others believe that it would be difficult to monitor and coordinate student chapters on allopathic medical school campuses. Also, they express concern about the budgetary impact allowing these chapters would have on the ACOFP. Finally, there is concern about the possibility of off-shore medical colleges starting ACOFP student chapters in an effort to legitimize their operations and make their graduates more competitive for the limited number of ACGME family medicine residency positions.

## **21. Can MD students join an existing ACOFP Student Chapter at a nearby COM?**

Why is this an issue? – If we do not allow MD students at allopathic medical schools to form student chapters, is there an opportunity to have them join an existing chapter at a nearby college of osteopathic medicine? If so, what are the criteria for MD student membership, can they become officers of the local chapter, or officers of the national student leadership? This decision will impact the amendments needed in the ACOFP Constitution and Bylaws.

Discussion: Just as in the previous question, the Task Force had differing opinions on this question. Some saw this as an acceptable alternative to allowing ACOFP student chapters on allopathic campuses. They are comfortable that our existing student chapters could successfully integrate MD students into their chapters.

Others saw several challenges with allowing MD students to become members in existing student ACOFP chapters at osteopathic colleges. First is the fact that the distribution of COM campuses would not provide access for all MD students who may desire to become a member. Others favor the formation of osteopathic family medicine interest groups on allopathic campuses as a better method of allowing MD students access to information about osteopathic family medicine.

## **22. Will off-shore medical schools be allowed to establish ACOFP Student Chapters?**

Why is this an issue? – This would create significant challenges in the administration of the chapters given the distance, the lack of osteopathic leadership, and the lack of accountability present at these campuses. It would likely also create even greater competition for US DO graduates wanting to match into an ACGME family medicine residency with Osteopathic Recognition.

Discussion: The ACOFP should not encourage or permit student chapters at off-shore medical schools.

### **Auxiliary to the ACOFP**

## **23. How will MD membership impact the Auxiliary bylaws and student award/scholarship criteria?**

Why is this an issue? – As the Auxiliary is a related but distinct self-governing organization, it would be up to the Auxiliary to determine the criteria for scholarships and awards. It is likely that a similar proportion of MD spouses and significant others would join the Auxiliary, thereby increasing its membership. It will also present the Auxiliary with many of the same challenges ACOFP is struggling with. The Auxiliary will have to review its bylaws and determine what is in its best interest.

Discussion: The ACOFP will support the Auxiliary in addressing any issue that may arise as a result of changes in ACOFP membership.

**Fellow Award**

- 24. Applicants for ACOFP Fellow must have served a one-year AOA-approved internship, or its equivalent. However, in the event that the nominee has not served a one-year AOA-approved internship, the nominee shall have been an active dues-paying member of the ACOFP for at least eight consecutive years prior to nomination. Is it fair that an MD member who was not eligible to serve in an AOA approved internship would have to be an ACOFP member for eight years rather than six years to become a Fellow?**

Why is this an issue? – Clearly, an MD member would not have had the opportunity to complete an AOA internship nor is there clear existing criteria of what would constitute an AOA internship equivalent. Also, upon completion of the transition to the Single Accreditation System, no physician will have the opportunity to complete an AOA internship. It seems clear that regardless of the decision to admit MDs as members, this criterion for Fellow will need to change.

Discussion: Some members of the Task Force believe that the requirement for completion of an AOA-approved internship should be eliminated for the reasons noted above. They do not believe any additional requirements should be placed on MD members.

Others believe that an MD who desires to become a Fellow of the ACOFP should have completed an ACGME family medicine residency with Osteopathic Recognition and be AOBFP certified.

- 25. Can an MD who is serving in the military in an active duty setting replace attendance at three OMED Conventions with attendance at the allopathic equivalent of AMOPS Conventions to meet the criteria for the Fellow award?**

Why is this an issue? – Current Fellow criteria allow an osteopathic family physician who is serving in the military to replace attendance at three OMED conventions with attendance at three AMOPS conventions. It would seem reasonable to allow MDs serving on active duty a similar courtesy and allow them to attend the allopathic equivalent of an AMOPS convention. The answer to this question will impact the criteria for Fellow.

Discussion: The ACOFP appreciates the service of those who defend and protect our nation. Those who serve on active duty in our armed services are restricted in their ability to obtain leave to coincide with our conferences. The ACOFP should allow flexibility in meeting the Fellow criteria for MDs who are serving on active duty by allowing them to substitute attendance at the MD equivalent of AMOPS meetings, in the same manner as DOs serving on active duty.

**Annual Awards**

- 26. Will criteria for selection of ACOFP awards need to change, for example, the ACOFP Osteopathic Family Physician of the Year, the Young Osteopathic Family Physician of Year, and the Auxiliary's Medical Student of the Year Award?**

Why is this an issue? – The ACOFP recognizes members and others with multiple awards. Many of these awards have specific criteria that would be impossible for an MD to meet. If MDs are to be members, and they are to enjoy all the rights and privileges of membership, this would include the opportunity to be recognized with an award. Allowing MDs to be eligible for these and other awards presents the challenge of staying true to the original intent of the award while ensuring all members, including MDs, are able to meet the award criteria.

