



Summary of Actions: 2014 National Congress of Student Members

August 7–9, 2014 – National Conference of Family Medicine Residents and Medical Students, Kansas City, MO

RESOLUTIONS

Note: Resolutions adopted by the National Congress of Student Members are *not* AAFP policy. Based on recommendations from the AAFP Commission on Education, NCSM resolutions are referred by the AAFP Board of Directors to the appropriate Academy entity. This group then reviews the resolution and determines if further action is appropriate and if policy should be developed relating to the topic of the resolution.

| Res. No. | Title and Resolved | Referral(s) | Action <i>Options: Accept for Information, Reaffirm, Agree, or Agree with Modification</i> |
|-----------------|--|---|--|
| S1-401 | Degree of Fellow | Not Adopted | |
| S1-402 | <p>Culinary Medicine Skills in “Family Medicine for America’s Health”</p> <p>RESOLVED, That the American Academy of Family Physicians consider revising the Recommended Curriculum Guidelines for Family Medicine Residents on Nutrition (AAFP Reprint No. 275) to include the potential benefit of culinary nutrition education.</p> | Commission on Education (COE) | <p>Agree</p> <p>In the view of the obesity epidemic and associated chronic diseases, nutrition education has become a critical part of disease prevention and control. Curriculum Guideline (CG) No. 275-Nutrition currently includes six competencies around the importance of nutrition in care for patients, but does not directly address training in culinary nutrition. The CG is scheduled for review every four years with the next review in 2017. It was decided that the CG will be reviewed in 2015.</p> |
| S1-403 | <p>A Procedural Tracking System as an AAFP Member Benefit</p> <p>RESOLVED, That the American Academy of Family Physicians investigate a standardized tool for tracking minimum clinical competencies and procedures over members’ careers, similar to the continuing medical education tracking system.</p> | Commission on Membership and Member Services (CMMS) | <p>Agree</p> <p>The CMMS was in agreement that staff should research this potential new service, including investigating if existing AAFP infrastructure (CME reporting service and learning management system) could be modified to accommodate tracking procedures/competencies or if the AAFP could contract with a vendor to license this service for members.</p> <p>Staff explored the development of a procedural tracking log and believes that existing AAFP infrastructure that supports the CME reporting service could be expanded to accommodate this new service. A technology project request to develop this service was submitted to senior leadership for approval and prioritization. To date, the project has not yet been approved.</p> |

Summary of Actions of the 2014 NCSM, continued

| RESOLUTIONS | | | |
|--------------------|--|---|--|
| S1-404 | Networking Extension to Minority Student Interest Discussion RESOLVED, That the American Academy of Family Physicians host an event at the National Conference of Family Medicine Residents and Medical Students for minorities (students, residents, and attendings) to promote minority networking and mentorship. | Commission on Education (COE) | Reaffirm Although the request for a networking session was not unreasonable, it would be difficult to provide resources to support what would be a second networking session for this constituency. Finding a time to hold an additional AAFP-supported evening event could encroach upon other events scheduled during this time. It was noted that the group would be able to plan and host this event of its own accord with no objection by the planning committee. |
| S1-405 | Support for Increasing the Minimum Wage RESOLVED, That the American Academy of Family Physicians support a living wage to keep up with inflation in order to help reduce health disparities. | Board of Directors (BOD), then a Lateral referral was made to the Commissions on Governmental Advocacy (CGA) and Health of the Public and Science (CHPS) for discussion and outcome on similar resolutions referred to them. | Agree The CHPS Subcommittee on Health Equity is working with the Commission on Governmental Advocacy to develop a position paper on the "Impact of Poverty on Health" and plan to have that finalized by summer of 2015. |
| S1-406 | Allowing Electronic Submissions of Resolutions RESOLVED, That the American Academy of Family Physicians investigate the utilization of a simple electronic submission method on the member section of the AAFP.org website for all meetings in which resolutions are submitted. | Executive Vice President (EVP) | Accept for Information After careful discussion of the recommendation which focused on the desire to allow for staff and attendee efficiencies, while maintaining the need to use the National Conference as a leadership training and development opportunity for residents and students in regards to resolution writing, and upon a motion duly made, seconded and carried, the Board approved the staff recommendation. |
| S1-407 | Support of Single Payer RESOLVED, That the American Academy of Family Physicians encourage chapters to investigate single-payer payment models as one possible route toward achieving economically beneficial, universal coverage for their states. | Board of Directors (BOD) | Accept for Information The Board of Directors has debated a single payer system several times. The issue is affordable health care for all, not eliminating the competitive marketplace of payers. The AAFP Plan calls for a broad based system with multiple partners. The Board has advocated for a Health Care for All plan, which does not exclude a single payer system but includes it with other options. Although educating members on potential single party payer systems may be helpful, advocating for them would not be consistent with AAFP policy. Caution needs to be taken about directing chapters to pursue a policy not in line with national policy. |

