



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

National Congress of Student Members

*Resolutions History:
Recommendations and Actions
1975 – 2013*



AMERICAN ACADEMY OF FAMILY PHYSICIANS

NATIONAL CONGRESS OF STUDENT MEMBERS

Recommendations and Actions

1975 - 2013

This booklet is a compilation of resolutions adopted by the AAFP National Congress of Student Members (NCSM) from 1975 through 2013.

Resolutions adopted by the student congress 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.

Action is organized by topic. The year appears in parentheses and the bold print highlights what formal action was taken by the appropriate Academy entity.

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NATIONAL CONGRESS OF STUDENT MEMBERS

RECOMMENDATIONS AND ACTIONS

AAFP COMMISSIONS AND COMMITTEES

- Recommended to CRSA that student members serve on all AAFP Committees and Commissions. (79)

Committee on Resident and Student Affairs referred to Board of Directors. Recommendation accepted, with student members presently serving on five commissions, 11 committees, as a representative to STFM, and as an Observer to the Board of Directors.

In 1991, the Student Observer became a Student Member of the Board of Directors.

- Recommended a student and resident be placed on the Committee on Cancer. (81)

(Editorial Note: See entries under specific committees.)

- Recommended the AAFP expand the number of appointed student and resident positions to include one appointed student and one appointed resident to the Commission on Education and one appointed student to the Commission on Membership and Member Services. (05)

The Board of Directors approved the additions of these representatives and selected individuals to fill the positions.

AAFP ECONOMIC VOTE FOR HEALTH

- Recommended that the AAFP publish an upcoming edition of *The Reporter*, *AFP*, or special mailing, a list of tobacco company products, services, and subsidiaries for its student and physician members as well as in an appropriate fashion for waiting room distribution.

CRSA accepted for information. Staff contacted the *Reporter* staff and was advised that they will consider publishing an article giving a list of tobacco companies, their subsidiaries, products and services.

AAFP LEADERSHIP DEVELOPMENT

- Recommended the AAFP investigate the development of a minority leadership development program which may include a special session for minority award winners attending the National Conference of Family Medicine Residents and Medical Students with the purpose of supporting and increasing minority representation in local and national AAFP leadership positions. (06)

Referred to the Commission on Education. The COE accepted this resolution for information. The COE acknowledged that family medicine is best served by a diverse population of family medicine leaders and that the Academy should continue to make a special effort to include minority students, such as scholarship

AAFP LEADERSHIP DEVELOPMENT (Continued)

award winners, in the group of students recruited for leadership positions. Other efforts to improve communication with minority residents and students will continue.

- Recommended the AAFP reallocate funds to increase student exposure to, and involvement in, the AAFP at all levels including, but not limited to, maintenance of existing student positions, creation of new student positions, and increasing the responsibilities and impact of student roles. (08)

Referred to the Board of Directors. The BOD accepted this resolution for information. The Board believes that current AAFP policy, tempered by economic realities, is consistent with the intent of this resolution.

AAFP LOGO

- Recommended that NCSM/NCFPR support the Board of Directors initiative to find an alternative more appropriate logo for membership. (95)

Congress of Delegates did not adopt.

AAFP MEMBERSHIP

- Recommended that quarterly publications be sent to all first year medical students containing information on Academy membership. (75)
- Recommended increasing the number of resident members by first increasing the number of student members of the AAFP. (76)

Student recruitment activities carried out by the Commission on Membership and Member Services, as well as the CRSA.

- Recommended expressing appreciation to the Membership Division for their efforts in recruiting women members and distributing feminine logo to them. (83)
- NCSM adopted a policy statement as follows: That the NCSM reaffirm its support of the requirement of a three-year ACGME approved family practice residency for active members in the AAFP. The NCSM opposes membership changes, which would dilute the intended effect of the COD's Bylaws Amendment requiring three years of ACGME approved family practice residency training for active membership in the AAFP. (87)

Similar Resident Resolution referred to CRSA. CRSA accepted for information, no action taken. Student delegates voiced this opinion on behalf of the NCSM at the 1987 Congress of Delegates (COD) as did many other constituent chapter delegations. As a result, the COD reaffirmed its support of the three-year residency requirement for active membership.

- Recommended the CRSA study the issue of student membership in the AAFP to students in World Health Organization-recognized medical schools outside the United States, to study ways in which they may become affiliated with the AAFP, and report these findings at the next meeting. (89)

AAFP MEMBERSHIP (Continued)

CRSA accepted for information, no action taken, noting the CMMS does not invite foreign medical students to be members of the AAFP since non-residency trained foreign medical graduates cannot become members of the AAFP.

- Recommended the AAFP change its membership policies to allow those students from states without medical schools to become members of their respective home state chapter of the AAFP. (91)

CRSA tabled until the March meeting. At the March meeting, a motion was adopted recommending that Constituent Chapters in states without medical schools may designate a student to represent said state as a delegate to NCSM.

- Recommended the AAFP adopt a policy to create a category of membership for physicians interested in Family Medicine careers who have received their physician degree, but have not yet entered their Family Practice Residency nor a residency leading to Board Certification in any other specialty. These persons would be referred to as Post-Graduate Student Affiliates for no more than a three year period and would pay the student membership fee for that period. (92)

CRSA accepted for information, no action taken.

- Recommended that the AAFP create a supporting membership category for duly-licensed physicians in specialties other than family practice who wish to demonstrate support for family practice and who are otherwise not eligible for AAFP membership, and the AAFP create of an international membership category for duly-licensed physicians in countries other than the United States who are actively engaged in family practice. (95)

Congress of Delegates did not adopt.

- Recommended the CRSA request a report from the Commission on Membership and Member Services on the outcome of the 1994 action concerning multi-year membership for students. (96)

CRSA referred the Commission on Membership and Member Services. In 1994, the Commission supported a staff recommendation to not implement multi-year memberships since the Academy's computer system could not administer them. When the AAFP's new computer system is implemented the Commission plans to consider this again.

- Recommended the AAFP/CRSA investigate and study the feasibility and practicality of providing AAFP student members the option of initiating or renewing their membership for more than one year at a time. (98)

Referred to the Commission on Membership and Member Services.

- Recommended the AAFP explores the creation of a membership category, and in the interim waive membership dues, for all American citizens and U.S. permanent residents enrolled in international medical schools. (12)

Referred to the Commission on Membership and Member Services. The CMMS accepted this resolution for information. The CMMS acknowledged that medical students attending an international medical school are already able to join the AAFP as International members. The commission expressed concern with the perception of discrimination if the AAFP were to waive the membership dues for U.S. citizens attending an international medical school and continue to charge dues for non-U.S. citizens attending an international medical school. The

AAFP MEMBERSHIP (Continued)

commission suggested that staff seek counsel from current Active members who are international medical graduates on ways to engage students attending international medical schools and promote family medicine as a viable specialty choice to them but not change the AAFP's membership categories or dues structure.

AAFP REFERENCE MANUAL

- Recommended the AAFP expand the index of the American Academy of Family Physicians Reference Manual to be more comprehensive, cross-referenced and “user friendly” and that it be designed with input from a librarian or other experienced professional. (00)

Referred to the Executive Vice President. A key word index was compiled for the AAFP Policies on Health Issues (Reference Manual).

ABORTION

- Affirmed the patient's right to abortion information as an integral part of family planning counseling, including follow-up counseling with a family physician if desired. (78)

Sent to Commission on Public Health and Scientific Affairs.

- Encouraged AAFP to support rights of students and residents to opt not to perform abortions without reprisal. (78)

Sent to Commission on Education.

- Recommended the CRSA support a policy that requires the presentation of all risks and alternatives to abortion prior to the scheduling of an elective abortion procedure. (88)

CRSA recommended to the BOD that the Commission on Public Health and Scientific Affairs review the AAFP's policy regarding abortion to consider the addition of a statement on informed consent, including presentation of risks and possible alternatives, prior to elective abortion procedures. BOD referred to CPH&SA.

Following statement proposed by the CPH&SA was approved by the BOD for inclusion in the AAFP Policy Manual as an addition to the existing statement on abortion: To the extent that an abortion is not indicated in order to save the life of the mother, the woman considering an elective abortion should be informed adequately of the potential health risks of the procedure as well as the alternatives available. The physician should also provide to the pregnant patient either:

- 1) **Information regarding**
 - a. **Financial and other assistance available to her.**
 - b. **Financial and other assistance available to the baby.**
 - c. **The availability of licensed and/or regulated adoption agencies should she choose not to keep the infant(s) or**
- 2) **Identify resources where such information can be obtained.**

ABORTION (Continued)

- Recommended the AAFP continue to support the integrity and autonomy of the doctor/patient relationship, and oppose government activity and legislation, which would undermine that relationship. (97)

Referred to Commission on Legislation and Governmental Affairs.

- Recommended the AAFP support unfettered access to abortion services, and the AAFP support access to, but not requirement of, abortion training as a component of family medicine graduate medical education. (11)

The Board of Directors accepted the first resolve clause for information.

The Commission on Education (COE). accepted the second resolve of this resolution for information, noting that the AAFP has a current policy supporting access but not requiring abortion training.

ACADEMIC TRACK

- Recommended the CRSA/AAFP advertise and solicit participants for the Academic Track prior to the NCFPR/NCSM and investigate and provide networking opportunities for those interested academic pursuits. (97)

Referred to NCFPR/NCSM Planning. Staff is working with STFM to better promote and expand this track.

ACCIDENTAL EXPOSURE POLICY

- Recommended the AAFP investigate the education that residents and students receive to limit their risk of exposure to HIV and/or Hepatitis infection during training, and that the AAFP investigate the status of policies at medical schools for students that may be or have been exposed to HIV and or Hepatitis including exposure by needle stick, and that the AAFP develop a policy on this issue. (91)

CRSA recommended BOD refer to Commission on Education and Commission Public Health and Scientific Affairs. BOD adopted and referred to COE and CPHSA.

ADOPTION

- Recommended the AAFP support legal and social policies that allow adoption and foster care by parents who can provide a loving stable home, irrespective of sexual orientation. (02)

Referred to the Commission on Legislation and Governmental Affairs. The CLGA accepted the resolution for information.

ADVANCED CARDIAC LIFE SUPPORT

- Recommended that the AAFP shall endorse universal training in Advance Cardiac Life Support for all medical students before graduation from medical school. (95)

ADVANCED CARDIAC LIFE SUPPORT (Continued)

The AAFP does not make recommendations for training to medical schools that extend beyond the family medicine curricula. Therefore, support for this resolution cannot be given. The CRSA recommends that the students address this with their individual schools. This action will be reported to the NCSM.

ADVERTISING (FAMILY PRACTICE) CAMPAIGNS

- Recommended the CRSA investigate the use of multi-level messages (Such as Ford's logo "Quality is Job 1") directed at patients, current practitioners, and prospective practitioners, etc. in upcoming advertising campaigns to encourage participating in family practice. (91)

CRSA accepted for information, no action taken.

- Recommended the AAFP consider conducting a public relations campaign to educate the public about the role and breadth of family medicine. This campaign might include advertisements, patient information handouts, and media training for family physicians in the public spotlight. (04)

Referred to the Board of Directors. The BOD accepted this resolution for information.

ADVERTISING TO YOUTH

- Recommended the AAFP adopt a policy statement which reads: The AAFP is opposed to the use of advertisements in the media which rely on sexual themes to market products to youth. The AAFP also endorses the idea that advertising campaigns can present youth in positive settings that promote healthy lifestyles and themes for youth to emulate while presenting products for consideration. (87)

COD adopted as policy statement with minor revisions: the AAFP is opposed to the use of advertisements in the media, which rely on sexually suggestive themes to market products to youth. The AAFP instead endorses the concept that advertising campaigns can present youth in positive settings that promote healthy lifestyles and themes for youth to emulate while presenting products for considerations.

- Recommended the AAFP remind the CPRM of its task, and that the campaign be funded at no less than that amount designated at the 1985 COD, and the campaign commence no later than next years' AAFP meeting. (89)

CRSA did not adopt. This resolution refers to specific funding for a counter advertising campaign aimed at youth, which, in fact, was not appropriated by the 1985 COD. The Academy has already developed many elements of its public relations campaign to address health care issues relevant to adolescents.

- Recommended the AAFP encourage the fast food industry to retire marketing promotions to children, and the AAFP encourage the fast food industry to broaden the definition of "child-targeted" marketing to include TV ads and other forms of marketing viewed by large numbers of children, but not exclusively targeted to them. (11)

Referred to the Commission on Health of the Public and Science. The CHPS accepted the resolution for information. The commission discussed the policy entitled, "Advertising: Youth Products," that addresses advertising campaigns that

ADVERTISING TO YOUTH (Continued)

target youth. The commission decided that the first sentence of the existing policy addresses advertising campaigns. The commission revised the second sentence of the policy to make the meaning more clear. Moreover, the AAFP's Americans In Motion-Healthy Interventions (AIM-HI) program advocates there are no "bad foods."

AFFIRMATIVE ACTION

- Recommended the CRSA/AAFP reaffirm its support for affirmative action programs, particularly those which recognize hardships based on race, gender, ethnicity, religion and sexual orientation. (96)

Referred to Committee on Special Constituencies. The committee reaffirmed its support for affirmative action programs and other programs that reach out to minorities, women and other special population groups.

- Recommended the AAFP review the Health Professionals for Diversity policy on affirmative action and develop an AAFP policy that supports equal opportunity in medical education, which promotes a balanced and diverse physician population. (97)

Referred to the Committee on Special Constituencies. Accepted for information, as the Academy's current policy on "Medical Schools – Minority and Women Representation in Medicine" endorses equitable presentation of women and minorities as medical students, staff and faculty at US medical institutions.

ALCOHOL

- Recommended the AAFP adopt as policy the following recommendations from the proceedings of the Surgeon General's workshop on Drunk Driving, as presented by C. Everett Koop on May 31, 1989: a) Support for the reduction of the blood alcohol concentration (BAC) for drivers from its present level of 0.10% to 0.04% by the year 2000. Establish a level of 0.0% for drivers under 21 years of age. b) Support for state legislation to fund comprehensive alcohol-impaired driving programs. c) Support for state legislation to immediately confiscate drivers' licenses for those found to be above the legal BAC (administrative license revocation). d) Support for increased enforcement of drinking and driving laws and expansion of the use of sobriety checkpoints. (89)

COD adopted as policy. Referred to CL&GA. CL&GA adopted motion recommending to BOD that AAFP support goals included in this resolution.

- Recommended that the AAFP continue to support the policy as outlined in the ***Rx for Health*** to "...double the federal excise taxes on distilled spirits, beer and wine..." to be used as an additional source of revenue to finance reforms under the ***Rx for Health***." (94)

COD did not adopt.

ALCOHOL AND DRUG ABUSE

- Recommended that residents and medical students be included in current AAFP policy regarding physician impairment in order to provide a comprehensive approach to the problem of drug and alcohol abuse within the community of family practice physicians. (94)

ALCOHOL AND DRUG ABUSE (Continued)

CRSA laterally referred this resolution to COSICI as they are currently addressing this issue. COSICI's action was a revision to AAFP policy on "Physician Impaired" in 1994.

ALCOHOL AWARENESS

- Recommended the CRSA ask the AAFP to support the work of the Center for Science in the Public Interest in seeking equal time for alcohol awareness public service announcements for each alcohol advertisement. (85)

CRSA received for information, no action taken.

- Recommended the CRSA initiate and support efforts to mandate public health warning labels on alcoholic beverage containers and packaging and in alcoholic beverage advertising. (86)

CRSA adopted; referred to the Committee on Mental Health which accepted for information.

ALLOPATHIC AND OSTEOPATHIC CONTACT

- Recommended that the AAFP investigate and advise the AAFP student leadership of means to increase the contact and exchange between allopathic FMIGs and the osteopathic student organizations including Student Osteopathic Medical Association (SOMA) and American College of Osteopathic Family Physician (ACOFPP). (94)

CRSA accepted for information.

ALTERNATIVE/COMPLEMENTARY MEDICINE

- Recommended the AAFP reaffirm the American Board of Family Practice (ABFP) requirement of completion of an ACGME-approved family practice residency program as the only pathway to eligibility for specialists seeking retraining in family practice to receive board certification and communicate this position to the ABFP. (93)

Congress of Delegates referred from the floor to the Commission on Education. COE noted this is current AAFP policy as it specifically relates to specialist training.

- Recommended the CRSA urge the AAFP to support educating its members on alternative AND complementary medicine through its publications and workshops presented at the 1997 and future NCFPR, NCSM, and the Annual Scientific Assembly. (96)

CRSA referred to NCFPR Planning Subcommittee. The Committee noted that two workshops are scheduled at the upcoming NCFPR/NCSM that address alternative medicine issues. This resolution was recommended to be forwarded to the Committee on Scientific Program for their information in planning future meetings.

- Recommended the CRSA urge the AAFP to investigate establishing communications with alternative medicine societies so that family physicians may be further educated in how they may appropriately refer their patients. (96)

ALTERNATIVE/COMPLEMENTARY MEDICINE (Continued)

Referred to Commission on Clinical Policies and Research. Received for information and further decide to send to CRSA the Board approved policy on “Complementary or Alternative Medicine” which calls for all physician education regarding complementary or alternative medicine to include a discussion of the evidence on which it is based.

- Recommended the NCSM/NCFPR create an alternative/integrative medicine working group to explore and discuss therapies in the practice of family medicine and to create networking opportunities for interested members. (98)

Referred to Committee on Resident and Student Affairs. The CRSA accepted this resolution for information. The National Conference Planning Committee has designated a discussion group on the topic of complementary/alternative medicine at the 1999 National Conference.

- Recommended the AAFP investigate the development of a task force on complementary and alternative medicine to address the use of these therapies in delivering healthcare. (99)

Referred to the Board of Directors. This issue was referred to the Executive Vice President to coordinate a report back to the Board reflecting input from the Academy commissions/committees regarding what activities they are engaged in the area of complementary/alternative medicine and what areas they want to be involved in the future.

- Recommended the AAFP grant CME credit for both didactic and experiential training in complementary and alternative medicine. (99)

Referred to the Commission on Continuing Medical Education. The COCME reported that CME activities were ineligible for CME credit if they promoted the use of or taught physicians how to use a particular type of complementary or alternative therapy. CME activities were eligible for CME credit if they presented information about the philosophy, efficacy, safety, and scientific basis of complementary and alternative practices.

- Recommended the AAFP encourage family physicians, residents, and medical students to develop and submit research proposals in the areas of complementary and alternative medicine. (99)

Referred to the Commission on Clinical Policies and Research. The CCPR accepted this resolution for information and decided to share the resolution with the three research centers receiving Academy support, the Advanced Research Training Grant award recipients, the AAFP National Research Network, and the AAFP Foundation.

- Recommended the AAFP through its Commission on Education develop core educational guidelines in complementary and alternative medicine. (99)

Referred to the Commission on Education. The COE tabled action pending further investigation and research of the subject, including the possibility of endorsing STFM “Suggested Curriculum Guidelines on Complementary and Alternative Medicine. The Commission on Continuing Medical Education is responsible for determining if continuing medical education activities that include information about complementary and alternative practices are eligible for AAFP CME credit.

ALTERNATIVE/COMPLEMENTARY MEDICINE (Continued)

- Recommended the AAFP investigate the development of a task force on complementary and alternative medicine to address issues including a standard definition, research support, patient information, use of these treatments by family physicians, and physician education. (00)

Referred to the Board of Directors. Upon considering this resolution, it was determined by the Board Chair that the intent of the resolution is already being met by the Academy through a number of activities and projects, including the recent adoption of an operating policy on AAFP CME accreditation of programs that include information about complementary and alternative practices.

- Recommended that the AAFP investigate creating a task force to address the use of complementary and alternative medicine by family physicians and report back to the 2002 National Congress of Student Members (NCSM). (01)

Referred to the Board of Directors. Upon considering this resolution, it was determined that the intent of the resolution is already being met by the Academy through a number of activities and projects, including the adoption of an operating policy on AAFP CME accreditation of programs that includes information about complementary and alternative practices. The Board of Directors voted to take no further action on this resolution.

- Recommended that the AAFP recommend that the Resident Review Committee (RRC) incorporate complementary and alternative medicine into the program requirements for residency education in family practice. (01)

Referred to the Commission on Education. COE did not adopt this resolution. It was noted that this issue is not yet a topic that should be mandated for all programs to teach and, therefore, should not be incorporated into RRC-FP program requirements.

- Recommended that the AAFP grant Continuing Medical Education (CME) credit for both didactic and experiential training in complementary and alternative medicine. (01)

Referred to the Commission on Continuing Medical Education. COCME determined the actions requested regarding CME accreditation for complementary and alternative medicine courses have been completed by implementation of the new evidence-based CME criteria on January 1, 2002. Under this criterion, CME that contains complementary and alternative practices supported by evidence from one of the AAFP approved evidence-based medicine sources is eligible for prescribed CME credit.

- Recommended that the AAFP through its Commission on Education develop core educational guidelines on complementary and alternative medicine. (01)

Referred to the Commission on Education. The COE did not adopt this resolution. The COE reviewed the STFM curriculum on complementary medicine at its January 2001 meeting and did not accept it as policy. There is no clear data supporting the use on complementary and alternative medicine.

- Recommended that the AAFP consider adding information in the AAFP Directory of Family Practice Residencies as to whether or not the residency program offers educational opportunities in complementary and alternative medicine. (01)

ALTERNATIVE/COMPLEMENTARY MEDICINE (Continued)

Referred to the Commission on Education. COE accepted the resolution for information, noting that residency programs already have the opportunity to highlight educational opportunities in the “free text” area of the directory.

ALTERNATIVE LIFESTYLES

- Recommended the AAFP support its members in recognizing lifestyles, other than the traditional family structure, and to be sensitive to the needs of alternative lifestyles. (78)

Referred to Commission on Public Health and Scientific Affairs.

AMA-MSS REPRESENTATIVE

- Recommended the CRSA study the feasibility and fiscal implications of having the Delegate to the AMA-MSS elected at the annual NCSM meeting as a separate position. (90)

CRSA did not approve, noting a guidebook is being developed and after completion CRSA will review this. Beginning in December 1991 the Delegate who attends the summer AMA/MSS meeting will attend the winter meeting with the new Delegate for continuity.

AMERICAN BOARD OF FAMILY PRACTICE (ABFP)

- Recommended the AAFP reaffirm the American Board of Family Practice (ABFP) requirement of completion of an ACGME-approved family practice residency program as the only pathway to eligibility for specialists seeking retraining in family practice to receive board certification and communicate this position to the ABFP. (93)

Congress of Delegates referred from the floor to the Commission on Education. COE noted this is current AAFP policy as it specifically relates to specialist training.

AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS (ACOFP)

- Recommended the AAFP collaborate with professional organizations, like the American College of Osteopathic Family Physicians, that have a similar vision and legislative goals for family medicine. (13)

The AAFP continues its current favorable collaborative relationship with the ACOFP based on aligned vision and goals for family medicine. - Dr. Henley and Peter Schmelzer have agreed to re-establish the annual leadership meetings that were temporarily stopped following the 2007-08 budget reduction. The current plan is to begin with the ACOFP leadership coming to the AAFP offices immediately preceding the February 2014 cluster for leadership meetings. AAFP Vice President Julie Wood will lead the agenda development process for this year. Discussions with ACOFP leadership during the 2013 COD resulted in the involvement of the ACOFP membership's engagement with the FFM 2.0 Project. Details are currently in development.

AMERICAN FAMILY PHYSICIAN (AFP)

- Encouraged the Publications Committee to continue its publication of articles in the *American Family Physician* on the care of the elderly (and)...the student members of the AAFP applaud the efforts of the Publications Committee.

Referred to Publications Committee

- Recommended that the AAFP encourage the editor of the *AFP* to develop a regular section featuring the discussion of cultural and ethnic minority issues as they relate to the health care delivery to those populations. (95)

The AFP Editorial Board summarized that a similar referral was made in 1994 and that they welcome topic suggestions in these areas for possible publication, however, they don't feel developing a new department would be feasible for several reasons, including the difficulty in obtaining and editing material without appropriate staff.

- Recommended the AAFP reaffirm its support for the existence and the promotion of "Resident and Student Voice" in the *American Family Physician* and the resident and student representatives to the *American Family Physician* Editorial Board be encouraged to work with other resident and student leaders to identify contributors for "Resident and Student Voices." (98)

Referred to AFP Medical Editor.

- Recommended the AAFP investigate the need for and feasibility of providing audio versions of the *American Family Physician* and essential practice guideline materials for visually impaired family physician and their patient populations. (99)

Referred to the Committee on Communications. It was the consensus of the COC that this resolution should be referred to the Commission on Continuing Medical Education.

- Recommended that the AAFP offer members the option to continue to receive their *American Family Physician* by mail or exclusively receive an electronic notice with links to the online version of the *American Family Physician*. (01)

Referred to the Executive Vice President. Upon consideration it was determined by the Executive Vice President that the resolution not be adopted. The primary source of revenue for AFP is advertising. Advertising is a function of primarily two factors: reach (how many doctors receive it) and readership (how many doctors read it). Allowing members the option to access only the online version of AFP could have a negative impact on readership scores for the print journal and, thus would negatively impact one of the Academy's largest revenues.

AMERICAN OSTEOPATHIC ASSOCIATION (AOA)

- Recommended the AAFP appoint a liaison to the AOA to encourage open dialogue between the organizations for their mutual benefit, and that osteopathic input be sought for discussions within the AAFP, such as meetings of the Board of Directors, Commission on Membership and Members Services and State Officers Conference. (93)

CRSA recommended that BOD explore the possibility of establishing a liaison with the AOA to facilitate communication between AOA and the AAFP.

ANIMALS IN MEDICAL RESEARCH

- Recommended the AAFP promote the use of computer simulations and other alternatives to the use of live animals in medical education and that the AAFP promote thoughtful use of animals in medical research and use of alternative to live animals wherever possible. (92)

CRSA accepted for information. The committee felt the intent of this resolution is already AAFP policy. The committee learned that in 1992 the AAFP BOD adopted AMA policy. AMA has a goal of continued and humane use of animals in medical research and education. The COE also recently acted upon this issue.

ANNUAL CLINICAL FOCUS (ACF)

- Recommended a future Annual Clinical Focus should be addition medicine. (05)

Referred to the Commission on Continuing Professional Development. The COCPD determined that the topic of addiction is not broad enough to focus on for an entire year. This topic will, however, be included within the broader topic of “healthy Living,” one of the three topic recommendations from the commission for the 2008 or 2009 ACF. Additionally, the COCPD noted that substance abuse has been a topic at the women’s health course and the infant, child, and adolescent medicine course for the last several years. An article was published in AFP in 2003 entitled, “Common Problems in Patients Recovering from Chemical Dependency.” This topic is consistently offered at most Scientific Assemblies.

AWARDS

- Recommended the establishment of an annual award for an outstanding family practice student project. (84)

Referred to Public Relations Committee, which established the Student Community Outreach Award. In 1991, the Public Relations Committee asked the BOD to approve the Student Interest Task Force handling this award.

The BOD approved this and the Student Interest Task Force now is in charge of this award.

- Recommended the AAFP investigate developing an annual award recognizing an FMIG Faculty Advisor of the Year and develop a process and venue to celebrate this recognition. (06)

Referred to the Commission on Education. The COE adopted this resolution and an award proposal will be forwarded to the Commission on Membership and Member Services as outlined in the AAFP procedures for development of a new award.

BASIC LIFE SUPPORT

- Recommended investigation of the feasibility of including information on basic artificial resuscitation with pre- or post-natal patient education. (81)

Adopted by CRSA, referred to Commission on Public Health and Scientific Affairs.

BICYCLE HELMET USAGE

- Recommended the AAFP strongly promote bicycle helmet usage by determining the most feasible means by which cost savings could be made available to patients for the purchase of SNELL/ANSI-approved bicycle helmets; and that the AAFP promote bicycle helmet usage through a prepared pamphlet, such as "Safe Kids," describing riding safety and proper bicycle helmet usage and making this pamphlet available to physicians for distribution to their patients; and that the AAFP publicize the helmet and pamphlet program in its publications. (92)

CRSA adopted 2nd Resolved; did not adopt 1st and 3rd. Referred to Committee on Health Education.

The COHE noted that a SAFE KIDS pamphlet on bike helmet usage has been entered in the Health Education Program (HEP) database as a result of its recent reviews of patient education materials from non-profit organizations. Inclusion in the database means that family physicians who request patient education material on bike riding/helmets will receive all pertinent information about the piece. In addition, the AAFP has publicized this pamphlet and has used portions of it in Good Health!

BILL OF RIGHTS FOR MEDICAL STUDENTS INTERESTED IN FAMILY PRACTICE

- Recommended the AAFP explore appropriate vehicles, such as distributing wallet size cards, to publicize the following: That the AAFP believes that each medical student has the right:
 - to become a family physician,
 - to attend a medical school with a department of family practice,
 - to complete a family medicine clerkship,
 - to care for the entire person and the entire family,
 - to learn a broad-based integrated approach to medical care,
 - to receive training in cognitive and procedural services to provide comprehensive care,
 - to provide the care that patients want and need, and
 - to learn from a family physician role model.

If your medical school does not have a family practice department or a family medicine clerkship, information and assistance are available to you. For questions or further information, please call 1-800-274-AAFP. (91)

AAFP COD adopted and referred to CRSA. CRSA commended the BOD for its approval of this important document and recommended Student Interest Task Force begin distribution as soon as possible. CRSA also suggested editorial changes at bullet #2 and #3 to read as follows: to have a department of family medicine in medical school and ... to complete a family practice clerkship.

Student Interest Task Force accepted editorial changes and recommended that BOD approve ordering 60,000 cards to be distributed to: 1st year students in mailing, to students at NCSM, to students at the Annual Assembly, through FMIGs, and to other classes in the soonest possible yearly mailings.

BLOOD DONATION

- Recommended the AAFP petition the Food and Drug Administration (FDA) to modify their screening questions for donation of blood products to more accurately target risk behaviors as

BLOOD DONATION (Continued)

opposed to volunteer populations of presumed risk groups and provide information at blood donor drives at AAFP conferences that informs donors that Food and Drug Administration (FDA) policies discriminate against gay men as potential donors. (02)

Referred to the Commission on Public Health. After receiving an update on this issue, the commission agreed that the Academy should petition the FDA to complete its review and make necessary changes in the screening questionnaire for blood donation. The commission also agreed that a policy should be developed to distribute to AAFP members at AAFP-sponsored blood donations to educate members about inherent discrimination in the FDA questionnaire. This project is in process.

BOARD OF DIRECTORS

- Recommended the AAFP create a seat on the Board of Directors for a New Physician. (00)

Referred to the Committee on Bylaws. The 2000 Congress of Delegates adopted a resolution regarding new physician representation on the Board of Directors. The Committee on Bylaws was asked to study the proposal.

- Recommended that the AAFP make the travel schedule and contact information of the members of the Board of Directors of the AAFP available to resident and student leaders through various channels, including but not limited to the Commission on Resident and Student Issues, Family Medicine Interest Group Network, and the resident Web site of the AAFP. (01)

Referred to the Commission on Resident and Student Issues. CRSI adopted the resolution and noted that Board members' travel schedules are available through *AAFP Direct* and can be provided on a quarterly basis through RASL. It was recommended that residents and students contact their state chapters to organize opportunities for visits to programs by the AAFP officers.

BREASTFEEDING

- Recommended that CRSA investigate the superiority of breast milk. (80)

CRSA accepted for information, no action taken.

- Recommended that family physician's should provide comprehensive information on breast feeding to mothers. (81)

Referred to the Commission on Public Health.

- Recommended that the AAFP actively encourage that breastfeeding be the primary source of nutrition for the first six months of life. (98)

Referred to the Commission on Public Health.

- Recommended the AAFP support federal legislation to promote breastfeeding as embodied in the provisions of the current draft of the "Mothers" Breastfeeding Promotion and Protection Act. (99)

Referred to the Commission on Legislation and Governmental Affairs. The Academy supported and actively lobbied for this legislation, which was not passed

BREASTFEEDING (Continued)

during the 105th Congress and was not reintroduced, as such in the 106th Congress.

- Recommended the AAFP endorse the World Health Organization (WHO)/UNICEF's "Ten Steps to Successful Breastfeeding" published in the 1989 WHO statement, "Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services" and encourage its members to work with the hospitals and birthing facilities with which they are affiliated to promote breastfeeding through implementation of the policies outlined in the WHO/UNICEF statements. (99)

Referred to the Commission on Public Health. The COPH will pursue funding from the DHHS, HRSA, Maternal and Child Health Bureau. These funds are for educating members on breastfeeding, participation in a conference and developing a position paper and policy on breastfeeding.

BREASTFEEDING ACCOMMODATIONS FOR TRAINEES

- Recommended the AAFP develop policy to support reasonable accommodation for trainees who are breastfeeding. (12)

Referred to the Commission on Education. There was unanimous support for developing a policy statement that supported accommodation for trainees who are breastfeeding, especially since the AAFP has had a long-standing and visible policy around the positive aspects of breastfeeding. There was discussion on separate policy statement for trainees vs. practicing physicians. The policy might be better situated to address those who are less likely to control their own environment, students and residents.

RECOMMENDATION, That the AAFP Board of Directors approve a new nonclinical policy statement on Breastfeeding Accommodations for Trainees:

Breastfeeding Accommodations for Trainees

The American Academy of Family Physicians (AAFP) supports that all babies, with rare exceptions, should be breastfed and/or receive expressed human milk exclusively in the first six months, and this should continue with complementary foods as long as mutually desired. Family medicine training programs should, therefore, promote and support institutional policies to provide appropriate accommodations to allow trainees to securely breastfeed and/or express breast milk as needed during designated duty hours. (COE) (May 2013 Board) (2013 COD)

BYLAWS CHANGE

- Recommended the AAFP refer to all medical students as "allopathic/osteopathic medical students" in lieu of "medical students or osteopathic students" within its Bylaws and policies. (97)

Referred to the Board of Directors.

CENSORSHIP

- Recommended CRSA support the article in the *AAFP Reporter* about ASA. (80)

CENSORSHIP (Continued)

CRSA supported article because of their concern for censorship, not be construed as their support of information in the article. CRSA referred to the Board of Directors.

CERTIFICATES OF ADDED QUALIFICATIONS

- Recommended the AAFP strongly oppose the formation of a "Certificates of Added Qualification" (CAQs) in sports medicine, and that the AAFP oppose the formation of any further CAQs and that the AAFP actively support the development of fellowships and CME Programs in sports medicine and other areas of special interest. (88)

COD adopted substitute resolutions: That the AAFP reaffirm its 1986 policy to oppose the creation of Certificates of Added Qualification in special areas other than geriatrics, and that the AAFP Board of Directors and member Diplomats of the American Board of Family Practice continue to communicate this opposition to the ABFP and, that the AAFP actively support the development of CME programs in geriatrics, sports medicine and other areas of special interest to family physicians and, that should the ABFP create CAQs other than geriatrics, the AAFP inform its membership that it is not in the best interest of the specialty of family practice to take that CAQ exam.

Further discussion of this issue by the CRSA yielded plans to bring back to the 1989 NCSM more information about the status of CAQs including an overview of how and why they were developed.

CHILD ABUSE

- Recommended that the AAFP encourage public education in the area of detection and reporting of crimes against children. (84)

Referred to Commission on Public Health and Scientific Affairs for formulation of a policy statement.

- Recommended the AAFP develop a CME program (appropriate format to be determined by the Academy) that describes the early warning signs of child abuse, (physical, sexual, or psychological); such a program also could give general guidelines regarding the appropriate agencies to contact as well as what the physician's responsibilities are. Additionally, such a program would present a set of screening guidelines that could be used as part of the medical history. (89)

CRSA recommended that the BOD via COCME consider the development of a CME program on child abuse, including physical, sexual and psychological abuse, in a format to be determined by COCME.

COCME adopted a motion that the subject of child abuse has recently been covered on Family Practice Update on Lifetime Medical Television, this has been added to the CME priority list & the HSSA curriculum cycle and that Ccs will be encouraged to include the topic in their meetings.

- Recommended the AAFP strongly urge constituent chapters to develop information packets for local members delineating the laws, resources, and services available within the state, thereby

CHILD ABUSE (Continued)

facilitating appropriate action to protect the rights (and possibly the lives) of the abused children. (89)

CRSA accepted for information, no action taken, noting the ability of the Academy's network of commissions/committees to develop this proposal is limited.

CHILD DISCIPLINE

- Recommended that the CRSA/AAFP investigate the availability of programs that teach methods of discipline which do not employ physical punishment of children and distribute these models to medical schools and family practice residencies. (95)

The Commission on Public Health is reviewing literature and research on methods of discipline and available programs. The referral will be revisited and considered by the Commission in July.

CHILDHOOD OBESITY

- Recommended that the AAFP produce a better educational handout on their Website (www.familydoctor.org) outlining specific nutritional and increased physical fitness recommendations in children and encourage family physicians to use this handout at all well childhood visits; and that the educational handout outlining specific nutritional and increased physical fitness recommendations in children be translated into Spanish. (03)

Referred to the Commission on Public Health. The CPH accepted this resolution for information, noting that this is a major focus of the Americans in Motion project. A search will also be done on familydoctor.org to identify materials available on this topic.

- Recommended the AAFP, as part of the Americans in Motion (AIM) initiative, consider developing a central curriculum targeting school-aged children, dedicated to healthy living through proper nutrition and adequate exercise. (04)

Referred to the Board of Directors. The BOD approved a recommendation that the AIM Advisory Panel consider development of a central curriculum targeting school-aged children, dedicated to healthy living through proper nutrition and adequate exercise.

- Recommended the National Congress of Student Members (NCSM) request from the Americans in Motion (AIM) Advisory Panel a report on the progress of 2004 Resolution No. S1-100 ("Establishing an Anti-Obesity Initiative to Target School-Age Children"), and if the Americans in Motion (AIM) childhood anti-obesity curriculum has been developed in accordance with 2004 Resolution No. S1-100 ("Establishing an Anti-Obesity Initiative to Target School-Age Children"), a copy be made available to the National Congress of Student Members (NCSM) and Family Medicine Interest Groups (FMIGs), and if the Americans in Motion (AIM) childhood anti-obesity curriculum in accordance with 2004 Resolution No. S1-100 is available, that it be implemented by the Family Medicine Interest Groups (FMIGs) at individual medical schools by interested medical students according to the Tar Wars educational model. (05)

The Board of Directors referred this resolution to the AIM Project Management Team.

CIGARETTE SIN TAX

- Recommended that the AAFP continue to support the policy as outline in the *Rx for Health* "...increase the federal excise tax on cigarettes to 50 percent..." to be used as an additional source of revenue to finance reforms under the *Rx for Health*." (94)

COD did not adopt. COD did adopt a substitute motion as amended from the floor. RESOLVED, that the AAFP recommend significantly increasing the federal excise tax on all tobacco products, with the funds to be used as an additional source of revenue to finance reforms consistent with *Rx for Health*. Amended from the floor by adding the word "significantly" preceding the word "increasing" and deleting the words "by 50 percent." Referred to Commission on Legislation & Governmental Affairs.

CLINICAL SKILLS ASSESSMENT EXAM

- Recommended the AAFP urgently contact the National Board of Medical Examiners (NBME), all organizations represented on the NBME Governing Board, and the Federation of State Medical Boards to request suspension of the implementation of the proposed Clinical Skills Assessment Examination (CSAE) until such time as:
 1. The examination has been demonstrated to be statistically valid, reliable, practical, and evidence-based.
 2. Scientific studies have been published in peer review journals validating the examination for US medical students and graduates and demonstrating that the fiscal and societal benefits of the examination justify the costs.
 3. Testing sites are available in more reasonable geographic locations than currently proposed by the NBME.
- Recommended the AAFP encourage state medical licensing boards to exclude the CSAE from state medical licensure requirements until the above conditions are met and encourage the Liaison Committee on Medical Education to establish accreditation requirements that include a Clinical Skills Assessment Exam to be implemented in every medical program. (02)

Referred to the Commission on Resident and Student Issues. The CRSI adopted the resolution.

- Recommended the AAFP urge the National Board of Medical Examiners (NBME) to delay implementation of the Clinical Skills Assessment Exam (CSAE) until the NBME investigates decreasing the proposed financial and travel burdens on medical students taking the examination and reports these findings. (02)

Referred to the Commission on Resident and Student Issues. The CRSI adopted the resolution, making a recommendation to the Board of Directors that the AAFP send a letter to the AAMC supporting the concept of the NBME Clinical Skills Assessment Exam, with the stipulation that it be administered under the auspices of the LCME at each medical school instead of the proposed testing sites.

COCA-COLA – AAFP CONSUMER ALLIANCE

- Recommended the AAFP elect not to renew the collaboration with Coca-Cola, and the AAFP consult state chapters before initiating new contractual relationships with corporations. (11)

COCA-COLA – AAFP CONSUMER ALLIANCE (Continued)

Referred to the Commission on Education. The COE determined this resolution should go to the COD for consideration. It was Not Adopted by the COD.

- Recommended the AAFP should actively pursue replacement for the Consumer Alliance with Coca-Cola and not renew it as soon as feasibly possible, and the AAFP Strategic Partnership Division aim to collaborate with groups that ally with the Academy's mission of promoting health and healthy lifestyles, as well as the highest ethical and sustainable business practices. (12)

The AAFP Board of Directors accepted this resolution for information.

- Recommended the AAFP aim to collaborate with groups that ally with the AAFP's mission of promoting health and healthy lifestyles, and the AAFP, in light of its continuing relationship with Coca-Cola, explain publicly why the AAFP accepts these funds and how these funds are used, and the AAFP not renew the alliance with the Coca-Cola Company. (13)

The AAFP Board of Directors voted to renew the contract with TCCC, which was contrary to the direction of the resolution. Thus, while the Board is respectful of the resolution, it determined that it was in the organization's best interest to renew.

COMMITTEE ON HEALTH EDUCATION

- Recommended that a student representative be placed on the Committee on Health Education. (84)

A student became part of this committee in 1985.

COMMITTEE ON LESBIAN, GAY AND BISEXUAL ISSUES (FORMATION OF AD HOC)

- Recommended that an ad hoc committee on lesbian, gay and bisexual issues be formed to address the concerns of lesbian, gay and bisexual providers and patient care within the AAFP and provide programmatic input to future conferences. (91)

CRSA recommended the BOD consider the formation of an AAFP ad hoc committee on lesbian, gay and bisexual issues to address providers and patients and to provide programmatic input to future conferences. BOD referred to the Commission on Special Issues and Clinical Interests. As COSICI addressed gay, lesbian, bisexual and transgender issues, no additional entity is necessary.

COMMITTEE ON NEW PHYSICIANS

- Recommended the CRSA establish a student representative position on the New Physicians Committee. Fiscal Note: \$10,000. (93)

CRSA did not adopt. CRSA supported resident representation on this committee but does not feel that student should be appointed at this time.

COMMITTEE ON PROFESSIONAL LIABILITY

- Recommended the CRSA request that a student representative be appointed to the Committee on Professional Liability. (86)

COMMITTEE ON PROFESSIONAL LIABILITY (Continued)

CRSA did not adopt.

- Recommended the BOD appoint a medical student representative to the COPL to assist in the formation of viable mechanisms to alleviate the ongoing crisis in professional liability for family physicians. (87)

CRSA recommended addition of medical student member to the Committee on Professional Liability. Student member appointed December 1987.

COMMITTEE ON PUBLICATIONS

- Recommended to AAFP Board of Directors that a student be appointed to the Public Relations Committee. (75)

Student member appointed to Publications Committee beginning in 1980.

- Recommended a permanent student position on the Publications Committee. (81)

Adopted by CRSA, approved by Board or Directors in 1981 on a trial basis of one year.

