



Student 1 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 30 - August 1, 2015 – Kansas City, MO

RECOMMENDATION: The Student 1 Reference Committee recommends the following consent calendar for adoption:

Item 1: Not Adopt Resolution No. S1-102 “Direct Primary Care Rotation Site List” (p. 1).

Item 2: Adopt Substitute Resolution No. S1-103 “Direct Primary Care CareerLink” (pp. 1-2).

Item 3: Adopt Substitute Resolution No. S1-105 “Support of Electronic Submission of Resolution at National Conference 2016” (pp. 2-3).

Item 4: Adopt Substitute Resolution No. S1-106 “Increasing American Academy of Family Physicians Leadership Pipelines” (p. 3).

Item 5: Adopt Substitute Resolution No. S1-107 “Adopt LGBT as a Standardized Acronym” (p. 4).

Item 6: Not Adopt Resolution No. S1-108 “Advocacy in Support of Safe Anti-Infective Drug Development” (p. 4).

Item 7: Adopt Resolution No. S1-109 “Policy in Support of Safe Anti-Infective Drug Development” (p. 5).

Item 8: Not Adopt Resolution No. S1-110 “Student Liaison to the Latino Medical Student Association” (p. 5).

REAFFIRMATION CALENDAR:

(A) Resolution No. S1-101 “Continued National Conference Presentations of Alternative Primary Care Models” (p. 6).

(B) Resolution No. S1-104 “Latino Medical Student Association-American Academy of Family Physicians Liaison” (p. 6).



Student 1 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
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The Student 1 Reference Committee has considered each of the items referred to it and submits the following report. The committee's recommendations will be submitted as a consent calendar and voted on in one vote. Any item or items may be extracted for debate.

ITEM NO. 1: RESOLUTION NO. S1-102: DIRECT PRIMARY CARE ROTATION SITE LIST

RESOLVED, That the American Academy of Family Physicians create an online list of direct primary care clinics and physicians who are willing to allow residents and students to rotate on site.

The reference committee heard testimony in favor of the resolution, specifically highlighting the growing interest in Direct Primary Care (DPC) as an alternative practice model. The reference committee acknowledged that it would be difficult to develop and keep a directory current. It was noted that the AAFP has DPC toolkit resources available, including a consultation list of practices and vendors that offer services related to starting a DPC practice. This could be one source for identifying and contacting potential mentors. This list could be made available to members on the AAFP website. Another resource for identifying opportunities to gain experience in a DPC practice would be through the AAFP's Direct Primary Care Member Interest Group (MIG). Students can network through the MIG's discussion forums to find opportunities within their specific geographic area of interest.

RECOMMENDATION: The reference committee recommends that Resolution No. S1-102 not be adopted.

ITEM NO. 2: RESOLUTION NO. S1-103: DIRECT PRIMARY CARE CAREER LINK

RESOLVED, That the American Academy of Family Physicians include a category on Career Link specifically designated for direct primary care job opportunities.

The reference committee heard testimony in favor of the resolution. The author of the resolution stated that the AAFP should make it easy for members interested in practicing Direct Primary Care (DPC) to easily search for job opportunities in this area. It would be particularly helpful for graduating residents. The reference committee noted that the AAFP's job search service, CareerLink, currently does not allow members to search for job openings by practice model. The reference committee was unsure as to whether employers would be utilizing such a service to recruit physicians to this type of practice. It was noted that any changes requested to CareerLink would affect the overall platform of the service, which is licensed by organizations

other than the AAFP. The reference committee was in support of the AAFP consulting with current members who are DPC subject matter experts to determine whether they consider CareerLink as a viable resource to recruit physicians to this type of practice model. Based on the feedback received from these members, the AAFP could determine whether to proceed with exploring the modification of CareerLink.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S1-103 be adopted in lieu of Substitute Resolution No. S1-103, which reads as follows:

RESOLVED, That the American Academy of Family Physicians explore the inclusion of a category on CareerLink specifically designated for direct primary care job opportunities.

ITEM NO. 3: RESOLUTION NO. S1-105: SUPPORT OF ELECTRONIC SUBMISSION OF RESOLUTIONS AT NATIONAL CONFERENCE 2016

RESOLVED, That the American Academy of Family Physicians National Conference utilize simple electronic submission forms on the member section of the aafp.org website for all resolutions that can then be made available electronically two weeks prior to National Conference 2016, and be it further

RESOLVED, That the reference committee reports from the National Conference of Family Medical Residents and Medical Students be made available on the member section of the aafp.org website during National Conference.

The reference committee heard testimony in support of the resolution. Several resolution authors testified that there were errors made in their resolutions from submittal to presentation on the reference committee agendas, both in grammar and style. The resolution author also cited concerns with the environmental ramifications from the amount of paper used for resolutions. There was mention of a similar resolution from last year and noted that nothing has changed in the process.