Summary of Actions of the 2014 NCSM, continued

| RESOLUTIONS | | | |
|--------------------|--|---|---|
| S1-408 | <p>Support of Access to Essential Health Benefits Including Contraception</p> <p>RESOLVED, That the American Academy of Family Physicians support Congressional action to ensure that employees' access to essential health services is not subject to employers' religious beliefs including, but not limited to, the Protect Women's Health from Corporate Interference Act.</p> | Commission on Governmental Advocacy (CGA) | <p>The AAFP Board of Directors will during its July meeting consider the CGA recommendation to accept this resolution for information.</p> <p>It is anticipated that the outcome will be available by the time of the 2015 National Congress of Family Medicine Residents.</p> |
| S1-409 | <p>Support Global LGBT Nondiscrimination</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the World Organization of Family Doctors (WONCA) to support the consideration and adoption of a lesbian, gay, bisexual, and transgender (LGBT) nondiscrimination agenda item by the World Health Organization Reference Board and the World Health Assembly, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the Department of Health and Human Services and the United States Office of Global Affairs to continue advocating for consideration and adoption of a lesbian, gay, bisexual, and transgender (LGBT) nondiscrimination resolution at the 68th World Health Assembly.</p> | Executive Vice President (EVP) | <p>Agree</p> <p>A letter was sent to WONCA by the AAFP Board Chair. A response was received from WONCA assuring the AAFP of WONCA's full support for the sentiments contained in the letter and assuring him of WONCA's ongoing activities to support LGBT Issues and non-discrimination.</p> |
| S1-410 | <p>Repeal of Lifetime Ban on Blood Donations from Men who have Sex with Men</p> <p>RESOLVED, That the American Academy of Family Physicians urge the United States Food and Drug Administration to repeal its lifetime blood donor deferral policy of men who have sex with men.</p> | Commission on Health of the Public and Science (CHPS) | <p>Reaffirm</p> <p>In April 2015, the AAFP sent a letter to the FDA in support of its draft policy to repeal the lifetime ban on blood donation by men who have sex with men.</p> |
| S1-411 | <p>Equal Standards of Care for All Individuals Regardless of Immigration Status</p> <p>RESOLVED, That the American Academy of Family Physicians work with other professional medical organizations to promote equal access to health care for immigrant individuals, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for expansion of Medicaid, Medicare, and insurance exchange programs to include coverage of immigrant individuals, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage chapters to advocate for state governments to address gaps in health care coverage for immigrant individuals.</p> | Commission on Governmental Advocacy (CGA) | <p>The AAFP Board of Directors will during its July meeting consider the CGA recommendation to accept this resolution for information.</p> <p>It is anticipated that the outcome will be available by the time of the 2015 National Congress of Family Medicine Residents.</p> |

Summary of Actions of the 2014 NCSM, continued

| RESOLUTIONS | | | |
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| S2-501 | <p>Honoring the Contributions of Perry Pugno, MD, to Family Medicine</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) recognize and commend Perry Pugno, MD, for his many years of service to the AAFP, its members, and family medicine. and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians, in honor of Perry Pugno, MD, explore recognizing one student and one resident who exemplify dedication to leadership in family medicine at the annual National Conference of Family Medicine Residents and Medical Students.</p> | Executive Vice President (EVP) | <p>Agree with Modification</p> <p>An enduring fund in the name of Dr. Perry Pugno will be established through the AAFP Foundation. It was noted that \$50,000 in donations was needed to get it started.</p> |
| S2-502 | <p>Direct Primary Care Education in Medical School and Residency</p> <p>RESOLVED, That the American Academy of Family Physicians provide education activities and seminars on Direct Primary Care at the next National Conference of Family Medicine Residents and Medical Students, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians explore the creation of an online accessible list of family physicians who practice Direct Primary Care and are willing to serve as mentors to family medicine residents and students, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians write letters requesting that the Society of Teachers of Family Medicine and the Association of Family Medicine Residency Directors create a curriculum concerning Direct Primary Care and other innovative models, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians request the attendance of Direct Primary Care practices at the exhibit hall during the next National Conference of Family Residents and Medical Students.</p> <p><u>That the AAFP collaborate with academic family medicine organizations, such as STFM and AFMRD, to create and disseminate curricular resources for undergraduate and graduate medical education around Direct Primary Care and other innovative models</u></p> | Commission on Education (COE) | <p>Agree with Modification</p> <p>The AAFP already is doing the first and second resolved clauses of this resolution.</p> <p>The COE agreed with modification to the third and fourth resolved clauses, including combining them into one clause.</p> |
| S2-503 | <p>Direct Primary Care Practice Startup Toolkit and Workshops</p> <p>RESOLVED, That the American Academy of Family Physicians create a "Direct Primary Care (DPC) Practice Startup Toolkit" for family physicians interested in starting a new DPC practice, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians include information tailored to family physicians interested in starting a new Direct Primary Care (DPC) practice in the already established AAFP regional DPC workshops.</p> | Executive Vice President (EVP) | <p>Accept for Information</p> <p>The AAFP has developed a Direct Primary Care Toolkit - https://nf.aafp.org/Shop/practice-management-tools/dpc-toolkit.</p> <p>In addition, the AAFP hosted three Direct Primary Care Practice Development Workshops and co-hosted the Direct Primary Care Summit.</p> |