COMMITTEE ON SCIENTIFIC PROGRAM

- Recommended that the AAFP change the timing of the appointment of the student representative to the Committee on Scientific Program to mirror that of the appointment of the student representative to the American Medical Association, to allow the student to be a more integral member of the committee. (03)

Referred to the Commission on Resident and Student Issues. The CRSI accepted the resolution for information. The commission directed staff to monitor feedback from the resident and student representatives to the Committee on Scientific Program and to make a special notation on application materials drawing attention to the fact that the committee does meet in early December each year.

COMMITTEE ON YOUNG PHYSICIANS

- Recommended that the CRSA request from the Young Physicians Committee an annual report of its events, actions and activities to be distributed at the NCFPR/NCSM. (86)

CRSA adopted.

COMMUNICATION

- Charged CRSA with continuing to study and explore methods of effective communication with students. (75)
- Recommended the AAFP encourage its members to use interpreters when appropriate and consider publishing and posting on its website patient education material in English and Spanish. (99)

COMMUNICATION (Continued)

Referred to the Committee on Communications. The COC discussed the various materials currently available to members that are produced in languages, such as the Spanish CD-Rom version of patient education materials. The committee suggested that this information be published in a future issue of the *FP Report*. The Committee then recommended that staff investigate the current laws and policies surrounding this issue, (for example, the Americans with Disabilities Act) and research available resources for interpreters.

COMMUNICATION – RESIDENT AND STUDENT EMAIL SYSTEM

- Recommended the AAFP/CRSA work with Academy staff, Family Medicine Interest Groups (FMIGs), and family medicine residencies to investigate and if feasible implement an e-mail communications system for the regular transmission of important news and information to its student and resident members, and issue a report of these findings by the 1999 NCFPR/NCSM. (98)

Referred to Student Interest Task Force. The Task Force identified a number of recent initiatives underway to address this need, including the advancement of the AAFP website and development of special interest newsletters via e-mail or fax by the Academy's Division of Communications.

COMMUNITY APPROPRIATE MEDICAL LANGUAGE COURSES

- Recommended that the AAFP communicate to all the medical schools giving the NCSM's support to the concept that medical schools should make the opportunity available to their students for community appropriate language classes, that the AAFP encourage distribution to medical schools of a list of available resources for community appropriate language education. (94)

Accepted for information. CRSA considered and selected as a workshop in 1995.

COMMUNITY-BASED RESEARCH

- Recommended the AAFP develop means for students and residents to exchange ideas and develop concepts with regards to community-based research projects that may include a listserv and/or a forum or workshop at the National Conference by 2003. (02)

Referred to the Commission on Resident and Student Issues. The CRSI accepted the resolution for information. The National Conference Planning Committee reported that time will be designated at the 2003 conference to convene a special discussion group to share ideas and information on community-based research.

COMMUNITY HEALTH NEEDS ASSESSMENT

- Recommended the AAFP encourage its members to be actively involved in the development and implementation of Community Health Needs Assessments conducted by non-profit hospitals and health care systems as mandated by Section 501(r)(3) of the Internal Revenue Code. (12)

The Commission on Quality and Practice accepted this resolution for information, which is in response to a provision of the Patient Protection and Affordable Care Act (PPACA) of 2010 requiring nonprofit, tax-exempt hospitals to complete a

COMMUNITY HEALTH NEEDS ASSESSMENT (Continued)

community health needs assessment (CHNA) every three years, and to adopt an implementation strategy to address the identified needs. The AAFP has not received any inquiries from members seeking to learn more about CHNA's and to date has not prioritized development of related materials. The commission noted that it would be more beneficial for members to be directed to organizations that have established tools and resources.

COMMUNITY SERVICE

- Recommended the AAFP actively encourage members to donate a portion of time to providing health care to the needy and/or community services, and encourage such by publicizing efforts of family physicians and medical students who do such. (90)

COD adopted substitute resolution that the AAFP urge each member to donate health care to medically indigent persons, and actively develop model legislation to provide professional liability exemption or insurance coverage to physicians who receive no remuneration for that care and the AAFP provide a method of recording the nature and amount of time so donate by its members and that this information be collected by adding a question to the CME reporting card. Referred to COHCS and COPL.

COMPUTER-BASED COST EFFECTIVENESS TRAINING

- Recommended that the AAFP endorse training in cost-effective delivery of quality medical care in residency and medical school curricula, and that the AAFP investigate the use of computer-based training in the delivery of cost-effective, quality medical care. (95)

A motion was adopted by the Commission on Education to send a letter to department chairs and program directors indicating medical student/resident interest in obtaining knowledge on cost-effective, quality medical care. In addition, recommended Core Educational Guidelines for Family Practice Residents - Medical Informatics and Computer Applications will be presented to the COE for consideration.

COMPUTER CORE EDUCATIONAL GUIDELINES

- Recommended the NCSM is strongly in support of the Boards approval of a policy that medical informatics be an integral part of undergraduate medical education and its recommendations to ask the Commission on Education to develop AAFP recommended core educational guidelines on medical informatics for use in family practice residency programs, and that the AAFP supports development and implementation of computer curricula in all medical schools and family practice residency programs. (91)

CRSA accepted for information, noting this was acted upon by the 1991 COD. The COD referred to the BOD, the NCFPR resolution to continue the Computer Committee, to be prioritized with other educational efforts.

COMPUTER WORKING GROUP OF NCSM/NCFPR

- Recommended the NCSM and NCFPR support the creation of a joint committee for computers in family practice composed of members. This group to remain in existence until such time as the AAFP establishes a body which formally addresses the issue of computer education in family practice, and this committee will report to the CRSA and the NCSM/NCFPR. (90)

CRSA tabled until the next meeting, at which time the CRSA again tabled this until the *NCSM/NCFPR Charter* was written showing the relationship of the NCSM/NCFPR to the CRSA and the Academy.

- Recommended the NCSM thank CRSA for forming the Computer Working Group, and that the NCFPR/NCSM continue to have a computer working group at NCFPR/NCSM future meetings. (91)

CRSA adopted for information, noting this has been placed on the NCFPR/NCSM Planning Agenda for 1992.

COMPUTERIZED LEGISLATIVE ALERT NETWORK

- Recommended that the AAFP Congress of Delegates establish (via Internet, E-mail) an electronic/computer legislative alert capability in order to alert interested members on pending action on key legislative issues. (95)

Congress of Delegates did not adopt. COD adopted Substitute Resolution No. 36: Resolved, that the AAFP continue efforts to develop an on-line communication network via electronic means including e-mail, a bulletin board and a home page on the World Wide Web. Referred to the Executive Vice President for action.

The AAFP Web Page debuted in June, 1996.

COMPUTERS

- Recommended studying the feasibility of a computer search service to determine which residency programs fulfill an individual's criteria. (81)

CRSA accepted for information, no action taken, noting such a search could be provided for \$25, however, there have been no such requests.

- Recommended an investigation on how computers are included and used in residency programs. (83)

Referred to the Commission on Education. Ad Hoc Task Force on Use of Computers by Family Physicians set up in 1984.

- Recommended the NCSM encourage the editors of *AFP* to continue to review computer issues, and that the AAFP take an active role in stimulating development and exchange of computer information, including but not limited to the following: 1) Sponsoring workshops at AAFP meetings, 2) Inviting computer firms to exhibit at NCFPR/NCSM, 3) Roundtable to discuss computer-related topics, 4) Investigating development of new software. (91)

CRSA accepted for information, noting this was acted upon by the 1991 COD.

COMPUTERS (Continued)

- Recommended the AAFP 1) Support the concept of an AAFP "Computers in Family Medicine" Newsletter, 2) Investigate sources of funding for this newsletter. (91)

CRSA tabled until March meeting of the committee. The committee asked staff to survey the membership to see if this was of interest. An article was put in the *AAFP Reporter Resident/Student Newsletter* requesting that interested residents call the staff about a computer newsletter. One person called staff. CRSA accepted this for information.

- Recommended the AAFP develop a residency core curriculum to ensure a minimum level of computer competency on the part of both residents and faculty; and that the AAFP advocate an increased awareness of computer applications among its membership by: 1) the development of an AAFP Monograph on computer applications in medicine; 2) the utilization of AAFP publications to educate and update AAFP members on computers; 3) the development of CME courses on computer applications; 4) reporting to the 1993 NCFPR/NCSM on progress in this area. (92)

CRSA adopted with editorial change in 2nd clause to read: Recommended, that the AAFP advocate an increased awareness of computer applications among its membership by mechanisms such as...

- Recommended that the AAFP encourage medical schools to provide a mechanism whereby students can obtain an affordable personal computer, or have access to one, and develop ways to integrate this tool into educational curricula. (95)

No action taken as this is outside the domain of the AAFP.

CONSORTIUM OF MEDICAL STUDENTS

- Recommended petitioning the Consortium of Medical Students for membership, and if not granted, petition to send a member as an observer. (77)

CONSTITUENT CHAPTERS

- Recommended the AAFP investigate mechanisms to increase the active level of involvement of residents and students at the constituent chapter level; develop a workshop for chapter executives designed to provide them with the resources and guidance to increase resident and student involvement at the constituent chapter level; and consider funding ten chapter executives each year on a rotating basis to attend the National Conference of Family Practice Residents and Medical Students. This program would be designed to increase the chapter executives' understanding of resident and student issues and to increase their awareness of the importance of resident and student involvement. (99)

Referred to the Committee on Chapter Affairs. The CCA accepted this resolution for information and brainstormed ideas which chapters may wish to adopt to increase involvement of residents. The CCA recommended and the Board of Directors approved funds for transportation and lodging for the attendance each year of up to five chapter executives at the National Conference of Family Practice Residents and Medical Students on a rotating basis via a lottery, with preference given to first-time attendees.

- Recommended that the AAFP encourage all chapters to provide the opportunity for both a resident and student to serve on each chapter's Board of Directors. (01)

CONSTITUENT CHAPTERS (Continued)

Referred to the Committee on Chapter Affairs. It was determined that chapters without student representation do not have four-year medical schools, with one exception where the slot will be added this year. All chapters have resident representation, although in one chapter the slot was not filled.

CONTINUING MEDICAL EDUCATION (CME)

- Recommended the AAFP investigate Technology, Entertainment, Design, (TED) -style talks and massive open online courses as models for continuing medical education delivery to its members, possibly including lecture content generated at AAFP conferences. (13)

The COCPD indicated that multiple educational delivery methods for CME activities are designed according to adult learning principles to best fit the learning preference of participants. The delivery methods are designed to engage multi-sensory learning, in order to increase retention and improve outcomes. As innovative methods are created, faculty development is also utilized to implement the new techniques and CME activities are designed and piloted with measurable outcomes and metrics to determine future plans.

CONTINUING MEDICAL EDUCATION TUITION

- Recommended the AAFP encourage attendance of its resident and student members at CME conferences by reducing tuition for them, with the understanding that this supplemented registration may be limited based on attendance by those members paying full conference tuition. (89)

CRSA accepted for information, no action taken, noting this item has been referred by the BOD to the COCME. COCME adopted. Motion that COCME sponsored CME course fee structures be determined by staff taking into consideration the maximum number of possible registrations, the budget for the course, and flexibility of space so that, when possible, reduced rates for residents and students be offered.

CONTRACEPTION

- Recommended that, in view of AAFP's opposition to the Department of Health and Human Services recommended guidelines for parental notification with contraceptive prescriptions for teenagers, the AAFP modify its existing policy on contraceptive advice. (82)

Substitute resolution adopted by COD reflecting this position.

- Recommended the AAFP support the federally-introduced Equity in Prescription Insurance and Contraception Coverage Act. (EPICC) (S. 1200, H.R. 2120) and any other federal legislation that would mandate that any insurance plan that currently includes prescription drug coverage also include coverage for the full range of reversible contraceptive methods. (99)

Referred to the Commission on Legislation and Governmental Affairs. Academy policy, established in 1997, is a little broader, since it calls for mandated parity between the coverage of other types of basic medical care in health insurance plans. The CLGA noted that Academy lobbying was responsible, in part, for an Executive order that mandate such care for some federal health programs and

CONTRACEPTION (Continued)

asked staff to continue to work for passage of the *Equity in Prescription Insurance and Contraceptive Coverage Act* (S. 1200 and H.R. 2120).

- Recommended the AAFP communicate with entities providing monetary incentives for long-term birth control/sterilization that they should follow existing Academy policies regarding discrimination, informed consent, and sex education. (99)

Referred to the Commission on Education. The COE felt this resolution was outside the scope of the function of the Academy and did not accept it.

- Recommended that the AAFP consider studying the current availability of mifepristone to patients in the United States and make recommendations regarding how to best increase its availability. (01)

Referred to the Commission on Public Health. CPH accepted for information this resolution, noting the importance of this issue and agreeing that all physicians should be knowledgeable about the use of this drug. Given limited resources, the commission elected not to form a subcommittee or task force at this time to study the issue in more detail.

- Recommended that the AAFP consider studying the current use of emergency contraception (EC) and make recommendations regarding how to best increase the understanding and availability of EC in the United States and encourage family physicians to clarify public confusion regarding the mechanisms of action of mifepristone and EC and routinely make patients aware of the availability of EC during reproductive health counseling. (01)

Referred to the Commission on Public Health. CPH plans to use the Academy Web site as a vehicle to distribute information on emergency contraception and mifepristone to the membership. It was agreed that resources are already widely available on these topics and the commission need not duplicate those efforts, but will instead make the currently available information more accessible to members.

- Recommended that the AAFP endorse the position that necessary and proper medical care for survivors of sexual assaults includes onsite access to and information about emergency contraception at the emergency room visit. (01)

Referred to the Commission on Public Health. CPH acknowledged that this resolution is very similar to a resolution adopted at the National Conference of Special Constituencies (NCSC). The main difference between the two resolutions is that the NCSC resolution does not require onsite access to emergency contraception, but instead states that institutions should either provide treatment or provide “immediate referral” if they are unwilling to provide “any aspect of rape related services” at their site. The Commission agreed that the NCSC resolution is in line with current Academy policy on rape. It was felt that this discussion addressed the spirit of NCSM Resolution No. 6. The Commission acknowledged that it is not within Academy authority to force a given hospital to offer emergency contraception to all appropriate patients.

The Commission recommended and the Board of Directors approved a policy on rape victim treatment in response to the NCSC resolution and COD Resolution 204, Comprehensive Treatment for Rape Victims.

CONTRACEPTION (Continued)

- Recommended the AAFP oppose measures that interfere with prompt dispensing of emergency contraception, which must be taken quickly to optimize efficacy, and should collaborate with other medical societies to eliminate barriers to prompt access to all contraceptives. (05)

The Board of Directors referred the first resolved clause to the Commission on Governmental Advocacy since the COGA was asked to consider a resolution from the 2005 Congress of Delegates on this topic. The COGA recommended to the Board that the AAFP meet with representatives of appropriate pharmaceutical organizations to express family medicine's views on the importance of patients' access to valid prescription drugs, even if an individual pharmacist has an objection to the use of a drug. The Board took no action on the second resolved clause as American College of Obstetricians and Gynecologists has no policy on this issue.

- Recommended the AAFP continually provide current evidence-based practices regarding contraceptive care, including, but not limited to, quick-start protocols for the initiation of hormonal contraception, intrauterine device (IUD) insertion as a possible first-line contraceptive method in nulliparous women and adolescents, and provision of hormonal contraception without a mandatory pelvic exam. (08)

Referred to the Commission on Health of the Public and Science. The CHPS laterally referred this resolution to the Commission on Continuing Professional Development. The COCPD accepted this resolution for information and sent it to the planning committees for the family-centered maternity care course and the women's health/physician wellness course.

COSICI RESOURCES

- Recommended that the AAFP Board Screening Committee favorably recognize expertise in GLBT clinical and health issues in selecting members for service on COSICI. (95)

COST SENSITIVE CLINICAL DECISION MAKING

- Recommended that the CRSA/AAFP encourage medical school deans to include cost sensitive training as part of the curriculum. (95)

Accepted for information as this is already being done.

CULTURAL CATEGORIZATION

- Recommended the AAFP study the issue of cultural categorization and develop policy recommendations, utilizing the expertise of the Committee on Minority Health Affairs and seeking input from students, residents and physicians of diverse cultural backgrounds. (93)

CRSA laterally referred to the Committee on Minority Health Affairs for review and recommendation. The committee asked they be kept updated on this issue.

CULTURAL DIVERSITY TRAINING

- Recommended the AAFP support cross-cultural education of AAFP members through Continuing Medical Education programs. (83)

CULTURAL DIVERSITY TRAINING (Continued)

Adopted by 1983 COD.

- Recommended the AAFP, through its liaisons to the Association of American Medical Colleges (AAMC) recommends that medical schools require a minimum of six (6) lecture hours in cross cultural issues and that the AAFP, through the Residency Review Committee for Family Practice (RRC-FP) representatives, recommends that every family practice residency program require at least a one week rotational experience in a culturally diverse health care setting under the guidance of an experienced preceptor. (93)

CRSA supported the concept of the resolution and laterally referred to the Commission on Education for consideration and implementation.

COE adopted a motion that communications be sent to predoctoral directors and residency directors concerning the need to teach cultural diversity and that the communication include a list of appropriate references and resources on how to accomplish this.

- Recommended that that AAFP develop a comprehensive curriculum to be distributed to all medical schools on cross-cultural issues. (95)

In reviewing the recently developed Core Curriculum Guidelines on Culturally Sensitive and Competent Health Care, the Commission on Education feels that these are well done and meet the intent of this recommendation.

- Recommended that that AAFP uphold its commitment to support diversity and cultural competency of medical institutions by developing workshops on diversity training and cross cultural issues to be presented at both the NCFPR/NCSM and the AAFP Scientific Assembly. (97)

Referred to Committee on Scientific Program. A plenary session on cultural aspects of medical care will be presented at the 1998 Assembly. CSP staff will review course evaluations of the workshop on this topic being offered at the '98 NCFPR/NCSM meeting and consider offering at the 1999 Assembly. Referred to NCFPR/NCSM Planning.

Accepted for information. Courses planned for the 1998 NCFPR/NCSM.

- Recommended the CRSA/AAFP encourage the FMIG network and NCSM/NCFPR planning committee to develop programs addressing physicians/patients communication in culturally diverse populations. (97)

Approved by the Planning Committee and courses are planned for 1998.

- Recommended the AAFP/CRSA consider offering a cultural diversity competency-training program as part of the workshops at the 2000 National Conference of Family Practice Residents and Medical Students. (99)

Referred to the Committee on Resident and Student Affairs. The CRSA accepted this resolution for information and the committee agreed to offer a workshop on this topic at the 2000 conference.

- Recommended the AAFP address the problem of communication with patients of limited English proficiency by acknowledging the importance of learning a foreign language during medical training and encouraging additional language education opportunities. (04)

CULTURAL DIVERSITY TRAINING (Continued)

Referred to the Commission on Education. The COE agreed that no further action be taken on this resolution. The commission believes this resolution goes beyond the prerogative of the AAFP. There already are existing AAFP programs and resources for residencies addressing cultural competency issues. It would not be appropriate to micromanage family medicine residencies and specify individual curricular components.

- Recommended the AAFP investigate making cultural proficiency/competency an Annual Clinical Focus. (06)

Referred to the Commission on Continuing Professional Development. The COCPD accepted this resolution for information and shared it with the Annual Clinical Focus medical director and staff. Cultural proficiency and medical disparities are included within ACF topics when applicable and appropriate, and they will be included in future topics as much as possible. Consideration is being given to focus on disparities in ACF 2009: Management of Chronic Illness, Part 2.

CULTURALLY SENSITIVE RESOURCES

- Recommended the AAFP study the feasibility of revising current resources to make them culturally sensitive, ensure future resources are culturally sensitive, and make them available for physicians' use, and investigate the feasibility of developing a health promotion series that targets diverse populations regardless of age or body image. (06)

Referred to the Commission on Health of the Public. The COHP accepted this resolution for information. While the AAFP is involved in a number of endeavors to assist members in enhancing the provision of culturally competent care, revising current resources would be cost-prohibitive. Current and future materials are being developed with this sensitivity.

CURRICULUM - MEDICAL SCHOOLS

- Recommended the Board of Directors support the concept of mandatory exposure to family practice early in the medical school curriculum. (76)

Sent to Commission on Education.

- Recommended that medical schools be mandated to provide family practice clinical exposure prior to the final year of medical school, and that the AAFP encourage all medical schools to add a required clerkship in family medicine to the third year curriculum. (78)

Sent to Commission on Education.

- Recommended the AAFP encourage residencies to support the concept of an experience in rural and inner city areas. (78)

Referred to COE, RRC, RAP and STFM.

- Recommended that all medical schools be encouraged to provide at least an optional family practice clerkship and/or preceptorship. (79)

CURRICULUM - MEDICAL SCHOOLS (Continued)

Adopted by 1979 COD. Currently revisions are being made in the LCME's new Essentials for Medical Schools; the AAFP asked that family practice be included as one of the six required rotations during the clinical years, and that this requirement be reflected in the LCME Essentials. The final LCME policy statement did not include family practice as one of the required rotations, but new language put it into recommended status, which is a stronger statement than previously.

- Supported inclusion of required course in nutrition in all U.S. medical schools. (81)

COD adopted substitute resolution supporting inclusion of significant education in nutrition in all U.S. medical schools.

- Encouraged medical schools to provide an elective on logistics, business/financial and legal aspects of medicine. (82)

CRSA did not adopt.

- Recommended developing a policy to encourage medical schools to provide an elective on logistics, business financial and legal aspects of medicine. (82)

CRSA accepted for information, no action taken, AAFP does not have a role in determining curriculum.

- Recommended the CRSA investigate methods of promoting development and strengthening of cross-cultural curriculum in residency training and medical school training. (83)
- Recommended the AAFP investigate methods to develop and strengthen cross-cultural curricula in residency and medical school training. (83)

Several articles on cross-cultural medicine appeared in 1984 issues of the *AAFP Reporter*.

- Recommend exploring the possibility of supporting the concept of an elective/clerkship in "organizational family medicine" duration in conjunction with one or more medical schools to be based in AAFP Headquarters. (87)

The CRSA directed AAFP staff to investigate options for creating a student elective organizational medicine, the primary purpose of which would be to help the Academy develop its student activities. AAFP staff will work with NCSM Chair to arrange for elective credit for work related to role of the Chair.

- Recommended the CRSA strongly support the promotion of family medicine involvement in the first three years of medical education. (87)

CRSA accepted for information, no action taken, noting that it is an ongoing interest of the Academy to increase exposure to the specialty to first, second and third year medical students.

- Recommended the CRSA work to make Family Practice a required clinical rotation within the first three years in all U.S. medical schools. (88)

CRSA incorporated intent of this resolution into its consideration of Resolution on Family Medicine Involvement Early in Medical Education.

CURRICULUM - MEDICAL SCHOOLS (Continued)

- Recommended the CRSA urge the AAFP to work toward the requirement of a primary care geriatrics rotation of at least 2 weeks in duration during the clinical years of medical school. (88)

CRSA accepted for information, no action taken, noting that the specialty has a first-order priority to establish required rotations in family practice in medical schools, during which exposure to primary care geriatrics is encountered.

- Recommended the CRSA urge the AAFP to: 1) Encourage residents and students to petition departments of family medicine for more active involvement during the first two years of medical school; 2) Encourage family practice program directors to increase the involvement of residents and faculty with first and second year students; and 3) Continue to petition medical schools to develop required third year clerkships in family medicine. (88)

CRSA recommended to the BOD that the COE and Student Interest Task Force consider these issues. BOD referred to COE and SITF.

- Recommended the AAFP strongly encourage the LCME to require a mandatory course on clinical nutrition in the curriculum of all medical schools. (89)

CRSA recommended the BOD encourage the LCME to require incorporation of clinical nutrition education in all medical schools. BOD passed and referred to COE.

COE recommended the AAFP send a letter to the secretaries of LCME, which would ask them to consider a required experience in clinical nutrition education in the curriculum of all medical schools.

- Recommended the AAFP appoint a task force to study the current training process for medical school curriculum and explore new trends in education and report back to the NCSM. (90)

CRSA accepted for information, no action taken, noting the Student Interest Task Force deals with these issues. CRSA did request the SITF report be included in future NCFPR/NCSM meeting notebooks. Referred to SITF.

SITF felt that the resident and student on the task force write Annual Reports which are included in the NCFPR/NCSM notebooks, and this covers the issues dealt with by the task force.

- Recommended the AAFP actively participate in and support the work of IHMEC in establishing a core curriculum in international health for North American physicians and medical students, and that the AAFP provide representation at two IHMEC meetings per year on an annual basis, and that the AAFP support the work of IHMEC in the development of a fellowship in international health that would be recognized by multiple primary care specialty organizations including AAFP. (91)

AAFP COD referred to the Commission on Education

- Recommended the AAFP's efforts should include but not be limited to, supplementation of Basic Science lectures with clinical correlations presented by a practicing clinician, and increased exposure to history taking and physical diagnosis be provided during the first year of medical school. (93)

CRSA supported the recommendation and laterally referred to the Commission on Education for consideration. COE recommended to BOD that AAFP endorse the

CURRICULUM - MEDICAL SCHOOLS (Continued)

concepts in the resolution and AAFP endorsement be communicated to ADFM and STFM.

- Recommended that the AAFP develop a comprehensive curriculum to be distributed to all medical schools on cross-cultural issues. (95)

In reviewing the recently developed Core Curriculum Guidelines on Culturally Sensitive and Competent Health Care, the Commission on Education feels that these are well done and meet the intent of this recommendation.

- Recommended the CRSA/AAFP encourage medical students to include in their curriculum information about Community Oriented Primary Care (COPC), community health service Development (CHSD), and demographics and health care access of issues of rural areas. (96)

Referred to the Commission on Education. Accepted for information and noted that the information requested is currently available in AAFP Reprint No. 289-A, "Special Considerations in the Preparation of Family Practice Residents Interested in Rural Practice."

- Recommended the CRSA/AAFP should address a letter to the Content Committee of the United States Medical Licensure Exam steps one (1) through three (3) requesting that commonly seen clinical nutrition and dietetics be included as examination questions on the USMLE Steps 1 through 3. (96)

Referred to the Commission on Education. Accepted for information and noted that the AMA, through its contact with USMLE, will be addressing these curricular issues.

- Recommended the CRSA investigate appropriate avenues (such as the Liaison Committee on Medical Education) to address the issue of increasing training in nutritional and dietetic education in medical schools. (96)

Referred to the Commission on Education. Accepted for information and noted that the COE believes petitioning the LCME on particular curricular element is counter to the operation of that body.

- Recommended the CRSA encourage and provide family practice physicians, residents and students with tools (such as conflict resolution skills) as part of their continued medical training. (96)

Referred to the Committee on Resident Student Affairs. The committee received for information and noted that it is currently being accomplished through workshops planned for NCFPR/NCSM.

- Recommended the AAFP encourage medical school education in evidence-based medicine, and support of student-initiated research activities. (97)

Referred to the Commission on Education. The COE accepted this resolution for information and noted the AAFP Reprint No. 280, "Recommended Core Educational Guidelines for Family Practice Residents – Research and Scholarly Activity," addresses this resolution.

CURRICULUM - MEDICAL SCHOOLS (Continued)

- Recommended the AAFP work with organizations such as the Society of Teachers of Family Medicine (STFM) and the Residency Review Committee (RRC) to revise requirements to include in clerkship and residency curricula content on disparities in underserved and minority communities, including ways to address these disparities. (02)

Referred to the Commission on Education. The COE agreed that this resolution be adopted. It was noted that the Association of Family Practice Residency Directors (AFPRD), in collaboration with the Society of Teachers of Family Medicine (STFM), the Association of Departments of Family Medicine (ADFM) and North American Primary Care Research Group (NAPCRG) has made recommendations to the COE for revisions to the RRC-FP program requirements for accreditation. Additionally, sessions at the Program Directors Workshop (PDW) and the Residency Assistance Program (RAP) Workshop address this issue.

AFPRD has made plans to post the Institute of Medicine's paper, *The Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (2002), on its web portal.

- Recommended the AAFP recommend to the Council of Academic Family Medicine to explore creating curriculum recommendations to incorporate a longitudinal continuity of care experience throughout medical school, such as a four-year weekly continuity clinic. (09)

Referred to the Commission on Education. The COE agreed with this resolution. The idea of incorporating continuity experiences in undergraduate medical curriculum and the value associated with these experiences was supported by the group. There was discussion regarding the ability of medical schools to implement continuity experiences. It was acknowledged that the resolution was general in its language and would allow for general curricular recommendations and guidelines that would help facilitate the implementation of this type of experience in medical school, if possible.

- Recommended the AAFP create a policy statement promoting the inclusion of principles of practice management, health policy, and basic business principles in medical student education. (11)

Referred to the Commission on Education. The COE agreed with this resolution and appointed a working group to explore the options for developing policy language.

- Recommended the AAFP request the Society of Teachers of Family Medicine (STFM) to develop guidelines for a curriculum to teach business principles to undergraduate medical students. (12)

Referred to the Commission on Education. The COE agreed with this resolution. The Society of Teachers of Family Medicine (STFM) currently has a process for taking feedback on new elements that might need to be added to the Family Medicine Core Clerkship Curriculum, a teaching resource for all family medicine faculty and medical student education directors. A formal recommendation on this topic was made to the group at the 2013 STFM Conference on Medical Student Education in San Antonio and was accepted.

- Recommended the AAFP encourage the Association of American Medical Colleges and the Liaison Committee on Medical Education to support the inclusion of humanities into medical education curricula. (13)

CURRICULUM - MEDICAL SCHOOLS (Continued)

The COE indicated that the AAFP does not have authority over LCME regarding standards for medical school curriculum and accreditation. Many medical schools are including humanities in curriculum, and resources are already in existence from AAMC and STFM to support including humanities in curricula. Opportunities were identified to support and share best practices with FMIGs in incorporating humanities-related elements in programming.

- Recommended the AAFP support medical student education in motivational interviewing to effectively modify and improve patient health behaviors in a patient-centered manner. (13)

The COE noted that the AAFP does not have authority over the LCME regarding standards for medical school curriculum and accreditation. Many medical schools are including motivational interviewing as a skill development and resources are already in existence from AAFP and STFM to support medical schools teaching motivational interviewing. Opportunities were identified for the AAFP to leverage existing resources from the Practice Advancement Division for FMIGs to include elements of motivational interviewing in programming.

- Recommended the AAFP consider policy that specifically supports residency programs that participate in the three-year medical school accelerated curriculum in family medicine, and the AAFP encourage family medicine residencies to investigate the three-year accelerated program at their affiliated medical schools based on currently successful models. (13)

The COE discussed concerns with these models, including breadth of educational experience, student maturity and growth, and competency of graduates. It was noted that accelerated medical school programs existed in the 1970s and were phased out. Current three-year programs are in their infancy and limited information exists regarding outcomes. The AAFP is investigating the outcome of these programs and support of medical schools producing family physicians is already covered in current policy, with three-year programs not in conflict with the policy. It was determined that separate policy is not necessary.

DENTAL CARE

- Recommended the AAFP investigate the addition of tooth extraction to the training of family medicine residents, and the National Conference of Family Medicine Residents and Medical Students investigate offering a workshop on simple emergency dental procedures, including tooth extraction, and emphasize that dental procedures should be used by family physicians only after all reasonable attempts have been made to procure licensed dental care for patients. (05)

The Board of Directors accepted the first resolved clause for information as there is already curriculum. The Board referred the second resolved clause to the Commission on Education (Subcommittee on National Conference Planning).

The COE agreed to implement the second resolved clause. The Subcommittee on National Conference Planning selected a workshop proposal on “Dental Emergencies and Procedures for Family Physicians” for presentation at the 2006 conference. It was acknowledged that the intent of this resolution was to address the immediate needs of uninsured and underserved populations with poor access to dental care, recognizing that dental procedures should be performed by family physicians only after all reasonable attempts have been made to procure licensed dental care for patients.

DIETARY SODIUM

- Recommended the AAFP create a policy on dietary sodium reduction on a population level, and the AAFP advocate for the removal of sodium's "Generally Recognized As Safe" (GRAS) status, including but not limited to, writing a letter to the Food and Drug Administration, and the AAFP publish in its journal *American Family Physician* a statement outlining its position regarding the "Generally Recognized As Safe" classification of sodium, and the AAFP disseminate information to its members highlighting the distinction between limiting the use of sodium a preservative versus its use as a taste enhancer. (13)

The CHPS indicated the AAFP is already addressing the issue by sending a letter to the Food and Drug Administration (FDA), as well as citing the Institute of Medicine's 2013 report, "Sodium Intake in Populations: Assessment of Evidence," in the letter. The CHPS Subcommittee on Public Health Issues (SPHI) will develop a strategy on sodium based on the response from the FDA.

The SPHI will ask the *American Family Physician* (AFP) to consider publishing the IOM report. The AFP published an editorial on sodium restriction in heart failure in its April 1, 2014 issue.

DIETARY SUPPLEMENTS

- Recommended the AAFP support labeling of dietary supplements, which include exact composition, side effects, contraindications and effectiveness of the supplements. (99)

Referred to the Commission on Legislation and Governmental Affairs. The CLGA accepted this resolution for information. Staff will continue to monitor legislation and look for opportunities to support bills that regulate biologically active substances for which health claims have been made.

DIRECTORY OF FAMILY PRACTICE RESIDENCY PROGRAMS

- Recommended CRSA study the feasibility of compiling a directory of family practice residency programs. (75)
- Recommended development of a compendium of family practice residencies including items of interest to residency applicants. (76)

***Directory of Family Practice Residency Programs* developed with cooperation of AMSA and printed for the first time in May 1979. Yearly updates since then have been continued, as the *Directory* continues to be popular with medical students choosing a residency.**

- Supported the recommendation of the Committee on Research that each medical school library in the U.S. receive a free copy of the *Directory*. (80)
- Recommended the CRSA study the feasibility of including preceptorship and clerkship information in the *Directory of Family Practice Residency Programs*. (81)

CRSA accepted for information, no action taken, noting the Education Division was considering preparation of a Preceptorship/Clerkship Directory.

- Recommended the AAFP distribute information to all third and fourth year medical students concerning the availability of the *AAFP Directory of Family Practice Residency Program*, its costs, and how it can be purchased. (91)

DIRECTORY OF FAMILY PRACTICE RESIDENCY PROGRAMS (Continued)

CRSA accepted for information, noting this is presently being done through the efforts of the Student Interest Task Force through their third and fourth-year mailings.

- Recommended the AAFP/CRSA add to its *Directory of Family Practice Residency Programs* an individual page for each separately accredited program with a unique National Residency Matching Program match number, and for each program listed in the *Directory of Family Practice Residency Programs*, under the category “residency training time in required rotations,” the specification of “rural” months required be added. (98)

Referred to the Commission on Education. The COE agreed that: 1) The *Directory of Family Practice Residency Programs* have a separate page for each separately – accredited program; 2) the word “rural” be added to the directory page “Residency Programs with Special Features”; 3) staff is to request input regarding the user friendliness of the directory during the National Conference and from the Committee on Resident and Student Affairs; 4) programs providing training for “urban/underserved” areas be listed in the same manner as approved for rural tracks; and 5) the directory web site information be updated to reflect these changes.

- Recommended the AAFP revise the current online AAFP Directory of Family Medicine Residency Programs to include the ability to search by multiple characteristics as determined by a medical student usability study. (09)

Referred to the Commission on Education. The COE accepted this resolution for information. In the summer of 2009, significant revisions were made in the AAFP Resident Directory consistent with the intent of this resolution. Revisions were tested and affirmed by a focus group of medical students in the fall of 2009. The revised online directory includes search functions that permit the user to find programs by state, program size, type, community setting, and desired benefits. It was noted that the AAFP does not recognize the terms ‘opposed’ and ‘unopposed’ when referring to residency programs because these terms are considered pejorative by the residency community.

DISABLED PATIENTS

- Recommended the AAFP investigate providing family physicians with an easily accessible reference of medical and social resources to help aid their disabled patients in transitioning from childhood to adulthood. (06)

Referred to the Commission on Health of the Public. The COHP accepted this resolution for information. Staff has posted the requested resources and information on the AAFP website.

DISCRIMINATION

- Recommended the AAFP change the Academy's current policy on discrimination to read as follows; "The AAFP recommends consideration for membership in chapters of the AAFP of any student, resident or duly-licensed graduate of an ACGME-approved family practice residency irrespective of race, color, religion, gender, sexual orientation, ethnic affiliation or national origin. (93)

DISCRIMINATION (Continued)

COD did not adopt.

- Recommended that the AAFP state that it is ethically unacceptable for its members to deny medical care to gay, lesbian, bisexual and transgender patients based on their sexual and emotional orientation. (95)
- Recommended the CRSA requests (1) the Association of Family Practice Residency Directors (AFPRD) include a workshop on “Heterosexism in Resident Selection” at the AFPRD Program Directors’ Meeting and that the CSC offer to assist in its development, and (2) the AAFP consider making the same workshop a part of the Chief Resident Development Program. (97)

Referred to the Commission on Education. The COE received this resolution for information and determined that the resolution be forwarded for information only to the AFPRD and to the Program Manager of the AAFP Chief Resident Development Program.

- Recommended the CRSA through its contacts with educational organizations, encourage faculty and preceptors to avoid exclusion of students and residents on the basis of gender during gender sensitive discussions, and anatomy sensitive examinations/procedures of opposite gender patients, subject to the patients’ consent, and the CRSA develop a broad non-discrimination statement that supports equal opportunity in medical education for residents and students of both genders and includes, but is not limited to, issues of gender sensitive discussions and anatomy sensitive examination/procedures. (97)

Referred to the Commission on Education. The COE determined that a letter should be sent to the Association of Family Practice Residency Directors (AFPRD), Association of Departments of Family Medicine (ADFM), and the Predoctoral Group of the Society of Teachers of Family Medicine (STFM) expressing the concerns of the NCSM and requesting that the organizations consider addressing the issues included in this resolution.

- Recommended the AAFP adopt the following policy statement on discrimination in residency selection and resident training, “The AAFP supports the principle that in the residency selection process and in resident training, residents should not be discriminated against on the basis of race, color, religion, gender, sexual orientation, ethnic affiliation, marital or parental status, health or economic status, body habitus or national origin.” (97)

Referred to the Commission on Education. The COE accepted this resolution for information noting that current AAFP policies, the Americans Disabilities Act and other laws appropriately address this issue.

DISTRACTED DRIVING

- Recommended the AAFP encourage physicians to include distracted driving discussions as part of anticipatory guidance for teenage patients. (12)

Referred to the Commission on Health of the Public and Science. The CHPS agreed with this resolution and incorporated additional language about discussing distracted driving with patients in the existing policy on Driver Distraction.

DOCTORS OUGHT TO CARE (DOC)

- Reaffirmed and supported presence of DOC at NCSM/NCFPR. (81)

(Editorial Note: See NCSM/NCFPR Meeting Suggestions.)

DOCUMENTATION

- Encouraged all residency programs to document all experiences by some logical method of record keeping. The AAFP should be responsible for dissemination of information on documentation. (78)

Sent to Commission on Education. A current concern of AAFP is not only documentation during residency, but also afterwards, while in practice. The Committee on Hospitals has also been working in this area.

- Recommended the AAFP develop a national resident documentation system which would include user-friendly computer software for data entry by residents, and the data expunged of all identifiers be available to the AAFP for periodic correlation and distribution. (90)

AAFP COD adopted substitute resolution: that the AAFP continued to investigate the development of a national resident documentation system. Referred to COE.

DOMESTIC VIOLENCE

- Recommended that the CRSA/AAFP takes the lead in research of domestic violence issues, with the goal of structuring the most effective methods of addressing domestic violence in the doctor, patient relationship; that the CRSA/AAFP takes the lead in structuring educational programs for medical students and residents on the best approach for identifying, treating, and preventing domestic violence; that CRSA/AAFP strongly encourage that effective education in domestic violence be a mandated part of every medical school and residency program curriculum; and that the CRSA/AAFP includes same sex domestic violence when addressing the issue of domestic violence. (94)

CRSA adopted the concept of the first resolved and laterally referred to the Committee on Research. CRSA adopted the concept of the 2nd and 3rd resolves and laterally referred to COSICI. 2nd resolved addresses medical school and residency curriculum therefore this is being sent to COE for review. 3rd resolved is already addressed in the AAFP's White Paper on Family Violence. No further action was recommended.

DRUG REGIMENS

- Recommended the AAFP recommend re-evaluating patient drug regimens at every office visit or at least yearly with goal to reduce the number of unnecessary medications by checking for inappropriate use and adverse drug interactions and by promoting lifestyle modifications such as exercise, diet, and counseling. (00)

Referred to the Commission on Health Care Services and Commission on Public Health. CHCS and CPH accepted for information.

ECONOMIC HARDSHIP DEFERMENT

- Recommended the AAFP send letters to the United States Executive Branch leadership, including the President, Vice President, Secretary of Health and Human Services, Secretary of Education, and Surgeon General of the United States, advocating for the restoration of the Economic Hardship Deferment for the sake of primary care in America, and the FamMedPAC make restoration of Economic Hardship Deferment one of its top three priorities for the next legislative session. (08)

Referred to the Commission on Governmental Advocacy and the Board of Directors. The CGA accepted this resolution for information, drawing attention to a similar resolution adopted by the Congress of Delegates. The commission recommended to the Board of Directors that AAFP resend the letter that was sent to the former HHS Secretary to the new Secretary and the 111th Congress calling for the reinstatement of the 20/220 pathway which then would be available to all medical students and residents, regardless of their specialty.

The BOD accepted this resolution for information. In light of Resolution No. 605 from the Congress of Delegates, the Board agreed that the AAFP is already on record of advocating for reinstatement of the 20/220 pathway. It is believed that this issue should be raised as a priority item relative to workforce reform, but not as one of the top three priorities.

ELECTRONIC HEALTH RECORDS

- Recommended the AAFP amend the current policy on electronic health records, endorsing compatibility across multiple electronic health record systems in an effort to allow the seamless sharing of protected medical data as patients move between medical providers. (12)

Referred to the Commission on Quality and Practice The CQP accepted this resolution for information. The CQP noted that the AAFP continues its policy to advocate for the appropriate sharing of patient health information in a manner to maintain intended clinical meaning and ensure its accessibility at the point and time of care, wherever and whenever that patient-physician interaction may occur. This advocacy position is currently reflected in the AAFP electronic health record policy.

ELECTRONIC INFORMATION NETWORK

- Recommended that the AAFP, via appropriate channels, encourage all family medicine residency programs to establish access to the Internet. (95)

This is currently being investigated by the Executive Vice President

- Recommended that the AAFP promote computer literacy training in family practice residency and medical school curricula. (95)

The Commission on Education passed a motion to inform the NCSM that the AAFP is currently promoting computer literacy training through the development of Core Educational Guidelines on Medical Informatics and Computer Applications.

ELECTRONIC MEDICAL RECORDS

- Recommended the AAFP consider conducting a feasibility study which explores specific recommendations on the creation and implementation of a single, centralized public or private electronic medical records (EMR) system which is comprehensive, secure, and user-friendly and the AAFP consider conducting a study which investigates the short-term and long-term cost of integrating existing electronic medical records (EMR) systems into a single, centralized public or private EMR system. (08)

Referred to the Commission on Quality and Practice. The CQP determined this would not be feasible and would require reallocation of AAFP resources from higher strategic priority tasks.

ELECTRONIC MEDICAL RECORDS - TRAINING

- Recommended the AAFP advocate to the Liaison Committee on Medical Education to recommend the inclusion of EMR training into current Educational Standards. (12)

Referred to the Commission on Education. The COE agreed with this resolution and discussed at length the appropriate governing body to enforce the training of medical students in concepts associated with the EMR and agreed that all students need access to EMR training. Educational principles may need to be developed on how to teach the concepts of meaningful use and ways to get an EMR to accomplish the necessary standards associated with the PCMH. The Liaison Committee on Medical Education (LCME) sets the standards for medical education but does not write curriculum nor include any topics associated with EMR in its standards. The AAFP does not have a formal representative to the LCME.