The reference committee noted that reference committee reports are already made available on the AAFP website during the conference. The reference committee believes that students would not submit or access resolutions prior to the conference based on similar scenarios with the National Conference of Constituency Leaders. In addition, the meeting is intended to be a training ground for aspiring leaders, and the ability to write and submit resolutions on site is important to this development. Resolutions may be submitted in advance of the meeting, if members so choose, given that the documents are available online, though this option has never been utilized.

Reference committee discussion centered on efficiencies and time savings for the onsite submission process for resolutions. The reference committee believed that resolutions should be accepted electronically, including but not limited to flash drive and email submission, as opposed to hard copy. This would prevent staff from having to retype each resolution and potentially avoid errors. Resolutions submitted via email would require that the author check in with staff on site to ensure its receipt and to sign the appropriate resolution form.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S1-105 be adopted in lieu of Substitute Resolution No. S1-105, which reads as follows:

RESOLVED, That the American Academy of Family Physicians utilize electronic submission methods for all resolutions submitted to the 2016 National Congress of Family Medicine Residents and National Congress of Student Members.

ITEM NO. 4: RESOLUTION NO. S1-106: INCREASING AMERICAN ACADEMY OF FAMILY PHYSICIANS LEADERSHIP PIPELINES

RESOLVED, That the American Academy of Family Physicians offer a leadership workshop at its National Conference of Family Medicine Residents and Medical Students for students and residents interested in exploring leadership roles, and be it further

RESOLVED, That the American Academy of Family Physicians increase the dissemination of publicity materials before the National Conference of Family Medicine Residents and Medical Students that promote student and resident members to join commissions, reference committees, and run for local delegate and national level positions, and be it further

RESOLVED, That the American Academy of Family Physicians also offer a leadership workshop at its National Conference of Family Medicine Residents and Medical Students for under-represented populations.

The reference committee heard testimony in support of the resolution. While there are many leadership opportunities at the National Conference of Family Medicine Residents and Medical Students, many attendees are unaware of how easy it is to get involved and would benefit from more exposure to information about these opportunities. The reference committee noted that the AAFP publicizes leadership opportunities in many ways, including on the AAFP website, in the student and resident e-newsletters, through the Family Medicine Interest Group (FMIG) network, and through AAFP chapters, and faculty. An informational video of current AAFP student and resident leaders sharing their experiences was also released via email to encourage students and residents to pursue leadership opportunities. The reference committee noted that the number of student and resident leadership position applicants has steadily increased since 2013, demonstrating the effectiveness of the AAFP's communication efforts. The reference committee believed there was value in including information about student and resident leadership opportunities in the first-time attendee orientation session at the National Conference of Family Medicine Residents and Medical Students.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S1-106 be adopted in lieu of Substitute Resolution No. S1-106, which reads as follows:

RESOLVED, That the American Academy of Family Physicians include information on leadership opportunities at the first-time attendee orientation for the National Conference of Family Medicine Residents and Medical Students.

ITEM NO. 5: RESOLUTION NO. S1-107: ADOPT LGBT AS A STANDARDIZED ACRONYM

RESOLVED, That the American Academy of Family Physicians (AAFP) shall adopt the unified terminology 'LGBT' as the abbreviation for the lesbian, gay, bisexual, and transgender community at all levels of the organization by updating all AAFP documents.

The reference committee heard testimony in support of the resolution. The author made note that the commonly accepted acronym for the community is LGBT as opposed to GLBT, currently used by the AAFP. Additional testimony indicated that the revision to the acronym should also include 'Q' for queer.

The reference committee believed that it would be good for the AAFP to be consistent with other organizations as far as reordering the acronym. They also believed that adding the 'Q' would be a step toward further inclusivity with the constituency.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S1-107 be adopted in lieu of Substitute Resolution No. S1-107, which reads as follows:

RESOLVED, That the American Academy of Family Physicians (AAFP) use the terminology 'LGBTQ' as the abbreviation for the lesbian, gay, bisexual, transgender, and queer community at all levels of the organization.

ITEM NO. 6: RESOLUTION NO. S1-108: ADVOCACY IN SUPPORT OF SAFE ANTI-INFECTIVE DRUG DEVELOPMENT

RESOLVED, That the American Academy of Family Physicians support ensuring strong Food and Drug Administration standards for approval of new antibiotic and antifungal agents including superiority trials, and be it further

RESOLVED, That the American Academy of Family Physicians lobby federal legislators to oppose the passage of any bill or elements of a bill that would induce the Food and Drug Administration to alter its anti-infective drug approval process so that it relies upon data obtained from non-inferiority trials or surrogate non-clinical endpoints rather than clinical outcomes of randomized controlled trials in humans demonstrating superiority of novel drugs versus comparator drugs.

The reference committee heard testimony from the author asking that the AAFP lobby federal legislators to oppose the passage of any bill or elements of a bill that would result in the Food and Drug Administration altering its anti-infective drug approval process. The reference committee recognized the significance of this issue; however, it was noted that the AAFP should first develop a policy addressing the approval process for anti-infective drugs before lobbying federal legislators for support.

RECOMMENDATION: The reference committee recommends that Resolution No. S1-108 not be adopted.

