

Resolution to Improve Post-Residency Procedural Training through State Licensure Reciprocity

WHEREAS post-residency physicians have limited to no access to procedural training¹, and

WHEREAS an option to overcome this barrier would be to receive one-on-one training from a trained physician in another state, and

WHEREAS licensure boards and other oversights are meant to prevent unlawful and unqualified people from practicing medicine², and

WHEREAS restrictions on reciprocity of licensing between states have indirect and damaging effects on the ability of practicing family physicians to gain training and experience³, and

WHEREAS in order to be able to perform certain procedures, such as insertions of long-actions reversible contraception (LARC) devices, it will be necessary to receive clinical, hands-on training^{4, 5}, and

WHEREAS the AAFP already endorses and supports training for physicians post-residency⁶ but little has been put in place to realize this, now therefore be it,

RESOLVED that the AAFP make every effort available to pressure state licensure boards to find a way to collaborate for the purposes of expanding training post residency, and be it further,

RESOLVED that the _AFP's delegates to the AAFP Congress of Delegates will present a resolution for the AAFP to oppose limiting training opportunities for practicing physicians through restricting reciprocity.

¹ Future of Family Medicine Project Leadership Committee, "The Future of Family Medicine: A Collaborative Project of the Family Medicine Community," *The Annals of Family Medicine* 2, no. suppl 1 (March 1, 2004): S3–S32, doi:10.1370/afm.130.

² Arlene S. Holen, "Effects of Professional Licensing Arrangements on Interstate Labor Mobility and Resource Allocation," *Journal of Political Economy* 73, no. 5 (October 1, 1965): 492–98.

³ "Medical Licensure: State Lines Pose Daunting Barriers - Amednews.com," September 17, 2012, <http://www.amednews.com/article/20120917/profession/309179950/2/#top>.

⁴ V. S. Sierpina and R. J. Volk, "Teaching Outpatient Procedures: Most Common Settings, Evaluation Methods, and Training Barriers in Family Practice Residencies," *Family Medicine* 30, no. 6 (June 1998): 421–23.

⁵ Committee, "The Future of Family Medicine."

⁶ "Privileges and Training for New Procedures," accessed March 4, 2015, <http://www.aafp.org/about/policies/all/privileges-training.html>.