ELECTRONIC RESIDENCY APPLICATION SYSTEM

- Recommended that the AAFP continue to monitor the use and accessibility of the Electronic Residency Application Service (ERAS) develop an AAFP information source, such as a contact person at the national office, aimed at easing student use of the service. (97)

Referred to Commission on Education. The COE accepted this resolution for information and noted that the AAFP continues to monitor the use and accessibility of ERAS.

EMERGENCY/HOSPITAL SERVICES HIGH UTILIZERS

- Recommended the AAFP explore collaboration with other organizations to develop best practices for interventions that aim to reduce high utilization of emergency and hospital services. (13)

This resolution was adopted as a response to the growing industry understanding of the capacity of family physicians to act as the primary steward of increasingly scarce health care resources. The CQP accepted this resolution for information based on the fact that the AAFP's past and ongoing activities to engage external organizations to develop best practices in interventions and delivery models to reduce unnecessary utilization of emergency and/or hospital services appropriately fulfills the intent of the resolved clauses.

EMERGENCY MEDICINE

- Recommended that the AAFP actively encourage the development of additional emergency medicine fellowships for family physicians who desire advanced training. (94)

CRSA approved the recommendation and laterally referred to the COE.

The COE was not convinced that advanced training after residency, such as in a fellowship, is necessary for family physicians to provide emergency services in hospital emergency departments. The COE is worried that recommended fellowship training in emergency medicine may imply that family practice residency graduates are not adequately trained in emergency medicine, with which the COE disagrees also. The COE is worried that further recommendations for advanced training in one or more areas of family medicine may in time serve to fragment the specialty of family practice.

- Recommended the AAFP work with the national leadership of emergency medicine physicians to develop mechanisms for referring uninsured and/or underserved patients to family physicians for regular primary, preventative care. (99)

Referred to the Commission on Public Health. The COPH accepted this resolution for information and instructed staff to contact the National Association of Social Work to explore the issue.

ENVIRONMENT

- Recommended the AAFP has a responsibility to protect the health and welfare of this generation and future generations, and that this requires a healthy, unpolluted environment, and that the AAFP reaffirm and increase its commitment to protecting the environment on a local, national, and international level by activities such as (but not limited to): 1) Commending and encouraging further environmentally sound practice in all AAFP routine and special activities, 2) Encouraging environmentally sound practices by physicians in their daily practice, 3) Encouraging physicians to educate their patients with regard to environmentally sound practices and the importance of the environment through dispensing information on these topics and by example 4) Encouraging pharmaceutical companies to package products such as drugs and procedure kits in an environmentally sound and conservative manner, 5) Increasing support for research on the health risks of environmental pollutants and toxins and the health consequences of environmental problems, 6) Encouraging legislative action to protect the environment in particular in the areas where the above research has indicated specific health risks, 7) Encouraging cooperation with foreign medical societies to help protect the environment throughout the world, 8) Encouraging cooperation with foreign medical societies and other relevant institutions to improve Third World environmental practices specifically with regard to adequate sanitation and a safe water supply. (91)

AAFP COD referred to the Commission on Public Health & Scientific Affairs. The Commission on Public Health & Scientific Affairs has updated policy to include many issues and has also been involved in providing information to physicians regarding Environmental Tobacco Smoke (ETS). A slide show for use with school age children was developed and titled "Community Health Advice and Talk Series" (CHATS).

- Recommended that the CRSA/AAFP support action at the state and national levels to prevent continued generation of dioxins and related environmental pollutants and the CRSA/AAFP support action of the state and national levels to prevent continued generation of dioxins and related pollutants in light of the quantity of these pollutants produced by the medical field. (97)

ENVIRONMENT (Continued)

Referred to the Commission on Public Health.

ENVIRONMENT - LOW-LEVEL RADIOACTIVE WASTE DISPOSAL

- Recommended the AAFP support legislation currently in committee in both the U.S. Senate (S111) and the U.S. House of Representatives (HR645) that would overturn the NRC's BRC policies and clarify state authority over the disposal of radioactive waste, and that the AAFP urge the U.S. Congress to rescind Section 10 of the 1985 Low-Level Radioactive Waste Policy Amendments Act (PL89-240) which requires the NRC to set BRC standards, and that the AAFP urge the Nuclear Regulatory Commission, the Department of Energy, the Environmental Protection Agency and the U.S. Congress to halt all activities that would result in the deregulation of radioactive waste until such time in the future when the health risks of exposure to low-level ionizing radiation are better known. (91)

AAFP COD referred to Board of Directors for further investigation by the Academy.

ENVIRONMENT - MEDICAL WASTE DISPOSAL

- Recommended the AAFP draft and actively lobby the US Congress to enact legislation for safer disposal of contaminated medical waste. (88)

COD adopted substitute resolution: That the AAFP support and actively lobby the US Congress to enact legislation regarding safer disposal of contaminated medical waste and, that the AAFP educate its members on federal regulations pertaining to medical waste disposal. Referred to Commission on Legislation and Governmental Affairs.

- Recommended that to attempt to reduce the amount of medical waste, the AAFP develop and distribute a comprehensive list of environmentally committed biomedical companies. The list will include companies committed to recycling, reduced packaging and the production of reusable products and that this information be communicated to the membership. (92)

COD referred to the Board of Directors.

EQUAL ACCESS

- Recommended the AAFP/CRSA consider adopting the theme "Equal Access for the New Millennium" for its year 2000 National Conference of Family Practice Residents and Medical Students to recognize the diverse needs of patients, fellow medical students, and physicians with regard to their race, ethnicity, gender, sexual orientation, functional ability, age, national origin, and spirituality. (99)

Referred to the Committee on Resident and Student Affairs. The CRSA adopted the theme "A Challenge for the New Millennium: Caring for the Underserved" for the 2000 National Conference.

ETHICS

- Recommended the CRSA investigate ways for students/residents to seek redress for unfair/discriminatory questions asked during the residency selection process, and communicate to all program directors the concerns in this area. (84)

These subjects were addressed at the AAFP's 1985 RAP Workshop and 1985 Program Directors Workshop, where a number of residency program faculty were exposed to these concerns.

- Recommended that the AAFP work towards a revision in the General Essentials prohibiting discrimination by residency programs based on relationships of applicants and/or current residents. (84)

Accepted for information by the CRSA, no action taken.

ETHICS – CURRICULUM

- Recommended the AAFP: 1) support and encourage further development of curricula in medical ethics at all levels of training; 2) increase awareness that all decisions made in medicine may involve ethical choices and value judgments; and 3) teach family physicians the essential method of ethical decision making that can be applied generally to all decisions involving ourselves, individual patients, and society, and that the CRSA support the addition of guidelines for education in medical ethics to the special essentials of graduate education in family practice. (85)

Referred to the Committee on Education.

- Recommended the CRSA support the addition of guidelines for education in medical ethics to the "Special Requirements for Residency Training in Family Practice". (85)

BOD approved. Will urge the AAFP representative on RRC to do this.

ETHICS – END-OF-LIFE DECISION POLICY

- Recommended the AAFP COD review the AMA Council of Ethical and Judicial Affairs Executive Summary on End of Life Decision, and that the AAFP COD discuss and develop a policy regarding the following: 1) Withdrawing/withholding life sustaining treatment, 2) Palliative treatment that may foreseeable hasten death, 3) Euthanasia, and 4) Physician assisted suicide. (91)

CRSA accepted for information, noting the AAFP Code of Ethics is the AMA Code. COD adopted substitute NCFPR resolution: That the appropriate AAFP committee review the recommendation in AMA Board Report B of the Council on Ethical and Judicial Affairs "Decision Near the End of Life: (A-'91 Meeting) and that the AAFP encourage the inclusion of end of life issues in its education programs, and that the AAFP encourage its members to play an active role in educating their patients and communities in regard to end of life decisions.

ETHICS – MEDICAL TRAINING

- Recommended that the AAFP encourage the study of ethics at all levels of medical training. (95)

ETHICS – MEDICAL TRAINING (Continued)

The Commission on Education noted that the AAFP currently encourages the study of ethics at all levels of medical training and accepted this recommendation for information.

ETHICS – PHYSICIAN/INDUSTRY RELATIONS

- Recommended the AAFP support including curricula in medical school education concerning the ethics of physician-industry interactions, particularly in relation to pharmaceutical research and marketing, and recommend to the National Conference Planning Committee that a workshop on appropriate physician, medical student and residency program interactions with the pharmaceutical industry be included at the National Conference. (05)

Referred to the Commission on Education. The COE accepted the first resolved clause for information. The commission noted that current resources, such as the AMA's *Code of Ethics* and the resources available on the STFM website dealing with pharmaceutical and proprietary companies, provide the appropriate policy and content for medical schools and residency programs to emulate. Specific content areas, such as dealing with sampling and pharmaceutical representatives, will be incorporated in the next update of the practice management curriculum guideline.

The COE agreed to implement the second resolved clause. Given the level of interest shown in this topic over time, the Subcommittee on National Conference Planning approved a recommendation to present a 2006 workshop session on the ethics of relationships between physicians and the pharmaceutical industry.

- Recommended the AAFP review and update practice guidelines for physician interactions with pharmaceutical sales representatives, with specific attention to the Pharmaceutical Research and Manufacturers of America's revised "2008 Code on Interactions with Healthcare Professionals." (08)

Referred to the Board of Directors. The BOD accepted this resolution for information. The revised code adopted by PhRMA in July 2008, that became effective on January 1, 2009, is already listed as an AAFP policy.

- Recommended the AAFP consider developing educational resources similar to the American College of Physicians' (ACP) "DRUG SMART" curriculum and card for residents and students regarding appropriate physician-industry interactions. (08)

Referred to the Commission on Education. The COE agreed that the AAFP should disseminate resources for students and residents regarding the appropriate evaluation of information from the pharmaceutical industry, including interaction with representatives. Already developed resources, such as the ACP "Drug Smart" curriculum and card and the 2009 AMA implementation guidelines should be included in clinical resources as examples of evidence-based best practices on how to critically evaluate information. The subcommittee also discussed these items as "benefits of membership" to residents.

ETHNIC DIVERSITY

- Recommended the AAFP incorporate in its publications and identification symbols, images reflecting the diversity of family physicians, and families. (92)

ETHNIC DIVERSITY (Continued)

CRSA adopted and referred to the Publications Committee.

Family Practice Management published an article entitled "Do You Know What Your Patients Expect?" in the May, 1994 issue which addresses this area. The AAFP and FPR editors noted that they welcome suggestions on topics in this area for possible publication.

EVIDENCE-BASED MEDICINE

- Recommended that the AAFP recognize the importance of patient-centered evidence-based research in making clinical decisions. (97)

Referred to Congress of Delegates and adopted; no further action necessary.

FAMILY MEDICINE EXPOSURE

- Recommended, the AAFP take measures to encourage contact between first and second year students and community family physicians by exploring the feasibility and development of such programs as: 1) Rural University Outreach Program at the University of Washington, 2) Observership at the Oregon Health Sciences University, 3) Preceptorship at the University of Washington, 4) Primary Care Conference at East Carolina University and 5) Summer Externships with community family physicians between first and second year training; and that the AAFP seek to develop strategies of continued exposure to family medicine during the third and fourth year of medical school. (92)

CRSA adopted and referred to the Student Interest Task Force.

- Recommended the AAFP develop and fund a national day for medical students and communities to recognize, educate and promote the specialty of family practice and develop and announce this initiative in a timely manner. (98)

The Congress of Delegates adopted a recommendation to refer this resolution to the Board of Directors. The Committee on Communications reviewed plans for National Primary Care Week September 27 - October 2, 1999 and agreed that this effort addresses the need identified in this resolution.

- Recommended that the AAFP, utilizing the results obtained from specialty choice research, develop written educational materials 1) to specifically address the misconceptions and the lack of information that dissuade medical students from pursuing family medicine and 2) to clearly delineate how family medicine can be differentiated from other primary specialties so that medical students can make well-informed specialty decisions and that the AAFP distribute these materials to student family medicine leaders, medical student organizations, such as the American Medical Student Association, and family medicine department chairpersons. (01)

Referred to the Commission on Resident and Student Issues. CRSI adopted the resolution, noting that some materials already exist and that new and different communications are under consideration.

- Recommended that the AAFP continue to support the Family Medical Interest Groups (FMIG) network in their efforts to collect survey data concerning the factors influencing current medical students' decision to choose family medicine as a specialty, process that information and return it to the network as resource material. (01)

FAMILY MEDICINE EXPOSURE (Continued)

Referred to the Commission on Resident and Student Issues. CRSI accepted the resolution for information, noting that the FMIG Network continues to be a key resource and that greater effort will be made to share relevant information.

- Recommended the AAFP encourage strong collaborative partnerships between the AAFP, Family Medicine Interest Groups (FMIGs), American Medical Student Association (AMSA), Student National Medical Association (SNMA), Primary Care Progress (PCP), Association of American Medical Colleges (AAMC), National Health Services Corps (NHSC) and all other primary care partners that are championing primary care advocacy. (12)

Referred to the Commission on Education. The COE reaffirmed this resolution. The AAFP currently works with all the entities mentioned in the resolution and reaffirmed that the AAFP should continue working with them to promote National Primary Care Week.

FAMILY MEDICINE EXTERNSHIPS/CLERKSHIPS

- Recommended the AAFP encourage all U.S. medical schools to require a family practice clerkship prior to the fourth year of medical school. (91)

AAFP COD adopted and referred to Commission on Education.

- Recommended the AAFP encourage its constituent chapters, especially those with target schools, to develop externship programs in family medicine, which may include but are not limited to 1) community programs, 2) statewide rural programs, and 3) exchanges to other institutions. (91)

CRSA recommended BOD refer to the Chapter Affairs Committee that AAFP encourage its constituent chapters, especially those with target schools, to develop externship programs in which students from schools without family medicine curricula may have opportunities to exchange with other institutions, community programs, and state wide rural programs in which they may obtain this experience.

- Recommended the CRSA investigate the externships/clerkships available in family medicine currently and the means by which they are publicized; and that the CRSA investigate strategies to make family medicine externships/clerkships more widely known among medical students. (92)

CRSA accepted for information, no action taken. This is being accomplished by the Division of Education's Clerkship Directory that is now being published.

- Recommended that the AAFP examine the possibility of publishing an educational course packet for family medicine clerkships to be created from articles appearing in the American Family Physician. (96)

Referred to Task Force on Student Interest. The SITF directed staff to contact the AAFP's Publication Division to discuss the development of reference articles to be reproduced in CD-Rom. Staff will forward this to the STFM's Predoctoral Network, which develops guidelines for family medicine clerkships. A letter will be written to the author of the articles, which appear in the AFP, informing him of the resolution and the request from students to continue developing this information.

FAMILY MEDICINE EXTERNSHIPS/CLERKSHIPS (Continued)

- Recommended the AAFP write a letter to the American Association of Medical Colleges (AAMC) and deans of all medical schools encouraging them to ensure that all students participating in family practice clerkships are precepted by licensed family physicians, and the AAFP serve as a resource for departments of family medicine to ensure that all students participating in family practice clerkships are precepted by a licensed family physician. (00)

Referred to the Commission on Education. The COE accepted this resolution for information.

FAMILY MEDICINE INTEREST GROUP (FMIG) CONSULT SERVICE

- Recommended the AAFP support the development of a FMIG consult service with specifics to be outlined by the CRSA and SITF. (90)

CRSA accepted for information, no action taken, noting these issues are currently being handled by the SITF. Recommendation was forwarded to the SITF for information.

SITF accepted for information, no action taken, noting the task force is already engaged in this activity.

FAMILY MEDICINE INTEREST GROUPS (FMIGs)

- Asked that an information packet about family practice clubs be compiled and sent out to encourage student involvement. (75)
- Recommended sending a letter to family practice department chairs and state chapter officers encouraging the formation of family practice clubs and offering assistance in the organization of these clubs, and that CRSA study the feasibility of state chapters sharing some of the financing of these FMIGs. (75)
- Recommended that the Board of Directors initiate a program of developing Family Practice Clubs and prepare an informational packet to assist in development of these clubs. (76)

Adopted by the Board of Directors. Updated informational packet developed and currently in use. Active program of promoting Family Medicine Interest Groups coordinated through divisions of Membership and Education.

- Recommended encouraging family practice interest groups to contact other local student groups, stating willingness to work together. (77)
- Recommended the word "club" be eliminated, and the word "group, forum or society" be substituted. (77)
- Encouraged substitution of the word "groups" instead of "clubs" in all AAFP documents, publications and communications and also in the name of these local student and/or resident organizations. (82)

Adopted by CRSA.

- Requested CRSA to establish a survey on FMIG activities and produce an indexed guide of FMIG projects. (84)

FAMILY MEDICINE INTEREST GROUPS (FMIGs) (Continued)

Follow-up survey done in early 1985, with new information to be included in the FMIG project book.

- Recommended the CRSA work with the AAFP Membership Division to continue to supply lists of student members from each school upon request to that school's FMIG or family practice department faculty contact person. (86)

CRSA referred to staff; an article in the *Resident/Student Newsletter* promoted the availability of these lists.

- Recommended that the AAFP investigate the impact on state chapters of vastly increased demand for resources and support by FMIG's sustaining significant increases in membership, and that the AAFP investigate sources of alternative funding for AAFP constituent chapter-supported student activities. (94)

CRSA recommended to the BOD which approved recommendations for a National FMIG Coordinator to be elected by the NCSM and to appoint five FMIG regional coordinators to assist the National FMIG coordinator.

- Recommended the AAFP constituent chapters be encouraged by the American of Family Physicians to inform FMIGs of the availability of funds for local FMIG activities through the American Academy of Family Physicians/Aventis Pharma/FMIG Support Program. (00)

Referred to the Commission on Chapter Affairs. The CCA suggested the following to further promote the availability of this funding: time the announcement of the program to coincide with the Fall organization of the FMIGs; ask the Committee on Resident and Student Affairs to promote the program to students; request that Regional Coordinators promote the availability of funds to the FMIGs; promote the availability of funds via the resident and student listserv; identify ways to phone and e-mail students directly or via an appropriate student web site; and place on the CHEX listserv a reminder about the deadline for application.

- Recommended the Committee on Resident and Student Affairs (CRSA) encourage national student delegates and students serving on committees/commissions to utilize the Family Medicine Interest Group network to obtain ideas and feedback from students around the nation. (00)

Referred to the Commission on Resident and Student Affairs. The CRSA adopted the resolution and agreed that the newly formed Commission on Resident and Student Issues accomplishes the objective of this resolution.

- Recommended the AAFP, on behalf of residents and medical students, send a letter to each family medicine residency program, student interest group, medical school dean's office, and medical school president's office requesting that the specialty of family physicians be referred to as "family medicine" and that programs discontinue the use of the term "family practice." (05)

Referred to the Commission on Education. The COE accepted this resolution for information, with the modification that the specialty be referred to as "family medicine" and that the residency programs discontinue the use of the term "family practice." Discussion addressed existing efforts by the family medicine community and its organizations to encourage the use of the term, "family medicine," and the financial and organizational barriers that may slow adoption by hospitals, medical schools and residencies.

FAMILY MEDICINE INTEREST GROUPS (FMIGs) (Continued)

- Recommended the AAFP utilize the Family Medicine Interest Group (FMIG) coordinator network to develop leadership training opportunities for all FMIGs at the constituent chapter level. (08)

Referred to the Commission on Education. The COE accepted this resolution for information. AAFP chapters vary in their staffing resources and finances and may not be able to undertake student leadership programming. The Division of Medical Education will continue to identify innovative ways to communicate what individual state chapters are doing around leadership development and disseminate best practices. Programming changes for the 2009 National Conference will allow for more opportunities for medical student to take advantage of indepth FMIG leadership development sessions.

- Recommended the AAFP promote American Academy of Family Physicians (AAFP) Foundation humanitarian programs to Family Medicine Interest Groups (FMIGs). (09)

Referred to the Commission on Education. The COE agreed with this resolution. There was consensus that the Family Medicine Interest Group Network is the appropriate venue to give better visibility and promotion to the AAFP Foundation humanitarian programs. The role of family medicine in global health activities and promotion of these activities is another way to stimulate student interest in the discipline.

- Recommended the FMIG National Coordinator investigate ways to make the American Academy of Family Physicians (AAFP) NEWS NOW and AAFP Connect for Family Medicine more accessible to medical students, and the Virtual FMIG Website include sign-up links to the AAFP NEWS NOW and Connect for Family Medicine on its main page. (11)

Referred to the Commission on Education. The COE accepted this resolution for information. The commission agreed that involving medical students in family medicine advocacy is an area of concern and advocacy resources should be highlighted. The suggested links have been added to the homepage of the Virtual FMIG website to the mentioned resources.

- Recommended the FMIG network should be expanded in order to include an international liaison representing American citizens and U.S. permanent residents enrolled in international medical schools. (12)

Referred to the Commission on Education. The COE accepted this resolution for information. The AAFP has metrics associated with recruiting more U.S. seniors to the specialty of family medicine, as well as metrics for the COE around this same goal. The mission statement and scope of work for the FMIG Network was discussed, including the practicality of a new role and responsibilities of a position like this, as well as staff oversight. The resolution called for recruitment of a subgroup and might be perceived as discriminatory by other IMGs or graduates. To maintain a fair and standard process, a budget would need to be created to cover this new position. The fiscal impact for the National Conference and Student Interest budgets would be approximately \$6,000. There are uncalculated significant implications for staff support of a new position that recruited students and provided a higher level of services to medical students enrolled in international medical schools.

FAMILY MEDICINE ROTATIONS

- Recommended the AAFP support and defend the training of medical students within the full scope of family practice during a family practice rotation to include exposure to the hospital setting. (99)

Referred to the Commission on Education. The COE agreed that the COE chair send a letter to Association of Departments of Family Medicine to encourage chairs of family medicine departments to review current curricular offerings so that they might include inpatient exposure in a hospital setting for medical students.

FAMILY PHYSICIAN - DEFINITION OF

- Recommended an investigation to reevaluate the definition of a family physician as laid down by the 1975 COD. (80)

CRSA referred to the BOD.

FAMILY PHYSICIANS AS LECTURERS FOR MEDICAL SCHOOL BASIC SCIENCE COURSES

- Recommended that the AAFP assist students in effecting change in their medical schools such that family physicians are utilized as lecturers in basic science courses. (94)

CRSA accepted for information and referred to NCFPR/NCSM Planning Committee for consideration of a workshop in 1995. Lists of mentors are usually available through the state chapters. CRSA considered for a workshop in 1995; however, it was not selected.

FAMILY PLANNING COUNSELING

- Recommended the NCSM urge the AAFP to: a) support the education of medical students, residents and new physicians regarding the medical and public health importance of access to safe termination of pregnancy and b) recommend that medical students, residents and new physicians receive training in counseling and referral skills for patients faced with unplanned pregnancies. (96)

Referred to the Commission on Education. Reaffirmed current AAFP policy and accepted this resolution for information.

FAMILY PRACTICE ALUMNI ASSOCIATIONS

- Recommended implementation of pilot Family Practice Alumni Associations and monitoring of their progress for future development. (83)

Referred to Commission on Education. CRSA has also been involved with this project. Several of these FPAA's have been implemented as of this time, with most coordination going on through state chapters.

FAMILY PRACTITIONERS AND NURSE PRACTITIONERS COOPERATIVE HEALTH CARE DELIVERY

- Recommended that the AAFP study the issue of physician and nurse practitioner cooperative health care delivery systems, and develop a position statement recommending specific cooperative health care delivery paradigms and directions for research and education. (94)

Adopted Substitute Resolution as Amended from the Floor: Recommended that the AAFP study the relationships of family physicians working with nurse practitioners, physician assistants and certified nurse midwives, and develop a position statement recommending collaborative health care delivery paradigms and directions for research and education. Amended from the floor by substituting "collaborative" for "cooperative." Referred to Commission on Health Care Services (CoHCS) where it was recommended to the BOD a definition of "Collaborative Practice Arrangement."

The Recommendation forwarded stresses the importance of an interdependent approach to health care that is based on patient needs and the skills and clinical competencies of health care team members.

FAMMEDPAC

- Recommended the AAFP investigate student and resident involvement with the FamMedPAC Board of Directors. (12)

Referred to the Commission on Governmental Advocacy and Commission on Education. The CGA and COE agreed with this resolution. As the lead commission on this resolution, the CGA developed recommendations for the consideration of the COE. The COE agreed with resolution and agreed with the recommendation developed by the CGA that AAFP designate the student and resident members of the CGA as liaisons to the FamMedPAC board of directors. It was noted that the current student and resident representatives to the CGA were supportive of this recommendation.

FAST FOOD RESTAURANTS

- Recommended the CRSA request the AAFP to encourage fast food restaurants to: 1) reduce saturated fat, 2) provide nutritional information, and 3) offer low-fat alternatives. (86)

CRSA accepted for information, no action taken.

- Recommended the AAFP encourage the fast food industry to retire marketing promotions to children and the AAFP encourage the fast food industry to broaden the definition of "child-targeted" marketing to include TV ads and other forms of marketing viewed by large numbers of children, but not exclusively targeted to them. (11)

Referred to the Commission on Health of the Public and Science. The CHPS accepted the resolution for information. The commission discussed the policy entitled, "Advertising: Youth Products," that addresses advertising campaigns that target youth. The commission decided that the first sentence of the existing policy addresses advertising campaigns. The commission revised the second sentence of the policy to make the meaning more clear. Moreover, the AAFP's Americans In Motion-Healthy Interventions (AIM-HI) program advocates there are no "bad foods."

FELLOWSHIP

- Recommended that the AAFP recognize the need for, and advocate the creation of, additional post-residency fellowships designed to provide advanced emergency surgery and obstetrical skills necessary to serve rural and/or frontier patient populations. (95)

The Committee on Rural Health concluded that a shortage of procedural training opportunities has not been documented however, they do not feel that this resolution is supportable and encourages the NCSM and CRSA to attempt some quantification in order to assess the adequacy of existing training opportunities.

FIREARM SAFETY

- Recommended the Academy develop educational materials and/or CME courses on firearm safety and clinical risk assessment for all families. (92)

CRSA adopted. Referred to the Committee on Public Health and Scientific Affairs. The AAFP currently has policy on firearms safety and laws. Firearms counseling is also included in the Age Charts. However, the AAFP has not developed educational materials, CME courses or clinical risk assessments for families.

- Recommended the AAFP investigate the addition of firearm avoidance training programs such as the Eddie Eagle Gun Safety Program to its teaching modules. (98)

Referred to the Commission on Public Health.

FREEDOM OF INFORMATION

- The NCSM commends the position taken by the AAFP BOD in opposition to the "gag rule" and in support of S323 which would repeal the "gag rule", and that the AAFP reaffirm its policy on confidentiality and commit itself to vigorously oppose any future legislation, not in conflict with other provisions of the policy on confidentiality, that would interfere with the free flow of information in the relationship between health care provider and patient or interfere with patients fundamental right to privacy. (91)

CRSA accepted for information, noting this was acted upon by the 1991 COD. The COD adopted similar resolution from National Conference of Women, Minority and New Physicians: That the AAFP pursue public policy affirming the right of physicians to discuss all health care options with their patients without government interference.

FUNDING OF MEDICAL EDUCATION

- Opposed legislation requiring American medical schools to accept as third year students, American citizens studying medicine abroad, as a prerequisite for receiving capitation funding. (77)
- Recommended supporting private lender loan programs. (80)

CRSA accepted for information, no action taken.

- Recommended AAFP adopt a policy on funding medical education. (82)

FUNDING OF MEDICAL EDUCATION (Continued)

- Recommended the AAFP support legislation that directs federal funding for medical education to be matched proportionally to each medical institution's production of primary care physicians. (91)

AAFP COD did not adopt. COD adopted following resolution: That the AAFP BOD seek within Congress and the administration the establishment of a national priority to train more primary care specialists in the disciplines of family medicine and general pediatrics. The goal of this national policy should be that by the year 2000 at least 50% of all US residency graduates will be from those three disciplines of medicine (excluding the subspecialties of internal medicine and pediatrics) and that at least 50% of these primary care specialists will be family physicians, and that the AAFP BOD develop and implement a strategic plan to accomplish this goal with its primary focus being the reallocation of current and future medical school funds and residency training funds generated by state and federal tax revenue) to assure its success.

- Recommended that the AAFP expand and annually update information on its Web site about graduate medical education financing and debt repayment sources available to medical students interested in family practice and family practice residents, and continue to update and produce its debt management guide every 2 years. (97)

Referred to Student Interest Task Force.

- Recommended that the AAFP regularly update its database of scholarship/loan repayment opportunities and provide access to this information through the resident and student websites. (01)

Referred to the Commission on Resident and Student Issues. CRSI adopted the motion to refer the resolution to the appropriate commission or committee with oversight for this topic area and database.

- Recommended the AAFP advocate for graduate medical education (GME) financing to continue regardless of the training location of the resident. (09)

Referred to the Commission on Education. The COE accepted this resolution for information, noting that the recommendation is part of the AAFP's ongoing advocacy efforts. The Academy supported legislation that would provide for GME reimbursement for each resident as on full-time equivalent (FTE). This would preclude the denial of funding for rural rotations by guaranteeing the residency program would receive full funding of each resident's salary and benefits regardless of the location of the rotation site.

GAY, LESBIAN, BISEXUAL, TRANSGENDER ISSUES

- Recommended that the AAFP publish a peer-reviewed monograph on gay, lesbian and bisexual health issues within the next two years. (94)

CRSA laterally referred this issue to the *American Family Physician*. According to the Publications Committee, monographs are only produced when outside funding is available. At this time, it would seem unlikely that funding could be obtained for such a topic.

GAY, LESBIAN, BISEXUAL, TRANSGENDER ISSUES (Continued)

- Recommended that a task force on lesbian, gay, bisexual, and transgender issues be created to provide a forum for discussion of issues related to sex and sexuality, particularly lesbian, gay, bisexual, and transgender issues, to encourage teaching and research on such issues, and to combat discrimination against lesbian, gay, bisexual, and transgender people. (94)

CRSA made a recommendation to the BOD that they charge the EVP to consult with the Chair, members and staff executive of the COSICI to determine and monitor the resources needed by the commission to thoroughly address and develop policy, where appropriate on issues related to sex and sexuality, particularly lesbian, gay, bisexual and transgender issues. The BOD did not adopt.

- Recommended that the AAFP will actively encourage clinical research on gay, lesbian, bisexual and transgender primary care issues; and that the AAFP will also encourage the submission of research proposals on gay, lesbian, bisexual and transgender issues to the AAFP Foundation grant program. (94)

CRSA adopted the concept of the recommendation and laterally referred to the Committee on Research. The committee asked the AAFP liaison to consider these issues when awarding grant monies. The committee discussed AMA and STFM activities on domestic violence issues and possible collaboration. The committee on Research asked Dr. Hueston to send a letter to the CRSA describing these activities and to acknowledge that this is an important area to research.

- Recommended that the AAFP publications for physicians and brochures for patients be inclusive of gay, lesbian, bisexual and transgender (GLBT) health issues and experiences. (94)

CRSA adopted the recommendation and laterally referred to the Committee on Publications. Dr. Jay Siwek, editor of the *AFP*, has indicated that he will actively solicit an article on this topic. Sarah West, patient education manager, will seek to incorporate GLBT issues where editorially relevant in brochures for patients.

- Recommended that the AAFP support ongoing communication and education regarding gay, lesbian, bisexual and transgender (GLBT) health issues. (95)

The Committee on Special Constituencies enthusiastically endorsed the concept of forming informal, unfunded Interest Groups to encourage additional networking and dialogue among those interested in various special population issues. The committee chair has prepared a concept paper describing this initiative.

- Recommended that the NCFPR/NCSM request that the Publications Committee actively pursue funding to produce a monograph on GLBT health and clinical issues. (95)

Commission on Continuing Medical Education noted that HSSA has a monograph proposed in its new curriculum, which will address special patient populations including gays and lesbians. This monograph may serve to meet the intent of this resolution. It was also pointed out that any time an HSSA monograph deals with a clinical area which may impact a specific population, authors are asked to incorporate this into the monograph.

- Recommended that the AAFP strongly encourage the creating and distribution of an educational position paper on GLBT health issues to and for its membership. (95)

GAY, LESBIAN, BISEXUAL, TRANSGENDER ISSUES (Continued)

The committee believes that fostering the formation of an Interest Group on GLBT issues will encourage the involvement of those with greater expertise in this area, and my lead to the development of an educational position paper in the future.

- Recommended that the NCFPR/NCSM encourage the inclusion of continuing medical education workshops/lectures on GLBT issues to be presented annually at the AAFP Scientific Assembly. (95)

At the 1996 Assembly the Committee on Scientific Program will be offering a dialogue on caring for gay and lesbian patients and will also be offering a doctors lounge segment on the homosexual adolescent.

- Recommended that the CRSA develop a policy to make the organization more aware of and receptive to the population-specific needs of its non-heterosexual patients and health care providers by: 1) appointing members of the Committee on Special Constituencies with expertise in gay, lesbian, bisexual, and transgender issues; 2) accepting a liaison from the Gay and Lesbian Medical Association of the AAFP; 3) creation of CME course materials covering health care issues related to non-heterosexual patient populations; and 4) development of a recommendation for student and resident training curricula in the areas of sexual orientation and the healthcare needs of non-heterosexual patient populations. (96)

Referred to the Committee of Special Constituencies. The committee has a member composition that includes family physicians with GLBT backgrounds and experience. In addition, the committee is pursuing a liaison relationship with GLMA.

The group is also developing GLBT CME material and is in the initial stages of preparing a “core curriculum on GLBT health care issues.

- Recommended that the CRSA/AAFP investigate adding vignettes to the forthcoming AAFP training video “Racial and Cultural Bias in Medicine” dealing specifically with heterosexism and homophobia; such vignettes may include examples such as but not limited to: 1) a gay, lesbian or bisexual teen coming out to his/her health care provider; 2) a health care provider counseling a gay, lesbian or transgender (GLBT) patient on safe sex or risky behavior; or 3) a physician, resident or student diffusing the homophobic or heterosexist comments of a peer or superior. (97)

Referred to the Committee of Special Constituencies. Accepted for information. The CSC is currently exploring outside funding opportunities, through the AAFP Foundation to update the video to include more current issues, such as gender, GLBT, and other emerging issue areas.

- Recommended that the AAFP develop a resource bibliography on gay, lesbian, bisexual, and transgender healthcare issues and have it available on the AAFP web site. (98)

Referred to the Committee of Special Constituencies.

- Recommended the patient education materials developed and reviewed by the American Academy of Family Physicians reflect issues unique to gay, lesbian, bisexual and transgender patients and their families. (98)

Referred to the Committee of Special Constituencies.

- Recommended the AAFP include gay, lesbian, bisexual and transgender issues in its future development of cultural competency programming. (99)

GAY, LESBIAN, BISEXUAL, TRANSGENDER ISSUES (Continued)

Referred the Committee on Special Constituencies. The CSC noted that the issue is already being addressed. GLBT issues are planned to be included in a CSC/CPH joint recommendation for a proposed teaching tool.

- Recommended the AAFP create representative seats to the Congress of Delegates for the gay, lesbian, bisexual, transgender constituency. (02)

Referred to the Congress of Delegates. The COD did not adopt this resolution.

- Recommended the AAFP encourage all residency programs in family practice to extend domestic partnership benefits to same-sex partners of residents in a manner equal to those extended to married spouses. (02)

Referred to the Commission on Education. The COE received this resolution for information. It was noted that the AAFP does not have the authority or prerogative to direct institutional policies for employee benefits that fall under the jurisdiction of local, regional and state control.

- Recommended the AAFP investigate the possibility of adding a question to the annual residency survey regarding the atmosphere of residencies for gay, lesbian, bisexual and transgender people. (06)

Referred to the Commission on Education. The COE took no action on this resolution. The residency survey does not appear to be the appropriate venue for collecting this type of rather subjective data. Residency staff personnel, not program directors, are often responsible for completing the survey, and significant concern was expressed about the staff's ability to provide accurate information about this sensitive topic. Concern was also expressed that there may be a wide variation in what would be considered a comfortable atmosphere within the GLBT constituency.

GAY, LESBIAN, BISEXUAL, TRANSGENDER ISSUES – CIVIL MARRIAGE

- Recommended the AAFP support civil marriage for same-gender couples to contribute to overall health and longevity, improved family stability and to benefit children of gay, lesbian, bisexual, transgender (GLBT) families. (12)

The Congress of Delegates adopted this resolution. The resolution became the following policy statement:

Civil Marriage for Same-Gender Couples

The American Academy of Family Physicians (AAFP) supports civil marriage for same-gender couples to contribute to overall health and longevity, improved family stability, and to benefit children of gay, lesbian, bisexual, transgender (GLBT) families. (2012 COD)

GAY, LESBIAN, BISEXUAL, TRANSGENDER ISSUES – SAME-SEX FAMILIES

- Recommended the AAFP support same sex families and their children. (12)

Referred to the Commission on Membership and Member Services. The CMMS accepted this resolution for information. The commission believed that Resolution

GAY, LESBIAN, BISEXUAL, TRANSGENDER ISSUES – SAME-SEX FAMILIES (Continued)

No. 510 (adopted by the 2012 COD, which asked the AAFP to support civil marriage for same-gender couples to contribute to overall health and longevity, improved family stability and to benefit children of gay, lesbian, bisexual, transgender (GLBT) families, accomplished the intent of this resolution and that no further action was necessary. It was noted that the AAFP should continue to advocate for all children and should not be limited to same-gender families.

GAY, LESBIAN, BISEXUAL AND TRANSGENDER PATIENTS

- Recommended that the AAFP encourage its membership to respect, honor and treat with dignity gay, lesbian, bisexual and transgender patients, as well as their self-identified family members. (95)

Congress of Delegates did not adopt.

- Recommended the AAFP advocate for legislation which supports parental rights of the gay, lesbian, bisexual and transgender community. (06)

Referred to the Board of Directors. The BOD took no action on this resolution. The 2002 Congress of Delegates adopted and the 2003 Congress of Delegates reaffirmed Academy policy on Children's Health that reads, "The AAFP establish policy and be supportive of legislation which promotes a safe and nurturing environment including psychological and legal security, for all children, including those of adoptive parents, regardless of the parents' sexual orientation." The Congress of Delegates has twice reaffirmed that the Academy's intent is to protect the secure environment for children of adoptive parents. It is not the Congress' intent to make a statement regarding parental rights of the GLBT community.

GENDER EQUITY

- Recommended the AAFP investigate strategies to encourage gender equity in sports and athletics and AAFP review the policy and compliance standards of Title IX of the Education Amendments of 1972 and develop an official position on Title IX legislation. (02)

Referred to the Commission on Legislation and Governmental Affairs. The CLGA accepted the resolution for information.

GERIATRICS/ELDERLY

- Recommended the education of the physician and the public on the prevention and management of geriatric abuse, and legislative initiatives which call for the reporting of abuse cases in the elderly, and the study of risk factors, prevention and management of geriatric abuse causes. (87)

NCSM adopted as a policy statement

- Recommended the CRSA suggest that the AAFP encourage education about exposure to the well-elderly populations, beginning at the medical school level. (88)

CRSA recommended to the BOD that the Committee on Aging consider the development of methods to encourage positive attitudes about the elderly among

GERIATRICS/ELDERLY (Continued)

medical students and family physicians using brochures, video tapes, or other means. BOD referred to Committee on Aging.

- Recommended the AAFP, as part of the Academy's student interest initiative, address the confusion among students interested in geriatrics through specific informational items directed towards geriatric family medicine opportunities. (88)

CRSA recommended to the BOD that this issue be considered by the Commission on Education and Student Interest Task Force. BOD referred to the Commission on Education and Student Interest Task Force where it was accepted for information.

- Recommended the CRSA/AAFP encourage education in geriatrics for medical students and residents through venues such as FMIG network, and NCSM/NCFPR programming. (97)

Referred to the Commission on Education and NCFPR/NCSM Planning Committee. A course on geriatrics is planned for 1998.

- Recommended the AAFP support the implementation of nationwide standardized mandatory reporting requirements for health care professionals suspecting elder abuse or neglect, and AAFP provide educational information to members pertaining to the incidence and prevalence of elder abuse/neglect, reporting, barriers to reporting, and the early recognition of elder abuse and neglect, and the AAFP assists in the dissemination of guidelines, and available support services for patients and physicians pertaining to the issue of elder abuse and neglect. (13)

The CHPS accepted the first resolved clause for information because it was determined there are no nationwide standard mandatory reporting requirements as most, if not all, states have mandatory reporting requirements regarding abuse of elderly and/or vulnerable persons.

The CHPS reaffirmed the remaining resolved clauses as the AAFP website contains a clinical recommendation entitled "Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults." FamilyDoctor.org includes information about elder abuse. *American Family Physician* has published articles on elder mistreatment and screening for elder abuse. The CHPS has developed a policy entitled "Elder Mistreatment" which will be considered by the AAFP Board of Directors in July 2014.

GLOBAL HEALTH CONTACT DATABASE

- Recommended the AAFP augment their global health online resources by creating a searchable database (by location, language, and organization) to include a list of AAFP members who have participated in global health programs (both foreign and domestic) and who are willing to share their experiences and wisdom. (09)

Referred to the Commission on Education. The COE agreed with this resolution. It was noted that the idea of creating a Global Health Contact Database was brought up by the Advisory Board for the Center for International Health Initiatives following the 2009 AAFP Family Medicine Global Health Workshop. Staff has been accumulating information about workshop participants since 2007 and has a participant list with contact information and countries of interest. When completed, the database will be available to AAFP members only.

GUIDELINES FOR HEALTHY LEARNING CONDITIONS

- Recommended the AAFP encourage the RRC-FP, the LCME and other appropriate entities that have jurisdiction over family practice education to incorporate guidelines for healthy learning conditions into their requirements for residencies and medical schools. (89)

COD adopted. Referred to COE. COE concluded this is currently being accomplished via numerous entities and activities including the RRC-FP and the AAFP.

HCFA REQUIREMENTS

- Recommended the CRSA charge the resident and student representatives to the CL&GA with carrying the issue of HCFA requirements on minimum bed occupancy to their commission for conservation and action. (90)

CRSA accepted for information, referred issue to resident and student representatives on CL&GA.

HEALTH CARE

- Recommended that the AAFP oppose legislation denying basic health care and immunizations to any person. (95)

Congress of Delegates did not adopt.

- Recommended the AAFP investigate the feasibility of creating a politically neutral documentary for mass public dissemination that accurately documents the current status of the American health care system and describes the AAFP's prescription for reforming the American health care system as is put forth by the Health Care Coverage for All project. (07)

Referred to the Board of Directors. After careful consideration, the Board took no action. It was agreed that the "Bold Champion" branding project launched during the 2007 Congress of Delegates, addresses the intent of this resolution. The branding project is targeted at audiences such as legislators and businesses who can work to make a difference in health system reform. At the time of National Conference, the branding project had not been announced.

HEALTH CARE DISPARITIES

- Recommended the AAFP educate its members on the clinical implications of the disparities in health care based on socioeconomic status, race, gender and sexual orientation. (99)

Referred to the Commission on Special Constituencies. The CSC accepted this resolution for information, noting the CSC has already begun addressing the intent of the resolution. In addition, the CSC noted that a recommendation regarding cultural competency adopted by the Board of Directors in March 2000 would serve to work toward the elimination of health disparities in health care.

- Recommended the AAFP investigate and discourage healthcare charge discrepancies between insured and un/underinsured patients. (06)

HEALTH CARE DISPARITIES (Continued)

Referred to the Commission on Governmental Advocacy. The impetus for the resolution was concern that self-pay patients may have higher health care charges than those with insurance whose plans have negotiated lower prices. The CGA discussed the varying charges throughout the health care system, including high prices at hospitals absorbing the cost of caring for the uninsured and the need for transparency in health care costs. Since the commission agreed with the intent of the resolution but had no recommended action, members decided to accept the resolution for information.