Discussion: Most members of the Task Force believe that if MDs are allowed to become members, the award criteria should be modified to be inclusive of MDs. They acknowledged that this will require great care and sensitivity to the original intent of the award.

Others believe that some awards, especially those intended to recognize osteopathic achievement should be reserved to osteopathic members only. They believed that it may be preferable to create new awards specifically designated for MD members.

**27. What are the legal implications of changing the criteria of an award if the award is supported by outside funding? What impact would there be to the families of those for whom an award is named?**

Why is this an issue? – Awards setup or funded by families, such as the Michael F. Avallone, DO, FACOFP, *dist.* Young Osteopathic Family Physician of the Year award, present a special challenge. To the knowledge of the ACOFP, these awards were set up informally and no specific written agreements exist. Yet the ACOFP has a strong desire to honor the memory of those who the award was intended to honor.

Discussion: The ACOFP should endeavor to contact the families or funders of named awards and work with them to ensure that their wishes are honored. This may lead to some awards excluding MD candidates.

**Financial Impact**

**28. Will opening membership to MDs result in financial gain to the ACOFP?**

Why is this an issue? – The ACOFP attempts to budget as accurately as possible. New members would mean additional dues revenue and additional demands for the services the ACOFP provides its members. The ACOFP will need to determine to a reasonable degree the number of MD members who are likely to join in order to properly budget.

Discussion: It is reasonable to anticipate a small increase in membership from MDs between the time Congress determines to allow MD membership in the ACOFP and 2020 when the Single Accreditation System is fully implemented. As MDs enter and graduate from ACGME residencies with Osteopathic Recognition, the ACOFP is likely to see larger numbers of MDs applying for membership. The ACOFP should budget cautiously.

**29. Could allowing MD members result in financial loss to the ACOFP due to loss of current members?**

Why is this an issue? – It is possible that some current members may be angered by the admission of MDs as members and drop their membership.

Discussion: The Task Force believes that there may be a few members who may become angered over the admission of MD members. It is believed that the number of such members will be small. The ACOFP will need to consider this when budgeting member dues.

**30. What are the unintended consequences of allowing membership for MDs in the ACOFP?**

Why is this an issue? – With any significant change in an organization, there will be unintended and unanticipated consequences. While the Task Force undertook a comprehensive review of the ACOFP Constitution, Bylaws, and Policies, there may be issues that the Task Force has not identified.

The Task Force identified the following possible issues:

- Will we lose our osteopathic identity? What steps do we need to take now to prevent that from occurring?



- Loss of control of our osteopathic organization.
- Lack of true understanding among MD members of the osteopathic profession.
- Irrelevance if we misinterpret what our members actually want.
- Increased numbers of MD members could change our identity.
- As the Single Accreditation System is implemented, residents will have a choice as to which board certification exam they take. This may impact membership positively or negatively.
- Will the ACOFP require additional staff to process and maintain MD membership?
- Are there legal implications of allowing or not allowing MDs as active members which we have not anticipated?
- Will there come a time when MD members outnumber the DO members and we lose the organization?

### American Osteopathic Association

#### **31. If the AOA amends its Constitution and Bylaws to allow MDs to become full members of the AOA, can the AOA require all affiliates to allow MDs as full members of the affiliate society?**

Why is this an issue? - The AOA requires the Constitution & Bylaws of its affiliates to "*generally conform*" to those of the AOA. If the AOA changes its Constitution & Bylaws to allow MD members, it raises the question above. This is similar to the question we asked earlier about the ACOFP forcing its state societies to change their bylaws.

Discussion: Similar to our response to the question of the ACOFP forcing its state societies to change their bylaws in response to the ACOFP changing its bylaws, we believe the AOA would be ill advised to force its affiliates to change their bylaws and ACOFP would resist any such requirement.

### Sequencing of Possible Implementation

#### **32. Because the ACOFP is an Affiliate of the AOA, should we wait until the AOA completes its Constitution & Bylaws changes that are anticipated to be debated at the July 2017 AOA House?**

Why is this an issue? – In 2015, two specialty college affiliates presented bylaws changes allowing MD membership in their organizations, and the AOA Board asked both to withdraw their submissions. The reason for this request was that the AOA requires affiliate organization bylaws to "*generally conform*" with the AOA bylaws. The AOA is not expected to deal with the amendments to its Constitution & Bylaws until the July 2017 House of Delegates.

Discussion: If the ACOFP submits its changes prior to the AOA amending its Constitution & Bylaws, the AOA is likely to reject the ACOFP amendments with the argument used previously. Also, the MDs most likely to join the ACOFP are those who have completed an ACGME family medicine residency with Osteopathic Recognition. The first opportunity for MDs to enter such a residency will be July 2017 and they will not graduate until June 2020. Therefore, there is no pressing need to advance changes in the ACOFP Constitution & Bylaws in 2017.