



<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 12	Opposition to Non-Evidence Based Changes to Resident Work Hours
2. Resolution No. 19	Expanding Rural Medical Student Opportunities
3. Resolution No. 22	Promoting Family Medicine Early in Medical School
4. Resolution No. 23	Minority Mentoring Action
5. Resolution No. 30	AAFP: Front Lines on the War On Drugs
6. Resolution No. 34	Facilitation of Electronic Medical Record (EMR) Implementation
7. Resolution No. 35	Procedures Training in Residency Programs
8. Resolution No. 36	Online Recruitment and Marketing
9. Resolution No. 39	Increasing Patient-Centered Medical Home Exposure and Training During Residency
10. Resolution No. 41	On-Line Health Information Portability and Accountability Act (HIPAA) Training for Clinical Precepting
11. Resolution No. 42	Addressing the Stigma of Mental Health Among Minority Communities
12. Resolution No. 43	Enhanced Education for Family Physicians in End-of-Life Patient Education
13. Resolution No. 44	Minority Representation in U.S. Medical Schools
14. Resolution No. 46	Increasing Education on Integrative Medicine Modalities for Family Physicians and their Patients
15. Resolution No. 48	Advocacy on Behalf of Family Medicine Programs Facing Closure



AAFP

Education Reference Committee Agenda

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

- 16. Resolution No. 52 Chronic Pain Management

- 17. Resolution No. 57 AAFP Endorsement of an International Medical Graduate
Family Medicine Interest Group

- 18. Resolution No. 60 International Medical Graduates as a Work Force in Family
Medicine Residencies

- 19. Resolution No. 62 Reproductive Health Education



Resolution No. 12

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Opposition to Non-Evidence Based Changes to Resident Work Hours

2

3 Submitted by: James Gainey, MD, New Physician

4 Kevin Wang, MD, FAAFP, New Physician

5 Greg Asbury, MD, New Physician

6

7 WHEREAS, The Residency Review Committee for Family Medicine (RRC) and Institute of
8 Medicine (IOM) are considering further limitations of resident work hours, and

9

10 WHEREAS, there is evidence showing no benefit to current work hour limitations in patient
11 outcomes, and

12

13 WHEREAS, there is evidence showing detriment to resident education due to current work hour
14 regulations, and

15

16 WHEREAS, the cost to smaller residency programs would be catastrophic if these
17 recommendations were enforced, and

18

19 WHEREAS, the American Academy of Family Physicians (AAFP) has written a joint statement with
20 other family medicine associations opposing said recommendations, now, therefore, be it

21

22 RESOLVED, that the American Academy of Family Physicians (AAFP) adopt a policy opposing
23 further resident work hour restrictions in the absence of evidence-based literature supporting these
24 limitations, in addition to the existing joint statement with other Family Medicine associations
25 opposing the recent Institute of Medicine (IOM) report recommending further restrictions of resident
26 duty hours.



Resolution No. 19

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Expanding Rural Medical Student Opportunities

2

3 Submitted by: Suzanne Human, MD, Women
4 Julie Sicilia-May, MD, Women

5

6 WHEREAS, There is a need for more family physicians in rural areas, and

7

8 WHEREAS, medical schools that have adopted student rural experience into their program
9 have higher levels of graduates going into primary care and family medicine in particular, (such
10 as the Rural Physician Associate Program at the University of Minnesota and the WWAMI Rural
11 Immersion Training Experience Program through the University of Washington and the Leroy
12 Rogers Summer Externship Program in Ohio), now, therefore, be it

13

14 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage medical
15 schools to educate medical students by establishing mentoring programs that allow students to
16 work with practicing family physicians, and be it further

17

18 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage
19 establishment of medical student experiences and other medical schools including expansion of
20 programs that already exist and encourage networking and peer support among those rural
21 network preceptors.