HEALTH CARE POLICY

- Supported the concept of equal access to comprehensive medical services. (81)

Supported resolution adopted by COD supporting concept of access to essential health care for all people and identification of funding for these medical services.

- Recommended the AAFP continue to support both funding of public health care and the access of minorities and underserved to quality health care. (84)

AAFP policy adopted in 1981 states that the AAFP "supports the concept of access to essential health care to all peoples regardless of social and economic status. The AAFP supports efforts to identify appropriate funding of these essential medical services, and the AAFP continues to support its basic concepts and long-term goals of access to comprehensive and continuing medical care for all." The AAFP continues to support this policy.

- Recommended the AAFP add, to its policy statement on "Comprehensive Care," that the AAFP recognizes that comprehensive health care is a right, but not a privilege, and that the AAFP recognize, that as physicians, we have an obligation to work toward comprehensive health care for all. (86)

COD referred to Board of Directors; following policy statement was adopted: The Academy expresses its deep concern for the health care for all citizens of the world and supports the concept of adequate health care to all people of the world regardless of social, economic or political status, race or religion.

- Recommended the AAFP reconsider the policy on Health Care Coverage for All by supporting a comprehensive benefits package consisting of all medically necessary health expenditures, including acute, rehabilitative, long-term and home care, mental health, dental services, occupational health care, prescription drugs and supplies, and preventive and public health measures. (02)

Referred to the Commission on Legislation and Governmental Affairs. The CLGA accepted the resolution for information.

- Recommended the AAFP Task Force for Health Care Coverage for All, in reviewing health system reform options, consider single-payer system as a viable option. (06)

Referred to the Board of Directors. The BOD accepted this resolution for information as current policy and referred it to the Task Force on Health Care Coverage for All.

HEALTH CARE POLICY (Continued)

- Recommended the AAFP expand its advocacy on health insurance reform to include the following criteria:
 - Automatic and guaranteed (eligibility is not defined by health status, employment or economic position);
 - Not-for-profit or non-profit (health insurance is not a commodity for private profit, but rather for improved health outcomes of the population);
 - Comprehensive (health insurance is lifelong and includes dental, vision, and mental health, in addition to medical coverage). (07)

Referred to the Board of Directors. After careful consideration, the Board took no action. In response to a directive from the 2005 Congress of Delegates, the Board of Directors appointed a task force in 2006 to update the Academy's policy on health care coverage. This task force determined that the key for major system change is the patient-centered medical home. At the Board's recommendation, the 2007 Congress of Delegates adopted as policy the AAFP plan "Health Care for Everyone" (Board Report G to the 2007 Congress of Delegates) in lieu of the 2002 policy on Health Care Coverage for All. The report goes into great detail on a plan for health reform and addresses areas outlined in this resolution.

HEALTH CARE PROFESSIONS

- Recommended that the AAFP develop a comprehensive policy statement supporting programs that aim to increase minority and women representation amongst medical students, staff and faculty at U.S. osteopathic and allopathic institutions, that the AAFP disseminate a policy statement to the U.S. Congress, deans of all U.S. osteopathic and allopathic medical schools and the U.S. Board of regents on increasing minority and women representation in the health care professions. (95)

Congress of Delegates did not adopt. COD adopted substitute resolution No. 44 as Amended from the Floor: Resolved, that the AAFP develop and disseminate to the deans of all U.S. osteopathic and allopathic medical schools, as well as to the University of California Board of Regents, a policy supporting programs that aim to increase minority representation among medical students and residents, and minority and women representation among staff and faculty of training programs in U.S. medical and osteopathic training institutions that would be reflective of the general population. Referred to the Commission on Education.

- Recommended the AAFP promote health maintenance, healthy diets, personal exercise, and mental well being among its members and the inclusion of health maintenance facilities (exercise rooms and showers) within health care facilities. (00)

Referred to the Commission on Public Health. The CPH accepted this resolution for information.

HEALTH CARE REFORM

- Recommended the AAFP support legislation containing provisions for a "public option" for health coverage in the U.S. that includes reciprocity and portability of that coverage between all 50 states, U.S. territories, and other U.S. sovereign domains. (09)

HEALTH CARE REFORM (Continued)

Given the current AAFP priorities and policies, the Commission on Governmental Advocacy accepted this resolution for information.

- Recommended the NCSM support the AAFP endorsement of a public plan option that values family medicine and primary care as well as provides comprehensive and affordable health care coverage for all. (09)

Given the current AAFP priorities and policies, the Commission on Governmental Advocacy accepted this resolution for information.

- Recommended the NCSM of the American Academy of Family Physicians endorse the concept of a 'single-payer' method of health care financing as a viable method of health care reform. (09)

Given the current AAFP priorities and policies, the Commission on Governmental Advocacy accepted this resolution for information.

- Recommended the AAFP recognize that the Affordable Care Act (ACA) does not cover all Americans and that further advocacy efforts are necessary to achieve universal coverage through methods including, but not limited to, the re-introduction of the public option, and the AAFP Government Relations staff work with constituent chapters of states which do not expand Medicaid to provide a "Best Practices" style document to share with chapters who wish to advocate for increased coverage models utilized successfully by other states. (12)

Referred to the Commission on Governmental Advocacy. The CGA accepted this resolution for information. The CGA noted that the AAFP already is on record in support of health care coverage for everyone through a primary care based system built on the patient-centered medical home (PCMH) model. The commission felt that this resolution already has been accomplished, since the AAFP has provided the chapters with extensive information on the Affordable Care Act's Medicaid expansion and Health Insurance Marketplaces

HEALTH CARE REIMBURSEMENT

- Recommended the AAFP encourage legislation that would hold health insurance companies directly liable for denying reimbursement of health care which the primary care practitioner deems medically necessary and is considered a standard of care. (98)

Referred to Commission on Legislation and Governmental Affairs. Since this is Academy policy, the CLGA took no action on the resolution.

HEALTH CARE SERVICES

- Recommended collection, publication, and analysis of data on health care delivery in the United States. (78)
- Recommended the CRSA compile work on geographic maldistribution of family physicians and maldistribution of health care services. (80)

Referred to Commission on Health Care Services.

HEALTH CARE SERVICES (Continued)

- Recommended establishing a resource center to aid in improving health care for the indigent and minorities, collecting information on cross-cultural curriculum, and collecting information on non-traditional families. (81)

CRSA accepted for information, no action taken, noting this data is currently available.

- Recommended the AAFP urge reinstatement of Medicaid services for essential maternal and child health services, and continue to monitor the national trends. (83)
- Resolved the AAFP study and propose guidelines for effective family physician input into the policy making and quality control for pre-paid health care programs. (87)

The CRSA accepted for information, no action taken, noting that this issue was already being addressed. AAFP sponsored conferences on "How To Survive and Thrive in Managed Care" and "Family Physicians in Managed Care: Administrative Interchange."

HEALTH CARE TEAM

- Recommended the AAFP supports the concept of a health care team consisting of both physicians and non-physician providers (NPP, defined as RNs, PAs, NPs, NCMs) and that the AAFP propose that representation of NPP organizations be invited to serve as liaisons to the Primary Care Organization Consortium (PCOC) and that the AAFP promote a concept of interdisciplinary team training as a part of the education of students, physicians, and non-physician providers. (93)

CRSA accepted Resolves #1, #2 and #4, noting they are consistent with current AAFP policy. #3 was NOT accepted by CRSA.

HEALTH LITERACY

- Recommended the AAFP consider creating a workshop at upcoming national AAFP meetings for physicians, residents and medical students on improving patient health literacy. (06)

Referred to the Commission on Continuing Professional Development. The COCPD accepted this resolution for information and shared it with staff that plan national educational opportunities. The 2006 Conference on Practice Improvement, Health Information, and Patient Education included two sessions entitled "Educating Health Care Professionals About Health Literacy" and "Health Literacy: Practical Tools for Improving Communication." The AAFP Home Study Program offered an *FP Audio* in August 2006 entitled, "Health Literacy." *American Family Physician* published an article and an editorial on health literacy on August 1, 2005. The article was entitled, "Health Literacy: The Gap Between Physicians and Patients." The editorial was entitled, "The Role of Health Literacy in Health and Health Care."

HEALTH POLICY INTERNSHIP

- Recommended the AAFP Government Relations staff create a one month rotating student and resident internship which meets the following objectives:
(1) Develop legislative knowledge and grassroots advocacy skills

HEALTH POLICY INTERNSHIP (Continued)

- (2) Learn about specific issues in health policy
- (3) Understand how various governmental bodies and agencies affect the practice of medicine
- (4) Educate other medical students, residents, and young physician AAFP members about issues in public health and health policy to encourage activism and leadership in local communities
- (5) Develop and strengthen skills in advocacy, policy analysis, writing, computer literacy for presentation, interpersonal and relationship-building skills, and managerial skills

It further recommended the AAFP Health Policy Internship be available only to student and resident members of the AAFP who will be selected through an application process designed with input from the Commission on Education, Commission on Governmental Advocacy, and AAFP staff, and that the AAFP Health Policy Internship be offered to students and residents at least, but not limited to, months during federal appropriations, legislative sessions, and during the fall term as determined by Government Relations staff. (12)

As the lead commission on this resolution, the CGA developed recommendations for the consideration of the COE.

The COE decided to postpone to time certain the decision in order to gather more information. The creation of a working group to investigate and report back to SRSI was recommended and established.

HEALTH PROFESSIONAL SHORTAGE AREA

- Recommended that the AAFP investigate the appropriate criteria for the designation of Health Professional Shortage Areas and the effects of physician density in urban underserved areas on the designations and share these findings with the Health Resources and Services Administration. (03)

Referred to the Commission on Legislation and Governmental Affairs. In discussing this resolution, the CLGA clarified that urban, inner-city areas can be designated as Health Professional Shortage Areas (HPSAs) and that medical students and residents may participate in the National Health Service Corps (NHSC) and serve in these regions. The commission also acknowledged that the NHSC Web site should be updated to clarify the definition of a HPSA and to indicate that family physicians and others can serve in urban, inner-city areas.

HEALTHY EATING

- Recommended the AAFP support the alteration of governmental agricultural policy, including subsidies and tariffs, to decrease the prices of fruits and vegetables, and investigate governmental and other policies that make unhealthy foods, including those with refined sugars and flours and added fats, relatively cheap. Additionally, the AAFP should investigate governmental and other policies that make healthy foods, including those high in fiber and micronutrients, relatively expensive. (05)

Referred to the Board of Directors. The BOD took no action on this resolution, noting that it was outside the scope of the Academy's focus.

- Recommended the AAFP support the addition of a small tax to all sugar-sweetened beverages, and support those revenues from taxes on sugar-sweetened beverages be used for nutrition education and advertising of healthy foods. (05)

HEALTHY EATING (Continued)

Referred to the Board of Directors. The BOD accepted this resolution for information.

- Recommended the AAFP support national policy that educates children and adolescents against consuming energy drinks, such as Monster, Red Bull, etc. (10)

Referred to the Commission on Health of the Public and Science. The CHPS accepted this resolution for information. Commission members agreed that current AAFP policy entitled “Sugar Sweetened Beverages” addresses the use of energy drinks. It was noted that there is a paucity of literature on the health effects of highly caffeinated beverages. Based on these findings, the AAFP’s Work Group on Caffeinated and Sugary Beverages concluded that there is insufficient evidence to indicate that consumption of caffeinated beverages contributes to deleterious effects on health. The work group referenced the Americans In Motion philosophy that uses a positive messaging model of improving nutrition, increasing physical activity, and emotional well being to reduce the risk and complications from chronic disease related to obesity. Obesity is a complex issue and specific recommendations against the consumption of highly caffeinated and sugary beverages may not be effective and, in fact, can create a counterproductive “forbidden foods” mentality.

- Recommended the AAFP consider a revision of the policy on “Health Education in Schools” to include specific examples that define “healthy eating,” such as portion control, reading food labels, cooking education, and meal planning. (10)

Referred to the Commission on Health of the Public and Science. The CHPS accepted this resolution for information. The commission discussed adding a definition to the policy to include “healthy eating.” Commission members agreed that the policy includes wording that refers to obtaining accurate health information, including areas of healthy eating, and adding a “laundry list” of items to define healthy eating does not make the policy stronger.

HEPATITIS B VIRUS

- Recommended the AAFP go on record that medical schools should offer, at minimal or no charge, testing of all medical students to determine if any students are infected with Hepatitis B Virus or have antibodies to Hepatitis B Virus; that medical schools assist in obtaining and administering Hepatitis B Vaccine to students without immune protection at the lowest possible cost, and that payment for the Hepatitis B Vaccination be a part of the school's fee listing so that students seeking to receive the Hepatitis B Vaccine can use this expense in financial aid calculations. (87)

COD adopted a substitute resolution: That the AAFP encourage medical schools to provide Hepatitis B Virus prophylaxis and post-exposure treatment for medical students (following the recommendations of the Centers for Disease Control) at minimal, or no cost to medical students and that if students are charged, that the fee be included in the school's fee schedule. BOD referred to COE.

COE recommended to the BOD that the Academy urge medical schools to apply the Centers for Disease Control recommendation for Hepatitis B Prophylaxis to medical students at minimal or no cost to students by writing a letter to deans of U.S. LCME-accredited medical schools, and that this issue be considered by the Commission on Public Health and Scientific Affairs.

HEPATITIS B VIRUS (Continued)

BOD adopted the COE recommendation and also recommended that an appropriate AAFP official write to deans of U.S. LCME-accredited medical schools but that the Association of American Medical Colleges be contacted to determine if the AAMC had written such a letter.

HIV/AIDS

- Recommended the AAFP endorse legislation to maintain the confidentiality of results of the "so-called" AIDS blood test administered by physicians, hospitals, and blood donor centers. (85)

Referral to CL&GA. CL&GA felt this to be unnecessary as they are already addressing these and other AIDS related issues.

- Recommended the AAFP endorse the formation of the Task Force on AIDS, and that CRSA request the BOD to appoint student representation on this task force. (87)

CRSA expressed its support for the addition of resident/student representation on the task force and the Task Force on AIDS recommended to the BOD that resident/members be a part of the Task Force. Resident and student members added to AIDS Task Force in 1987.

- Recommended the CRSA work to develop AAFP support for educational institutions and organizations that have developed programs for teaching adolescents about HIV/AIDS. (88)

CRSA recommended to BOD that this issue be referred to the Committee on Health Education, the Task Force on HIV/AIDS and the Task Force on Adolescent Health. BOD referred to these three groups.

- Recommended the AAFP reaffirm its policy supporting voluntary testing of health care workers at risk for HIV infection and case by case evaluation of appropriate patient-care duties for seropositive health care workers, and that the AAFP COD oppose legislation that would require HIV testing of all health care workers, and that the AAFP oppose mandatory disclosure of HIV seropositivity of health care workers to patients, and that the AAFP reaffirm that patient education and 200% use of universal precautions are the mainstays of HIV transmission prevention, and that the AAFP help develop and encourage universal guidelines regarding HIV testing of patients and health care workers. (91)

CRSA accepted for information, noting this is already AAFP policy.

- Recommended the AAFP adopt a policy recommending elementary and secondary schools be required to provide age-appropriate HIV/AIDS education to all students. (92)

COD adopted a substitute Resolution: Resolved, that the AAFP adopt a policy recommending age-appropriate HIV/AIDS education for all elementary and secondary students. Referred to Commission on Public Health and Scientific Affairs. A slide show for use with school age children has been developed and is titled "Community Health Advice and Talk Series (CHATS)".

- Recommended the AAFP, by any appropriate avenue available, expedite institution by the CDC of the revised definition of AIDS which includes, in addition to the common opportunistic infections and cancers seen in HIV infection, a CD4 count of fewer than 200." (92)

HIV/AIDS (Continued)

CRSA adopted. Referred to the Committee on Public Health & Scientific Affairs. This definition was quickly adopted; therefore, no additional action was necessary.

HOMELESS PEOPLE

- Recommended the AAFP initiate or actively support legislation, as well as local and regional programs, that develop resources for improving living conditions for the homeless. (88)

COD adopted. Referred to Commission on Legislation and Government Affairs and added to *AAFP Policy Manual*.

- Recommended the AAFP encourage accredited U.S. medical schools to support and encourage student-staffed primary health clinics for the homeless, and that the AAFP encourage its members to support such clinics as volunteers in a capacity acceptable to the physician. (88)

CRSA adopted a motion that the 1989 NCSM feature a workshop on student-run primary health care clinics for the purpose of educating other students about the value of these clinics and for the purpose of gathering information about how clinics are run in various institutions. Workshop on student run clinics presented at 1989 NCSM.

- Recommended the AAFP recommend that all family medicine residencies provide education, both academic and practical, on the social determinants of homelessness and the care of the homeless patient. (10)

Referred to the Commission on Education. The COE accepted this resolution for information. In the majority of residency programs, the family medical care center serves as the default clinic for the uninsured, underinsured, and homeless population. Residents routinely serve as the primary care providers for these populations. The care of the homeless includes use of the biopsychosocial model, cultural awareness, efficient use of resources, and extensive chronic disease management. These competencies, as well as specific diseases that afflict the homeless, are addressed throughout the AAFP Curriculum Guidelines for Residency Education.

HUNGER

- Recommended that the AAFP encourage passage of legislation to ensure adequate ongoing monitoring of hunger in the U.S. such as House Bill 2436. (85)

Passed by COD and sent to CLGA. They further support of identical Senate Bill S.1569. BOD approved.

- Recommended CRSA investigate the development of instructional materials (e.g. monographs, video tapes, etc.) for the practicing physician for assessment of hunger and the nutritional status of their patients. (85)

Referred to Committee on Continuing Medical Education. They will develop such materials.

IM/PEDS

- Recommended the CRSA develop methods to educate family physicians and medical students about the differences between IM/Peds and family practice residencies. (86)

CRSA expressed interest in participation in AAFP's efforts in this area.

IMMUNIZATION

- Recommended the AAFP develop policy on the use of the Human Papilloma Virus vaccine, develop continuing medical education material about the Human Papilloma Virus vaccine, and develop patient education on the Human Papilloma Virus (HPV) vaccine including information about what it is, how HPV is acquired, and the implication and indications for receiving the HPV vaccine, to be placed on www.familydoctor.org. (06)

The Commission on Science reviewed the first resolve and noted that AAFP has an established policy regarding the use of HPV vaccine on the Recommended Adolescent Immunization Schedule and Recommended Adult Immunization Schedule. Both can be accessed at www.aafp.org/online/en/home/clinical/immunizationres.html. In addition, the AAFP has a policy statement regarding the consideration of mandated use of HPV for school attendance, which can be accessed at www.aafp.org/online/en/home/clinical/immunizationres/mandatedhpv.html.

The second and third clauses were accepted for information by the Commission on Continuing Professional Development and shared with staff that produce CME activities. It was noted that there is currently information about HPV on familydoctor.org, but it does not mention the vaccine. The resolution will be shared with the staff responsible for this patient education piece. AAFP CME activities containing information about HPV include the following: The 2007 Scientific Assembly will include a Main Stage Lecture and an Ask the Lecturer session on the newest HPV testing guidelines; a Dialogue session on HPV; and a seminar entitled "HPV Testing: What Does it Really Mean?" The 2006 Assembly included a Main Stage Lecture and an Ask the Lecturer session entitled, "Uses and Abuses of HPV DNA Testing." The 2006 Annual Clinical Focus "Caring for Children and Adolescents" included a constituent chapter lecture series on HPV and adolescent immunizations. HPV vaccine is mentioned in lectures at the following AAFP clinical CME courses: Women's Health; Infant, Child, and Adolescent Medicine; and Family Medicine Board Review. An *American Family Physician* article on HPV vaccine was published on September 1, 2006.

INDIGENT DRUG PROGRAMS

- Recommended the AAFP make available a list of pharmaceutical companies that offer indigent drug programs and promote the list to its membership. (99)

Referred to the Commission on Public Health. The CPH adopted a motion to refer the resolution as a lateral referral to the Commission of Health Care Service.

INFANT NUTRITION

- Recommended formulation of informed positions on proper care and nutrition of infants with a report back to 1981 NCSM. (81)

INFANT NUTRITION (Continued)

Workshop on this subject held at 1981 NCSM.

INNER CITY HEALTH CARE

- Recommended the AAFP oppose the closing of inner city and county hospitals or reduction of the funds for such until such time as alternative high quality comprehensive facilities are available. (80)

Referred to Board of Directors and then to Committee on Minority Health Affairs. The CMHA developed a manual of "Incentives to Encourage Family Physicians to Practice in Rural and Underserved Areas" and are currently developing avenues to market this manual.

- Recommended development of a visual media presentation on health care in the inner-city. (81)

Developed by Committee on Minority Health Affairs, available beginning in 1982.

- Recommended the AAFP consider forming a Committee on Inner City/Urban Health. (98)

The Congress of Delegates adopted a motion to refer this resolution to the Board of Directors with a strong statement of endorsement.

- Recommended the AAFP intensify its efforts to prepare medical students and family practice residents for inner-city primary care by including student and resident representation on the Task Force for Urban and Inner-City Issues, and the AAFP utilize the resources of the FMIG network to encourage medical student interest in urban family medicine and develop and distribute educational materials for medical students and residents regarding the opportunities for training and practice in inner cities. (00)

Referred to the Task Force on Inner City and Urban Health. The Academy makes available a number of relevant materials, including Reprint 289-B on Special Considerations in the Preparation of Family Practice Residents Interested in Inner City Practice.

INTERNATIONAL MEDICAL GRADUATES

- Recommended the AAFP consider an addendum to *Strolling Through the Match* or a separate online publication that addresses the unique issues facing international medical graduates entering the Electronic Residency Application Service match process. (06)

Referred to the Commission on Education. The COE accepted this resolution for information. It was noted that *Strolling Through the Match* currently includes information for IMG students that will link them to the Educational Commission for Foreign Medical Graduates (ECFMG). It was suggested that it might be appropriate for staff to identify an IMG family physician for review and input on future versions of "Strolling."

INTERNATIONAL MEDICINE

- Recommended the CRSA investigate the development of a clearinghouse of information about international practice and educational opportunities for residents and medical students. (87)

INTERNATIONAL MEDICINE (Continued)

CRSA accepted for information, no action taken, noting this is being fulfilled through AMSA and the Academy's international efforts are being pursued through a subcommittee of the COE.

- Recommended that the AAFP develop and make available for distribution a list of international family practice clinical opportunities. (95)

The Commission on Education reported that the AAFP has developed a reference book on international family medicine opportunities tentatively titled "Faculty, Physician, and Student Opportunities in International Family Practice." This will serve as a clearinghouse for organizations that offer opportunities. In addition, a survey regarding opportunities offered through residency programs was completed; information will be referenced in the above reference book.

- Recommended the AAFP investigate the feasibility of developing an international health experiences grant for residents and medical students. (06)

Referred to the Commission on Education. The COE accepted this resolution for information. Exploring avenues for financial support for international experiences, together with the AAFP Foundation, is one portion of a bigger ongoing effort to promote family medicine as the specialty best suited for preparing physicians for international, underserved, cross-cultural practice environments. However, funding is not available for any international scholarships at this time.

- Recommended the AAFP consider establishing a scholarship for one student and one resident to attend the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (Wonca) Conference annually. (06)

Referred to the Commission on Education. The COE took no action on this resolution. The COE acknowledged the exceptional value of student and resident participation in these meetings. However, funds that might be utilized to send one or two individuals to this triennial meeting would have a broader impact if used for other international resident and student activities.

- Recommended the AAFP develop an interactive web-based discussion board and forum to be included on the national Web site for students interested in family medicine to discuss and exchange information on international rotations. (06)

Referred to the Commission on Education. The COE expressed support of the concept, but took no action on this resolution. The development of a new discussion board format would be time consuming, expensive and not likely to be implemented until after the new Association Management System implementation takes place in 2009.

- Recommended the AAFP through the Commission on Education's Subcommittee on International Family Medicine (SIFM) consider establishing a self-sustaining global health networking link for members to recruit, share, and obtain information on global health family medicine opportunities. (08)

Referred to the Commission on Education. The COE agreed with this resolution. Current AAFP online international resources available for students and residents include the International Interest Group, a discussion board designed for AAFP members to network and exchange information and ideas pertaining to global

INTERNATIONAL MEDICINE (Continued)

health. Other AAFP international resources are aimed at assisting members in their search for international health-related information and/or opportunities.

The COE Subcommittee on International Family Medicine formed a task force to continue exploring possibilities for networking and the potential for information retrieval capabilities that could be accomplished without additional resources and fiscal implications.

- Recommended the AAFP investigate the feasibility of creating a frequent flyer donation program that sponsors student airfare to enable participation in international clinical and/or research opportunities. (09)

Referred to the Commission on Membership and Member Services. The CMMS recommends that the AAFP approach the AAFP Foundation about establishing a Medical Student Global Health Scholarship Fund. The commission considered the benefits and challenges to establishing a frequent flyer fund. It was noted that donations of this type would need to be made to a 501(c)(3) organization, such as the AAFP Foundation. The AAFP is a 501(c)(6), thus making it ineligible. The creation of a scholarship fund would allow AAFP members to donate money specifically for students interested in global health opportunities. The AAFP Foundation has indicated they will assist with the administration of the scholarship, but indicated that this would be considered a lower priority. Staff from CMMS and the COE Subcommittee on International Medicine discussed and tentatively outlined potential criteria for awarding scholarships.

- Recommended the AAFP investigate the creation of a dedicated student position for the Physicians With Heart humanitarian project. (09)

Referred to the Commission on Education. The COE agreed with this resolution. Since the AAFP is no longer a partner in the Physicians With Heart Project, staff were directed to communicate this recommendation to the AAFP Foundation.

INTERNET MEDICAL SITES

- Recommended that the AAFP investigate existing internet sites that evaluate the accuracy of medical information and issue a report of these findings to the 1999 NCFPR/NCSM. (98)

Referred to the Committee on Communications. The COC reviewed existing sites and found one that claimed to verify the medical accuracy of various web sites; however, the committee noted that this web site is not universally accepted as a standard of excellence. The committee encourages students and residents to look to, and refer their patients to the AAFP web site. All of the content on the web site is reviewed by medical editors for accuracy.

INTERPRETERS IN MEDICINE

- Recommended the AAFP produce educational materials on the use of interpretive services, including the pitfalls of using non-medical translators, and investigate the formation of relationships with commercial multi-lingual interpretive services in order to provide family physicians and their patients with a convenient and accurate means of communication at an affordable financial rate. (05)

INTERPRETERS IN MEDICINE (Continued)

Referred to the Commission on Health of the Public. The COHP accepted this resolution for information.

KUDOS

- Expressed appreciation to small group leaders, recorders and reporters at the 1978 NCSM. (78)
- Expressed appreciation for Dr. Thomas Stern's contributions to the development of the resident and student organizations. (82)

Adopted by COD in 1982.

- Expressed appreciation to the Board of Directors and the Committee on Public Health and Scientific Affairs for their work on the development of a program on disease prevention and health promotion to be used by family physicians. (82)

CRSA adopted.

- Expressed appreciation to the AAFP for the videotape *Coping: Stress and Medical Students*. (84)
- Expressed deep appreciation and thanks for the fine leadership of Dr. Stephen A. Brunton, and wished him well in his future undertakings both personal and professional. (85)
- Recommended the National Congress of Student Members commend Amy McGaha, MD, for her service to the American Academy of Family Physicians (AAFP) and especially for her commitment to improving family medicine residency training and her mentorship of student leaders. (10)

Dr. McGaha was presented with a framed copy of this resolution.

- Recommended the National Congress of Student Members commend Lyndia Flanagan for her service to the American Academy of Family Physicians (AAFP), especially for her commitment to the future of family medicine at the National Conference. (12)

Lyndia Flanagan was presented with a framed copy of this resolution.

LANGUAGE

- Recommended substitution of the words "medical school" in place of "undergraduate" in AAFP communications to eliminate ambiguity between premedical and medical education.

Adopted by Commission on Education.

LATINO MEDICAL STUDENT ASSOCIATION (LMSA)

- Recommended the AAFP establish a Latino Medical Student Association (LMSA)-AAFP liaison, and, the AAFP advocate for medical school Family Medicine Interest Groups (FMIGs) to collaborate with the Latino Medical Student Association (LMSA) chapters in community development activities. (13)

LATINO MEDICAL STUDENT ASSOCIATION (LMSA) (Continued)

Referred to the Commission on Education. The COE agreed with the resolution with the following modifications:

Modified first resolved clause - That the AAFP explore creation of a LMSA-AAFP liaison;

Modified second resolved clause - That the AAFP explore medical school FMIG collaboration with the LMSA chapters in community development activities.

The COE indicated that creation of another student liaison position could set a costly and resource-intensive precedent. LMSA is a developing organization with a smaller reach and less structure than SNMA. The target audience reached through LMSA might already be reached through SNMA. It was determined that more information and exploration are needed before any action is taken. Staff was asked to explore opportunities with LMSA and others, and act on them if deemed valuable and feasible.

LEAVE - MATERNAL/PATERNAL

- Recommended development of guidelines for model maternity/paternity leave policy. (83)

Recommendations for this policy are currently under consideration by the Committee on Women in Family Medicine.

- Recommended the CRSA draft an information packet for residency program directors to encourage development of parental (maternal/paternal/adoption) leave guidelines and to distribute these guidelines to all prospective applicants and that any available means be used to distribute the information such as direct mailing and through the annual residency program directors workshop, and that the CRSA request that the Residency Review Committee for Family Practice representatives, through the Board of Directors, to encourage the development of parental leave guidelines as a requirement for accreditation. (87)

CRSA recommended that: a) the Committee on Women and Family Medicine be encouraged to develop a clearing house of information on specific maternity/paternity leave policies for each residency program which residents and students can gain access to through the Academy, b) the Commission on Education planning for the Program Directors' Workshop be encouraged to include any available information from the Committee on Women's Study for distribution/discussion at the next workshop, and that the AAFP support the position that all family practice residency programs should have established maternity and paternity leave policies as an accreditation requirement and that the AAFP communicate this position to its representatives on the RRC-RP.

BOD referred to the Committee on Women in Family Medicine, the Commission on Education, and the Executive Vice President.

- Recommended the AAFP promote adequate maternity/paternity leave policies for all family practice residency programs, and the AAFP compile a list of family practice residencies' maternity/paternity leave policies and child care availability and cost, for distribution to interested members. (90)

CRSA accepted for information, no action taken, noting that the CWFM has already addressed this issue.

LEAVE - MATERNAL/PATERNAL (Continued)

- Recommended the AAFP policy on parental leave during residency training be revised to include that individual program's policies include specific information on:
 - The category of leave credited (sick, vacation, parental, short-term).
 - Whether leave is unpaid or paid.
 - Whether provision is made for continuation of resident's insurance benefits during leave, and who pays for premiums.
 - What the impact will be on the resident's graduation and ability to sit for American Board of Family Practice exam.
 - What mechanisms are available for making up time, or extending or delaying training.
 - Whether extending training or make-up time will be paid. (98)

Referred to the Commission on Education. The COE agreed to undertake the revision of the AAFP Parental Leave Policy.

LEGISLATION

- Expressed opposition to P.L. 94-641, the National Health Planning and Resource Development Act, and encouraged the AAFP to support its repeal. (77)

Referred to representatives on Commission on Legislation and Governmental Affairs.

- Opposed legislation requiring American medical schools, as a prerequisite for receiving capitation funding, to accept as third year students American citizens studying medicine abroad. (77)

Approved by CRSA, sent to Board of Directors.

- Urged support for the passage of H.R.2222. (77)

Referred to representatives of the Commission on Legislation and Governmental Affairs. This bill was ultimately defeated in Congress.

- Asked for dissemination of information on current legislation and AAFP positions to resident/student members. (83)

Legislative updates are regularly included in the *AAFP Reporter Resident/Student Newsletter*. There is a student and resident representative on the Commission on Legislation and Governmental Affairs. Legislative updates are a regular feature at the NCSM/NCFPR.

- Recommended the AAFP develop an office at the national level that will monitor individual state legislative activities that affect the practice of family medicine, as well as other health related issues of interest to family medicine, that will coordinate timely exchange of this information. (89)

COD referred to EVP to consider the feasibility of establishing a clearing-house of state legislative activities.

- Recommended supporting state-level legislation which would provide financial incentives in the form of scholarships and loan repayments to students entering family practice; and that would redirect a portion of state funds paid to medical schools, if those schools fail to make a good faith effort to graduate 25% of their students into family practice, and apply these redirected funds

LEGISLATION (Continued)

towards establishing a Department of Family Medicine in those schools; and the CRSA should encourage state-level efforts in this regard. (90)

CRSA recommended the BOD support state-level legislation, which would provide financial incentives to students entering family practice such as scholarships and loan repayments, and financial incentives to medical schools making a good faith effort to graduate 25% of their students into family practice and that the BOD support legislation that would redirect a portion of state funds currently being paid to medical schools if those schools fail to make a good-faith effort to graduate 25% of their students into family practice and apply these redirected funds toward establishing or strengthening departments of family medicine in those schools, and that the BOD encourage additional state-level efforts in this regard by publicizing proposed efforts in various states and investigating other incentives to increase the proportion of students entering family practice.

LEGISLATIVE ADVOCACY

- Recommended that hyperlinks to the “Speak Out” section of the American Academy of Family Physicians (AAFP) Website be made prominently available on the student and resident Web pages. (01)

Referred to the Commission on Legislation and Governmental Affairs. CLGA recommended that the Academy support the resolution. The Board of Directors at its March meeting referred the motion to the Executive Vice President for appropriate follow up.

- Recommended the AAFP encourage each state chapter without a policy listserv to establish a policy listserv which keeps members abreast of legislative and policy issues and gives a format for members to contact their congressional leaders and encourage each state chapter to invite each AAFP member to join a policy listserv. (05)

Referred to the Commission on Governmental Advocacy. The COGA took no action on this resolution. Commission members felt that, since the AAFP already offers constituent chapters the mechanism for providing listservs for their members, no additional action was called for.

LIAISON TO THE GAY AND LESBIAN MEDICAL ASSOCIATION

- Recommended that the AAFP Board of Directors approve a liaison from the Commission on Special Issues and Clinical Interests to the Gay and Lesbian Medical Association. (95)

Discussed and defeated at the 1995 Congress of Delegates.

LICENSURE AFTER ONE YEAR

- Recommended the AAFP reaffirm its belief that satisfactory completion of one year of post-graduate education in an ACGME or AOA accredited residency program be required for licensure, and that the AAFP oppose restrictions which mandate more than one year of post-graduate education as a requirement for licensure until scientific evidence indicates that these increases improve the quality of resident education and patient care. (89)

LICENSURE AFTER ONE YEAR (Continued)

CRSA accepted for information, no action taken, noting a similar resolution was adopted by the 1989 COD and sent to CL&GA.

LICENSURE REQUIREMENTS

- Recommended the AAFP have a policy supporting the requirements for full licensure as exists for the different states, and the AAFP oppose any action which would result in a national policy requiring a minimum of three years of residency training before a physician is eligible for full medical licensure. (99)

A resolution adopted by NCFPR on the topic of licensure requirements was submitted to the Congress of Delegates. The Congress of Delegates adopted the NCFPR resolution, which called for the AAFP to educate its constituent chapters on the position of the Federation of State Medical Boards requiring three years of residency training for full and unrestricted licensure and assist its constituent chapters in working with state medical boards to implement the Academy's position supporting successful completion of one to two years of postgraduate training for full and unrestricted licensure.

LOAN FORGIVENESS

- Recommended the NCSM commend the AAFP for its support of loan incentives for students interested in entering family practice and that the AAFP monitor the proposed Title VII loan programs to evaluate their success in directing students into family practice and investigate the retention of students who have entered into similar contracts at the state level, that the NCSM encourage the AAFP to investigate avenues other than low interest loan programs which remove financial disincentives to students to enter family practice including, but not limited to, the implementation of loan forgiveness. (93)

CRSA accepted for information, noting this is consistent with current AAFP policy.

LOGO

- Requested the AAFP to study alternative symbols, including women physicians in the design. (78)
- Recommended that NCSM executive committee support a new logo design. (80)
- Expressed appreciation to the Membership Division for recruiting female members and distributing the feminine logo. (83)

A new logo incorporating a female figure was designed and distributed in 1983. Both logos are currently available and used.

LONGITUDINAL PRIMARY CARE EXPOSURE FOR MEDICAL STUDENTS

- Recommended that the AAFP encourage medical schools to offer a longitudinal course, of one year's duration, in the first two years, in which each student spends one-half day a week in the office of a primary care physician, ideally a family physician. (94)

LONGITUDINAL PRIMARY CARE EXPOSURE FOR MEDICAL STUDENTS (Continued)

CRSA approved the recommendation and laterally referred to the Commission on Education.

COE recommended that AAFP reaffirm that the Academy supports early and continuous exposure to family medicine through the many avenues available to accomplish this goal, that the Academy also reaffirm its commitment to the required family practice clerkship during the 3rd year of medical school and communication should be directed to the Association of Departments of Family Medicine in support of this position.

MALPRACTICE

- Recommended the AAFP provide leadership in the pursuit of an alternative medical malpractice tort litigation system including, but not limited to, the concept of health courts, and educate its membership about the advantages to both patients and physicians of overhauling the current medical malpractice tort system. (05)

Referred to the Board of Directors. The BOD accepted this resolution for information, noting the resolution reflects current Academy policy.

MARK A. CONNELLY, M.D. MEMORIAL LECTURE

- Recommended the NCSM request the AAFP establish the Mark A. Connelly, M.D. Memorial Lecture at the joint session of the NCFPR/NCSM, specifically to focus on the human side of family medicine, the "art of family medicine" or the role of the family in the family physician's personal life, and that the NCSM student representative to STFM communicate the NCSM's wishes that appropriate recognition of Dr. Connelly's efforts in teaching with medical students and residents be included within the 1992 STFM annual meeting. (91)

CRSA tabled until the March meeting, was put on NCFPR/NCSM Planning Agenda. There was a Mark M. Connelly, M.D. Memorial Lecture at the 1992 NCFPR/NCSM.

MARRIAGE DEFINITION

- Recommended that the AAFP advocate for the extension of civil rights, privileges and responsibilities of marriage to couples regardless of gender or sexual orientation. (03)

Referred to the Board of Directors. The BOD accepted this resolution for information. Following substantial discussion, the Board decided that the current AAFP definition of family ("The family is a group of individuals with a continuing legal, genetic and/or emotional relationship. Society relies on the family group to provide for the economic and protective needs of individuals, especially children and the elderly.") encompasses the intent of this resolution without venturing into polarized political arenas that, while well intentioned, often result in alienation of significant numbers of members.

As has always been the position of the AAFP leadership, the ultimate goal is to serve the membership by balancing the need to respect the voice of the minority and the will of the majority.

MARRIAGE DEFINITION (Continued)

- Recommended that the AAFP advocate for the extension of civil rights, legal privileges and legal responsibilities of marriage to couples regardless of gender or sexual orientation. (04)

Referred to the Board of Directors. The BOD took no action on the resolution.

MEAD JOHNSON AWARDS

- Recommended that the AAFP, through its celebration of the Mead Johnson Award's 50th anniversary, express its gratitude to Mead Johnson, a division of Bristol Myers Squibb, for its continued support of the tradition of honoring future leaders of family practice. (01)

Referred to the Commission on Membership and Member Services. CMMS noted that at the AAFP/Mead Johnson Awards Breakfast held at the 2001 ASA, the Academy presented an award to Bristol-Myers Squibb in recognition of their support. The commission felt that no further action was required and received the resolution for information.

MEASLES

- Recommended the AAFP should develop a policy supporting any organizations currently working to increase vaccination efforts, and establish a program whereby members of the AAFP would have the means to work towards increasing vaccination in the third world. (87)

CRSA recommended the AAFP Commission on Public Health and Scientific Affairs study ways in which the AAFP could support the efforts of the World Health Organization to eradicate measles worldwide. BOD referred to the Commission on Public Health and Scientific Affairs. The recommendation was received for information.

MEDICAID

- Urged reinstatement of Medicaid services for essential maternal and child health services. (83)

Substitute resolution passed by 1983 COD supporting this position.

MEDICAL-LEGAL PARTNERSHIPS

- Recommended the AAFP collaborate with the Association of Family Medicine Residency Directors (AFMRD) to educate family medicine residency program directors about the services available through the National Center for Medical-Legal Partnerships and encourage all to establish medical-legal partnerships in their residencies. (10)

Referred to the Commission on Education. The COE agreed with this resolution. The AAFP does give visibility to medical-legal partnerships in its Web-based resource titled Running a Practice. Potential action steps include identifying a list of residencies engaged in medical-legal partnership, identifying a group of family medicine stakeholders to share their successes in developing medical-legal partnerships, and investigating the development of tools to help support adoption of these partnerships.

MEDICAL SCHOOL ADMISSIONS COMMITTEES

- Recommended that the AAFP write a letter to medical schools supporting the importance of having family physicians on their admissions committee. (94)

CRSA adopted as this reflects current policy.

MEDICAL SPANISH COURSE

- Recommended that the AAFP investigate the potential of a live, intensive medically-oriented language immersion course in Spanish (modeled after the Advanced Life Support in Obstetrics and Board Review courses). (07)

Referred to the Commission on Continuing Professional Development. The COCPD accepted this resolution for information and agreed to add the topic to the 2008 CME non-clinical topic survey to determine the level of interest by AAFP members. Medical Spanish courses have been offered for several years at the Annual Assembly. The 2007 Assembly included the 60-minute seminars, “Medical Spanish for Beginners” and “Spanish for Family Physicians (Intermediate Level).” In addition, the AAFP accredits many medical Spanish courses each year that are provided by Common Ground International and Rios and Associates.

MEDICARE EDUCATIONAL OPPORTUNITIES

- Recommended that the AAFP direct its lobby efforts to encourage legislative changes to facilitate resident and student involvement in the care of Medicare patients without the burdensome regulatory limitations and duplicative documentation. (01)

Referred to the Commission on Legislation and Governmental Affairs. CLGA approved this resolution; however, at the March meeting of the Board of Directors, a motion for approval failed to carry.

MEDICARE REIMBURSEMENT

- Recommended that the AAFP oppose Medicare reimbursement for religious and non-medical health care. (98)

Referred to the Commission on Health Care Services. The CHCS noted that because this issue was the subject of ongoing litigation in federal court, such litigation would likely render the issue moot from an Academy perspective.

MEDICARE PRESCRIPTION COSTS

- Recommended the AAFP support legislation to provide assistance for prescription costs for Medicare beneficiaries. (99)

The Congress of Delegates did not adopt this resolution.

MEMBERSHIP

- Recommended that the AAFP support the creation of an Associate category of membership for duly licensed physicians practicing in the United States who meet AAFP continuing medical education requirements, who are actively engaged in family medicine practice, and who are not otherwise eligible for active membership as proposed by the CMMS. (94)

CRSA accepted for information. This issue was defeated at the 1994 Congress of Delegates.

- Recommended that the NCSM supports the creation of an option of a multi-year membership for students and for residents. (94)

CRSA adopted the recommendation and laterally referred to the Commission on Membership and Member Services (CMMS). CMMS adopted motion in support.

- Recommended that the NCSM supports that AAFP membership be open only to physicians, students, and residents of allopathic and osteopathic medicine. (94)

CRSA adopted the recommendation and laterally referred to the Commission on Membership and Member Services (CMMS). The Committee felt that only residents in ACGME approved or AOA approved residencies should be members of the AAFP. CMMS proposed changes to classification of membership approved by the 1994 COD. Bylaws Committee currently drafting amendments.

MENTOR OPPORTUNITIES

- Recommended that the AAFP investigate the development of a list of minority family physicians that are willing to mentor minority students. (94)

The Committee on Minority Health Affairs reviewed for information and made a recommendation to the Board of Directors to encourage Constituent Chapters to develop mentoring programs at state and local levels.