Summary of Actions of the 2014 NCSM, continued

| RESOLUTIONS | | | |
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| S2-504 | <p>Maintaining Accredited Training for Post-Graduate Medical Practice</p> <p>RESOLVED, That the American Academy of Family Physicians oppose special licensing pathways for individuals who have not completed at least year one of training in an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited program.</p> | Board of Directors (BOD) | <p>Reaffirm</p> <p>The AAFP Board of Directors felt the action in the resolution is current policy.</p> |
| S2-505 | <p>Support Sane Prices for Sovaldi</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for universal access to Sovaldi (sobosbovir) regardless of ability to pay.</p> | Commission on Health of the Public and Science (CHPS) | Accept for Information |
| S2-506 | <p>End the AAFP Alliance with Coca-Cola</p> <p>RESOLVED, That the American Academy of Family Physicians dissolve financial ties to Coca-Cola, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians re-establish an ethics committee to evaluate current and new alliances and general practices of the professional organization, in an attempt to preserve integrity and avoid conflicts of interest.</p> | Board of Directors (BOD) | <p>Accept for Information</p> <p>The Consumer Alliance Program (CAP) aligns the AAFP with companies that share the common goal of informing consumers, as well as medical professionals, about new advances in product science, dietary guidelines, and best practices for good health. The CAP, and subsequently partnerships like that in which AAFP shares with The Coca-Cola Company (TCCC), enables the AAFP to further respond to one of its strategic objectives: health of the public, while also continuing to diversify its streams of non-dues revenue.</p> <p>The Consumer Alliance Program is also an opportunity for the AAFP to present the family physician perspective in forums where AAFP wouldn't otherwise have access if it weren't for the types of partnerships made possible through this program. The AAFP has the unique opportunity to take the lead in partnering with companies like TCCC in order to open dialog and hopefully, over time, have significant influence in the continued development of healthier, more nutritious products and consumer marketing practices. The AAFP is proud - to work with TCCC in its efforts to counter obesity and help consumers make healthier choices.</p> <p>With particular respect to the CAP, AAFP follows current policies on working with the business community in consumer alliances and standards for consumer funding support.</p> |
| S2-507 | <p>Support of Emergency Contraception Training and Counseling</p> | Moved to Reaffirmation Calendar | |

Summary of Actions of the 2014 NCSM, continued

| RESOLUTIONS | | | |
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| S2-508 | <p>Representation by Students and Residents on Rural Health Working Group</p> <p>RESOLVED, That the American Academy of Family Physicians appoint a student and resident representative on the Rural Health Working Group.</p> | Board of Directors (BOD) | <p>Agree with Modification</p> <p>The resolution was referred by the Board Chair to the Board Subcommittee on Screening for discussion and action. The Board Chair will review the list of resident and student representatives serving on commissions and appoint one of each to serve on the Rural Health Working Group. The discussion noted the importance of student and resident interest in rural health and actively serving on the Rural Health Working Group. Currently, students and residents are not appointed independently to the Rural Health Working Group. Because there are fiscal restrictions, students and residents interested in the Rural Health Working Group must first be appointed to an AAFP commission.</p> |
| S3-601 | Assessing and Promoting Ways to Pay for Medical School | Not Adopted | |
| S3-602 | Create a Comprehensive Resource for the Management of the Prescription of Controlled Substances | Moved to Reaffirmation Calendar | |
| S3-603 | <p>Increase Access to Office-Based Opioid Treatment with Suboxone by Revising Curriculum Guidelines in Family Medicine Residency</p> <p>RESOLVED, That the American Academy of Family Physicians revise its Recommended Curriculum Guidelines for Family Medicine Residents on Substance Use Disorders to include Buprenorphine/Naloxone training during family medicine residency.</p> | Commission on Education (COE) | <p>Agree</p> <p>Training for the use of Buprenorphine/Naloxone to treat opioid overdoses is important and should be included in residency training. Instructions will go to the reviewer(s) of Curriculum Guideline (CG) No. 277-Substance Use Disorders that a recommendation for training be added. However, training does not equal certification since certification requirements vary state-by-state and residency-by-residency basis. The CG is scheduled for review every four years with the next review in 2015.</p> |
| S3-604 | Promoting Rural Family Physician Mentorship for Premedical and Medical Students | Moved to Reaffirmation Calendar | |
| S3-605 | <p>Develop Education for Students and Residents Concerning Rural Medicine</p> <p>RESOLVED, That the American Academy of Family Physicians support and encourage rural medicine education and networking through the family medicine interest group resources and collaboration.</p> | Commission on Education (COE) | <p>Reaffirm</p> <p>The COE agreed that resources currently offered through the FMIG Network and by the AAFP as a whole regarding rural medicine education addressed the ask of the resolution, and also reaffirmed the need to promote these resources and opportunities heavily to increase awareness and access.</p> |
| S3-606 | Research Access to Health Care in Underserved Areas After the Implementation of Patient Protection and Affordable Care Act | Not Adopted | |