ITEM NO. 7: RESOLUTION NO. S1-109: POLICY IN SUPPORT OF SAFE ANTI-INFECTIVE DRUG DEVELOPMENT

RESOLVED, That the American Academy of Family Physicians support ensuring strong Food and Drug Administration standards for approval of new antibiotic and antifungal agents including superiority trials, and be it further

RESOLVED, That the American Academy of Family Physicians develop a policy that the Food and Drug Administration's antibiotic approval process rely upon the clinical outcomes of randomized controlled trails in humans demonstrating superiority of novel drugs versus comparator drugs rather than data obtained from non-inferiority trials or surrogate non-clinical endpoints.

The reference committee heard limited testimony in favor of the resolution asking that the AAFP support strong Food and Drug Administration standards for approval of new antibiotic and antifungal agents and develop a policy related to this approval process. The reference committee applauded the intent of the resolution and agreed that because the AAFP currently does not have a policy on this issue, one should be developed.

RECOMMENDATION: The reference committee recommends that Resolution No. S1-109 be adopted.

ITEM NO. 8: RESOLUTION NO. S1-110: STUDENT LIAISON TO THE LATINO MEDICAL STUDENT ASSOCIATION

RESOLVED, That the American Academy of Family Physicians create an elected position titled "Student Liaison to the Latino Medical Student Association" with the same duties and responsibilities as the Student Liaison to the Student National Medical Association.

The reference committee heard testimony in favor of the resolution. Testimony noted that the Latino population is the fastest growing demographic in the United States and that the AAFP should be actively engaged in conversations with underrepresented groups such as this, similar to that with the Student National Medical Association (SNMA).

The reference committee believes this resolved clause is already being addressed by Resolution S1-104 and did mention that this would be an appointed position similar to that of the SNMA liaison, not elected.

RECOMMENDATION: The reference committee recommends that Resolution No. S1-110 not be adopted.

REAFFIRMATION CALENDAR

The following items A and B are presented by the Reference Committee on the Reaffirmation Calendar. Testimony in the Reference Committee hearing and discussion by the Reference Committee in Executive Session concurred that the resolutions presented in Items A and B are current policy or are already addressed in current projects. At the request of the National Congress of Student Members, any item may be taken off the Reaffirmation Calendar for an

individual vote on that item. Otherwise, the Committee will request approval of the Reaffirmation Calendar in single vote.

(A) Resolution No. S1-101 entitled, "Continued National Conference Presentations of Alternative Primary Care Models," the resolved portion which reads as printed below:

RESOLVED, The American Academy of Family Physicians continue to present new, innovative, and alternative primary care provider practice models at the National Conference of Family Medicine Residents and Medical Students.

The reference committee heard testimony from the author in favor of the resolution. The AAFP has already begun to offer programming on new, innovative, and alternative primary care practice models at the National Conference of Family Medicine Residents and Medical Students. Additional testimony noted that a call for session proposals is currently distributed primarily to academic settings. Staff will investigate the feasibility of doing a wider call for session proposals to potentially reach various practice model providers, including but not limited to the Member Interest Group-Direct Primary Care.

(B) Resolution No. S1-104 entitled, "Latino Medical Student Association-American Academy of Family Physicians Liaison," the resolved portion which reads as printed below:

RESOLVED, That the American Academy of Family Physicians (AAFP) and provide to its membership the status of the potential collaboration between Latino Medical Student Association (LMSA) and family medicine interest groups and the creation of a LMSA-AAFP liaison.

The reference committee heard testimony from the author in favor of the resolution. Testimony made reference to Resolution No. S1-100 from the 2013 National Congress of Student Members asking for a liaison to the Latino Medical Student Association (LMSA) and stated that there seems to have been no progress on this effort. The author requested an update on current status.

The AAFP Commission on Education's Subcommittee on Resident and Student Issues agreed with the 2013 resolution with modification to explore creation of an LMSA-AAFP liaison and to explore family medicine interest group collaboration with LMSA chapters in community development activities. Since this resolution was adopted, the AAFP has increased its support of LMSA, which is part of the process of vetting additional opportunities with the organization. For the first time this year, the AAFP sponsored the LMSA National Conference and sent staff to the conference to attend, learn about the organization, and exhibit to students there. LMSA does not provide much information on its website (size of the organization, membership make-up, etc.), so attending the conference was one way to learn about the organization, its members, its goals, and its current initiatives. The reference committee believed this is necessary to determine the right kind of collaboration moving forward.

Staff will also investigate the feasibility of including an article with a status update on the creation of an LMSA liaison position in the student e-newsletter and a potential update on the topic through the national FMIG coordinator.

285 RECOMMENDATION: The Reference Committee recommends that Items A and B on the
286 Reaffirmation Calendar be approved as current policy or as already being addressed in
287 current projects.

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289 I wish to thank those who appeared before the reference committee to give testimony
290 and the reference committee members for their invaluable assistance. I also wish to
291 commend the AAFP staff for their help in the preparation of this report.

292 Respectfully submitted,

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