- Recommended the Committee on Special Constituencies be encouraged to revise its compilation of minority and women physician mentors to include a designation pertaining to practice environment, whether rural, suburban or urban. (99)

Referred to the Committee on Special Constituencies. The CSC believes the intent of this resolution will be met through the proposed CSC Telementoring/Protégé profile information form to include a designation of practice environment (rural, urban, etc.)

- Recommended that the AAFP collaborate with the Society of Teachers of Family Medicine, Association of Family Practice Residency Directors and other appropriate organizations to create a national family medicine mentorship. (03)

Referred to the Commission on Resident and Student Issues. The CRSI adopted the resolution, noting that staff is currently working to develop a mentoring repository and investigating the feasibility of implementing a national mentoring program based on a model developed for the Ohio Academy of Family Physicians.

- Recommended the AAFP encourage constituent chapters to develop mentorship resources and a mentor list and make this available to students. (08)

MENTOR OPPORTUNITIES (Continued)

Referred to the Commission on Education and the Commission on Membership and Member Services. The COE accepted this resolution for information. The AAFP provides targeted information about the specialty and health care careers to minority pre-medical and medical students across the nation. Cross-commission work continues with the Cultural Proficiency Workgroup (COE, CMMS, COHP) and addresses the issue of workforce diversity. Mentoring materials are available on the Virtual FMIG Website and featured on the homepage. A mentor list developed by the Georgia Academy of Family Physicians is highlighted as a “model” program for other state constituent chapters to get involved in mentoring.

The CMMS accepted this resolution for information. It was noted that past programs/projects that were piloted did not prove to be successful. Mentoring resources/programs would most likely be successful at the chapter level, where relationships can be more easily fostered and supported. The AAFP continues to encourage chapters to develop mentoring programs that meet their members’ needs. The commission also encourages chapters to share best practices on the chapter Website, FMIG Website, and to explore online social networking opportunities.

MINORITY ADMISSIONS IN MEDICAL SCHOOLS

- Recommended (1) the AAFP encourage members to participate in mentoring and outreach programs that encourage minorities and women to apply to medical school; (2) the AAFP support legislative efforts to increase the number of minorities and women entering into medical school; (3) the AAFP study existing programs to increase the number of minorities and women entering into medical school and recommend steps the AAFP can take to increase minority and women in medical school applications; and (4) the AAFP develop funding programs in support of minority and women recruitment to medical school as may be recommended by the CRSA. (97)

Referred to Congress of Delegates. COD did not adopt, however, did adopt substitute resolution: Recommended, “That the AAFP encourage members to participate in mentoring and outreach programs that encourage minorities and women apply to medical school, and that the AAFP support legislative and other efforts to achieve equitable representation of minorities and women in medical school. Referred to Committee on Special Constituencies.

The majority of this resolution was accepted for information, as the AAFP is currently a strong supporter of legislation and program to increase minorities and women entering medicine. The CSC is also exploring avenues to initiate state level mentoring programs for special constituency groups. Finally, the CSC is developing a recommendation to encourage the Foundation to develop a resident repayment program to support minority recruitment and retention in medical education and research.

MINORITY ISSUES, ACCESS TO RESOURCES

- Recommended the AAFP increase promotion of the opportunity to participate in the minority issues discussion group through the minority scholarship program and any other available resources and the AAFP promote resources geared toward minority issues through the AAFP Web site or the utilization of the minority listserv to create ease of access for people interested in minority issues, including mentors. (08)

MINORITY ISSUES, ACCESS TO RESOURCES (Continued)

Referred to the Commission on Education and Commission on Membership and Member Services. The COE accepted the first resolve for information. The AAFP provides targeted information about the specialty and health care careers to minority pre-medical and medical students across the nation. Cross-commission work continues with the Cultural Proficiency Workgroup (COE, CMMS, COHP) and addresses the issue of workforce diversity. Mentoring materials are available on the Virtual FMIG Website and featured on the homepage. The Division of Medical Education will continue to identify innovative ways to communicate the location of these materials and disseminate this information to state chapters and on the regional and local level. The minority listserv will be promoted to students, resident and active members as a way to connect electronically for mentoring.

The CMMS accepted the second resolve of this resolution for information. Since the majority of current resources for minorities are geared toward active membership, the commission recommended looking at either promoting the current Minority Issues Listserv and Minority Resources Web page to students through the student newsletter or developing a Minority Student Listserv and Web resources page. The commission also recommended that the National Conference of Special Constituencies be more vigorously promoted to student members. The commission encouraged the use of targeted communications to increase attendance at minority activities during the resident and student conference and suggested that the scholarship winners be required to attend the minority activities.

MINORITY MEMBERSHIP IDENTIFICATION

- Recommended the AAFP include optional race and ethnicity data fields on conference registration applications for the information to be compiled for statistical purposes. (13)

The CMMS noted that the AAFP does not currently collect any demographic information in the meeting registration process. The AAFP does have a race and ethnicity survey available to active members to complete. This survey links directly to the member census. Race and ethnicity categories match those of the U.S. Census Bureau. The CMMS requested that staff integrate the collection of minority demographic information in the event registration process, even if in a limited capacity.

MINORITY PHYSICIAN NETWORK

- Recommended the AAFP/CRSA through the Committee on Special Constituencies have a focus group of minority students to help in development and structuring of a networking program. (98)

Referred to the Committee on Special Constituencies.

MINORITY RECRUITMENT

- Recommended the AAFP reaffirm its commitment to encourage the development of programs to foster the continuity of mentoring relationships and formalize its relationship with the Student National Medical Association (SNMA) by creating a formal liaison position and use the residency survey to compile reports demonstrating the effectiveness of recruitment efforts. (02)

MINORITY RECRUITMENT (Continued)

Referred to Commission on Resident and Student Issues. The CRSI adopted the resolution. It was decided to continue the current representation for the April 2003 annual meeting of SNMA. The AAFP representative will be expected to gather information from the annual SNMA meeting to assist the Academy in increasing minority membership and meeting the unique needs of minority members.

A subcommittee drafted a job description for the proposed formal liaison position. Concern was expressed that the residency directory survey would not be the best mechanism for collecting data on minority recruitment efforts. Other options were discussed.

- Recommended the AAFP make minority medical student opportunities more visible on the AAFP student website. (05)

Referred to the Commission on Education. The COE accepted this resolution for information. The subcommittee reviewed content, developed by the AAFP in preparation for National Minority Health Month, for underrepresented premedical and medical students. It was noted that the content was developed after submission of this resolution and became available in fall of 2005. This information will continue to be updated and available from the Virtual FMIG Web site.

- Recommended the AAFP explore the possibility of creating a minority mentoring network of family physicians to serve as a support and academic guidance system for minority medical students, and in creating a minority mentoring network for medical students acknowledge the need to increase the number of minority family physicians and support their educational goals. (05)

Referred to the Commission on Education. The COE accepted this resolution for information. Discussion focused on the intent of the resolution and current efforts by the Academy to prepare workforce recommendations and pilot a medical student telementoring program.

- Recommended the AAFP consider changing membership enrollment forms to include optional self-identification of minority/ethnic status with the clearly stated purpose of furthering the Academy's support of its minority members as well as institution of an effective minority mentoring network. (05)

Referred to the Commission on Membership and Member Services. The CMMS accepted this resolution for information.

- Recommended the AAFP consider sending representation and/or education material to meetings of multiple regional and national organizations representing minority medical students (i.e., Student National Medical Association, National Network of Latin American Students, and Asian Pacific American Medical Student Association). (07)

Referred to the Commission on Education. The COE accepted this resolution for information. After reviewing AAFP's current activities with SNMA,>NNLAMS and other minority student associations, along with other workforce diversity initiatives, it is believed that sufficient collaborations are already underway.

- Recommended the AAFP create, co-sponsor, support, or promote student mentorship programs for underrepresented minorities in medicine for the purpose of recruiting and retaining these students to the field of medicine. (13)

MINORITY RECRUITMENT (Continued)

The COE considered this resolution alongside a report on outreach to minority students in grade school through high school, which included detailed background and a report on existing AAFP policy and programs, as well as existing programs from other medical organizations that support recruitment and retention of students underrepresented in medicine to careers in medicine. The AAFP supports many programs for minority outreach and mentoring, including Doctors Back to School, Tour for Diversity, and a formal collaboration with the SNMA. The AAFP does not offer a mentoring program at a national level for financial reasons, as well as lack of staff support. Continuing support for minority student outreach already is taking place, and communication of the minority outreach programs is in place and accessible to family physicians to support their own efforts.

MINORITY ROLE MODELS

- Recommended identification of minority members of the AAFP who could serve as role models for residents and students. (83)

An article soliciting minority role models was included in the *AAFP Reporter* in 1984.

MINORITY SCHOLARSHIPS

- Recommended that in view of the AAMC's perceived efforts to eliminate scholarship programs designed for minority students that are linked to primary care, the AAFP support, in principle, any existing scholarship programs for all minority students, with established financial need, entering family practice. (94)

CRSA adopted and noted this reflects current AAFP policy.

- Recommended that the AAFP look into development of a directory of existing minority scholarships and was to make it readily available to all interested minority students. (94)

CRSA adopted the recommendation and laterally referred to the Committee on Minority Health Affairs. Staff has contacted the committee's liaison from the Office of Minority Health, which has written to minority health organizations and other medical resources to obtain information on existing minority scholarship programs and opportunities.

MOTORCYCLE HELMETS

- Endorsed concept of laws requiring use of helmets when riding or driving motorcycles. (81)

Adopted by 1981 COD.

- Recommended the AAFP strongly support the enactment of federal legislation that would mandate helmet usage by all motorcycle operators and passengers in the United States to decrease the morbidity, mortality, and unpaid medical bills from motorcycle accident related head injuries. (92)

MOTORCYCLE HELMETS (Continued)

COD adopted substitute resolution: Resolved that the AAFP support the enactment of legislation that would mandate helmet usage by all motorcycle operators and passengers in the United States to decrease the morbidity and mortality from motorcycle accident-related head injuries. Referred to the Commission on Legislation and Governmental Affairs.

MOUNTAINTOP REMOVAL COAL MINING

- Recommended the AAFP support legislation that seeks to curb the practices of mountaintop removal (MTR) coal mining and its devastating effects on public and community health. (10)

To date, the AAFP has not been approached by any organization to support such legislation. Current legislative initiatives on protection of those parts of the Affordable Care Act (ACA) that benefit family medicine, influencing the large number of regulations being written resulting from the ACA, fixing of the Sustainable Growth Rate (SGR), and other issues are the priorities for the AAFP at this time. The commission is looking to see how to proceed on this resolution in light of this knowledge.

MULTILINGUAL EDUCATION

- Recommended the AAFP investigate the expansion of their resources to assist members who wish to seek further education in medical language fluency. (09)

Referred to the Commission on Health of the Public and Science. The CHPS agreed with the intent of this resolution and directed staff to collaborate with AAFP international activities staff to develop a resource list for medical students and residents on medical language fluency to be placed on the AAFP Web site. It was also recommended that a workshop be offered at National Conference on available resources for medical language fluency.

NATIONAL CONFERENCE OF CONSTITUENCY LEADERS (NCCL) (FORMERLY NCSC)

- Recommended the AAFP inform medical students and residents that National Conference of Special Constituencies is a conference that they are welcome to attend. (13)

The COE noted the numerous ways residents and students are currently informed of their opportunities to attend NCSC, as well as need for the AAFP to focus its promotional efforts regarding meetings to students and residents around the National Conference of Family Medicine Residents and Medical Students. The COE also discussed benefits of establishing a pathway for residents into NCSC as new physicians, as well as for students and residents who identify with special constituent groups to be able to see a home for themselves as physicians within NCSC. The group also listed the many benefits including leadership development and engagement of NCSC.

The CMMS concurred with reaffirming this resolution. While NCSC is not marketed specifically to the resident or student membership as a target audience, staff does provide lists of second- and third-year resident members to chapters each year. Chapters are encouraged to send a resident member(s) to the conference in the General Registrant category. The conference also has added exposure with the

NATIONAL CONFERENCE OF CONSTITUENCY LEADERS (NCCL) (FORMERLY NCSC) (Continued)

resident audience now that the NCSC Convener presents remarks at the National Congress of Family Medicine Residents each year. NCSC is also promoted to third-year resident members through the resident e-newsletter each winter. Information about NCSC is also shared through the Family Medicine Interest Group network (FMIG). Staff will explore the possibility of the NCSC Convener presenting remarks at the National Congress of Student Members as well. In addition, staff will encourage program directors to promote NCSC to their graduating residents.

***NCSC is now the National Conference of Constituency Leaders (NCCL)**

NATIONAL HEALTH SERVICE CORPS

- Recommended that the AAFP go on record supporting the goals of the NHSC. (80)

Not adopted by COD.

- Asked the AAFP to work to ensure full appropriation for NHSC in coming years. (81)

Referred to Subcommittee on Financing Medical Education.

- Recommended the AAFP support the continuance of the NHSC and testify on support of scholarship renewal. (83)

Not adopted by COD.

- Recommended that the Commission on Legislation and Governmental Affairs lobby to support funding of the NHSC. (84)

The AAFP stood in support of a bill to further fund the NHSC, but this bill was ultimately vetoed.

- Recommended the AAFP support the National Health Service Corps Scholarship Program Incentive Act (Senate Bill 288 and House Bill 324) and any other legislation, which would terminate the taxation of the National Health Services Corps tuition benefit. (99)

Referred to the Commission on Legislative and Governmental Affairs. Staff advised the CLGA that they believed this proposal would be included as a provision in NHSC reauthorization legislation, which the Academy supports actively.

- Recommended the AAFP investigate whether outstanding service obligations (such as State Loan Repayment Programs, scholarship programs, or a condition of medical school enrollment) pose a conflict to National Health Service Corps (NHSC) Loan Repayment Program eligibility, specifically when the two commitments can be concurrently fulfilled, and that the AAFP advocate for eliminating a conflict if one exists between state and National Health Service Corps (NHSC) obligations. (10)

The CGA has recommended that the AAFP investigate how current loan deferment programs are structured and how family medicine residents may be able to access these programs and make information available through every means possible. The resident and student representatives on the commission emphasized the importance of clarifying loan deferment language so that residents and students would be able to receive loan deferments from more than one program.

NATIONAL HEALTH SERVICE CORPS – STUDENTS TO SERVICE

- Recommended the support the continuation of the National Health Service Corps' (NHSC) Students to Service pilot program through methods including, but not limited to, written correspondence to the Health Resources and Services Administration (HRSA) and lobbying for increased appropriation to HRSA for the Students to Service program. (12)

Referred to the Commission on Education. The COE reaffirmed this resolution. The COE discussed importance of debt relief programs for students who choose primary care careers and AAFP multiple policy statements that deal with debt relief. The AAFP advocated on behalf of the continuation of the NHSC Students to Service pilot program. It was noted that it would be beneficial to promote this program in any advocacy materials related to debt relief and to include it in materials for the FMCC spring meeting.

NATIONAL PRACTITIONER DATA BANK

- Recommended if the National Practitioner Data Bank (NPDB) does not exclude information on settled claims by supervised resident physicians is currently called for by AAFP policy that the listing of medical malpractice payments made on behalf of resident physicians practicing under the auspices of an accredited residency program be identified by a marker that can be used for the gathering of statistical information. (93)

COD did not adopt. COD did adopt similar Resident Resolution: Resolved, that if resident physicians continued to be entered into the National Practitioner Data Bank, the AAFP support identification of resident physicians by a marker that may be used for gathering statistical information.

Referred to Commission on Quality & Scope of Practice and Commission on Legislation & Governmental Affairs. (Dual referrals are made only when two entities are both dealing directly with that item.)

NATIONAL RESIDENT MATCHING PROGRAM

- Recommended the AAFP/CRSA study the organizational structure of the governance board of the National Resident Matching Program specifically with respect to the appropriate representation of medical students, residency directors, and deans of medical schools and report back to the Committee on Resident and Student Affairs with its findings before the next National Congress of Student Members. (98)

Referred to Commission on Education. The COE accepted this resolution for information and asked that staff forward to NCFPR and NCSM information regarding the current composition of the National Resident Matching Program's Board of Directors.

NATIVE AMERICANS

- Recommended the Academy investigate through its liaisons to the AAMC the advisability of inclusion of Hawaiian descendants as Native Americans. (92)

CRSA adopted. Referred to the Committee on Minority Health Affairs (CMHA). The CMHA reviewed and discussed this issue and staff executive contacted the Association of American Medical Colleges (AAMC) Office of Minority Health (OMH)

NATIVE AMERICANS (Continued)

to obtain input concerning the advisability of including Hawaiian descendants as Native Americans. AAMC OMH staff indicated that during the time they were defining under-represented minorities, Native Hawaiians were not even thought of as minorities, not to mention, Native Americans. However, AAMC staff reported that they currently consider Native Hawaiians as an underrepresented minority group and further believes that it is quite appropriate to include Native Hawaiians as Native Americans, because they are indeed a "native people". The CMHA supported the recommendation of the AAMC.

- Recommended the AAFP along with Native American communities study the political and economic issues regarding the current barriers to providing effective healthcare delivery to Native Americans. (98)

Referred to the Committee on Special Constituencies.

NBME EXAM

- Recommended the NCSM encourage the AAFP to examine changes in the NBME exam or other standardized exams used for medical licensure and the way the Board scores are used by medical schools and residencies, and that the NCSM encourage the AAFP to develop a policy on the NBME Board scores or other standardized exams used for medical and licensure and their use. (91)

CRSA recommended to BOD that the Academy develop a policy on standardized medical licensure exams and their improper use in screening residency applications and this be referred to the Commission on Education. BOD referred to COE.

NCSM ELECTION POLICY

- Recommended that, in a given election, any unsuccessful candidate for student member of the AAFP Board of Directors or National Congress of Student Members' (NCSM) Chair may not run for student delegate to the AAFP Congress. (98)

Referred to Committee on Resident and Student Affairs. These changes were reflected in Rules of Order presented at the 1999 NCSM congress for adoption.

NCSM ELECTION POLICY – ELIGIBILITY

- Recommended the eligibility requirements for the National Conference Student Chair be expanded to include experience serving as the American Academy of Family Physicians (AAFP) Student Representative to the American Medical Association (AMA) Medical Student Section, Student Liaison to the Student National Medical Association (SNMA), or Family Medicine Interest Group (FMIG) Regional Coordinator and one year prior experience attending the National Conference of Family Medicine Residents and Medical Students. (10)

Referred to the Commission on Education. The COE agreed with this resolution and directed staff to take the necessary steps to present these recommendations as amendments to the NCSM Rules of Order for adoption at the 2011 National Conference.

NCSM NAME CHANGE

- Recommended deleting the word "affiliate" in the name National Conference of Student Affiliated Members. (81)
- Recommended that the CRSA study revising the name of the National Conference of Student Members to better reflect its status as a suborganization and that these suggestions be brought back to the 1989 NCSM. (88)

CRSA considered and adopted a bylaws amendment to change the name National Conference of Student Members to National Congress of Student Members. Proposed bylaws amendment to be considered by 1989 NCSM. Amendment accepted, name changed to National Congress of Student Members

NCSM RURAL MEDICINE SCHOLARSHIP

- Recommended that the COD/AAFP establish the following criteria for the NCSM Rural Medicine Scholarship: 1) A letter of interest, including: a) Present involvement in community activities, b) How the student might PRODUCTIVELY share his/her conference experience with fellow students at his/her medical school and, c) How the student might develop his/her own practice in a rural clinic and, 2) Two references, one of which must be a member of the Dept. of Family Medicine at the student's medical school or constituent chapters.

CRSA accepted for information. It was suggested that this resolution be sent to the Committee on Rural Health as a recommendation in response to their request. The committee noted that the State Legislative Tracking Service maintained by the Academy's Department of State Legislation includes specific information on "Provider Availability" initiatives, one of the main components of which is loan and scholarship programs for rural physician recruitment/retention. This information is updated bi-weekly, and is available upon request.

NCSM/NCFPR CHILD CARE

- Recommended provision for child care at major AAFP meetings on an ongoing basis where feasible. (83)

Adopted by 1983 COD. Child care provided at 1983-1985 Scientific Assemblies, and planned for 1986.

(Editorial Note: The NCFPR now does not now provide child care due to the fact that the Academy has conducted extensive review of the ability to provide child care at any meetings and has decided, at the present time, it is not possible. The primary reason is one of assuming undue liability risks.)

NCSM/NCFPR DELEGATES

- Recommended that the CRSI investigate ways to improve pre-registration of resident and student delegates and try to implement them before the next congress. (01)

Referred to the Commission on Resident and Student Issues. The National Conference Planning Committee agreed that if a designated delegate has not registered by 5:00 p.m. on Thursday, the position will be open to chapter attendees unless prior arrangements have been made.

NCSM/NCFPR DELEGATES (Continued)

- Recommended the AAFP explore avenues to give a voice to the international medical student population at the National Congress of Student Members. (13)

The COE recognized that participation in the student congress by students attending international medical schools is consistent with current policy; therefore, action beyond what is currently taking place would involve significant restructuring of bylaws and operating procedure. NC staff will continue to be cognizant of ways to increase opportunities within the parameters of current policy.

NCSM/NCFPR DEMOGRAPHIC STUDY

- Recommended that the AAFP place a volunteer race/ethnicity and gender question on the NCFPR/NCSM application form to begin compiling statistical data on race/ethnicity and gender of conference participants. (95)

It was noted that the current data file used for meeting registration does not have space for the collection of this data. In addition, it was reported that due to the confidential nature of this information it would be difficult to ask this question on meeting registration forms.

NCSM/NCFPR EXHIBIT HALL

- Recommended that CRSA investigate the creation of a need-based scholarship program for institutions providing care to underserved populations in order to exhibit at the National Conference. (00)

Referred to the Commission on Resident and Student Affairs. CRSA discussed the concept of discounting exhibit registration for institutions providing care to underserved populations. There was general consensus that it would be extremely difficult to determine which institutions would be eligible for such a discount.

- Recommended that the 2008 National Conference of Family Medicine Residents and Medical Students exhibit hall have a booth displaying the American Academy of Family Physicians' resources for students and residents relating to caring for patients with cultural and language barriers to care. (07)

The Commission on Health of the Public noted that this resolution was referred to the Commission on Education and that the Subcommittee on Disparities and Underserved Populations reviewed the resources and information staff provided to the COE.

The COE accepted this resolution for information. It was noted that creation of a special booth would have cost implications, including the staffing of the booth. A key AAFP resource, *Quality of Care for Diverse Populations*, was made available during the 2007 conference in a video lab on the Exhibit Hall floor and did not generate interest among attendees. The Subcommittee on National Conference Planning directed staff to include references to the AAFP resources on caring for patients with cultural and language barriers in the 2008 conference theme fact sheet on global health.

NCSM/NCFPR FOOD

- Explore options for nutritional meals/snacks at conferences. (83)

Considered by NCSM/NCFPR planning committee and changes made at 1984 meeting.

- Give consideration to continuing to have nutritional meals/snacks at future NCSMs. (84)
- Thanked NCSM/NCFPR planning committee for nutritional meals/snacks at the 1984 meeting, and asked that this be continued. (84)
- Recommended the AAFP establish the policy that food served at all AAFP functions adhere to American Heart Association guidelines and that well-balanced vegetarian meals be available as an alternative. (92)

CRSA adopted substitute Resolution: That the NCSM/NCFPR establish the policy that food served at all NCSM/NCFPR functions adhere to American Heart Association guidelines, when possible, and that well-balanced vegetarian meals be available as an alternative.

- Recommended that the National Conference Planning Committee consider providing concession vouchers to offset the cost of the purchase of meals in order to replace the current system of food service. (01)

Referred to the Commission on Resident and Student Issues. The National Conference Planning Committee adopted a motion to implement a voucher system at the 2002 National Conference, providing registrants with two coupons each day valued at \$3.00 and \$6.00 to be used toward the purchase of food at concession stands throughout the convention center.

- Recommended that the AAFP and exhibitors distribute uniformly colored food vouchers in \$1.00 increments that can be used throughout the duration of the National Conference of Family Medicine Residents and Medical Students. (03)

Referred to the Commission on Resident and Student Issues. The CRSI accepted this resolution for information. It was reported that it would be very costly to replace all of the day-specific food vouchers with universal vouchers. It was agreed; however, that it would be feasible to designate the food vouchers distributed by exhibitors as valid throughout the conference.

- Recommended that more attention be paid to making vegan and vegetarian options available throughout the National Conference of Family Medicine Residents and Medical Students. (04)

Referred to the Commission on Resident and Student Issues. The CRSI accepted this resolution for information.

NCSM/NCFPR MEETING SUGGESTIONS

- Send prior information to participants. (78)
- Offer more small groups. (80)
- Offer a workshop on Minority Health. (80)

NCSM/NCFPR MEETING SUGGESTIONS (Continued)

Workshop offered at 1981 NCSM.

- Offer information on third party payment system and the AAFP's policies and positions on this. (80)

Workshop offered at 1981 NCSM.

- Offer a workshop on alternative health care. (80)
- Invite a non-resident physician from the Committee on Minority Health Affairs to speak. (81)

Workshop offered at 1982 NCFPR/NCSM.

- Develop a public relations workshop. (81)

Workshop offered at 1982 NCFPR/NCSM.

- Workshop on parental leave policy. (81)
- Workshop on single medical student or resident. (81)
- Offer a workshop on women's health issues. (82)

Workshop offered at 1983 NCSM/NCFPR.

- Speaker on behavior change techniques appropriate for use by family physicians in patient care and behavior modification programs available for resources. (82)
- Asked for a workshop at 1984 NCSM on establishing a DOC program. (83)

Numerous DOC programs and workshops have been included in NCSM/NCFPR programs and DOC representatives have been in attendance at these meetings.

- Session for the issues for spouses/significant others and another with couple relationships. (83)

Workshop on Dual Career Marriages offered in 1984.

- Offer a joint workshop on Family Physicians as Teachers. (83)

Workshop held in 1983.

- Expand legislative workshop to two sessions. (83)

Legislation included in 1984 NCSM/NCFPR as one plenary session plus one small group session.

- Attempt to gauge interest in small group sessions prior to NCSM. (83)

Currently being done by NCSM planning committee. Difficulties are involved with reservations for meeting coming in July and August, while session planning must take place months earlier.

- Offer a workshop on the medical consequences of nuclear war. (83)

Workshop offered at 1984 NCSM/NCFPR.

NCSM/NCFPR MEETING SUGGESTIONS (Continued)

- Have a DOC presentation at the 1985 NCSM. (84)

DOC presentation included in 1985 meeting.

- Recommended a Spouses/Significant Other's Program annually to be funded from registration fees. (84)
- Offer a workshop on geriatric issues pertinent to the family physician. (84)

Workshop offered at 1985 NCSM.

- Offer a workshop on health issues in Central America. (84)

Workshop on international issues, including this one, offered at 1985 NCSM.

- Recommended that the AAFP encourage more sessions on basic and advanced managed care throughout the entire NCFPR/NCSM. (95)

The NCFPR/NCSM Planning Committee decided that a Managed Care Track would be presented as apart of the workshop element during 1996 NCFPR/NCSM.

- Recommended that the CRSA plan/include a workshop formally presenting the AAFP Universal Health Care Coverage Task Force Report and providing an opportunity for student and resident feedback at the 2001 National Conference of Family Practice Residents and Students. (00)

Referred to the Commission on Resident and Student Affairs. CRSA adopted a motion to offer a workshop on the universal health care coverage task force report on Thursday from 9:00 – 10:30 a.m. immediately following the business session.

- Recommended that the AAFP make efforts to provide education on lead poisoning to residents and medical students at the next AAFP National Conference of Family Practice Residents and Medical Students. (00)

Referred to the Commission on Public Health and Committee on Resident and Student Affairs. CRSA accepted this resolution for information and instructed staff to add household (environmental) toxicology to the topics list to be included in the workshop proposal mailing. CPH agreed to address this resolution in conjunction with the topic of lead and other toxins in drinking water.

AAFP has already done a number of things in this area, including adopting a policy on Pollution of the Environment and a brochure entitled Patient Education: Lead and Your Health.

- Recommended the Committee on Residents and Student Affairs (CRSA) strongly consider family medicine scholarship (including teaching, conducting original research, integrating and disseminating findings, practicing evidence-based medicine, and evaluating quality improvement) as a possible theme for the 2001 National Conference. (00)

Referred to the Commission on Resident and Student Affairs. CRSA accepted this resolution for information. Scholarship was considered, but not selected as the 2001 conference theme.

NCSM/NCFPR MEETING SUGGESTIONS (Continued)

- Recommended the Committee on Resident and Student Affairs (CRSA) consider providing education through workshops and/or discussion groups on alternative family structures at the National Conference. (00)

Referred to the Commission on Resident and Student Affairs. CRSA accepted this resolution for information and instructed staff to add alternative family structures to the topic list included in the workshop proposal mailing.

- Recommended a time for a roundtable discussion regarding Gay, Lesbian, Bisexual, and Transgender Issues (GLBT) issues be scheduled to take place at the National Conference in 2001 and that the time and place of this roundtable be published in the Conference schedule. (00)

Referred to the Commission on Resident and Student Affairs. CRSA accepted this resolution for information, noting that discussion groups traditionally are scheduled on Thursday and the times are printed in the official program. It was pointed out that the time frame for discussion groups could be extended beyond the one-hour allotment at the discretion of the group facilitators.

- Recommended the CRSA consider holding a workshop/panel discussion on career options, (i.e. part-time, physician executives, academic careers) in family medicine at the 2001 National Conference. (00)

Referred to the Commission on Resident and Student Affairs. CRSA adopted a motion to designate a panel discussion on career opportunities and practice options as one of the special Wednesday forums, given the theme of the 2001 conference ("The Many Faces of Family Medicine").

- Recommended the AAFP investigate the feasibility of rotating the National Conference site to different sites in the U.S. on a bi-annual basis. (00)

Referred to the Commission on Resident and Student Affairs. CRSA discussed at length the risks and benefits of changing the location of the National Conference. Given existing contractual agreements, the significant increase in costs associated with moving the conference and the conference's ability to draw attendees from across the country to Kansas City, the committee voted to curtail any further investigation with regard to changing the location.

- Recommended the National Conference Planning Committee work with family medicine research organizations such as STFM and NAPCRG to include evidence-based medicine and research paper review workshops at the 2001 National Conference of Family Practice Residents and Medical Students. (00)

Referred to the Commission on Resident and Student Affairs. CRSA accepted this resolution for information and instructed staff to add evidence-based medicine and research to the topics list to be included in the workshop proposal mailing.

- Recommended the Committee on Resident and Student Affairs (CRSA) consider the theme of the 2001 Convention to be "2001 Gateway to a Century of Global Compassion." (00)

Referred to the Commission on Resident and Student Affairs. CRSA accepted this resolution for information. Global compassion was considered, but not selected as the 2001 conference theme.

NCSM/NCFPR MEETING SUGGESTIONS (Continued)

- Recommended CRSA consider placing a card/handout of Academy listserves into on-site registration materials for the National Conference in future years. (00)

Referred to the Commission on Resident and Student Affairs. CRSA adopted a motion to make this information available with registration materials at the 2001 conference.

- Recommended that the AAFP National Conference of Family Practice Residents and Medical Students provide equal worship opportunities to all religious groups by making available information on local worship services and designating a room at the conference site for individual reflection. (01)

Referred to the Commission on Resident and Student Issues. The National Conference Planning Committee agreed to implement this recommendation at the 2002 conference.

- Recommended that the AAFP encourage the National Conference Planning Committee to offer workshops in technical writing and publishing for medical students and residents at the 2002 National Conference. (01)

Referred to the Commission on Resident and Student Issues. Since the AAFP Foundation offers a research skills training workshop in conjunction with the National Conference, staff was asked to confirm coverage of these topics during this special session.

- Recommended that the AAFP consider adopting the theme “Family Medicine in the Inner City” for the 2002 National Conference of Family Practice Residents and Medical Students and offer lectures, workshops and training topics on urban and inner city family medicine including the viability and development of sustainable practices and health centers, morbidities and health issues, and the acquisition of skills in clinical care, research and advocacy and that the committee invite exhibits by organizations dedicated to urban health policy, employment, and research (e.g. the National Association of Community Health Systems, the Human Resources and Services Administration Bureau of Primary Care, the Robert Wood Johnson Foundation , the Commonwealth Foundation). (01)

Referred to the Commission on Resident and Student Issues. The National Conference Planning Committee adopted the theme “Family Medicine: Today’s Challenges, Tomorrow’s Opportunities” for the 2002 National Conference. Family medicine in the inner city was added to the list of suggested workshop topics included in the workshop proposal packet. America Bracho, MD, MPH, founder and CEO of Latino Health Access, will deliver one of the special lectures.

- Recommended the AAFP investigate the feasibility of providing Internet access at the National Conference of Family Practice Residents and Medical Students during the reference committees and the resolution writing process. (02)

Referred to the Commission on Resident and Student Issues. The CRSI adopted the resolution, instructing staff to investigate mechanisms to accomplish the directive within reasonable budgetary constraints.

- Recommended that the Commission on Resident and Student Issues consider “2004 National Conference of Family Medicine Residents and Medical Students: The Faces and Future of Family Medicine” as the theme for the 2004 National Conference of Family Medicine Residents and Medical Students. (03)

NCSM/NCFPR MEETING SUGGESTIONS (Continued)

Referred to the Commission on Resident and Student Issues. The CRSI accepted this resolution for information, noting that the recommended theme was very similar to a recent conference theme. It was reported that the National Conference Planning Committee had chosen “Compassion, Advocacy, Innovation: The Heart of Family Medicine” as the 2004 conference theme.

- Recommended that the National Conference of Family Medicine Residents and Medical Students Planning Committee consider instituting a mentoring program for conference attendees who desire it. (04)

Referred to the Commission on Resident and Student Issues. The CRSI accepted this resolution for information and appointed a subcommittee to further investigate the concept.

- Recommended that the program committee for the National Conference of Family Medicine Residents and Medical Students solicit or accept a fair and balanced seminar presentation on options counseling for unintended pregnancy to include continuing pregnancy, adoption, surgical abortion and the new option of medical abortion with the medications mifepristone and misoprostol. (04)

Referred to the Commission on Resident and Student Issues. The CRSI adopted this resolution and a workshop is scheduled for the 2005 National Conference.

- Recommended that, starting in 2005, the AAFP National Conference of Family Medicine Residents and Medical Students institute a workshop on universal health coverage addressing the AAFP Healthcare for All proposals, an update on actions over the previous year, and time for discussion. (04)

Referred to the Commission on Resident and Student Issues. The CRSI accepted this resolution for information. The National Conference Planning Committee

indicated that this topic was relevant to the 2005 conference theme on advocacy and would be factored into programming.

- Recommended the National Conference of Family Medicine Residents and Medical Students incorporate, as an annual event, an advocacy session that includes a Washington update, how to become a key contact, and an overview of advocacy resources available through the American Academy of Family Physicians, and invite appropriate Academy leadership to be available for questions at the National Conference Resource Center booth. (04)

Referred to the Commission on Resident and Student Issues. The CRSI accepted this resolution for information. The National Conference Planning Committee indicated that this topic was relevant to the 2005 conference theme on advocacy and would be factored into programming.

- Recommended the theme for the 2006 National Conference of Family Medicine Residents and Medical Students be title “Strengthening the Specialty – Caring for the Underserved,” with the goal of identifying the spectrum of the underserved, discussing the unique role that family physicians play in the care of the underserved, and fostering a new identity to encourage recruitment of students to the specialty via panels, workshops and keynote speakers. (05)

Referred to the Commission on Education. The COE accepted this resolution for information. The Subcommittee on National Conference Planning noted that the theme of the 2002 National Conference was caring for the underserved. It was

NCSM/NCFPR MEETING SUGGESTIONS (Continued)

acknowledged that the topic of caring for the underserved would be addressed within the context of the 2006 theme “Extraordinary Physicians in Extraordinary Times” and other workshop offerings.

- Recommended the Political Action Committee utilize their booth and other locations within the National Conference of Family Medicine Residents and Medical Students to provide materials such as pre-printed postcards that allow for immediate action toward the goals of the Political Action Committee. (05)

The Board of Directors referred this resolution to the FamMedPAC Board of Directors.

- Recommended the AAFP investigate establishing a yearly award to residency programs that best exemplify progress toward the recommendations of the Future of Family Medicine report, and the award be conferred by recognition at the opening session of the National Conference of Family Medicine Residents and Medical Students each year. (05)

Referred to the Commission on Education. The COE agreed to take no action on this resolution, noting that residency implementation of the Future of Family Medicine (FFM) recommendations is in its infancy and outcomes for this project have not yet been effectively measured. The importance of identifying and encouraging innovation and excellence was discussed; however, commission members agreed that it was premature to design awards at this time. The AAFP’s policy has been not to identify one residency program as being better than another. The FFM new model implementation is being addressed at AAFP meetings, such as the Residency Assistance Program (RAP) Workshop and the Program Directors’ Workshop (PDW). STFM also addressed this topic at its April 2005 annual meeting.

- Recommended the NCFMR/NCSM offer a poster presentation competition yearly for medical students and residents to present original primary care research, and the AAFP investigate the feasibility of offering monetary stipends to winners in the National Conference of Family Medicine Residents and Medical Students research and educational poster contest with collaboration within the family of family medicine, including the Society of Teachers of Family Medicine, Association of Family Medicine Residency Directors and National Association of Primary Care Research Group. (06)

Referred to the Commission on Education. The COE accepted this resolution for information since the National Conference Planning Committee has been working on a proposal for research and education poster presentations to begin at the 2008 conference.

- Recommended the AAFP investigate the institution of a session at the start of the conference to orient attendees to the National Congress of Student Members as well as to the organization and structure of the AAFP. (06)

Referred to the Commission on Education. The COE accepted this resolution for information. In September 2006, the National Conference Planning Committee adopted several measures to enhance awareness/understanding of the resident and student congresses, including creating a special fact sheet on the Academy structure, resident and student congresses, and leadership opportunities to be included in the 2007 registration packets.

NCSM/NCFPR MEETING SUGGESTIONS (Continued)

- Recommended the AAFP continue its commitment to underserved populations by facilitating an organized collection of hotel toiletries from the major hotels in Kansas City, Missouri utilized by attendees of the National Conference of Family Medicine Residents and Medical Students and facilitate the distributions of the donated hotel toiletries to a designated provider of homeless services in Kansas City, Missouri. (06)

Referred to the Commission on Education. The COE adopted this resolution and donations will be collected at the 2007 National Conference.

- Recommended the NCFMR/NCSM have an educational workshop at the 2008 conference on evidence-based guidelines and standards on the healthcare needs of the gay, lesbian, bisexual, and transgender population. (06)

Referred to the Commission on Education. The COE accepted this resolution for information. The National Conference Planning Committee agreed to include the topic of competency in caring for GLBT patients on the list of suggested workshop topics in the 2008 workshop proposal packet. In addition, a workshop proposal was submitted on this topic for the 2007 conference and will be included in the core sessions on the model of care.

- Recommended the AAFP offer a workshop on “Ultrasound Basics” in conjunction with the National Conference of Family Medicine Residents and Medical Students to include instruction on screening for abdominal aortic aneurysm, vascular disease, gallbladder disease, and kidney disease. (07)

Referred to the Commission on Education. The COE accepted this resolution for information. In September 2007, the Subcommittee on National Conference Planning agreed to add ultrasound basics to the list of suggested topics included in the 2008 National Conference workshop proposal packet. No proposals were submitted.

- Recommended the AAFP offer a lecture on “Dual Certification and Fellowship Options in Family Medicine Residencies” in conjunction with the National Conference of Family Medicine Residents and Medical Students and include information on family medicine residency programs that offer combined certification, fellowships, and additional degrees. (07)

Referred to the Commission on Education. The COE accepted this resolution for information. In September 2007, the Subcommittee on National Conference Planning agreed to add dual certification and fellowship options in family medicine residencies to the list of suggested topics included in the 2008 National Conference workshop proposal packet. While a proposal was submitted, this topic was not selected.

- Recommended the AAFP recommend to the Commission on Education that it develop appropriate educational workshops or presentations on deaf culture and communication at the National Conference of Family Medicine Residents and Medical Students and other AAFP meetings to raise awareness of persisting access and communication barriers. (07)

Referred to the Commission on Education. The COE accepted this resolution for information. In September 2007, the Subcommittee on National Conference Planning agreed to add caring for deaf and hearing-impaired patients to the list of suggested topics included in the 2008 National Conference workshop proposal packet. While a proposal was submitted, the topic was not selected. The

NCSM/NCFPR MEETING SUGGESTIONS (Continued)

subcommittee plans to reference the deaf and hearing links on the Academy Web site (under cultural proficiency) in the 2008 conference theme fact sheet on global health.

- Recommended the AAFP consider offering the course “Identification and Management of the Drug-Seeking Patient” in conjunction with the National Conference of Family Medicine Residents and Medical Students to include topics such as typical drug-seeking behavior, managing patients going through withdrawal, and the inclusion of family members in treatment plans. (07)

Referred to the Commission on Education. The COE adopted this resolution. In September 2007, the Subcommittee on National Conference Planning agreed to add management of drug-seeking patients to the list of suggested topics included in the 2008 National Conference workshop proposal packet. A proposal was submitted and selected for presentation.

- Recommended the planning committee for the National Conference of Family Medicine Residents and Medical Students investigate including sessions on communicating with non-English speaking patients at the 2008 National Conference of Family Medicine Residents and Medical Students, and the planning committee for the National Conference of Family Medicine Residents and Medical Students investigate including sessions on basic medical Spanish at the 2008 National Conference of Family Medicine Residents and Medical Students. (07)

Referred to the Commission on Education. The COE adopted this resolution. Since the theme of the 2008 National Conference is global health, plans have been made to offer a workshop on medical Spanish. In addition, cross-cultural communication, cultural proficiency and related topics were added to the list of suggested workshop topics included in the 2008 workshop proposal packet.

- Recommended the educational information presented at the American Academy of Family Physicians’ National Conference of Family Medicine Residents and Medical Students and Scientific Assembly include current evidence-based information about the full range of contraceptive methods, the most effective protocols for prescribing them, and methods of addressing barriers to adherence. (08)

Referred to the Commission on Education and the Commission on Continuing Professional Development. The COE accepted this resolution for information. The COE Subcommittee on National Conference Planning agreed to add the following topics to the list of suggested topics in the 2009 National Conference workshop proposal packet: contraception methods, pharmaceutical industry/physician relationships, and integration of social services into the medical home model for urban underserved populations. These topics were revisited during the workshop selection process.

The COCPD accepted this resolution for information and referred it to the Subcommittee on Assembly Scientific Program.

- Recommended the AAFP Commission on Education consider including on a list of suggested topics a lecture at the 2009 National Conference of Family Medicine Residents and Medical Students that addresses pharmaceutical influences in the form of direct-to-consumer advertising, physician gifting and free samples, the new Pharmaceutical Research and Manufacturers of America (PhRMA) code guidelines, and tools for residents and students to interact with the pharmaceutical world. (08)

NCSM/NCFPR MEETING SUGGESTIONS (Continued)

Referred to the Commission on Education. The COE accepted this resolution for information. The COE Subcommittee on National Conference Planning agreed to add the following topics to the list of suggested topics in the 2009 National Conference workshop proposal packet: contraception methods, pharmaceutical industry/physician relationships, and integration of social services into the medical home model for urban underserved populations. These topics were revisited during the workshop selection process.

- Recommended the AAFP provide expanded education for residents and students in geriatric medicine topics at future National Conferences. (09)

The COE accepted this resolution for information. The COE Subcommittee on National Conference Planning agreed to add geriatric medicine to the list of suggested topics in the 2010 National Conference workshop proposal packet. This topic was revisited during the workshop selection process.