Resolution No. 22

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Promoting Family Medicine Early in Medical School

2

3 Submitted by: Paula Hayes, MD, New Physician
4 Christine Albrecht, MD, New Physician
5 Chris Lupold, MD, New Physician

6

7 WHEREAS, There is a decrease in the number of U.S. medical graduates choosing family
8 medicine as a specialty, and

9

10 WHEREAS, the need for family medicine physicians is ever increasing, and

11

12 WHEREAS, many medical students have already made their specialty choice by the time they are
13 in the third year of medical school, now, therefore, be it

14

15 RESOLVED, That the American Academy of Family Physicians (AAFP) continue to promote family
16 medicine during the first and second year of medical school, and be it further

17

18 RESOLVED, That the American Academy of Family Physicians (AAFP) specifically address the
19 myth that family medicine requires decreased academic requirements and abilities through
20 appropriate articles on the Family Medicine Interest Group (FMIG) web site.



Resolution No. 23

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Minority Mentoring Action

2

3 Submitted by: Tricia C. Elliott, MD, FAAFP, Minority
4 Robyn Chatman, MD, FAAFP, Minority
5 Kimberly Bibb, MD, Minority
6 Rahshana Price-Isuk, MD, Minority

7

8 WHEREAS, The minority mentoring tools resolution was passed in 2008 and was not inclusive
9 of minority faculty development regarding mentoring skills, recruitment/retention of minority
10 residency faculty, and specific pairing of minority family physicians with prospective students of
11 all ages, and

12

13 WHEREAS, current mentoring programs are insufficient, and

14

15 WHEREAS, increasing minority representation in the specialty of family medicine is crucial to
16 the survival of the specialty, and

17

18 WHEREAS, it is well established that minority physicians are more likely to practice in
19 communities that reflect their ethnic background, now, therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) implement programs that
22 address minority faculty development regarding mentoring skills, recruitment/retention of
23 minority residency faculty, and specific pairing of minority family physicians with prospective
24 students of all ages, and be it further

25

26 RESOLVED, This resolution, once adopted, be forwarded to the 2009 AAFP Congress of
27 Delegates.



Resolution No. 30

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 AAFP: Front Lines on the War On Drugs

2

3 Submitted by: Bernard Richard, MD, Minority
4 Michelle Apiado, MD, Minority
5 Vanaja Mudunuri, MD, FAAFP, Minority
6 Tess Garcia, MD, Minority

7

8 WHEREAS, The United States of America (U.S.A.) is losing the war on drugs, and

9

10 WHEREAS, the U.S.A.'s demand for illicit drugs is fueling violent crimes in our country as well
11 as that of our neighbors, such as Mexico, and

12

13 WHEREAS, efforts are being made to provide health care to all Americans, many of whom will
14 have drug addiction and dependence, and

15

16 WHEREAS, family medicine should be at the forefront of addictions treatment, now, therefore
17 be it

18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that
20 residency programs provide a comprehensive curriculum in addiction medicine, and be it further

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) provide evidence-based
23 educational material to its members addressing appropriate office-based and hospital-based
24 treatment for addictions and dependence, and be it further

25

26 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for
27 appropriate payment for services regarding addiction treatment.



Resolution No. 34

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Facilitation of Electronic Medical Record (EMR) Implementation

2

3 Submitted by: Richard Hendrix, MD, New Physicians

4

Kevin Wang, MD, New Physicians

5

Greg Asbury, MD, FAAFP, New Physicians

6

7 WHEREAS, Electronic medical record (EMR) is an integral part of the medical home, and

8

9 WHEREAS, communication between physician to physician EMRs enhance continuity of patient
10 care, and

11

12 WHEREAS, communication between hospital to physician EMRs enhance patient safety and
13 continuity of patient care, and

14

15 WHEREAS, EMR in the office is part of the government's future mandate for electronic health
16 records, and

17

18 WHEREAS, the American Academy of Family Physicians (AAFP) already provides a review of
19 Center for Health Information Technology (CHIT) EMRs to active members, now, therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) support government
22 funding, to include grants, loans, etc., for electronic medical record (EMR) implementation in all
23 healthcare settings, and be it further

24

25 RESOLVED, That the American Academy of Family Physicians (AAFP) provide a user-friendly
26 listing of financial incentives for implementing an electronic medical record (EMR), whether
27 through government programs, member discounts, etc.