Summary of Actions of the 2014 NCSM, continued

| RESOLUTIONS | | | |
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| S3-607 | Support of Clinical Trial Data Transparency RESOLVED, That the American Academy of Family Physicians support access to and required reporting of clinical trials data, and consider support of specific efforts to the AllTrials campaign. | Commission on Health of the Public and Science (CHPS) | Accept for Information The AAFP Board of Directors will during its July meeting consider the CHPS recommendation to accept this resolution for information through a recommendation that the AAFP sign onto the AllTrials campaign. It is anticipated that the outcome will be available by the time of the 2015 National Congress of Family Medicine Residents. |
| S3-608 | Oppose Capping the Public Service Loan Forgiveness (PSLF) Program RESOLVED, That the American Academy of Family Physicians oppose any effort to cap student loan forgiveness under the Public Service Loan Forgiveness program, and be it further RESOLVED, That the American Academy of Family Physicians advocate for the expansion of Public Service Loan Forgiveness eligibility to include all federal educational loans held by family medicine physicians. | Commission on Governmental Advocacy (CGA) | The AAFP Board of Directors will during its July meeting consider the CGA recommendation to reaffirm this resolution. It is anticipated that the outcome will be available by the time of the 2015 National Congress of Family Medicine Residents. |
| S3-609 | Improved Recognition of Global Health by the American Academy of Family Physicians RESOLVED, That the American Academy of Family Physicians prominently display its global health resources online to emphasize its dedication to family medicine as an ideal specialty for global health. | Commission on Education (COE) | Agree The Global Health website has been active since September 2014. The Global Health pages on the website are not prominently displayed. An additional link was requested to be added to the medical school and residency pages leading to the directory of residency programs with international rotations, and the database for international service opportunities for students and residents. |
| S3-610 | Advancement of Student Opportunities in the Family Medicine Policy Legislative Process RESOLVED, That the American Academy of Family Physicians (AAFP) create a health policy and legislative advocacy opportunity for medical students, wherein staff of AAFP Government Relations would mentor students in designing, developing and carrying out national level advocacy projects using methods such as distance learning, webinars, discussion groups, capitol visits and one-to-one advising for the purpose of engendering in students skills of grassroots advocacy, knowledge of specific issues in health policy, and understanding how governmental bodies affect the practice of medicine. | Board of Directors (BOD) | Accept for Information The Board had discussions during two different meetings on a related topic regarding residents. At its April 2015 meeting, the Board approved a recommendation that the AAFP not pursue external funding opportunities for a proposed advocacy fellowship and further pursuit of the fellowship should be deferred for the present time. The Board requested staff to investigate the possibility of securing external funding for a post-residency fellowship in advocacy but found that pharmaceutical funding would not be available as it would be viewed as a conflict of interest for both parties. Additionally, any funding sought from a foundation would be allocated on a year-by-year basis and would be difficult to align the funding cycle with the program. |

Summary of Actions of the 2014 NCSM, continued

| RESOLUTIONS | | | |
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| S3-611 | <p>Expanded Advocacy for Student Debt Relief</p> <p>RESOLVED, That the American Academy of Family Physicians expand its current policy with respect to medical student debt relief to include those expenditures commonly incurred by medical students but not included in traditional debt calculations or covered by federal student loans, such as costs associated with the residency application process, relocation, and undergraduate educational debt, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians expand its advocacy efforts around medical student debt relief to be more reflective of the total debt burdens carried by graduates beyond medical student loans.</p> | <p>Commission on Education (COE) - Lead</p> <p>Commission on Governmental Advocacy (CGA)</p> | <p>Agree with Modification</p> <p>The COE agreed with the first resolved clause and approved deletion of the second resolved clause. A revised policy statement on student debt may support future efforts on total debt mitigation. A working group to draft simple policy language changes to current student debt policies will be submitted to the COE chair or COE Executive Committee during the summer or fall of 2015.</p> |
| S3-612 | <p>Continuation and Expansion of Public Service Loan Forgiveness</p> | <p>Considered with S3-608</p> | |