- Recommended the AAFP incorporate sleep disorders awareness and screening into future programs at the National Conference of Family Medicine Residents and Medical Students, thereby affirming the importance of recognizing the signs and symptoms of sleep disorders, such as sleep apnea, narcolepsy, and the parasomnias. (09)

The COE accepted this resolution for information. The COE Subcommittee on National Conference Planning agreed to add sleep disorders to the list of suggested topics in the 2010 National Conference workshop proposal packet. This topic was revisited during the workshop selection process.

- Recommended the AAFP National Conference Planning Committee consider offering sessions at future AAFP National Conferences related to the topics of student and resident wellness, balance, and avoidance of burnout. (10)

The COE accepted the first resolve of this resolution for information. The topics of life balance, lifestyle health management, and self care during medical school and residency were added to the list of suggested topics in the 2011 National Conference workshop proposal packet. These topics were revisited during the workshop selection process and relevant workshops were selected.

- Recommended the AAFP explore curricular content for the 2012 AAFP National Conference of Family Medicine Residents and Medical Students that would address the inclusion of transient populations in the Patient-Centered Medical Home (PCMH) model, and the AAFP explore curricular content for the 2012 AAFP National Conference of Family Medicine Residents and Medical Students that would address the meaningful use of the electronic health record (EHR) in improving continuity of care for such transient populations as the homeless, migrant workers, and other underserved mobile populations. (11)

The COE accepted this resolution. The topics of inclusion of transient populations in the patient-centered medical home and use of electronic health records in improving the continuity of care for transient populations were added to the list of suggested topics in the 2012 NC workshop proposal packet.

- Recommended the AAFP explore the development of an introductory program/lecture for Maintenance of Certification (MOC) to be presented at the National Conference of Family Medicine Residents and Medical Students to better prepare both students and residents for the evolving changes and requirements for MOC. (11)

NCSM/NCFPR MEETING SUGGESTIONS (Continued)

Referred to the Commission on Education. The COE accepted this resolution. The NC planning committee discussed the feasibility of developing an introductory program/lecture on MOC for presentation at the 2012 National Conference. The committee agreed that it was too early to address the new rules in any detail.

- Recommended the AAFP hold workshops and invite keynote speakers at the National Conference of Family Medicine Residents and Student Members, National Conference of Special Constituencies, Family Medicine Congressional Conference, Annual Leadership Forum, and Scientific Assembly on the topic of single payer healthcare. (12)

The Board discussed whether this was the right way to ask for educational sessions. Ultimately, the Board asked that the second resolved clause be sent to the group identified in this resolved clause.

- Recommended the AAFP National Conference increase programming in future annual conferences that addresses the need and role of family physicians in urban settings. (13)

The COE agreed that in order to ensure this topic remain under consideration for future conferences, it will be placed on the suggested workshop topics list.

It should be noted that the Subcommittee on National Conference Planning selected a family physician representing urban medicine to be a member of the 2014 main stage panel.

- Recommended the AAFP allot more than one hour for the Minority Special Interest Roundtable Discussion at the National Conference of Family Medicine Residents and Medical Students. (13)

The COE agreed that 90 minutes will be allotted for the Minority Special Interest Discussion beginning at the 2014 National Conference of Family Medicine Residents and Medical Students.

NCSM/NCFPR MINORITY DELEGATE SEAT

- Recommended that the CRSA/AAFP establish a minority delegate seat in the NCFPR/NCSM, which will be designated by the Minority Working Group. (95)

CRSA proposed a motion that there be a minority delegate seat at NCSM to be elected by minorities. This motion was put to a vote and failed. CRSA followed with a motion approving the proposal for the creation of student interest groups with the title to be determined.

NCSM/NCFPR ORGANIZATIONAL STRUCTURE

- Recommended creation of a third student slot on the CRSA. (75)

Adopted by Board of Directors. Currently three student members are part of the CRSA.

- Asked CRSA to provide student representatives with minutes of the NCSM, schedule of meetings, and names and addresses of student representatives on commissions/committees. (75)

NCSM/NCFPR ORGANIZATIONAL STRUCTURE (Continued)

Carried out through special mailings and *AAFP Reporter* articles.

- Recommended voting procedure for officers by state delegates only, without c/c representatives. (78)
- Recommended CRSA seeks funding for pre-conference workshops. (80)

Pre-conference workshops eliminated after 1980 when NCSM was lengthened from 1½ to 2½ days.

- Funding for preconference sessions be allocated. (81)

CRSA supported the concept of preconference sessions.

- Recommended investigating development of a new and comprehensive set of Guidelines for voting procedures. (82)
- Develop new voting procedure guidelines. (82)

Current guidelines deemed adequate with inclusion of better instructions to participants.

- Recommended the CRSA develop a mechanism by which registration fees for the conference may be waived for those students to whom it presents a hardship. (88)

CRSA adopted a motion to maintain current registration fee structure for NCSM. Requested that staff assist constituent chapters to identify sources of funding. Noted that special funds have recently been created to assist the attendance of students who have worked to develop their FMIG and students who are from schools without Departments of Family Practice.

- Recommended restricting the use of tobacco products in any conference areas to which one may gain access only if wearing a conference badge, and this policy be strictly enforced. (90)

CRSA accepted for information, no action taken, noting that the AAFP and NCSM/NCFPR already have a non-smoking policy.

NCSM/NCFPR RESOLUTIONS

- Recommended that 1) a list of the resolutions passed by the National Congress of Students Members and the National Conference of Family Practice Residents be posted on the Academy website in a timely manner after the National Congress of Family Practice Residents and Medical Students; 2) the disposition of each of the Congress' resolutions (i.e., which committee or commission they have been referred) be posted on the Academy website in a timely manner after they have been approved; and 3) the list of resolutions passed, their disposition, and committee/commission minutes – be easily accessible to all members on the Academy website so that members may have timely access to information regarding the progress of action upon their resolutions. (99)

Referred to the Committee on Resident and Student Affairs. The CRSA accepted this resolution for information. The committee agreed there is a need for education about the resolution process and agreed to consider offering instruction at the National Conference in 2000.

NCSM/NCPFR RESOLUTIONS (Continued)

- Recommended the AAFP create a searchable online database of the recommendations and actions of the National Congress of Student Members to be made available on the National Conference Website prior to the national meeting. (10)

Referred to the Commission on Education. The COE agreed with this resolution with modification. The commission directed staff to convert the NCFMR/NCSM recommendations and action books and current resolution grids into PDFs. The documents will be available on the member only section of the Academy Website, with the caveat that these are proceedings only. The group agreed that converting this volume of information to a searchable database would be time consuming and it was likely that this request would be given lower priority. However, converting proceedings into PDF format would permit them to be word searched for relevant topics.

NEEDLE EXCHANGE PROGRAMS

- Recommended the AAFP establish a program for the development of needle exchange programs for intravenous-drug users to include nonjudgmental counseling and recovery opportunities, and comprehensive education stressing prevention of HIV virus transmission. (92)

COD adopted substitute resolution: Resolved that the AAFP study the efficacy of needle exchange programs for intravenous-drug users, including nonjudgmental counseling and recovery opportunities, and comprehensive education stressing prevention of HIV virus transmission. Referred to the Commission on Public Health and Scientific Affairs.

The Subcommittee on HIV/Infectious Diseases of the Commission on Public Health and Scientific Affairs studied the issue including materials from the CDC, Office of AIDS Policy and the General Accounting Office. The subcommittee examined this issue over several years as new information became available. It did not feel that the evidence was sufficient to form a specific policy.

NON-EUROPEAN CONTRIBUTIONS TO MEDICINE

- Recommended the CRSA develop mechanisms to increase the representation of the contributions of minority (non-European), scientists, physicians, artists and engineers to the history and bibliography/reading list, workshop/video presentation at the 1993 NCSM, or other similar mechanisms. (92)

CRSA accepted for information with the suggestion that the original author should send this idea in as a proposal for a workshop at NCFPR/NCSM.

NON-PHYSICIAN PROVIDERS

- Recommended the AAFP actively oppose the development, utilization, and reimbursement on non-physician provider groups that do not function under the direction and responsible supervision of a practicing, licensed physician. (98)

Referred to Commission on Health Care Services. The CHCS agreed to accept the resolution for information. The commission noted that the Academy already has

NON-PHYSICIAN PROVIDERS (Continued)

policy on this issue and has opposed the broad expansion of scope of practice for such non-physician providers on both state and federal levels.

NONTRADITIONAL HEALTH CARE PRACTICES

- Recommended the CRSA encourage the AAFP to consider providing information to medical professionals with respect to nontraditional health practices. (88)

CRSA accepted for information, no action taken, noting the difficulty of defining "nontraditional" practices, and further noting that the responsibility of disseminating information about acceptable health practices is the purview of several other commissions and committees including the COHE, the Committee on Drugs and Devices, and the COCME.

NUCLEAR ARMS RACE

- Recommended the NCFPR/NCSM support the contents of "The International Health Professionals Call for an End to the Nuclear Arms Race", to be presented by the International Physicians for the Prevention of Nuclear War to the United Nations and the leaders of the Nuclear Powers, and that the AAFP support the contents of the IHPCNAR. (85)

Referred to the BOD, who then received it for information.

- Recommended the AAFP seek to educate its members about the medical consequences of Nuclear War, that the AAFP generate literature to educate our patients about the medical consequences of nuclear war, and this be made available to AAFP members. (85)

CRSA received for information, no action taken, this literature is already available through other sources.

- Recommended this policy statement: The AAFP endorses the concept of world-wide and verifiable moratorium on testing, production and deployment of nuclear weapons and the concept of nuclear disarmament, and recommended that the AAFP policy be brought to the attention of national legislators. (87)

COD adopted a policy statement with revisions: That the AAFP policy adopted in 1982 regarding nuclear weapons endorsing the concept of a world-wide and verifiable moratorium on nuclear arms be updated and expanded to include the concept of disarmament and that the AAFP policy statement be brought to the attention of national legislators. BOD referred to CL&GA.

CL&GA recommended to the BOD that the Academy send a letter to Senators and Representatives informing them of the Academy's position on nuclear weapons as stated in the COD substitute resolution. BOD adopted the CL&GA recommendation.

NUTRITION

- Recommended the AAFP investigate the efficacy of nutrition education programs in primary and secondary schools, and the AAFP encourage the involvement of its residents and student members in school programs targeting nutrition and exercise. (00)

NUTRITION (Continued)

Referred to the Commission on Public Health. The CPH accepted the first resolved for information. The CPH requested that the Patient Education Conference Steering Committee seek presentations that target nutrition and exercise and inform participants regarding this issue.

OCCUPATIONAL MEDICINE

- Recommended the Commission on Education and the Commission on Continuing Medical Education develops a core curriculum for residents in occupational medicine. (84)

Occupational Medicine core curriculum developed and published in November 1984 edition of *AAFP Reporter*.

ONLINE PERSONAL HEALTH RECORDS

- Recommended the AAFP provide information regarding the advantages and disadvantages of online personal health records such as Google Health and Microsoft HealthVault, specifically addressing security, privacy, compatibility with other electronic medical record systems, and physician liability for data entered into these records for patients and family physicians. (08)

Referred to the Commission on Quality and Practice. The CQP accepted this resolution with modification. The commission requested that the Center for Health-IT staff work to create a simple reference for patients about privacy and security issues related to personal health records. This would be available on the Center for Health-IT Web site for use by members.

OPIUM PERFUME

- Expressed disapproval of OPIUM perfume campaign; recommended letter be sent to Squibb Pharmaceuticals conveying this disapproval. (83)

Letter from AAFP Board of Directors sent to Squibb expressing disapproval of ad campaign. Reply from the pharmaceutical company indicated they saw no offense in their advertising campaign.

ORGAN DONORS

- Recommended the AAFP encourage physician members to make information available to their patients concerning the need for organ and tissue donation, and the AAFP encourage physician members to provide organ/tissue donor cards for their patients upon request and that the AAFP encourage physician, resident, and student members themselves to carry organ donor cards. (89)

CRSA accepted for information, no action taken, noting this issue has already been addressed, by the Committee on Medical Ethics.

PART-TIME/SHARED RESIDENCIES

- Recommended the CRSA establish files on residency programs offering part-time/shared positions and students/residents seeking such positions. (84)

AAFP Education Division maintains a file on individuals interested in part-time/shared residencies. Programs offering such are included in the *Directory of Family Practice Residency Programs*.

- Recommended that the AAFP research the concept and quality of part-time/shared family medicine programs and any possible correlation between such programs and appeal of family medicine as a specialty. (03)

Referred to the Commission on Education. The COE accepted this resolution for information, noting that the American Board of Family Practice has a policy in place for part-time/shared family medicine residencies and that education programs are taking place annually for program directors at the RAP Workshop and Annual Program Directors' Workshop.

PARTICIPANTS LIST

- Recommended that the AAFP collect E-mail addresses of NCFPR/NCSM registrants and publish this information in the Participant List of future meetings. (95)

The CRSA reported that the Academy is looking at the possibility of applications which include E-mail addresses for members. A survey is being done targeting students and residents. It was reported that allowing space on applications for e-mails to be distributed at Assembly is being evaluated and should be available by 1997. The Membership Division will be handling this project.

PATIENT-CENTERED MEDICAL HOME (PCMH)

- Recommended the AAFP develop standardized patient-centered medical home curriculum objectives for medical schools and family medicine residency programs and the AAFP challenge medical schools and family medicine residency programs in the United States to adopt the AAFP's patient-centered medical home curriculum objectives by 2015. (08)

Referred to the Commission on Education. The COE accepted this resolution for information. Implementation of the PCMH has primarily focused on pilot programs and projects like the TransforMED National Demonstration Project and Preparing the Personal Physician for Practice (P4). Widespread adoption of all PCMH components by community family medicine practices has been limited. It is unknown how many family medicine residencies have engaged in a formal effort to "adopt" the PCMH principles, but the commission speculates that it is a small minority of programs.

It was noted that there are likely four central educational priorities regarding PCMH including a) helping learners and educators understand the underlying principles and terminology, b) implementing the principles at training sites and practices, c) identifying educational and curriculum strategies and d) measurement. The AAFP, ADFM, AFMRD, STFM and TransforMED are among the family medicine organizations that are actively engaged in one or more of these priorities. It is believed that these efforts are consistent with the intent of this resolution and are in progress.

PATIENT-CENTERED MEDICAL HOME (PCMH) (Continued)

- Recommended the AAFP assist family physicians serving urban underserved and rural populations in achieving the principles of the patient-centered medical home and the 2009 National Conference of Family Medicine Residents and Medical Students invite social workers to provide education and training on the role and utilization of social services in the context of the medical home for urban underserved populations. (08)

Referred to the Commission on Quality and Practice and Commission on Education. The CQP discussed whether rural practices that are part of a larger network, e.g. either a health system or multi-specialty, multi-site clinic, have the same challenges. Is implementing a PCMH more of a challenge for small, independent, rural practices that lack the administrative support or the capital to invest in technology? Would small, independent urban or suburban practices have the same challenges? Is it more difficult for small independent rural practices to coordinate care with more remote access to other providers and services? The “specific needs” of rural practices need to be better articulated and whether they apply to all rural practices or a subset thereof. The commission appointed a work group to study these issues and recommend appropriate follow up.

The CQP asked staff to further communicate with the National Association of Community Health Centers, the convenors of the Commonwealth-funded National Safety Net PCMH demonstration project, and with TransforMED to determine what if any adaptations have been made to the PCMH model to integrate community social and economic services. A work group was appointed to study this and other issues.

The COE accepted the second resolve for information. The COE Subcommittee on National Conference Planning agreed to add the following topics to the list of suggested topics in the 2009 National Conference workshop proposal packet: contraception methods, pharmaceutical industry/physician relationships, and integration of social services into the medical home model for urban underserved populations. These topics were revisited during the workshop selection process.

PATIENT-CENTERED MEDICAL HOME (PCMH) - LEADERSHIP

- Recommended the AAFP develop curriculum for training its members in leadership of a Patient-Centered Medical Home (PCMH). (13)

The CQP evaluated the request and determined that current AAFP activities, including the PCMH Planner and recommended curriculum guidelines, already appropriately fulfill the intent of this resolution.

PATIENT EDUCATION

- Recommended the AAFP promote the idea of patient education particularly in residency programs. (78)

Referred to CPH&SA. Patient education is taught in many residency programs, and articles on this have been featured in the *AAFP Reporter*.

- Recommended the AAFP develop patient education curricula for medical students and residents and that the Academy promote these curricula to the appropriate bodies and encourage their adoption by medical schools and family practice residencies. (92)

PATIENT EDUCATION (Continued)

CRSA adopted. Referred to Commission on Education. The Committee on Health Education developed draft core educational guidelines on patient education. The guidelines were forwarded to the COE where they were approved with minor revisions and are being published.

- Recommended the AAFP/CRSA offer future workshops on patient-oriented exercise prescription skills for residents and students at the National Congress of Student Members. (98)

Referred to Committee on Resident and Student Affairs. The CRSA accepted this resolution for information. The National Conference Planning Committee will take this topic into account in planning future workshop sessions.

- Recommended the AAFP develop patient education materials discussing end-of-life issues and make these products available to its membership. (98)

Referred to Commission on Public Health.

- Recommended the AAFP investigate the feasibility of providing financial support for medical students to attend the American Academy of Family Physicians/Society of Teachers of Family Medicine National Patient Education Conference. (00)

Referred to the Commission on Public Health. The CPH asked the Steering Committee for the Patient Education Conference, which is co-sponsored by the Society of Teachers of Family Medicine (STFM), to seek financial support for medical students to attend their meeting.

- Recommended the AAFP develop and make available patient education materials on the dangers of driver distraction. (00)

Referred to the Commission on Public Health. The CPH accepted this resolution for information and noted that the National Highway Safety Traffic Administration (NHSTA) has indicated they will fund the AAFP to provide patient education materials addressing this area. A general safety policy will be drafted by a staff member on driver distraction, including the use of cell phones, shaving devices, palm pilots and other distractions.

PATIENT ENCOUNTER FORM

- Recommended the AAFP consider making available online a “new patient encounter” form that is non-biased toward gender identity or sexual orientation as a general form that can be found through the AAFP’s search engine and along with other general forms to create ease of access to non-prejudicial tools for patient care. (07)

Referred to the Commission on Practice Enhancement. Upon consideration, the COPE noted that there are current forms for new patient encounters that could be made available on the Academy’s web site for member access. The resident representative on the commission agreed to work with staff to revise the forms, as needed, before they are posted online.

PEER ASSISTANCE RECOVERY PROGRAM (PAR)

- Recommended the CRSA urge the AAFP to identify the Peer Assistance Program (P.A.R.) as a priority issue in order to assist the cognitively impaired physician. (88)

CRSA accepted for information, no action taken, noting that this resolution was submitted by the Resident Delegation to the 1988 Congress of Delegates whereupon it was adopted.

PERSIAN GULF DISEASE

- Recommended the AAFP collect and prepare information concerning the recognition and treatment of diseases endemic to the Persian Gulf Region, and that the AAFP distribute this information to its membership in a way it deems effective. (91)

AAFP COD did not adopt. There was conflicting testimony as to the significance of this problem. Huffington Library has been provided with information on this issue which can be readily accessed by members.

PHARMACEUTICAL MARKETING

- Recommended that the AAFP review the current literature on the influence of pharmaceutical company detailer interactions on medical students, residents and physicians and report out to members for further consideration. (01)

Referred to the Commission on Health Care Services. Staff of the CHCS prepared a brief summary of the research compiled about the influence of pharmacy company representatives (detailers) on the prescribing patterns of medical students, residents and physicians. Staff will also gather and transmit pharmaceutical industry guidelines on dealing with physicians, AMA guidelines on gifts to physicians from the pharmaceutical industry, and the current AAFP policy on direct to consumer advertising. The brief summary of research and other information will be shared with the NCFPR and the NCSM when it is available.

The Committee on Communications began a review of the current policy on advertising of prescription drugs at its January 2002 meeting.

- Recommended the AAFP encourage physicians and residency programs to seek alternatives to accepting and distributing “free” samples, and recommend to the National Conference Planning Committee to consider a workshop on alternatives to accepting and distributing pharmaceutical company-provided samples. (06)

Referred to the Commission on Education. The COE accepted this resolution for information. In September 2006, the National Conference Planning Committee agreed to add the topic of alternatives to pharmaceutical company-provided prescription samples to the list of suggested workshop topics included in the 2007 workshop proposal packet. Two proposals were submitted. This topic was not among the final workshop selections.

- Recommended the AAFP investigate supporting restrictions on access for pharmaceutical company representatives at academic medical centers. (06)

PHARMACEUTICAL MARKETING (Continued)

Referred to the Board of Directors. The BOD took no action on this resolution. Each academic medical center has the right and responsibility to determine its own policies on access for pharmaceutical company representatives.

- Recommended the AAFP encourage the National Research Network to assess the impact of pharmaceutical company interactions with family physicians on patient outcomes. (07)

Referred to the Commission on Science. The COS accepted this resolution for information. Since the commission has a liaison relationship with (not oversight for) the network, it was agreed that it would be more appropriate to encourage the National Research Network to consider assessing the impact of pharmaceutical company interactions with family physicians on patient outcomes. The director of the network was present for the discussion.

PHARMACEUTICAL SUPPORT

- Recommended the AAFP undertake a review of its current financial support from the pharmaceutical industry and any possible influence of this financial support on the AAFPs' mission, values and educational goals. (05)

Referred to the Board of Directors. The BOD accepted this resolution for information as the Board is constantly reviewing non-dues revenue in the context of overall funding. The resolution was referred to the EVP for a report to the Board on amounts by the end of the 2006 Board year.

- Recommended the AAFP investigate alternative sources of funding for medical student scholarships to the National Conference other than pharmaceutical industry sponsorship and funding sources be disclosed to students at the time of application. (08)

Referred to the Board of Directors. The BOD accepted this resolution for information. It was noted that the AAFP and AAFP Foundation are already investigating alternative sources of funding in the present Pharma, healthcare, and general economic environments. The AAFP and AAFP Foundation regularly engage with multiple audiences to seek financial support for resident and student activities. The AAFP Foundation continues to support the National Conference Scholarship Program as it is consistent with the educational mission of the Foundation. Private donors continue to donate to programming that supports this scholarship program. In recent times, it has become more difficult to secure Pharma funding for resident and student activities due to increased concern about return on investment. AAFP and AAFP Foundation staff, as well as the National Conference Planning Committee have paid special attention to this issue and have made deliberate efforts to increase fundraising from private donors.

PHYSICAL DISABILITIES

- Recommended the AAFP nondiscrimination policy be revised to include individuals with physical disabilities, oppose the automatic rejection of resident applicants on the basis of a physical disability and encourage family practice residencies to comply with the Americans with Disabilities Act. (02)

Referred to the Commission on Education. The COE agreed that this resolution be adopted. It was noted that the nondiscrimination policy should be revised to

PHYSICAL DISABILITIES (Continued)

include wording that family physicians should be hired according to their professional competency with appropriate regard for any physical disability. It was also noted that residency compliance with the Americans with Disabilities Act is already policy.

- Recommended the AAFP investigate the unique needs of medical students, family medicine residents, and family physicians with disabilities (as defined by the Americans With Disabilities Act) and communicate its findings and, through its publications and programming, develop appropriate member resources for and increase awareness and visibility of family physicians with disabilities. (04)

Referred to the Committee on Special Constituencies. CSC staff implemented a new listserv for disabled physicians and the Telementoring Program has always been inclusive of any active member. As of January 2005, no member had subscribed to participate on the listserv nor had any members specified this information on their Mentor or Protégé forms. There was also two links to outside organizations added on the CSC website under “Disabled Physicians.”

PHYSICIAN EXTENDERS

- Recommended the AAFP continue involvement in the evaluation of physician extender programs. (78)

Referred to Commission on Health Care Services.

- Recommended that the AAFP develop a policy of support and recognition for the function of nurse practitioners and other physician extenders (physician assistants and nurse clinicians) in primary health care. (88)

COD did not adopt.

PHYSICIAN WORKFORCE REFORM

- Recommended that the NCSM supports the COE recommendation to establish a maximum number of US first year residency slots based on 110% of graduating US medical students, and be if further recommended that NCSM supports a 50/50 generalist/specialist division in residency slots and that funding to residency programs be based on the 50/50 division. (94)

CRSA accepted for information. A similar NCFPR resolution went to the COD passed and now reflects current policy of the Academy.

PRECEPTORSHIPS

- Recommended that the AAFP compile a list of medical schools and programs where family practice preceptorships are available. (76)
- Recommended that the AAFP compile a list of medical schools and programs where family practice preceptorships are available. (76)
- Encouraged state academies to compile a list of preceptorships. (77)

PRECEPTORSHIPS (Continued)

- Recommended that the AAFP serve as a clearinghouse for information on preceptorships for students. (78)
- Recommended that the AAFP reaffirm support for development of preceptorship programs in medical schools without such programs. (80)

Adopted by 1980 COD.

- Recommended a feasibility study on including preceptorship and clerkship information in the *Directory of Family Practice Residency Programs*. (81)

Family practice preceptorship information is now available in the separate *Clerkship/Preceptorship Directory*, which was developed and published in 1983.

- Recommended that the AAFP publicize in all available media the availability of CME credit for physicians who precept students or residents in their practices; and that the AAFP develop additional incentives to encourage physicians to participate in preceptorships with the anticipated result of encouraging more students to enter family practice. (94)

This is being handled by the Commission on Education.

- Recommended that the AAFP strongly encourage the individual constituent chapters to develop preceptorships in underserved areas for all medical students. (94)

This is being investigated and will be discussed by CRSA.

- Recommended that the AAFP encourage, promote, and support recruitment, education, retention, and recognition of community preceptors. (99)

Referred to the Commission on Education. The COE accepted this resolution for information and noted that a COE subcommittee will further explore these issues.

PREDOCTORAL WORKSHOP

- Recommended that two student representatives be included at the Annual Workshop on Undergraduate Education. (76)

Referred to Commission on Education, not adopted. This workshop, now known as the Predoctoral Workshop, is currently sponsored by STFM; a medical student from the NCSM serves as liaison to the STFM planning committee for that workshop.

PREMEDICAL FAMILY PRACTICE PROMOTION

- Recommended the AAFP develop resources to initiate and support the interaction of FMIGs with collegiate and high school premedical organizations, develop medical organizations through the premed advisors, and encourage family physicians in the area surrounding universities, colleges, and high schools to interact with premed advisors. (89)

COD adopted. Referred to Student Interest Task Force. Task Force referred back to CRSA for its assistance in developing a comprehensive plan to utilize FMIG with premedical student audiences.

PREMEDICAL FAMILY PRACTICE PROMOTION (Continued)

- Recommended the AAFP be commended for their present efforts to promote family practice with premedical college and high school students, and that the AAFP continued to investigate further ways to promote family practice with premedical college, high school and junior high school students such as developing programs for career days for premedical and high school students. (91)

CRSA accepted for information, noting this is being done through the efforts of the Student Interest Task Force.

PREMEDICAL STUDENTS

- Recommended the AAFP investigate providing information in the form of brochures, handouts, and giveaways that will be of interest to premedical students in attendance at the Student National Medical Association Annual Conference and investigate providing a pre-medical session during the National Conference of Family Medicine Residents and Medical Students. (04)

Referred to the Commission on Resident and Student Issues. The CRSI accepted this resolution for information. It was noted that, in September 2004, the CRSI recommended and the Board of Directors approved a proposal to identify 10 local undergraduate students interested in family medicine careers to attend the 2005 conference as a pilot for future premedical offerings at the National Conference. Staff was directed to explore the cost implications and other key factors associated with targeting a new audience.

PRESCRIPTION DATABASE

- Recommended the AAFP urge the Office for Civil Rights of the Department of Health and Human Services to create a national, comprehensive prescription drug database, searchable by specific patient identifiers across state lines without violating the Health Insurance Portability and Accountability Act (HIPAA), which may be accessed by providers for meaningful use. (11)

The CGA accepted this resolution for information because it is current AAFP policy. The commission noted the AAFP recently took a position on an interoperable database for opioids due to the serious problem of prescription drug abuse and the usefulness of monitoring patients who may be obtaining these drugs from several providers.

PREVENTIVE HEALTH MAINTENANCE

- Recommended the AAFP strongly support appropriate third party reimbursement for preventive health maintenance services. (91)

CRSA recommended the BOD refer to Commission on Health Care Services. BOD referred to COHCS.

PREVENTIVE MEDICINE

- Recommended the AAFP investigate and strongly support the most appropriate method of compiling a comprehensive review of preventive medicine statistics to quantify the potential financial and quality of life benefits if preventive medicine were universally applied, and that the

PREVENTIVE MEDICINE (Continued)

AAFP promote family practice and preventive medicine by targeting patients, physicians, third party payors and legislators with the results of a comprehensive review of preventive medicine statistics. (91)

CRSA recommended that the BOD refer to appropriate committee for its consideration. BOD referred to Executive Vice President.

- Recommended the AAFP support continued government funding of preventive health care services provided by organizations or companies like Planned Parenthood. (11)

The CGA accepted this resolution for information. The commission noted the “resolved” clause essentially describes this issue in terms of support for “funding of preventative health care services.” The commission noted that the AAFP, while on record with support for preventative services, however does not typically specify support for certain organizations.

PRIMARY CARE

- Recommended that the AAFP work with and through the AAFP Foundation state and federal legislatures, and any other entities deem appropriate to investigate means of developing educational loan repayment programs and tuition support programs for students choosing primary care careers (as defined by current AAFP policy). (94)

CRSA accepted for information as this reflects current policy.

- Recommended CRSA/AAFP support the use of tax deductions of medical student loan interest to physicians who enter a primary care field (family medicine, general internal medicine, and general pediatrics). (97)

Referred to Commission on Legislation and Governmental Affairs.

PRISON HEALTH

- Recommended the AAFP investigate policies relevant to health affecting prison and jail populations, including access to medication, medical attention and treatment; access to preventive care and screening for addiction; quality of care and follow up to treatment; screening for communicable diseases; and implementation of evidence-based disease transmission reduction methods, and recommend to the Commission on Education that it develop appropriate educational workshops or presentations on prison health for use at NCSM and NCFMR and other AAFP meetings, such as the Annual Scientific Assembly. (06)

Referred to the Commission on Health of the Public and Commission on Education. The COHP accepted the first resolved clause of this resolution for information. Current policy supports the intent of the resolution, with support of the National Commission on Correctional Health Services in Prisons (NCCHC) standards.

The COE accepted the second resolved clause of this resolution for information. In September 2006, the National Conference Planning Committee agreed to add prison health to the list of suggested workshop topics included in the 2007 workshop proposal packet. No proposals were submitted on this topic.

PROCEDURES

- Recommended the AAFP actively work to ensure that all United States medical students are provided with the opportunity if they should desire, without penalty, to become knowledgeable about abortion procedures from a duly trained and licensed physician. (93)

CRSA accepted for information, no action taken. The committee was confused as to the real issue and recommended referral back to NCSM for clarification.

- Recommended we encourage the AAFP to engage similar actions regarding procedural privileges in other areas of medicine, including but not limited to, obstetrics/gynecology, and the NCSM supports the efforts of the AAFP Task Force on Procedures in protecting the rights of family physicians in procedural privileges. (93)

CRSA accepted the first resolved for information noting the spirit of this resolved is captured in the 2nd resolved. CRSA laterally referred the 2nd resolved clause to the Task Force on Procedures.

PROFESSIONAL LIABILITY

- Recommended the AAFP educate residents and medical students about the issue of professional liability and support all attempts of professional liability reform through legislative and other appropriate venues. (02)

Referred to the Commission on Legislation and Governmental Affairs. The CLGA recommended that the Board of Directors include the issue of medical liability reform as the number one priority in the commission's 2003 Work Plan.

"PROJECT 3000 BY 2000"

- Recommended that the CRSA/AAFP continue to encourage and promote multicultural diversity in medicine through direct reaffirmation and written support of the goals and objectives of "Project 3000 by 2000." (95)

Accepted for information as this is already AAFP policy.

PUBLIC HEALTH AWARENESS

- Recommended the AAFP support the enhanced education of medical students, residents, physicians and members of the community regarding public health issues specific to various minority populations and the disproportionate incidence of specific health conditions with minority populations. (96)

Referred to Commission on Public Health. A motion was adopted to contact the Committee on Special Constituencies and the COE explore a joint effort to inform members about available information on public and community health awareness. Staff will explore the Medicine Public Health Initiative which is a cooperative effort of a number of private and public organizations to encourage working together in this area.

- Recommended the AAFP investigate the feasibility of increasing funding for public health promotion of the specialty through media campaigns. (06)

PUBLIC HEALTH AWARENESS (Continued)

The Board of Directors referred this resolution to the Commission on Health of the Public. The 2006 Congress of Delegates adopted new Academy policy entitled Fitness, part of which reads that “Family physicians are encouraged to open a dialogue with their patients about fitness, encourage fitness by recommending simple changes, and capitalize on the ‘teachable moments’ during patients visits.”

The COHP accepted this resolution for information, indicating that one of the Academy’s Future of Family Medicine focuses is multi-media promotions and continued searches for funding.

PUBLIC HEALTH SERVICE

- Recommended AAFP oppose closure of Public Health Service hospitals without some plan for transfer of care for the patient populations. (81)

COD adopted substitute resolution supporting plans for transfer of care in the case of any PHS hospital closing.

QUALITY IMPROVEMENT

- Recommended that the AAFP establish an easily accessible primer on quality improvement to include terminology, fundamental concepts, and an appropriate list of references for quality improvement issues; provide regular updates on current AAFP quality improvement projects underway; create a more easily accessible listing of current quality improvement concepts, terminology, policy, and project updates on the AAFP Web site; work to create appropriate tools that new physicians establishing new office practices may utilize to meet re-certification guidelines; and that the AAFP work together with the appropriate bodies to incorporate quality improvement initiatives in medical student, resident, and fellowship training. (03)

Referred to the Commission on Quality and Scope of Practice. The CQSP accepted this resolution for information, noting that these issues will be addressed in the Quality Enhancement Program activities.

REACH OUT AND READ® PROGRAM

- Recommended the AAFP endorse the Reach Out and Read® Program. (11)

Referred to the Commission on Health of the Public and Science. The CHPS recommended support of the resolution and publicizing to members programs, including Reach Out and Read®, that promote early literacy and school readiness by providing books and encouraging reading as part of well-child visits.

RECYCLING

- Recommended that aluminum recycling receptacles be made available, and their use be encouraged, at all meetings of the AAFP and affiliated groups. (90)

The resident version of this recommendation was referred to staff. The Academy began a recycling program May 1991, focusing on three specific recyclable materials: aluminum, computer paper and office paper.

RECYCLING (Continued)

- Recommended that the AAFP be more aggressive in identifying and publicizing recycling opportunities at NCFPR/NCSM. (94)

CRSA adopted and referred to the NCFPR/NCSM Planning Committee where a recycling committee has been created and is addressing this issue.

- Recommended the CRSA/AAFP make every effort to use recycled paper products and printed materials. (96)

Referred to Executive Vice President who reported that the use of recycled paper products is current administrative policy.

RECYCLING – GREENING

- Recommended the AAFP adopt the use of green and socially responsible practices at conferences, business and academic practices such as the emphasis of digital distribution and publication of a green standard for vendors, exhibitors and partners. (12)

This resolution was assigned to staff by the EVP and was reaffirmed. The spirit of this resolution is current practice of the AAFP Division of Meetings and Conventions.

REFUGEE HEALTH CARE

- Recommended the AAFP research and advocate for refugee health issues, including cultural competency and Medicaid reform to include standardization of health programs with appropriate physician reimbursement and extended coverage for refugees. (09)

Given the current AAFP priorities and policies, the Commission on Governmental Advocacy accepted this resolution for information.

REIMBURSEMENT PACKET

- Recommended developing a mechanism for distribution of the reimbursement packet being developed by the Commission on Health Care Services to residents and students. (81)

CRSA referred to the Board of Directors.

REPRODUCTIVE HEALTH SERVICES

- Recommended that the AAFP support and encourage the availability of training in the basic skills of pregnancy termination for medical students and residents consistent with their personally held moral principles; the AAFP recommend that medical students and residents be trained in counseling and referral skills regarding all options available to pregnant women, and the AAFP support the education of medical students and residents regarding the need for physician providers of pregnancy termination and the medical and public health importance of access to safe termination of pregnancy. (95)

Congress of Delegates did not adopt.

REPRODUCTIVE HEALTH SERVICES (Continued)

- Recommended the AAFP recommend that medical students and residents be trained in counseling and referral skills regarding all options available to pregnant women and the AAFP support and encourage the availability of training in the basic skills of pregnancy termination for medical students and residents consistent with their personally held moral principals. (97)

Referred to Commission on Education. The COE accepted this resolution for information and determined that the Staff Executive for CRSA be informed of AAFP's current policies related to this issue.

- Recommended that in cases of hospital and health system mergers the AAFP support efforts to ensure access to pregnancy prevention services within the community without impinging on the rights of individual physicians to perform procedures that violate their personally held beliefs, and the AAFP support the rights of individual family physicians to continue to provide pregnancy prevention services in the face of health system mergers in their communities. (00)

Referred to the Commission on Health Care Services. CHCS received this resolution for information and directed staff to share the resolution and the commission's discussion with Academy staff responsible for state legislative issues noting that the intent of the resolution seems consistent with current Academy policy, including, "Privileges," "Health Care, Access To," "Reproductive Decisions," and "Reproductive Decisions, Training In."

The commission also noted that the locus of action for such access issues should be at the state level and is properly an issue for state legislative agendas.

- Recommended that the AAFP provide reproductive health issue education, including updates, procedural training and evidence-based research. Available education should include all methods, risks and benefits related to contraception, including abstinence, natural family planning, routine hormonal and barrier methods of contraception, emergency contraception, adoption and abortion (both medical and surgical). Reproductive health education should be incorporated into the AAFP's Scientific Assembly, the National Conference of Family Practice Residents and Medical Students and AAFP journals. (03)

Referred to the Board of Directors. The Board acknowledged that the 2003 Congress of Delegates did adopt a resolution recommending that the AAFP explore ways to assure that family physicians are provided with comprehensive and current information on reproductive health options based on clinically relevant scientific evidence and needs assessment of members.

- Recommended that the patient education site www.familydoctor.org be updated to reflect the American Academy of Family Physicians' policy regarding education in topics related to reproductive health by providing periodically updated patient education materials concerning all methods of contraception, including routine hormonal contraception, barrier methods, abstinence, natural family planning and emergency contraception as well as the risks and benefits of pregnancy options, including continuing pregnancy, adoption and abortion (both medical and surgical options). (03)

Referred to the Board of Directors. The Board acknowledged that the 2003 Congress of Delegates did adopt a resolution recommending that the patient education site familydoctor.org reflect the Academy's policy regarding education in topics related to reproductive choice.

- Recommended that the patient education site, familydoctor.org, be revised and updated in topics related to reproductive health options and choices by providing current patient education

REPRODUCTIVE HEALTH SERVICES (Continued)

materials regarding all methods of contraception, including, but not limited to, the contraceptive ring, the progestin intrauterine device, and emergency contraception, as well as the risks and benefits of all pregnancy options, including continuation of pregnancy, adoption, and medical and surgical abortion. (04)

Referred to the Board of Directors. The Board took no further action on this resolution. It was acknowledged that the intent of this resolution had been subsumed by Congress of Delegates' Resolutions 606 and 610.

RESEARCH

- Recommended students be allowed to display research in exhibits of the Annual Scientific Assembly and receive financial support as per residents. (80)

Students are invited to submit research papers for the Annual Scientific Assembly for monetary awards. Currently, ways to increase research displays by students are being studied.

- Recommended the CRSA/AAFP explore the development of an information source that outlines student and resident research opportunities in family medicine. (97)

Referred to Commission on Clinical Policies and Research. This has been referred to a new working group on research of the Commission and the Commission members who serve on the Task Force to Enhance Family Practice Research.

- Recommended the AAFP continue development of the AAFP Research Network with consideration of student and resident access for mentorship opportunities. (00)

Referred to the Commission on Clinical Policies and Research. CCPR adopted a motion to refer this recommendation to Dr. John Hickner and the AAFP National Research Network with the understanding that he would then forward it to the Federation for consideration.

- Recommended that the AAFP investigate the development of a guide for medical students and residents on how to become more involved in research that has the potential to influence the practice of family medicine. (01)

Referred to the Commission on Clinical Policies and Research. The CCPR confirmed that guides are available for doing research, including the Joint Grant Award Program, Hulley textbook, AAFP website, Dr. John Temte's material developed with the University of Wisconsin, the core curriculum guideline for scholarly activities and the AAFP Foundation matching funds education program. In addition, copy will be drafted on how residents and students can get involved in research and posted on the AAFP research website. The research website will also be updated to cross link areas with STFM, NAPCRG and other family medicine research sites.

The CCPR will ask a member of the resident and student commission to attend the CCPR Research Working Group at its June 2002 meeting.

- Recommended that the AAFP pursue additional funding to stimulate interest in research and other scholarly pursuits among medical students and residents and disseminate information to

RESEARCH (Continued)

increase awareness of research funding currently available to medical students and residents. (01)

Referred to the Commission on Clinical Policies and Research. CCPR will communicate information about research funding opportunities, such as the Joint Grant Award Program, Resident Scholars competition, NAPCRG poster presentation, and research workshop at the National Conference sponsored by AAFP Foundation. CCPR also recommended that the CRSI consider asking a family practice researcher to present research at the National Conference.

- Recommended that the AAFP and sister organizations who sponsor journals consider putting out a call to medical students and residents to publish their research. (01)

Referred to the Commission on Clinical Policies and Research. CCPR will ask the editors of family medicine journals (*American Family Physician*, *Annals of Family Medicine*) to consider devoting a portion of the journal to resident and student research and encourage these journals to promote a call for research publications to student and residents.

- Recommended the AAFP utilize the Family Medicine Interest Group network to facilitate medical student involvement in clinical research in family medicine. (04)

Referred to the Commission on Resident and Student Issues. The CRSI adopted a motion to take no action on this resolution. It was noted that the intent of the resolution was unclear and the commission was uncertain how the network would fulfill this charge. The ADFM Liaison and FMIG National Coordinator did volunteer to discuss this resolution with their constituencies.

- Recommended the AAFP encourage the AAFP Foundation to consider reformatting the research stimulation grants to add support of many small grants for student projects, and information regarding the AAFP Foundation research stimulation grants be made available to the departments of family medicine at individual medical schools and through the American Academy of Family Physicians' Web site for students. (06)

Referred to the Commission on Education. The COE accepted this resolution for information. The AAFP Foundation Joint Grant Awards Council also considered this resolution. There was consensus that student research should be encouraged. Because resources are limited; however, the Foundation must focus on the grant programs presently in place for family medicine researchers and residents.

- Recommended the AAFP support open access to publicly funded research and the Federal Research Public Works Act (FRPWA). (12)

Referred to the Commission on Health of the Public and Science. The CHPS accepted this resolution for information. The CHPS noted the Federal Research Public Works Act is proposed legislation, and while the intent may be good, the unintended consequences are not known.

- Recommended the AAFP explore the establishment of an online database for primary care research opportunities. (12)

RESEARCH (Continued)

Referred to the Commission on Health of the Public and Science. The CHPS accepted this resolution for information and noted that current web-based resources exist for research opportunities in primary care, such as

AAFP National Research Network

<http://www.aafp.org/online/en/home/clinical/natnet/studies.html>

NAPCRG resources for students, residents, and physicians

http://www.napcrg.org/fellows_residents_students.cfm

RESEARCH FELLOWSHIP – MINORITY HEALTH ISSUES

- Recommended the AAFP/CRSA support the establishment of research fellowships for students/residents to participate in medical research with family physicians in projects concerning health issues pertaining to minority populations. (98)

Referred to the Commission on Clinical Policies and Research. The CCPR considered this resolution and referred it to the CCPR Working Group on Research.

RESEARCH FORUM

- Recommended the CRSA investigate and support the possibility of having a Family Practice student research forum at the 1990 NCSM meeting, and support such concept for a time of not less than two years, and that CRSA work with STFM and its student liaison to the STFM BOD to plan, organize, carry out and evaluate such a project. (89)

CRSA recommended that STFM, via its BOD be invited to submit, a proposal for a workshop at the NCFPR/NCSM on an annual basis; such proposal to include suggestions for topics and speakers. A research forum was held on Thursday of the 1990 NCFPR/NCSM, and planned for the 1991 NCFPR/NCSM. A Research Forum has been held at each NCSM/NCFPR beginning in 1990. Review of abstracts carried out by STFM.

- Recommended the AAFP re-institute an annual research forum at the National Conference to encourage and highlight medical student and resident research in family medicine. (99)

Referred to the Committee on Student Affairs. The CRSA did not adopt this resolution, but the committee will continue to monitor the level of interest in research opportunities and respond accordingly in the future.

- Recommended the AAFP/CRSA consider offering a research skills workshop annually at the National Conference of Family Practice Residents and Medical Students. (99)

Referred to the Committee on Resident and Student Affairs. The CRSA accepted this resolution for information.

RESIDENCY CURRICULUM

- Recommended the AAFP work with organizations such as the Society of Teachers of Family Medicine (STFM) and the Residency Review Committee (RRC) to revise requirements to include

RESIDENCY CURRICULUM (Continued)

in clerkship and residency curricula content on disparities in underserved and minority communities, including ways to address these disparities. (02)

Referred to the Commission on Education. The COE agreed that this resolution be adopted. It was noted that the Association of Family Practice Residency Directors (AFPRD), in collaboration with the Society of Teachers of Family Medicine (STFM), the Association of Departments of Family Medicine (ADFM) and North American Primary Care Research Group (NAPCRG), has made recommendations to the COE for revisions to the RRC-FP program requirements for accreditation. Additionally, sessions at the Program Directors Workshop (PDW) and the Residency Assistance Program (RAP) Workshop address this issue.

AFPRD has made plans to post the Institute of Medicine's paper, *The Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002)*, on its web portal.

- Recommended the AAFP expand the current sleep disorders curriculum guidelines to train residents on the importance of recognizing the signs and symptoms of sleep disorders, such as sleep apnea, narcolepsy, and the parasomnias. (09)

The COE adopted this resolution. The commission acknowledged that sleep disorders are increasingly important in the care of adults, men, women, and children. It was noted that the issue of sleep disorders was only noted in the curriculum guidelines addressing allergy and immunology. The appropriate Recommended Curriculum Guidelines for Family Medicine Residents will be enhanced in the spring of 2010 to address signs and symptoms of sleep disorders.

RESIDENCY DAYS

- Recommended CRSA investigates the possibility of using AAFP computer services to provide a clearing house for scheduling residency days. (81)

CRSA accepted for information, no action taken, noting this was impractical due to the complex organization and limited facilities available.

RESIDENCY POSITIONS – PART-TIME OR SHARED

- Recommended the AAFP support a policy statement that recommends offering part-time and/or shared residency positions in family practice residency programs with out discrimination. (97)

Referred to Commission on Education. The COE accepted this resolution for information and noted that such opportunities currently exist and that arrangements for such programs should be determined between the physician and the individual residency program.

RESIDENCY PROGRAM DIRECTORY

- Recommended the AAFP explore enhancement to the current search functionality of the national family medicine residency program search tool housed at <https://nf.aafp.org/residencydirectory/> to include more searchable fields. (12)

RESIDENCY PROGRAM DIRECTORY (Continued)

Referred to the Commission on Education. The COE reaffirmed this resolution. The COE was informed that the new internal Business Review Council (BRC) approved the proposed upgrades to all medical education related online directories, including the residency directory. Increasing the search functionality is one of the items that will be included in the upgrade. Input on additional specific search items was collected by staff.

RESIDENCY PROGRAM TRACKS

- Recommended the AAFP identify family medicine residency programs that have an emphasis in leadership and/or academic medicine and make this information available to all members. (99)

Referred to Commission on Education. Accepted for information and noted that the requested information is available in the AAFP publication “Directory of Family Practice Residency Programs” and the AAFP/STFM publication “Directory of Fellowships for Family Physicians.”

- Recommended that the AAFP work through the appropriate commission and committees to define criteria for designation as an urban residency-training program. (03)

Referred to the Commission on Education. The COE recommended that this resolution be adopted. Included in the COE agenda was a draft definition of an urban/inner-city program.

- Recommended the AAFP work with other professional organizations and advocacy groups, such as the American College of Physician Executives and the American Board of Family Medicine, to lobby for the development of a Masters' in Business Administration (MBA) or Master's in Medical Management (MMM) curriculum that could easily be adopted by family medicine residency programs. (13)

The COE discussed that programs currently are available through the ACPE, through post-graduate fellowships, and local universities. The hours' requirement for a Master's program makes it extremely difficult to offer simultaneously with a three-year residency training program.

RESIDENCY PROGRAM TRAINING – COLONOSCOPY

- Recommended the AAFP support and promote colonoscopy training in family medicine residency programs, and the AAFP advocate for the credentialing of family physicians to perform colonoscopy procedures. (11)

Referred to the Commission on Education. The COE accepted this resolution for information. The AAFP has both a position paper and a policy supporting training and credentialing of family physicians to perform colonoscopy procedures.

RESIDENCY PROGRAM TRAINING – OBSTETRICS/PERINATAL

- Recommended the AAFP advocate to ensure the preservation of obstetrical/perinatal care in the graduate medical education of family medicine residents. (11)

RESIDENCY PROGRAM TRAINING – OBSTETRICS/PERINATAL (Continued)

Referred to the Commission on Education. The COE accepted this resolution for information. It was noted that the AAFP has published policy that addresses advocating for the preservation of obstetric/perinatal training for residency physicians.

RESIDENCY PROGRAMS – DOMESTIC PARTNER BENEFITS

- Recommended the AAFP promote the adoption of domestic partner benefits by family practice residency programs. (99)

Referred to the Commission on Education. The COE accepted this resolution for information, noting existing AAFP policy addresses this issue and that benefits policies are governed by individual state laws.

RESIDENCY SELECTION

- Recommended that the CRSA work with the Divisions of Education and Research in developing a residency selection service based on the information in the *Directory of Family Practice Residency Programs*. (86)

CRSA referred to staff; a proposal has been submitted to the Family Health Foundation of America to include a computer program for the Residency Directory in its computerized family practice information network, which will permit users to select programs that meet specified criteria.

- Recommended the AAFP investigate the development of a data collection tool – including issues of cost, feasibility, and statistical significance – that would evaluate residency programs regarding equal consideration of applicants regardless of sexual orientation and the perceived degree of acceptance and comfort with respect to residents' sexual orientation. (98)

Referred to the Commission on Education. The COE: 1) accepted the resolution for information, noting the difficulty in developing and using such a tool; 2) agreed that a letter be sent to the Executive Director of the Association of Family Practice Residency Directors (AFPRD) indicating that similar requests continue to come to the AAFP and requesting whether or not more can be done to address this issue; 3) asked that the AAFP non-discriminatory policies be reaffirmed and that a copy of the AAFP policy statement "Resident Education" be forwarded to appropriate NCSM staff; 4) agreed that the AAFP continue to facilitate networking sessions at the National Conference and other national meetings of residents, students and program staff; and 5) will encourage family practice residency programs to use *The Directory of Family Practice Residency Programs* to clearly describe their program's environment.

RESIDENT STRESS

- Recommended the AAFP encourage residency programs to provide adequate behavioral science training for their residents, and also to utilize such training in decreasing inappropriate stress for the residents. (78)

Sent to Commission on Education.

RESIDENT STRESS (Continued)

- Recommended the AAFP formulate guidelines for residency programs to promote resident mental health, including reasonable requirements for extended service hours, and that these guidelines be distributed to state chapters for use in lobbying efforts regarding appropriate legislation supportive of the resident's position. (87)

CRSA recommended that the Academy convene a subcommittee of members from the Commission on Education and the Committee on Resident and Student Affairs to define and elaborate the Academy's position on appropriate working hours and supervision for Family Practice residents.

BOD appointed liaisons from CRSA to participate in a Commission on Education Subcommittee devoted to this topic.

COE representatives met with CRSA representatives to form Subcommittee on Resident Work Conditions. While this issue continues to develop, the subcommittee has completed its task of establishing AAFP policy on resident work hours and supervision. See Opening Session, 1988 NCFPR/NCSM.

- Recommended that the AAFP address the issue of physician training stress with the following objectives: 1) develop a dynamic, ongoing program of stress management to include: a) Coordination of existing, and development of additional resources, b) Resource programs within the Academy, c) Regional workshops and facilitator; 2) develop policy statements in regard to mental health of physicians in training and their workloads, and 3) review RRC guidelines dealing with mental health of physicians in training. Additionally, it was suggested that input be solicited from the following: Committee on Mental Health, Committee on Resident and Student Affairs, Commission on Education, and the Task Force on Student Interest. (89)

COD adopted similar NCFPR resolution with revisions: The AAFP address the issue of physician training stress with the following objectives: a) Develop a dynamic, ongoing program of stress management. b) Develop policy statements in regard to resident health and resident workloads. c) Review the RRC guidelines dealing with resident mental health. Referred to CMH.

CRSA recommended that the BOD not support wording proposed by ACGME Structure and Functions Subcommittee on "Working Conditions and Resident Duty Hours," as a revision to the General Requirements for accredited residencies on the basis that this proposed wording was not specific enough to provide for any real change in the way resident work hours are structured. Instead, the CRSA recommended the BOD support incorporation of the following provisions for resident work hours in the accreditation guidelines for residency training both within the Special Requirements for family practice residency training programs: 1) At least one 24-hour period free of duty per week, on average, excluding vacation and other approved leave time. 2) Frequency of in-house call no more often than average of every third night, on average. 3) Adequate backup, consistent with community standards for good patient care. And that the BOD support the following statement for incorporation into the Accreditation Guidelines for all residency training programs regarding supervision of residents: There must be prompt and adequate supervision of residents by faculty, or appropriately trained senior residents, such that optimal patient care is provided; this method of supervision must be documented as part of the review process for each RRC. And that the BOD support the following statement for incorporation into the accreditation guidelines for all residencies on the issue of Ancillary Support: 1) Residents who are on-duty or on-call must be provided adequate sleeping quarters, bathroom and shower facilities, and food services and 2) Patient support

RESIDENT STRESS (Continued)

services, such as intravenous (IV) services, phlebotomy services, laboratory services, messenger services, transporter services, and clerical services must be provided at all times in a manner appropriate to the educational program such that neither patient care nor resident education is compromised.

RESIDENT/STUDENT NEWSLETTER

- Recommended institution of a quarterly publication to be sent to all student members. This publication should contain information on AAFP membership, ideas on forming family medicine interest groups, student activities around the country, and student positions within the AAFP. (75)

CRSA adopted this and the quarterly *Resident/Student Newsletter* became part of the *AAFP Reporter* in 1976.

- Recommended the *Resident/Student Newsletter* be published on a bimonthly basis. (77)

Beginning in 1979, the *Resident/Student Newsletter* appears six times per year in the AAFP Reporter.

- Recommended increased funding for an upgrading of the *Resident/Student Newsletter*. (81)

Education Division worked with representatives of Publication Committee on upgrading this.

RESIDENT WORK (DUTY) HOURS

- Recommended the AAFP encourage residency programs to continually evaluate their individual programs with respect to appropriateness of resident work hours, and that the AAFP through its appropriate liaisons address the issue of mandatory limitation of residency hours with the Accreditation Council on Graduate Medical Education. (91)

AAFP COD adopted and referred to Commission on Education.

- Recommended the AAFP request that the Residency Review Committee continue to investigate and address concerns about resident-physician work hours. (00)

Referred to the Commission on Education. The COE agreed that a letter be written to the CRSA detailing the Academy's involvement with the RRC-FP and the Association of Family Practice Residency Directors (AFPRD) to support the ACGME guidelines for resident-physician work hours.

- Recommended that the AAFP work in conjunction with the American Medical Association (AMA) and other professional medical organizations to encourage clarification of the existing Accreditation Council for Graduate Medical Education (ACGME) guidelines to include more defined and specific limitations on resident work hours, including definition of what constitutes "undue fatigue and stress" and the adoption of specific limitations on number of consecutive hours worked and develop a system of more stringent enforcement of ACGME requirements. (01)

Referred to the Commission on Education. COE acknowledged the value of working with other professional medical organizations to develop a system of more stringent enforcement of ACGME requirements. The COE recommended the

RESIDENT WORK (DUTY) HOURS (Continued)

adoption of a policy on resident work hours. It was noted that the Academy has not yet established a standard definition of what constitutes “undue fatigue and stress.”

- Recommended that the AAFP prepare a letter outlining current resident work hour restrictions, such as those of the Residency Review Committee – Family Practice, and send that letter to all family medicine residency programs. (01)

Referred to the Commission on Education. COE accepted this resolution for information, noting that program directors are aware of the RRC guidelines. The AAFP has no enforcement power or direct influence over residency programs.

- Recommended that the AAFP publish its policy on resident work hours. (01)

Referred to the Commission on Education. The COE accepted the resolution for information, noting that the AAFP did not yet have a policy on resident work hours but it supports the RRC standards. CRSI, in collaboration with COE, recommended and the Board of Directors adopted a policy statement on resident work hours.

- Recommended the AAFP investigate the impact of the recent duty hour changes on the quality of graduate medical education, as assessed by family medicine residents, and the AAFP investigate the impact of the recent duty hour changes on the viability of small and rural family medicine residency programs. (11)

Referred to the Commission on Education. The COE accepted this resolution for information. In agreeing with a similar resolution adopted by the resident congress, the COE acknowledged that qualitative data needs to be collected in a timely manner. It was also noted that the AFMRD is monitoring the effects of the duty hour changes on an ongoing basis.

RESIDENTS AS TEACHERS

- Recommended the AAFP encourage family practice residency programs to provide a more formal training experience for residents in teaching students. (99)

Referred to the Commission on Education. The COE agreed that a letter should be sent to the CRSA encouraging workshops on this topic at the National Conference and that a similar letter be sent to the Association of Family Practice Residency Directors for consideration when planning the next Program Directors’ Workshop.

- Recommended the issue of formal education or faculty development of family medicine residents and faculty members on teaching and evaluation strategies be referred to the Commission on Continuing Professional Development and the Commission on Education for their consideration. (05)

Referred to the Commission on Education. The COE accepted this resolution for information. The Residency Review Committee for Family Medicine has developed requirements for ongoing faculty development and evaluations, along with teaching residents how to be teachers. It was also recommended that this issue be addressed in the appropriate curriculum guidelines (practice management and research and scholarly activity).

RESIDENTS WITH DEPENDENTS

- Recommended that the CRSA/AAFP investigate the feasibility of creating a reservoir of financial resources, including grants and low interest loans, that residents with dependents may apply for based on need. (94)

CRSA did not adopt. The CRSA felt that the AAFP does not have within its resources the ability to develop a reservoir of financial resources and/or moreover a grant/loan program. Two new publications have been developed that residents and students may order concerning financial aid.

RETAIL HEALTH CLINICS

- Recommended the AAFP update its position statement on retail health clinics to more strongly address issues of conflict of interest, fragmentation of medical care, and standards of public health. (07)

Referred to the Board of Directors. After careful consideration, the Board took no action. It was agreed that the intent of this resolution was addressed in the action of the 2007 Congress of Delegates in the adoption of Substitute Resolution No. 202 which modified the introduction to the AAFP Desired Attributes of Retail Health Clinics.

RURAL HEALTH CARE

- Recommended the AAFP investigate the feasibility of an American Academy of Family Physicians-sponsored family physician-staffed hotline that can be utilized by rural clinic patients. (00)

Referred to the Committee on Rural Health. The Committee on Rural Health determined that due to liability and licensure issues, a hotline would not be feasible on a national level.

- Recommended the AAFP investigate whether or not the mutual goals of Midwives & Mothers in Action, or MAMA, and the AAFP, regarding the provision of low-cost, evidence-based perinatal health care in rural areas, merit collaboration between the AAFP and any or all of the organizations that constitute MAMA, such as, the International Center for Traditional Childbearing (ICTC). (09)

Referred to the Commission on Quality and Practice. The COQP accepted this resolution for information. The commission noted that the AAFP has policies on midwives and guidelines on the supervision of midwives. The commission was unclear how collaboration with MAMA or the organizations that constitute MAMA would benefit the AAFP or if collaboration would affect current AAFP relationships with hospitals and other associations or entities, such as ACOG.

RURAL PHYSICIAN RECRUITMENT

- Recommended that the Committee on Rural Health of the AAFP develop a publication describing various state incentive programs for recruiting rural physicians and their effectiveness and make this publication available to constituent chapters of the AAFP and other interested organizations. (94)

RURAL PHYSICIAN RECRUITMENT (Continued)

CRSA adopted and referred to the Committee on Rural Health. Committee members voted to withdraw that motion in light of limited resources and a shared perception that efforts would be more productively spent encouraging state chapters to consider giving some priority to rural applicants in making their own scholarship awards.

- Recommended the CRSA/AAFP recommend all Family Medicine Student Interest Groups encourage student interest in rural family practice through means such as speaker programs, rural family site visitations, development of Rural Family Medicine Student Interest Groups, etc. (96)

Referred to Task Force on Student Interest. The SITF decided that the following suggestions be forwarded to the appropriate entity: an article run in "The Exchange" newsletter regarding the importance of rural family medicine, and that the National FMIG Network encourage local FMIG leaders to plan an organized outing to a rural family practice site where Family Physicians can answer questions.

- Recommended the AAFP provide support and investigate alternative funding sources of the production of a video depicting practicing rural family physicians for distribution to FMIGs, interested medical schools and residency programs. (98)

Referred to the Committee on Rural Health. The CRH has undertaken this project. It is anticipated that a video will be available in early 2000.

RURAL PRACTICE SKILLS CERTIFICATION

- Recommended the AAFP encourage the development of rural fellowships to provide additional training in procedural skills to prepare physicians to practice in rural and isolated communities. (96)

Referred to Commission on Education. Accepted for information noting that information regarding rural training is included in a number of AAFP publications such as "Fellowship Directory for Family Physicians," the "Directory of Family Practice Residency Programs" and the "Family Medicine Clerkship/Preceptorship Directory."

RURAL RESIDENCY TRAINING

- Recommended the AAFP (1) publish an information guide for medical students interested in rural family practice on how to evaluate a residency regarding preparation for rural service including the criteria by which the Residency Review Committee for Family Practice accredits rural tracts and a listing of those residencies with accredited rural medicine tracts, and (2) make this information available for medical students at the AAFP world wide website and in printed form. (96)

Referred to Commission on Education. Accepted for information noting the information requested is available through the AAFP and the RRC-FP.

- Recommended the AAFP investigate further promotion of the joint AAFP and National Rural Health Association (NRHA) position paper titled "Graduate Medical Education for Rural Practice." (09)

RURAL RESIDENCY TRAINING (Continued)

Referred to the Commission on Education. The COE accepted this resolution for information. The joint policy has been advocated for and referenced during health care reform discussions. AAFP leaders routinely reference the policy during meetings with appropriate stakeholders. The policy is also readily available via the AAFP website.

RURAL UNDERSERVED OPPORTUNITIES

- Recommended the AAFP (1) actively gather updated resources related to opportunities in rural underserved communities for medical students, disseminate this information by creating a rural health page at the AAFP worldwide website, and (2) publicize that information related to rural health will be available at the AAFP worldwide website. (96)

Referred to the Committee on Rural Health and accepted for information. It was noted that CORH was actively pursuing a web page “button” for rural health issues on the AAFP website and that the page could have links to other organizations with rural practice opportunities. In addition, staff was also requested to check with AAFP’s COE to see if they had any other sources that should be considered.

- Recommended that one copy of the rural medicine monograph be provided to each Family Medicine Interest Group and American Academy of Family Physicians student membership liaison; a brief, low-cost brochure be made available for order in the AAFP Student Resources brochure. (99)

Referred to the Committee on Rural Health. The CRH requested a fiscal note to cover the expenses related to mailing the monograph to each FMIG coordinator. Since a rural recruitment video will be distributed free of charge to all medical schools, family practice residency programs and FMIGs, the committee did not believe a brochure was necessary.

Rx FOR HEALTH

- Recommended the AAFP develop a mechanism to update the Immediate Access Services of *Rx for Health: The Family Physician's Access Plan* in the future to reflect those preventive measures that meet its developing definitions of clinical practice standards. (92)

CRSA accepted for information, no action taken.

SAFE ROUTES TO SCHOOL NATIONAL PARTNERSHIPS

- Recommended the AAFP investigate organizational membership in the Safe Routes to School National Partnership. (10)

Referred to the Commission on Health of the Public and Science. The CHPS continues to gather background on partnering with the Safe Routes to School Program, including potential fiscal implications. Recommendations are forthcoming.

SEAT BELTS

- Recommended the CRSA work toward AAFP support of mandatory seat belt legislation for both front and rear seat occupants in all 50 states via work with the National Highway and Traffic Safety Administration and other interested groups. (86)

CRSA adopted and referred; action on item pending further investigation of issue by the Commission on Public Health and Scientific Affairs.

- Recommended the AAFP strongly support the enactment of federal legislation that would mandate seat belt and should harness usage and require air bags in all automobiles manufactured after 1995 to decrease the morbidity and mortality caused by automobile accidents; and that the AAFP encourage its constituent chapters to strongly support the enactment of state legislation mandating seat belt and shoulder harness usage to decrease the morbidity and mortality associated with automobile accidents. (92)

Referred to Commission on Legislation and Governmental Affairs.

SELF-IDENTIFICATION

- Recommended that the AAFP use its membership application and other membership materials to offer the opportunity to self-identify by specific minority group and investigate opportunities to internally study, accumulate and distribute this information to support and recruit underrepresented minority medical students. (01)

Referred to the Commission on Membership and Member Services. CMMS accepted for information this resolution. The commission recognizes the value of collecting the information in order to better meet and address the needs of minority members. They unanimously agreed, however, that the membership application was not the best or most appropriate place to collect the information and several suggestions were provided, including collecting the data through areas that are currently under development (such as the online Practice Profile Survey, a link from the resident area of the AAFP Web site to areas on special populations and the My Academy Web site where members can customize their homepage and update their personal member data).

SEX EDUCATION IN SCHOOLS

- Recommended the AAFP endorse the teaching of sexual health education, including disease and pregnancy prevention in public schools. (91)

AAFP COD adopted substitute resolution: That the AAFP reaffirm its policy on the teaching of comprehensive health education in the schools, including sexuality, disease, and pregnancy prevention as adopted in 1989.

Now in the *AAFP Compendium of Policy Statements*.

SEXUAL HISTORY-TAKING

- Recommended the AAFP expand its commitment to the education of medical students, residents, and practicing physicians regarding sexual history-taking and related patient education. (87)

SEXUAL HISTORY-TAKING (Continued)

The CRSA accepted this item for information, no action taken, on the basis that training in this area is the responsibility of medical schools, however, as much as possible the NCSM will try to assist the need for better education of physicians in the area of sexual history taking. Workshop on "Patient Sexuality: Cradle to Grave" offered at 1988 NCFPR/NCSM.

SEXUALITY EDUCATION

- Recommended the AAFP recommendations for adolescent care, sexuality and contraception define effective sexuality education as that which includes evidence-based information on both contraception and abstinence in consensus with the American Medical Association (AMA), American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG) and Society of Adolescent Medicine (SAM), and publicly support evidence-based medicine approaches to sexuality education which have been proven effective in reducing unintended pregnancy and sexually transmitted diseases. (05)

Referred to the Commission on Health of the Public. The COHP agreed to refer this resolution as well as a similar resolution adopted by the resident congress to the Commission on Governmental Advocacy.

SHELF EXAM

- Recommended the AAFP explore the development of resources, including an online application (app), targeting medical students for the Family Medicine Shelf Exam by selling the application (app) for a modest cost. (11)

Referred to the Commission on Education. The COE agreed with this resolution with the modification that the Academy explore the development of resources, including an online application (app) or user reviews of current apps, targeting medical students for preparation for the Family Medicine Shelf Exam. The group noted there are current apps available in the market for Family Medicine Shelf preparation and thought there might be an opportunity to partner with other groups within the family of family medicine, including STFM, and/or with outside vendors to develop future products.

SINGLE PAYER HEALTH CARE SYSTEM

- Recommended the AAFP establish, through its Commission on Governmental Advocacy, a voluntary task force of physicians, residents and students to evaluate the benefits to patients, families, and the United States population of implementing a national single payer healthcare system and make public its findings by July 2012. (11)

The CGA accepted this resolution for information. The commission noted that this resolution is silent about how such a task force would be staffed, how much it would cost, how it would operate and how it would provide research that is not already part of the public domain. The commission noted that under Resolution No. 508, the 2011 Congress of Delegates directed the AAFP to provide members/chapters with information about alternative health plans, including payer plans.

SINGLE PAYER HEALTH CARE SYSTEM (Continued)

- Recommended the AAFP establish through its Commission on Governmental Advocacy a voluntary task force of physicians, residents and students to evaluate the benefits to patients, families, and the United States population of implementation of a national single payer health care system, and that this task force make public its finding by July 2013, and the AAFP create a public, informational webpage on aafp.org detailing single payer healthcare. (12)

The AAFP Board of Directors accepted this resolution for information.

SLOTTED SEATS IN AAFP COD

- Recommended the NCSM direct its delegates to the AAFP COD to support time-limited, slotted delegate seats in the AAFP COD from the constituencies of women, minorities and new physicians. (93)

CRSA accepted for information, noting this was acted on by the 1993 COD.

SMOKE-FREE STATUS IN HOSPITALS

- Recommended the AAFP support legislation to make "smoke-free status" a condition of hospital eligibility for federal reimbursement. (88)

COD adopted substitute resolution: That the AAFP support legislation and/or rulings making hospitals tobacco free (with no designated smoking areas). The reference committee further recommended that the AAFP's position in support of tobacco free hospitals be communicated immediately to the American Hospital Association.

Referred to Commission on Legislation and Governmental Affairs, *AAFP Policy Manual*, and EVP for implementation.

- Recommended that in support of AAFP existing policy banning smoking in hospitals and other medical institutions, family physicians become involved in the development of these policies by such activities as participation on hospital boards, as well as smoking cessation programs for the personnel of such institutions, and the AAFP through its input on the JCAHO seek regulations as a part of the accreditation standards of the JCAHO, and these regulations require hospitals and clinics to adopt the AAFP anti-smoking policies. (89)

COD did not adopt.

SMOKING

- Recommended that smoking be prohibited during all NCSM meetings. (79)

Adopted; smoking prohibited since 1980 NCSM.

- Recommended that the AAFP request members, staff, and visitors to refrain from smoking during all AAFP business meetings. (82)

Adopted by 1982 COD and now a policy at all AAFP meetings.

SMOKING (Continued)

- Recommended the AAFP establish a goal of reducing smoking to ten percent of the United States population by 2005 and five percent by 2010. (00)

Referred to the Commission on Public Health. CPH requested the Board support the 28 focus areas of Healthy People 2010. One of the leading health indicators in Healthy People 2010 is tobacco use.

- Recommended the AAFP strongly support legislation targeted at the prohibition of the use of tobacco products in all public places. Family physicians should address the issue of passive smoking with their patients, specifically addressing the problems for children. The AAFP should urge all employers to provide smoke-free work and break environments for their employees and incentives for employees who participate in smoking cessation programs. (05)

Referred to the Commission on Health of the Public. The COHP accepted this resolution for information.

SOCIAL MEDIA GUIDELINES – AAFP MEMBERS

- Recommended the AAFP create guidelines for use of social media by its members that include the following clauses:
 - (a) that members be cognizant of standards of patient privacy and confidentiality and refrain from posting identifiable patient information online, and
 - (b) if they interact with patients on the internet, that members must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just as they would in any other context. (12)

To address this resolution, the AAFP Social Media/Communications staff developed the “Social Media for Family Physicians: Guidelines and Resources for Success.”

The complete guidelines can be found at this link:

http://www.aafp.org/dam/AAFP/documents/about_site/SocialMediaFamPhys.pdf

SOCIAL MEDIA GUIDELINES – CAMPAIGNING

- Recommended the AAFP update student election rules to include policy allowing the use of social media in the promotion of candidate profiles after they have been nominated from the floor as an opportunity but not a requirement of candidacy, and that the Subcommittee on National Conference Planning decide each year upon, and promote, specific social media channels for candidates to highlight their qualifications and announce these channels no less than a week in advance of the conference so that students may create accounts with a web service if they so choose, and that the social media policy for elections state that alternate social media channels may not necessarily be promoted by the AAFP but candidates will not be penalized for or barred from using them, and that as a part of the election policy allowing for social media use, the AAFP consider possible penalties towards students who use social media to promote negative material about another candidate. (12)

Referred to the Commission on Education. The COE reaffirmed this resolution. In the time between August 2012 when this resolution was adopted by the NCSM and the 2013 summer cluster meeting, AAFP staff worked in conjunction with the AAFP

SOCIAL MEDIA GUIDELINES – CAMPAIGNING (Continued)

Board Speaker and Vice Speaker to craft and approve AAFP guidelines for the use of social media when campaigning for leadership positions. The COE determined these guidelines did address the intent of the resolution.

SOCIAL WORKERS

- Recommended the AAFP work with the national leadership of social workers to foster better communication between physicians and social workers at all levels of care so that patients may be educated to maximize access to available health care programs and services. (99)

Referred to the Commission on Public Health. The COPH accepted this resolution for information and instructed staff to contact the National Association of Social Work to explore this issue.

SOCIETY OF TEACHERS OF FAMILY MEDICINE (STFM)

- Supported STFM in their endeavors and encouraged a liaison with STFM. (77)
- Commended STFM on its expression of interest in, and encouragement of, student participation in the society and expressed gratitude and hope for continued support. (81)

SPEAKERS BUREAU

- Recommended that the AAFP investigate the development and funding for a traveling speakers bureau with travel funds and honorarium for national officers and distinguished speakers to travel to Family Medicine Interest Groups to present talks. (98)

The COC discussed limited success from past efforts to manage a national speaker's bureau and concluded that it was not a wise use of resources. However, the committee suggested that the Department of Resident and Student Affairs consider development of a program that would match officer's travel schedule with various FMIG speaking opportunities.

SPECIAL CONSTITUENCY

- Recommended the AAFP recognize disabilities as a special constituency to be included in the work of the subcommittee on special constituencies. (05)

The Board of Directors referred this resolution to the Commission on Membership and Member Services as the 2003 Board Report C to the Congress of Delegates addresses the identification of special constituencies.

The CMMS accepted this resolution for information. It was noted that the 2003 Board Report C to the Congress of Delegates addresses the identification of special constituencies as: (6) *Special constituencies include Academy members from those constituencies that are perceived underrepresented in leadership at the national and chapter levels as they have not been able to enter the leadership through typical pathways and whose issues of concern are not being adequately heard in the Congress of Delegates.* (7) *Should other groups of members perceive the need for more participation in the AAFP through the NCSC, the pathway shall*

SPECIAL CONSTITUENCY (Continued)

*be approval by the Board, as was the case with existing constituencies. While the commission recognizes that physicians with disabilities may have special needs, it was determined that a more appropriate approach would be to explore the needs of physicians with disabilities. The group also noted that the AAFP currently has a policy that addresses disabilities which reads: **The AAFP opposes all discrimination in any form, including but not limited to, that on the basis of actual or perceived race, color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus or national origin.***

SPECIAL REQUIREMENTS

- Recommended adding to the "Special Requirements" for residency programs to the Psychiatry & Behavioral Sciences section to read: A full time equivalent faculty member in the behavioral sciences be a part of each family practice residency-training program. (79)

CRSA referred to the RRC as an information item.

SPORTS MEDICINE

- Recommended the CRSA urge the AAFP to establish a Task Force/Committee on Sports Medicine. (86)

CRSA expressed support for ongoing efforts to create such a task force/committee to BOD; sports medicine activities will continue to be developed through joint efforts of several AAFP commissions/committees.

SPOUSES/SIGNIFICANT OTHERS

- Recommended sessions for spouses/significant others at NCSM/NCFPR which also include the medical student/resident component of the couple. (83)

S/SO program has been planned at each NCSM/NCFPR since 1982.

STATE (CONSTITUENT) AAFP CHAPTERS

- Recommended that state chapters be encouraged to follow democratic procedures for selection of their student representatives if not already doing so. State chapters also encouraged to send representatives to the NCSM. (75)

Adopted and state chapters notified.

- Recommended the CRSA encourage every state chapter to include a student representative on their Board of Directors. (80)

Surveys indicate that a majority of state chapters have student input on their Board of Directors in some capacity.

- Recommended the AAFP strongly encourage all constituent chapters to pay tuition and travel for a student representative from each medical school to attend the constituent chapter annual meeting, and commend those chapters that currently do so. (89)

STATE (CONSTITUENT) AAFP CHAPTERS (Continued)

COD adopted with revisions: That the AAFP strongly encourage all constituent chapters to help pay tuition and travel for a student representative from each medical school in their states to attend the CC annual, meeting and commend those chapters which currently do so. COD Referred to CCA.

- Recommended the AAFP urge constituent chapters to provide financial support to students who desire to attend the NCSM and that constituent chapters assist the AAFP in its search to find and support students from schools without departments to divisions of family medicine (target schools) in attending the NCSM and developing Family Medicine Interest Groups (FMIG) programs at their schools, and that the AAFP commend constituent chapters who have supported students in the past and urge continuation of their support. (89)

COD adopted. Referred to CCA.

- Recommended the AAFP encourage all constituent chapters to have a student member on their respective Boards of Directors. (90)

AAFP BOD adopted. Referred to Chapter Affairs Committee.

- Recommended that the Committee on Chapter Affairs of the AAFP poll state chapters on student recruitment efforts; and that the Committee on Chapter Affairs develop a publication to be distributed to state chapters containing the recruitment efforts of all AAFP constituent chapters. (94)

The AAFP Division of Membership and Member Services continually addresses student recruitment. This item will be referred to them for consideration.

STEPHEN J. JACKSON, M.D. SCHOLARSHIPS

- Recommended the CRSA recommend that a memorial scholarship be established to provide funding to attend the NCSM for one or more students possessing the same dedication and exemplary qualities as Stephen J. Jackson, M.D. (93)
- Recommended the AAFP recommend that the AAFP Foundation establish a fund in the name of Dr. Stephen J. Jackson, a Native American Physician (Navajo), to provide scholarships to Native American medical students committed to Family Medicine and to raising the health status of Native Americans equal to that of other Americans, and that the AAFP facilitate membership contributions to the Dr. Stephen J. Jackson Native American Memorial Scholarship. (93)

CRSA recommended that the BOD forward the two resolutions and one NCFPR resolution regarding scholarships being established in the name of Stephen J. Jackson, M.D. to the EVP for consideration and implementation. A memorial lectureship at NCFPR/NCSM was established in Dr. Jackson's name beginning in 1994. In addition, the AAFP will donate \$5,000 to the Association of American Indian Physicians in the name of Dr. Jackson.

STEREOTYPING IN MEDICAL SCHOOL

- Recommended the NCSM endorses the exclusion from test questions and clinical presentations of racial information that promotes racial and cultural stereotyping, and that the AAFP explore racial and cultural stereotyping in medical education. (93)

STEREOTYPING IN MEDICAL SCHOOL (Continued)

CRSA approved the concept and laterally referred the issue to the Commission on Education for exploration of the issues.

COE adopted the first resolved and noted that the second resolved is being addressed by current Academy policy.

STUDENT ACADEMY OF THE AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS

- Recommended the AAFP investigate the development of a liaison relationship between the AAFP Student Congress and the Student Academy of Physician Assistants Board of Directors for the purpose of information exchange and increased understanding of the role of the physician and the physician assistant in the PA-physician relationship and consider extending the courtesy to the Student Academy of Physician Assistants to send a representative as an observer to attend the National Conference of Family Practice Residents and Medical Students. (99)

Referred to the Committee on Resident and Student Affairs. The CRSA accepted this resolution for information. It was suggested that physician assistant students be admitted as observers to the NCSM and be permitted to attend educational elements when registered as a student. Staff will investigate the structure of the SAAAPA and the implications of a liaison relationship.

STUDENT INSURANCE

- Recommended CRSA investigate the feasibility of providing for health and disability insurance coverage for graduating medical students matriculating into a family practice residency, for the period from graduation until the onset of residency. (87)

CRSA recommended that the Academy investigate the feasibility of providing health and disability insurance for graduating medical student members for the period from graduation to the onset of residency.

BOD referred to Committee on Members' Insurance and Financial Services.

- Recommended the CRSA encourage the AAFP to explore the possibility of offering a student Health Insurance Policy that provide comprehensive medical care coverage at a reasonable cost to all AAFP medical student members. (88)

CRSA recommended to the BOD that the Committee on Member's AAFP Insurance and Financial Services consider this issue.

- Recommended the AAFP draft and adopt medical student health and disability insurance policies as soon as possible. (89)

COD did not adopt. Referred to Member Insurance.

- Recommended the AAFP investigate the availability of affordable and adequate life, health and disability insurance available for all residents and students including coverage for HIV infection which may occur as a result of training. (91)

CRSA accepted for information, no action taken.

STUDENT INSURANCE (Continued)

- Recommended that the AAFP endorse student health insurance that is comprehensive and affordable. (94)

CRSA accepted for information. The committee noted that this is current policy under the *Rx for Health*.

STUDENT INTEREST

- Recommended the AAFP take a leadership role in developing and maintaining a coalition including students, Academy members, and representation from the family of Family Medicine that will continue to address student interest in family practice. (00)

The Congress of Delegates adopted this resolution and referred to the Board of Directors. The Board approved a recommendation that the Commission on Resident and Student Issues (CRSI) be constituted to replace both the Committee on Resident and Student Affairs and Task Force on Student Interest. CRSI held its first meeting June 9, 2001.

STUDENT LOANS/DEBT

- Recommended the Board of Directors support maintenance of private lenders loan programs (HEAL, GSL) at fixed low interest rates. (80)
- Recommended supporting the establishment of loan forgiveness programs in all states in return for voluntary practice in underserved areas. (81)

CRSA recommended that BOD appoint a subcommittee to examine the status of financing medical education with particular focus on medical students. Student loan issues were studied by Subcommittee on Financing Medical Education, which met in 1982.

- Recommended the COD adopt principles on student loan policy, including: multiplicity of funding options; shared responsibility of private, personal and government agencies for financial support; prompt repayment mechanism developed; and interest and principal repayment not required during medical school or residency. (82)

Adopted by 1982 COD.

- Recommended the American Academy of Family Physicians make legislative lobbying efforts to facilitate the restoring of tax deductibility of interest on student loans. (87)

COD adopted substitute resolution from the Maine Chapter: That the AAFP make legislative lobbying efforts to facilitate the restoration of tax deductibility of interest on student loans, and the AAFP continue to explore ways to reduce financial burdens of students, such that their choice of specialty, practice type, and practice location are not limited by financial considerations, and the AAFP continue to monitor ways to help students who choose family practice training to repay reasonably and equitably their loan obligations. BOD referred to CL&GA & COE. CL&GA and Washington staff to work with AMSA on this issue.

COE agreed to monitor AMA and AAMC data on possible relatedness of medical student debt and specialty choice and to be proactive in educating premedical and

STUDENT LOANS/DEBT (Continued)

medical students in the great availability of positions and financial security of a career in family practice.

- Recommended the AAFP lobby for the repeal of the amendment of Section 117 of the Federal Tax Code (1986 Tax Reform Act, Section 123), which institutes taxation of loans, scholarships and grants which cover costs above tuition, books and fees incurred after January 1, 1987.

COD adopted with the following additions/changes: That the AAFP opposes the taxation by both federal and state governments of grants and scholarships which have been issued for any expense related to medical education, and that the AAFP lobby for the repeal of the amendment of Section 117 of the Federal Tax Code (1986 Tax Reform Act, Section 123) which institutes taxation of scholarships and grants for amounts above tuition, books, fees, supplies and equipment.

BOD referred to CL&GA. CL&GA recommended to the BOD that the Academy work with the AMSA in support of legislative initiatives to repeal legislation on scholarships and grants. BOD adopted the CL&GA recommendation.

- Recommended the AAFP strongly support legislation reinstating the deductibility of interest on student loans, and the AAFP develop a policy supporting the deductibility of interest on student loans. (89)

CRSA commended Dr. Aukerman and the BOD for their efforts to support legislation which would reinstate the deductibility of interest on student loans and the BOD be encouraged to continue its efforts.

- Recommended the AAFP continue its effective leadership in support of legislation to improve student loan repayment requirements and work with appropriate entities to increase activity.

AAFP COD adopted. Referred to the CL&GA.

- Recommended the CRSA support continued development of low-interest loan programs which would provide incentives for students to enter and remain in family practice and for schools to provide quality training experiences to foster those goals, and that NCSM directs CRSA to investigate the proposed Health Resources and Services Administration (HRSA) to determine if it meets the goals of the AAFP in encouraging all students to consider careers in family practice. (91)

CRSA tabled until March Meeting. CRSA requested staff to investigate the HSSA Primary Care Subsidized Student Loan Program, as to whether it meets the goals of the AAFP in encouraging all students to consider careers in family practice.

- Recommended the AAFP be commended on its activities to date and be encouraged to continue supporting legislation regarding loan deferment for physicians in family medicine, general internal medicine and general pediatrics during the first three post-graduate years of training; and that the AAFP research and develop a policy for federal loan forgiveness for these residents with a demonstrated commitment to practice in underserved areas who are in accredited family medicine, general internal medicine or general pediatric residencies. (92)

CRSA accepted for information, sent to Commission on Legislation and Governmental Affairs for information.

- Recommended that the AAFP strongly support the continued federal subsidization of interest on student loans for medical school. (95)

STUDENT LOANS/DEBT (Continued)

Adopted. Noted that this is current policy and no referral is necessary.

- Recommended the AAFP affirm the importance of reducing the amount of debt that medical students accumulate and easing the burden of repayment and oppose legislation that decreases federal funding for undergraduate medical education. (05)

Referred to the Commission on Governmental Advocacy. The COGA accepted this resolution for information, noting the intent of the resolution reflects current policy.

- Recommended the AAFP National Congress of Student Members encourage all medical schools to actively contain costs and lower tuition, and the AAFP work with the American Association of Medical colleges (AAMC) and the American Medical Association (AMA) to encourage all medical schools to seek out innovative strategies to actively lower the cost of education for medical students who have committed to primary care specialties. (12)

Referred to the Commission on Education. The COE reaffirmed this resolution. The AAFP has multiple policy statements that address medical student debt. All these policies have been reviewed in the past two years and approved by the COD. Medical student debt relief is an ongoing priority of the government relations staff, especially related to federal advocacy efforts. The AAFP has a formal delegation to the AMA that consists of active members, residents and students. Topics and issues to be addressed by the governing bodies of the AMA can be channeled through these formal reps. The AAFP has a formal representative to the AAMC who can bring AAFP topics to this venue.

- Recommended the AAFP strongly condemn the elimination of subsidized Stafford loans for graduate and professional students, and the AAFP advocate for reinstatement of subsidized Stafford loans for graduate and professional students. (12)

Referred to the Commission on Education. The COE accepted the first resolve clause for information and reaffirmed the second resolve clause. The COE discussed issues of medical student debt relief and elimination of subsidized Stafford loans. The amount of loans and interest accrued that impact debt amounts was calculated and believed that in the current environment, every dollar impacted medical student decision making. The COE also discussed political ramifications of first resolved clause. Noted the governmental relations staff intends to continue advocating on behalf of student debt relief. There is ample AAFP policy on debt relief, debt burden and incentives for increasing family medicine special choice. The COE requested that materials and talking points on Stafford loans be created and promoted to students as part of AAFP advocacy efforts on student debt relief so that individual members could advocate on their own behalf.

STUDENT MEMBER OF AAFP BOARD OF DIRECTORS

- Recommended that the AAFP COD change the position of Student Observer to the BOD to a full voting member with all the privileges contained therein. (90)

AAFP adopted substitute resolution that the COD designate the Student Board Observer to be a full voting member of the BOD. This went into effect at the December 1992 Board meeting.

STUDENT MENTAL HEALTH

- Recommended AAFP encourage residency programs to identify a support person to residents, to provide better relationships with faculty and administration and encourage residents to see good mental health as a positive. (78)
- Recommended establishing AAFP as headquarters for student members to submit descriptions of programs and resources that have dealt effectively with maintenance of student mental health well-being. (82)

CRSA suggested using *Resident/Student Newsletter* to solicit this information and advertise its availability. Information would be distributed in Student Interest Packet.

- Recommended the AAFP continue its leadership in the area of preventive medicine by encouraging all family practice residencies and departments of family practice to: a) Allocate time for health maintenance activities such as regular exercise and stress management for medical students and residents in each rotation; b) Apply sound nutritional principles when providing meals at conferences; c) Provide for a minimum of six hours uninterrupted sleep at night in each 24 hours by exploring options such as the night float system and a minimum of 24 uninterrupted hours per week "off duty" aside from sleep time because students are concerned that time limits being mandated by state legislation will adversely affect routine daily educational activities, and d) Encourage faculty to teach residents and students the promotion of healthy lifestyles by example. (89)

COD adopted revised motion: The AAFP continue its leadership in the area of preventive medicine by encouraging all family practice residencies and departments of family practice to: a) Allocate time for health maintenance activities such a regular exercise and stress management for medical students and residents in each rotation; b) Apply sound nutritional principles when providing meals at conferences; c) Encourage call systems and work schedules which provide for adequate sleep time and prevent excess fatigue, and d) Encourage faculty to teach residents and students the promotion of healthy lifestyles by example. Referred to COE. COE felt this is being accomplished in many areas of the country.

- Recommended the COE endeavor to define the nature and extent of verbal, physical, and emotional mistreatment of medical instructors and produce materials for distribution to medical educators and students, which increase awareness of abusive teaching styles and offer constructive alternatives, and encourage the LCME to include an instrument for evaluation of student mistreatment in its accreditation of medical schools. (90)

CRSA recommended the BOD via COE consider 1) defining the nature and extent of verbal, physical, and emotional mistreatment of medical students by medical instructors; 2) produce materials for distribution to medical educators and students which increase awareness of abusive teaching styles and offer constructive alternatives; and 3) encourage the LCME to include an instrument for evaluation of student mistreatment in its accreditation of medical schools. BOD referred to COE.

STUDENT NATIONAL MEDICAL ASSOCIATION

- Recommended the AAFP investigate with the National Medical Association the creation of a liaison position and continue to send student and resident representation to the Student National Medical Association annual meeting. (99)

STUDENT NATIONAL MEDICAL ASSOCIATION (Continued)

Referred to the Committee on Resident and Student Affairs. The CRSA accepted this resolution for information. The committee elected to continue the current relationship with these organizations.

- Recommended the AAFP reaffirm its commitment to encourage the development of programs to foster the continuity of mentoring relationships, formalize its relationship with the Student National Medical Association (SNMA) by creating a formal liaison position, and use the residency survey to compile reports demonstrating the effectiveness of recruitment efforts. (02)

Referred to Commission on Resident and Student Issues. The CRSI adopted the resolution. It was decided to continue the current representation for the April 2003 annual meeting of SNMA. The AAFP representative will be expected to gather information from the annual SNMA meeting to assist the Academy in increasing minority membership and meeting the unique needs of minority members. A subcommittee drafted a job description for the proposed formal liaison position. Concern was expressed that the residency directory survey would not be the best mechanism for collecting data on minority recruitment efforts. Other options were discussed.

STUDENT-RUN CLINICS

- Recommended the AAFP establish a national listserv for student, resident and physician members that will facilitate discussion about the creation, development and management of student-run free clinic projects, and National Conference of Family Medicine Residents and Medical Students consider the addition of conference activities that foster participation in and development of student-run free clinic projects. (06)

Referred to the Commission on Education. The COE took no action on the first resolved clause. The COE supports improved communications for students developing student-run free clinics. It is believed that other avenues, such as the Resident and Student Listserv (RASL), Virtual FMIG, or the FMIG Network, exist for this type of communication.

The COE accepted the second resolved clause for information. In September 2006, the National Conference Planning Committee agreed to add student-run free clinics to the list of suggested workshop topics included in the 2007 workshop proposal packet. No proposals were submitted on this topic.

- Recommended the AAFP create a policy statement on student-run clinics including, but not limited to, that student-run clinics are headed by primary care physicians (family medicine, general internal medicine, general pediatrics) as a means to address healthcare disparities and engage students in the health of their community. (12)

Referred to the Commission on Education. The COE agreed with this resolution. The COE discussed the prevalence of student-run free clinics within the medical school setting and how new LCME requirements for community service activities are being met by these clinics. Some debate on language of the resolution and implication that primary care might be the only faculty leadership for these clinics since many student-run free clinics are specialty focused. A working group created a new policy and the COE put forth the following:

RECOMMENDATION, That the AAFP Board of Directors approve a new nonclinical policy statement on Student-Run Free Clinics:

STUDENT-RUN CLINICS (Continued)

Student-Run Free Clinics

The American Academy of Family Physicians (AAFP) supports the concept of access to essential health care for all people regardless of social and economic status, and ideally through a patient-centered medical home (PCMH). Student-run free clinics often provide access to indigent and underserved populations who otherwise may not receive basic health care services. A student-run free primary care clinic is a service-learning, student driven outreach project that strives to enhance the health and wellbeing of a community through the provision of medical care. The AAFP supports the inclusion of family physicians within the student-run free clinic setting since a family physician can provide the following unique benefits:

- Provide comprehensive, community-based medical care
 - Deliver basic, essential patient-centered health care services
 - Expose medical students to the specialty of family medicine
 - Provide clinical instruction for students
- (COE) (July 2013 Board) (2013 COD)

STUDENT WORK HOURS

- Recommended the AAFP investigate medical student work hour policies across medical schools, and the AAFP survey and report medical students' opinions on medical student work hours. (11)

Referred to the Commission on Education. The COE agreed that the AAFP investigate medical student work hour policies across medical school. The commission accepted for information the recommendation that the Academy survey and report on medical students' opinions on medical student work hours. Attention was drawn to the fact that the AMA-MSS passed a resolution to survey all medical schools regarding student work hour policies. In light of the AMA pursuing a medical student work hours survey, the commission felt the AAFP did not need to duplicate efforts.

SUBSTANCES OF ABUSE

- Recommended that all AAFP programs and policies regarding substances of abuse include tobacco and nicotine containing products. (90)

CRSA accepted for information, no action taken. AAFP COD adopted NCFPR version recommending that all AAFP programs and policies regarding substances of abuse include tobacco and nonprescription nicotine-containing products. Referred to the CPHSA and is now in the AAFP Policy Manual.

- Recommended the AAFP create a policy statement in support of encouraging family physicians when taking a medical history to include the question "Do you do anything to get high?" with the common screening question of "Do you use any illegal drugs?" (11)

Referred to the Commission on Health of the Public and Science. The CHPS accepted the resolution for information. The commission determined that the policy entitled "Substance and Alcohol Abuse and Addiction" covers abuse of substances and the need for prevention, early recognition, and treatment of substance abuse and addiction.

SUMMER RESEARCH EXTERNSHIPS

- Recommended the AAFP BOD charge the Committee on Research with developing a model for summer research externships for medical students, a plan for promoting that model, and a progress report to the 1991 NCSM. (90)

CRSA recommended the BOD via its Committee on Research consider developing a model for summer research externships for medical students, a plan for promoting that model, and a progress report to the 1991 NCSM. BOD approved and referred to COR. COR recommended that the BOD allocate \$25,000 per year in matching funds to support 40 AAFP summer research externships for medical students.

- Recommended the NCSM commend the AAFP Board of Directors for allocating \$25,000 a year in matching funds to support 40 AAFP summer research externships for medical students. (92)

CRSA adopted and will send to BOD, the Committee on Research and AAFP/F.

SUPPORT

- Supported the candidacy of Brent Blue, M.D., in the 1979 elections for Board of Directors of the AAFP. (79)
- Expressed support for Martin Luther King commemorative marchers. (83)

Accepted by CRSA.

- Supported NCFPR resolutions at COD when the interests are similar. (80)

TARGET SCHOOLS

- Recommended the AAFP urge constituent chapters to provide financial support to students who desire to attend the NCSM, and that constituent chapters assist the AAFP in its search to find and support students from schools without departments or divisions of family medicine (target schools) in attending the NCSM and developing Family Medicine Interest Group (FMIG) programs at their schools, and that the AAFP commend constituent chapters who have supported students in the past and urge continuation of their support. (89)

COD adopted. Referred to CCA.

- Recommended that the AAFP investigate a means to subsidize the membership dues of all target medical school freshmen. (90)

CRSA recommended that the BOD via its SITF consider investigating a means to subsidize the membership dues of all target medical school freshmen. BOD referred to SITF and CMMS.

SITF recommended that the BOD approve a policy that the Academy subsidize 50% of first time student membership dues from those chapters who subsidize the other 50%.

- Recommended that the AAFP develop a panel of local family physician advisors for students from each of the target schools, which is defined as those medical schools that do not have a department of Family Medicine. (00)

TARGET SCHOOLS (Continued)

Referred to the Task Force on Student Interest. The TFSI applauded the spirit of the resolution. The task force acknowledged that an infrastructure of local family physicians already exists at the AAFP chapter level. Specifically, the task force discussed the success of existing advisor/student models in key target school states, such as Connecticut, Massachusetts, Missouri, New York and others.

TASK FORCE ON OBSTETRICS

- Recommended that if there continues to be an Academy entity handling obstetric issues, a resident and student be appointed to that body by the Board of Directors. (92)

CRSA adopted. Referred to BOD.

TASK FORCE ON RURAL HEALTH

- Recommended that the AAFP increase efforts relative to the quality of rural health and consider establishment of a committee on rural health. (88)

COD adopted with amendments, changing "Committee" to "Task Force." AAFP Task Force on Rural Health established.

TASK FORCE ON STUDENT INTEREST

- NCSM commended the AAFP for establishing such a task force and encouraged the input of the student representatives in the planning and implementation of this student interest project. (89)

CRSA accepted for information, no action taken, noting this resolution asks the Academy Student Interest Task Force to continue its work with the input of medical students.

- Recommended the AAFP for giving priority to student interest issues by having a SITF which includes as a project the dissemination of information about family medicine at the college and precollege level. (89)

CRSA accepted for information, no action taken, noting this resolution asks the SITF to continue to develop projects directed at pre-medical and high school audiences.

- Recommended the National Congress of Student Members (NCSM) officially recognize the dedication, work and support of the present and past members of the Student Interest Task Force (SITF). (00)

Referred to the Board of Directors. A special recognition ceremony was held during the final meeting of the Task Force to honor each member.

TAXES ON ALCOHOL

- NCSM adopted a policy as follows: That the NCSM support and actively pursue legislation, which would increase liquor taxes and equalize the rate of tax on alcohol in liquor, beer, and

TAXES ON ALCOHOL (Continued)

wine, with the additional taxes earmarked for programs geared to treatment and primary prevention of alcohol abuse. (87)

Similar Resident Resolution referred to CRSA. CRSA recommended that the AAFP strongly support and actively pursue legislation which would increase liquor taxes and equalize the rate of tax on liquor, beer, and wine, the additional tax earmarked for programs geared for treatment and primary prevention of substance abuse. BOD referred to CL&GA.

CL&GA recommended to BOD that the AAFP support legislation to provide: an increase in federal alcohol excise tax rate to at least the level, in real dollars of 1972; for the equalization of excise taxes by alcohol content of beer, wine and distilled spirits; the indexing of alcohol tax rate to inflation; the discontinuation of all tax deductions for the use of alcohol beverages; and programs geared to the treatment and primary prevention of alcohol and substance abuse and support legislative initiatives to accomplish the above. BOD adopted.

- Recommended the AAFP adopt as policy the following recommendation from the proceedings of the Surgeon General's Workshop on Drunk Driving, as presented by C. Everett Koop on May 31, 1989: a) Strong support for increased taxes on alcoholic beverages and tax on beer, wine, and distilled spirits equally based on alcohol content, b) Support for earmarking a portion of the increased revenues to match the level of alcoholic beverages advertising with an equal number of pro-health and pro-safety messages. (89)

COD adopted as policy. Referred to CL&GA. CL&GA received for information, noting the AAFP is actively pursuing legislative initiatives to increase taxes on alcoholic beverages as called for in the resolution and will continue to do so.

THERAPY ANIMALS

- Recommended the AAFP supports proper training and certification of therapy animals, and the AAFP acknowledges benefits of hospital and patient utilization of therapy animals. (13)

The CHPS determined that what constitutes the proper certification and training of therapy animals is not in the scope of the AAFP's strategic priorities. It was decided that there was not sufficient review of the evidence to determine acknowledgement about the benefits of therapy animals for patients.

THIRD WORLD

- Recommended the AAFP support congressional efforts for funding of health care for refugees fleeing to America from oppression in their home countries. (84)

CRSA referred this issue to the Board of Directors, which approved it, and sent it on to the Commission on Legislation and Governmental Affairs for implementation.

- Called for food and medical aid for the people of Central America and increased pursuit of alternatives to military solutions in that area. (84)

CRSA arranged for an informational article on the effects of armed conflict on health care conditions in Central America to be published in the *AAFP Reporter*.

THIRD WORLD (Continued)

- Recommended NCFPR/NCSM express support for extended voluntary departure status for Guatemalans and communicate such support to the Secretary of State and Attorney General of the United States and that pertinent legislation be endorsed. (85)

Opinion on this issue was divided at the NCFPR/NCSM, with students supporting some portions and residents supporting others. This was thus received for information by the CRSA, no action taken, but a resolution expressing the concern for world health care was drafted and sent to the BOD.

A policy statement was developed to reflect the ongoing concerns by residents and students for the health care and well-being of third world citizens both in their native lands and also if displaced to the United States, that policy statement being: The Academy expresses its deep concern for the health care of all citizens of the world and supports the concept of adequate health care to all people of the world, regardless of social, economic, or political status, race or religion.

Passed by COD as the first global health care policy statement in the Academy's history.

- Recommended that the AAFP acknowledge the importance of chapter efforts in international health education and recommend that licensed physician participants in such endeavors receive continuing medical education credit, and resident and medical student participants receive educational leave and credit for participation in international health projects and the AAFP actively support these efforts. (90)

AAFP COD adopted substitute resolution, that the AAFP acknowledges that the Third World health issues in underserved areas are vitally important to primary care and positive health management, recognizes the importance of cross-cultural education in the development of family physicians, and that physicians, residents and students can potentially provide important world service by providing care in underserved areas, and the AAFP acknowledges the importance of chapter efforts in international health education and recommends that licensed participants in such endeavors receive continuing medical education credit, and the AAFP endorses residents and medical students receiving educational leave and/or credit for participation in international health projects, consistent with LCME, RRC-FP and ABFP requirements.

- Recommended that the descriptor "Third World" be changed to "Developing Nations" in all new American Academy of Family Physicians' communications. (99)

Referred to the Committee on Communications. The COC asked that this issue be discussed with Daniel Ostergaard, M.D., Vice President for International and Interprofessional Activities to determine the best approach for addressing this concern.

THROMBOSIS PREVENTION

- Recommended the AAFP support implementation of traveler thrombosis safety tips and leg/foot exercise diagrams and instructions, such as pumping of the feet, in airline safety pamphlets and safety videos, especially in flights exceeding four hours duration, and AAFP encourage primary care physicians to counsel patients on thrombosis prevention prior to travel, and AAFP encourage further studies examining the preventive recommendations of travel related thrombosis. (13)

THROMBOSIS PREVENTION (Continued)

The CHPS accepted this resolution for information as there is not enough evidence on thrombosis and traveling, and the AAFP cannot dictate the policies of airlines.

TITLE VII FUNDING

- Recommended that the National Congress of Family Practice Residents (NCFPR) and the National Congress of Student Members (NCSM) commend and thank the Commission on Legislation and Governmental Affairs (CLGA), the American Academy of Family Physicians (AAFP) Board of Directors and staff for their continuing efforts to advocate for Title VII funding. (01)

Referred to the Commission on Legislation and Governmental Affairs. CLGA accepted for information the commendation. It was noted that the Academy will continue to aggressively lobby to increase Title VII funding for family practice to ensure access to healthcare for all Americans.

TOBACCO

- Opposed federal price support of the tobacco industry. (81)

Adopted by 1981 COD.

- Asked the AAFP to contact the American Pharmaceutical Association and the National Association of Retail Drug stores, asking them to ban sales of tobacco products in drug stores. (84)

Referred to Commission on Public Health and Scientific Affairs. The AAFP Tobacco Policies oppose federal price support for the tobacco industry. The AAFP has a lengthy policy and has been involved in many activities in this area.

- Recommended the CRSA encourage medical and health insurance carriers to provide financial incentives to their non-tobacco using subscribers and that the AAFP continue to support new, aggressive programs to discourage tobacco use in all forms. (86)

CRSA accepted for information, no action taken.

- Resolved the AAFP develop a protocol (resource packet) to facilitate the state chapters' efforts within their state legislatures to promote anti-smoking campaigns. (87)

The CRSA accepted this item for information, no action taken, noting that the AAFP's ongoing efforts to discourage smoking were comprehensive enough to obviate the need for the resolution.

- Recommended the AAFP initiate and/or strongly support legislation to prevent the sale of tobacco products via vending machines. (88)

COD adopted. Referred to Commission on Legislation and Governmental Affairs and AAFP Policy Manual.

- Recommended the AAFP support legislation to require warning labels on all tobacco products manufactured in the U.S. whether for local consumption or for export. (88)

TOBACCO (Continued)

COD adopted substitute resolution: That the AAFP support legislation to require warning labels, both in English and in the primary language spoken in the importing country, on all tobacco products manufactured in the U.S. whether for local consumption or for export. Referred to Commission on Legislation and Governmental Affairs and in the AAFP Policy Manual.

- Recommended the AAFP contact magazines with a circulation greater than 250,000 to inform them the AAFP official policy is to recommend that members subscribe only to publications that do not accept tobacco advertising, and the AAFP maintain a list of such publications. (89)

COD adopted as revised: The AAFP official policy is to recommend that members subscribe only to publications for the office which do not accept tobacco advertising, and the AAFP establish and maintain a list of such publications, make it available to members, and the AAFP contact magazines with a circulation greater than 250,000 to inform them of this policy. First clause is in the AAFP Policy Manual. Last two clauses referred to EVP.

- Recommended, the AAFP support the regulation of tobacco and other nicotine containing products by the Food and Drug Administration, and the AAFP propose federal legislation to bring all nicotine containing products under the regulation of the Consumer Product Safety Act. (89)

AAFP adopted with editorial change by inserting the word "continue" between "AAFP" and "support." Referred to CL&GA. CL&GA received for information.

- Recommended the AAFP affirm the goal of a smoke-free society by the year 2000, and the AAFP cooperate with other organizations in exposing and curtailing the effect of tobacco advertisements on target populations, such as low-income individuals, minorities, women, and teenagers, and the AAFP support legislation imposing excise taxes on tobacco and tobacco products, and that the AAFP support legislation opposing exportation of tobacco and tobacco products, and that the AAFP support legislation that producers of tobacco aid them in the conversion of their livelihood if necessary, and that the AAFP continue to update and promulgate to its members cessation programs and lists of printed media which are tobacco-advertisement free. (91)

AAFP COD adopted as amended by replacing the wording "smoke-free society" with "tobacco-free society." COD referred 1st and 2nd clauses to Commission on Public Health & Scientific Affairs; referred clauses concerning legislation to Commission on Legislation & Governmental Affairs; and last clause to Commission on Public Health & Scientific Affairs.

- Recommended that the AAFP policy prohibit the acceptance of monies from tobacco/alcoholic beverage companies, and their affiliates and subsidiaries. (94)

CRSA did not adopt. The committee noted that several schools receive tobacco money and if this resolution passed many schools would be adversely affected.

- Recommended the AAFP amend its current prohibition of sale of tobacco products to include all buildings in medical institutions and encourage the Joint Commission on Accreditation of Hospital Organizations to assist in enforcing prohibitions strictly. (94)

CRSA did not adopt. The committee noted that current AAFP policy already exists.

- Recommended the CRSA strongly encourage all Family Medicine Interest Groups (FMIGs), in conjunction with other community resources, to organize an implement anti-smoking programs,

TOBACCO (Continued)

such as TAR WARS, for children in their communities as ongoing activities including the 1997 Family Physicians Care for America Week. (96)

Referred to Task Force on Student Interest. A workshop will be presented at the 1997 NCFPR/NCSM which will promote the AAFP's Family Physicians Care for America Week Project. The focus of this workshop session will be to promote community outreach programs to medical student leaders and family practice residents. The Tar Wars program will be an example demonstrated at this workshop.

- Recommended the AAFP/CRSA investigate the existence of a magazine ordering service offering only tobacco-free publications and publicize it to its members. (98)

Referred to Committee on Communications. The COC determined that such a service is not offered. However, the committee did note the listing in the February 23, 1994 issue of the Journal of the American Medical Association, entitled "More Magazines Forgo Tobacco Ads, Some by Choice, Many by Chance." This article lists four pages of magazines that do not accept tobacco advertising.

- Recommended the AAFP FMIG network make efforts to enhance communication with the Tar Wars representatives to encourage incorporation of this anti-tobacco campaign into FMIG programming. (00)

Referred to the Commission on Public Health. Efforts are underway to facilitate better communication between FMIGs and Tar Wars. The COPH will contact the originator of this resolution seeking suggestions. Options considered included making the FMIG coordinator a national Tar Wars representative and requesting a student representative to become a Tar Wars Program Advisor.

- Recommended the AAFP continue financial and educational support of the Tar Wars program to further the education of children in America and continue to seek funding to ensure the longevity of the Tar Wars program. (07)

Referred to the Commission on Health of the Public. The COHP accepted this resolution for information, noting that the intent of the resolution is current policy.

- Recommended the AAFP encourage the increase of Tar Wars® programming in urban underserved areas. (08)

Referred to the Executive Vice President. The Tar Wars Program Advisors are aware of the need to reach children in underserved areas and working to respond. Potential funding has been identified to develop a program for rural underserved areas that would translate well to all underserved communities including urban. The Tar Wars program has limited funding and is working with the AAFP Foundation to develop additional grants and funding streams to provide programs in underserved areas. The Tar Wars staff and advisors will continue to consider this focus and discuss future efforts with state coordinators.

TOBACCO AND ALCOHOL

- Recommended that the AAFP condemn the practice of covert advertising of tobacco and alcohol in film, and that the AAFP call for every tobacco product advertisement to be accompanied by the

TOBACCO AND ALCOHOL (Continued)

appropriate warning on screen during the advertisement in movies and sections containing paid advertisements should be edited out for television shows. (87)

CRSA recommended that the Academy support and/or create legislation that would discourage the practice of covert advertising of tobacco and alcohol on television and in movies. BOD referred to CL&GA.

- Recommended that the AAFP strongly support legislation to require vendors of tobacco products to be subject to regulation and enforcement similar to that required for vendors of alcoholic beverages. (88)

COD adopted. Refer to CL&GA and the AAFP Policy Manual.

- Recommended that the AAFP recommend to its members and their affiliated medical institutions that investments be withdrawn from tobacco/alcoholic beverage affiliated companies; and that the AAFP not invest in tobacco/alcoholic beverage affiliated companies. (94)

COD did not adopt.

ULTRASOUND, OFFICE USE

- Recommended that the AAFP investigate whether physician-performed ultrasound use in the outpatient family medicine setting is cost effective and beneficial to patients. (07)

Referred to the Commission on Practice Enhancement. The COPE noted that various studies and papers on the positive aspects of office ultrasounds have been published over the last ten years. Based upon these studies, it has been suggested to FPM that an article on the benefits of ultrasound may be useful to the members. The commission agreed, given available information and the possibility that FPM will publish an article based upon this research, that the intent of the resolution will be addressed. Staff will compile information and make it available for members on the website, if FPM chooses not to do an article.

UNDERSERVED AREAS

- Requested that the AAFP investigate development of a support system for rural solo practitioners along with mechanisms to encourage family physicians to practice in shortage areas. (78)
- Requested that the AAFP serve as a clearinghouse of scholarships or grants available for medical students willing to trade tuition for future service in areas of need. (78)

All items referred to Commission on Health Care Services.

- Requested the NCSM executive committee to schedule a discussion on problems of medically underserved areas. (79)

Incorporated into workshops at NCSM from 1980 on.

- Recommended inclusion of state and private placement services assisting in the placement of physicians in health manpower shortage in AAFP placement packet. (81)

UNDERSERVED AREAS (Continued)

CRSA noted information in the non-profit placement packet provides appropriate information and felt it would be inappropriate for the Academy to advertise private placement services.

- Recommended that the Committee on Health Care Services provide resident and student members with regularly updated information on areas of physician shortage. (84)

A mechanism to do this is already in place. The Subcommittee on Physician Placement of the Commission on Membership and Member Services has been working on this.

- Recommended that the CRSA address discriminatory practices of the National Health Service Corps and seek more equitable avenues including legislation for allowing family physicians to serve in any underserved area, be it urban or rural, in the Corps. (85)

To be dealt with in an article in the *Resident/Student Newsletter*.

- Recommended that the CRSA encourage early and continued exposure to educational and practice opportunities in underserved areas through medical school and residency. (88)

CRSA recommended to BOD that the Commission on Education and the Task Force on Rural Health address these issues. BOD referred to COE and Task Force on Rural Health.

- Recommended the AAFP be commended for its effort to promote equitable reimbursement for service in rural underserved areas and request continued support in this endeavor; and that the AAFP consolidate information about programs that provide assistance to support practice in underserved areas and actively publicize the availability of this information to student and resident members; and that the AAFP continue to explore and secure funding sources for new programs to provide financial support for practice in underserved areas. (92)

CRSA adopted substitute resolution: That the AAFP be commended for its efforts to promote equitable reimbursement for service in rural underserved areas; and that the AAFP consolidate information about programs that provide assistance to support practice in underserved areas and actively publicize the availability of this information to student and resident members; and that the AAFP continue to explore funding sources for new programs to provide financial support for practice in underserved areas.

Referred to the Committee on Rural Health.

- Recommended that the AAFP strongly encourage the individual constituent chapters to develop preceptorships in underserved areas for all medical students. (94)

This is being investigated and will be discussed by the CRSA.

- Recommended the CRSA investigate federal and state funding for financial incentives for family practitioners in urban underserved areas. (96)

Referred to Commission on Legislation and Governmental Affairs.

- Recommended the CRSA investigate the compilation and distribution of a list of family practice fellowships, residency programs, and undergraduate clerkships that train residents and students

UNDERSERVED AREAS (Continued)

which have an emphasis on health care issues for rural and urban underserved communities. (96)

- Recommended the CRSA/AAFP requests that the National Family Medicine Interest Group (FMIG) Network design a mentoring program pilot and encourage medical students to serve as mentors to members of underserved communities, and that the FMIG network would communicate and share mentoring information with other commissions and committees. (97)

CRSA forwarded this resolution to SITF for its consideration.

- Recommended the AAFP encourage constituent chapters to educate students, residents and physicians about resources available for underserved and underinsured populations, such as access to healthcare, social services, and subsidized medications. (99)

Referred to Commission on Special Constituencies. The CSC accepted this resolution for information and identified areas where the Academy could improve, including increasing the number of Academy journal articles on how to serve the under and uninsured and information on federal programs.

- Recommended 1) National Conference of Family Practice Residents and Medical Students strongly encourage the preparation of residents and medical students to provide care to the medically underserved; 2) the CRSA consider “Caring for the Medically Underserved” as the theme for the 2000 National Conference, and 3) an emphasis be placed on issues of caring for the medically underserved through workshops during the National Conference. (99)

Referred to the Committee on Resident and Student Affairs. The CRSA adopted the theme “A Challenge for the New Millennium: Caring for the Underserved” for the 2000 National Conference. Donald Weaver, M.D., director of the National Health Service Corps., was invited to give the special lecture on Saturday and other programming was planned around the theme.

UNDERSERVED CLINICAL EXPERIENCE – ENCOURAGEMENT OF

- Recommended that the AAFP strongly suggests each medical school provide a meaningful clinical experience in an urban or rural underserved area. (94)

CRSA did not adopt. This is available in the AAMC Curriculum Guide.

UNDOCUMENTED PATIENTS

- Recommended the AAFP oppose any legislation that would criminalize physicians who provide care to undocumented patients, and oppose any legislation requiring health care providers to collect and report data regarding a patient’s legal residency status. (06)

Referred to the Board of Directors. The BOD accepted the first resolved clause of this resolution for information as current policy.

The BOD agreed to adopt the second resolved clause as policy.

UNINSURED/UNDERINSURED PATIENTS

- Recommended the AAFP investigate and pursue avenues to improve our patients' access to subspecialty care, to include investigations into furthering the dialogue between the AAFP and the subspecialists' organizations to provide better access for our uninsured/underinsured patients. (05)

Referred to the Commission on Health of the Public. Upon review, the COHP agreed to create a Board recommendation proposing that the AAFP Delegation to the AMA consider the issue of access to subspecialty care for Medicaid and other underserved patients and take appropriate action.

UNIVERSAL HEALTH CARE

- Recommended that the AAFP engage in discussion with other medical societies and physician groups to promote public advocacy and the support of legislative action consistent with the AAFP principles for universal health care coverage. (01)

Referred to the Commission on Legislation and Governmental Affairs. CLGA accepted for information the resolution, noting that the AAFP has contacted other medical societies and physician groups and distributed copies of the proposal to them.

- Recommended that the AAFP endorse US House Concurrent Resolution 99 (CR 99) as initially introduced on April 4, 2001 and call on other medical societies to support CR 99 as initially introduced on April 4, 2001. (01)

Referred to the Commission on Legislation and Governmental Affairs. CLGA accepted for information this resolution and deferred action pending the development of the Academy's legislative strategy.

UNWANTED PREGNANCY

- Recommended that the AAFP support Cog's valuable effort to reduce unwanted pregnancy, including notification of its disapproval of CBS, ABC, And NBC's unwarranted decision (not to air public service announcements on the issue). (85)

CRSA received for information, no action taken, noting the BOD had considered this issue with no clear role for the Academy listed.

URBAN HEALTH CARE ISSUES

- Recommended the AAFP create a policy, designate a committee/commission to be responsible for said policy, on issues unique to urban health care similar to the existing policy on rural health care which includes issues such as access, "first responder," medical education, obstetrics, rationalization, networking, and telemedicine, and the AAFP develop an educational pamphlet regarding issues in urban health care which can be made available to medical students and residents. (97)

Referred to Commission on Health Care Services. The Commission on Health Care Services referred this resolution to the Commission on Public Health for its information and follow up or implementation as appropriate.

URBAN/INNER CITY PRACTICE

- Recommended that the AAFP post on its website all current publications relating to urban family medicine, including urban residency training, curricula, funding and practice opportunities. (01)

Referred to the Task Force on Urban and Inner City Health Care. The task force recommended and the Board of Directors approved designation of resources for urban/inner city family physicians and residents directed at recruiting medical students towards urban/inner city practice and CRSI was asked to further investigate the needs of residents and students to assure these resources are appropriate.

- Recommended the AAFP encourage constituent chapters to develop and provide to Family Medicine Interest Group (FMIG) leaders a list of interested urban family physicians that would be willing to speak to and mentor medical students. (02)

Referred to the Committee on Chapter Affairs. The CCA strongly supports student initiatives and is willing to help determine what chapters are doing but does not believe that mentoring medical students is within the committee's purview. The resolution was subsequently referred to the Board Chair for further consideration.

- Recommended that the AAFP advocate for increased mechanisms of private and public funding for physicians desiring to establish an urban underserved practice; develop and provide an easily accessible method for identifying potential funding resources for physicians desiring to establish an urban underserved practice; and develop practice management materials that address the issues unique to the urban underserved practices. (03)

Referred to the Commission on Health Care Services. The CHCS acknowledged that the intent of this resolution was addressed through the work of AAFP's Task Force on Inner City/Urban Health and that the Board of Directors continues to explore the best mechanisms for dealing with urban and inner city health issues. The commission did commit to paying specific attention to the needs of urban practices/physicians when it considers practice management policy, programming and materials.

- Recommended the AAFP continue to develop a definition of urban and inner city family medicine and disseminate these finding to the student and resident congresses, including urban underserved student and resident resources. (04)

Referred to the Board of Directors. The BOD accepted this resolution for information.

USMLE BOARD EXAM - INVESTIGATING THE BIAS

- Recommended that the CRSA/AAFP investigate any gender, race, or cultural background bias associated with the USMLE as it relates to the passing rate of women and minority students and residents, including answering the following questions: (95)
 - a) Do the USMLE exams reflect the cultural diversity of the residents and students being tested?
 - b) What patient populations are represented by questions on the exams?
 - c) What are the ethnicity, gender, and cultural background of the USMLE test-writing committees?

USMLE BOARD EXAM - INVESTIGATING THE BIAS (Continued)

The Commission on Education agreed that the AAFP delegate to the AMA Medical Student Section be asked to monitor this topic during the June, 1996 AMA Medical Student Section meeting and that a report of the discussion be presented to the COE for consideration during its July, 1996 meeting.

VACCINE POLICY - PHARMACY

- Recommended the AAFP support research into the populations receiving vaccines from pharmacies in order to make more definitive AAFP policy on the issue, and the AAFP work with pharmacy boards to provide specific recommendations for pharmacies that do provide vaccines, including:
 - require communication of vaccinations to a patient's primary care physician
 - attend formal vaccine training
 - add a requirement to enter vaccines given into state databases, if applicable. (11)

Referred to the Commission on Health of the Public and Science. The CHPS agreed with the first resolved clause of the resolution. Information will be forwarded the American Academy of Family Physicians (AAFP) National Research Network (NRN) with a note indicating this is of interest to students and perhaps the NRN may consider conducting a research study about populations receiving vaccine from pharmacies.

The CHPS accepted for information the second resolved clause of the resolution. The American Academy of Family Physicians (AAFP) continues to have dialogue with the American Pharmacists Association (APA) regarding the provision of vaccine in the pharmacy setting.

VIOLENCE

- Recommended the AAFP re-evaluate its 1987 policy regarding violence and that the AAFP further develop and define its policy to address emotional, sexual and physician acts of violence; and that the AAFP develop and include domestic violence issues in its Age-Related Periodic Health Examination Charts. (92)

CRSA adopted. Referred 1st clause to the Commission on Special Issues and Clinical Interests. Referred 2nd clause to the Committee on Public Health and Scientific Affairs. All issues addressed in the 1994 "White Paper on Family Violence." Violence counseling has also been included in the Age Charts.

- Recommended the AAFP develop a policy that advocates: 1) educating health care providers about domestic violence and their role in intervention and prevention, 2) emphasizing the importance of referral to social service agencies, and 3) building coalitions with existing experts and organizations; and that the AAFP support legislation requiring inclusion of domestic violence curriculum in all health professional training. (92)

CRSA adopted as editorially changed by deleting the words "legislation requiring" in the 2nd resolved. Referred to Commission on Special Issues and Clinical Interests. All issues addressed in the 1994 "White Paper on Family Violence."

VIOLENCE (Continued)

- Recommended the AAFP actively encourage all family physicians to prominently display posters and provide pamphlets in their office that define the nature of family violence and the resources that are available. (98)

Referred to Commission on Public Health.

- Recommended the AAFP request that the Center for Policy Studies in Family Practice and Primary Care research effective programs for reducing community/school violence and request that the Center for Policy Studies in Family Practice and Primary Care develop a model community/school violence reduction program based on community/school violence research. (99)

Referred to the Commission on Public Health. The CPH adopted a motion to accept this resolution for information recognizing that activity was already underway to address conflict resolution skill development in children and youth.

- Recommended the AAFP recognize that action is urgently needed to lessen the impact of firearm mortality and morbidity and declare that gun violence is a public health issue, and the AAFP either investigate existing gun violence education programs such as Physicians for Social Responsibility Gun Violence Slide Presentation, Steps to Prevent Firearm Injury (STOP), and Cops and Docs or develop a school-based education program to educate students about the consequences of gun violence. (00)

Referred to the Commission on Public Health. CPH noted that the first resolved is current policy and that the second resolved is being addressed. Staff was asked to suggest that FP Report prepare an article on this topic recognizing the Academy's efforts in this area.

VIOLENCE AGAINST PHYSICIANS

- Recommended that the AAFP express condolences to the families and communities of physicians and their advocates murdered while providing patient care. (94)

COD did not adopt.

VOTING PRIVILEGES

- Recommended the voting delegates to NCSM be members of the constituent chapter which they represent and the AAFP encourage all constituent chapters to create student membership. (96)

Referred to Committee on Resident and Student Affairs. It was noted that changes in the Rules of Order address the first issue and the second issue is current AAFP policy.

WEB

- Recommended that the CRSA investigate establishing a World Wide Web Home Page. (95)

The AAFP Web Page debuted in June, 1996.

WELLNESS

- Recommended creation of a compendium of student organized projects concerned with wellness. (82)

Resident/Student Newsletter used to solicit and advertise this information.

- Recommended the CRSA encourage family practice residency programs to provide for the residents' total wellness including such things as: a) adequate sleep/rest; b) good nutrition; c) exercise facilities; and d) lifestyle/habit change programs. (84)

Wellness curriculum distributed to program directors meets many of these criteria; articles on residency program innovations in wellness have been included in *AAFP Reporter*.

- Recommended that the AAFP CCs, in cooperation with departments of family medicine, provide students with opportunities to experience well-patient medicine throughout medical school under the auspices of a community family physician, and CCs should be encouraged to contact target schools and provide the opportunity to be exposed to family practice in the community by interaction with local family physicians. (89)

COD adopted as revised: That the AAFP encourage its CCs, in cooperation with departments of family medicine, to provide students with opportunities to experience comprehensive office-based family practice throughout medical school under the auspices of community family physicians, and the AAFP urge its CCs to work with schools without departments of family medicine in order to provide students in those schools with the same opportunities. Referred to COE & CCA.

COE felt this is being accomplished in many areas of the country; it is an issue being discussed by the SITF; suggested staff pursue internal communications to emphasize importance of this type of exposure.

- Recommended the AAFP encourage constituent chapters and Family Medicine Interest Groups (FMIGs) to develop programs for students and residents, including any or all of the following topics: individual counseling, support groups, mindfulness, and other mind-body experiential learning opportunities. (10)

Referred to the Commission on Membership and Member Services. The CMMS agreed with the second resolve of this resolution. AAFP staff will encourage chapters to share best practices of programs for residents and students through the Chapter Executive Website. It was recommended that staff contact AFMRD and AMSA to investigate resources on these topics that could be shared with chapters to disseminate to members.

WOMEN AND INFANT CARE (WIC)

- Recommended that the AAFP actively encourage the U.S. Congress to support increased funding WIC to enable higher participation in the program. (85)

COD passed and referred to the CL&GA.

WOMEN IN FAMILY PRACTICE

- Recommended studying the feasibility of creating an ad hoc task force to study the role of women in family practice. (82)

Ad Hoc Task Force on Women in Family Practice held its first meeting in August 1983; Committee on Women in Family Medicine was first appointed in 1984.

- Recommended the Ad Hoc Task Force on Women in Family Practice develop an information packet on developing support for women residents and students, and further understanding of female patients. (83)

Referred to Committee on Women in Family Medicine. The task force will survey constituent chapters for the purpose of compiling a list of family physicians speakers who can address women' health care issues. This information will be used in preparing a speakers' packet for use by members. The task force has also identified a listing of specific stresses of women patients and the ability of family physicians to meet those needs.

- Expressed appreciation to BOD for prompt formation of the AD HOC Task Force on Women in Family Practice. (83)

WOMEN'S HEALTH ISSUES

- Recommended the CRSA/AAFP approve the provision of plenary sessions at the Annual Scientific Assemblies, with CME credit, on issues related to women's health. (97)

Referred to Committee on Scientific Program. The CSP will plan plenary sessions on women's health issues for the 1999 Assembly. Three lectures specific to women's health will be given at the 1998 Assembly.

- Recommended the AAFP encourage its members to educate all women, particularly African American women, about breast disease and encourage continued research to determine the appropriate age and method to initiate breast cancer screening with an emphasis on studying the African American female population. (99)

Referred to the Commission on Clinical Policies and Research. The CCPR adopted a motion to conduct a literature search on mammography screening for this population. The commission also shared the resolution with AAFP related research groups such as the Center for Primary Care Research of the Agency for Healthcare Research and Quality.

- Recommended the AAFP encourage expanded education of women members of underserved populations about screening and treatment of breast cancer. (00)

Referred to the Commission on Public Health. CPH requested the Patient Education Conference Steering Committee seek opportunities to address this issue.

- Recommended the Commission on Education investigate and consider wider dissemination of information on inflammatory breast cancer including, but not limited to, monographs, written journal articles and Annual Scientific Assembly and National Conference of Family Medicine Residents and Medical Students workshops. (05)

WOMEN'S HEALTH ISSUES (Continued)

Referred to the Commission on Science and the Commission on Continuing Professional Development. The COS accepted this resolution for information. The commission did not feel it was necessary, at this time, to develop any practice guidelines on this subject.

The COCPD recommended that this topic be integrated into current AAFP CME activities and that it be considered as a topic for the 2007 Scientific Assembly.

- Recommended the AAFP investigate existing postpartum depression guidelines in order to determine the applicability in family medicine in hopes of developing clinical practice guidelines for resident and physician providers. (06)

Referred to the Commission on Science. The COS accepted this resolution for information. The COS noted that a study is underway in the AAFP National Research Network on postpartum depression and screening tools and tests are currently available.

WOMEN'S HEALTH SUBSPECIALTY

- Recommended the AAFP/CRSA oppose the development of a separate medical specialty in women's health and actively support increased public awareness of the quality of training family physicians in the area of women's healthcare. (98)

Referred to the Committee on Communications. It was the consensus of the COC that this is current policy.

WORKING GROUPS

- Recommended that the CRSA investigate the feasibility of creating informal student and resident working groups that have continuity over the year between NCFPR/NCSM meetings, and that these groups would include rural health, minority issues, managed care, GLBT issues, underserved and whatever groups that students and residents would consider appropriate. (95)

Accepted for information and will be highlighted in the Chair's newsletter.

WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA)

- Recommended the AAFP investigate the creation of a triennial resident and student research competition in international health, where the winners of the competition would be awarded sufficient funds to attend the next triennial World Organization of Family Doctors (Wonca) World Congress. (02)

Referred to the Commission on Education. The COE received this resolution for information. It was noted that the organization and funding of research competition that will support resident or student researchers to attend the 2004 WONCA World Congress would require substantial fiscal support for infrastructure and travel support. In the current fiscal climate, stewardship of Academy resources dictates that the COE not recommend such a project. Planning groups currently are seeking multiple other resources to support resident involvement in WONCA 2004.

WORLD PNEUMONIA DAY

- Recommended the AAFP recognize World Pneumonia Day, which is observed on November 12th of each year, and AAFP consider joining the Global Coalition Against Child Pneumonia. (13)

The CHPS determined that joining the coalition is not within the scope of the strategic priorities for the AAFP. Moreover, the AAFP does not promote recognition of various health-related days of observance.