Resolution No. 35

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Procedures Training in Residency Programs

2

3 Submitted by: Ozioma Evans-Nwosu, MD, Minority

4 Kimberly Bibb, MD, Minority

5 Tricia C. Elliott, MD, FAAFP, Minority

6

7 WHEREAS, Most residency programs currently set their own “core” set of procedures, as
8 required by the Accreditation Council for Graduate Medical Education (ACGME), and do not
9 have a nationally standardized approach to teaching and training residents on procedures, and

10

11 WHEREAS, there is variability across family medicine residency programs with regards to ability
12 to train residents in procedures, and

13

14 WHEREAS, there is a need for family physicians to learn basic and advanced procedures to
15 improve overall patients’ access to and quality of care, as well as improve payment for family
16 physicians,

17

18 WHEREAS, the cost for structured basic and advanced procedures training can be prohibitive
19 for residents and residency programs, now, therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP), in partnership with the
22 Accreditation Council on Graduate Medical Education (ACGME) Residency Review Committee
23 for Family Medicine, the Society of Teachers in Family Medicine (STFM), and the Association of
24 Family Medicine Residency Directors (AFMRD), encourage the adoption of a standardized
25 “core” set of required procedures that all family medicine residents be required to complete
26 during training, and be it further

27

28 RESOLVED, That the American Academy of Family Physicians (AAFP) support procedures
29 training in each family medicine residency program by providing affordable on-line and on-site
30 access to the National Procedures Institute (NPI) courses and curriculum for residents and
31 faculty.



Resolution No. 36

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Online Recruitment and Marketing

2

3 Submitted by: Russell Kohl, MD, New Physicians
4 Renee Poole, MD, New Physicians
5 Shana Ntiri, MD, New Physicians

6

7 WHEREAS, The American Academy of Family Physicians (AAFP) is engaged in a
8 comprehensive marketing campaign targeting policy and opinion leaders throughout the United
9 States, and

10

11 WHEREAS, the AAFP has long focused on ensuring the future of family medicine through focus
12 upon medical student recruitment, and

13

14 WHEREAS, the “pipeline principle” of family medicine workforce development identifies an
15 untapped market of high school and undergraduate college students who are a more “tech
16 savvy” generation, yet our current marketing strategy is focused upon traditional marketing
17 venues, and

18

19 WHEREAS, online information distribution can be accomplished with minimal fiscal impact now,
20 therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) utilize audio, video and
23 textual online resources, such as YouTube, Facebook, and Twitter, as a means to recruit future
24 family physicians and increase awareness of the breadth of the specialty



Resolution No. 39

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Increasing Patient-Centered Medical Home Exposure and Training During Residency

2

3 Submitted by: Risheet Patel, MD, New Physicians

4 Mark Johnson, MD, New Physicians

5

6 WHEREAS, The American Academy of Family Physicians' (AAFP) *Health Care for All* policy has
7 the patient-centered medical home model as its foundation, and

8

9 WHEREAS, the American Board of Family Medicine, the Association of Family Medicine
10 Residency Directors, and TransforMed have all independently lobbied the Accreditation Council for
11 Graduate Medical Education (ACGME) without much success to be flexible in implementing
12 patient-centered medical home training in the residency curriculum, and

13

14 WHEREAS, practice management education, including the patient-centered medical home, is in
15 increasing demand, especially among new physicians, and

16

17 WHEREAS, the ACGME's requirement for residents to perform 1,650 patient encounters while in
18 residency is arbitrary and limits the ability of residencies to implement the patient-centered medical
19 home in their training programs, now, therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) Board of Directors
22 independently engage the Accreditation Council for Graduate Medical Education (ACGME) to
23 overcome barriers to implementation of the patient-centered medical home in residency training,
24 and be it further

25

26 RESOLVED, That the American Academy of Family Physicians (AAFP) engage the Association of
27 Family Medicine Residency Directors (AFMRD) to include more training of the patient-centered
28 medical home in their practice management curriculum.



Resolution No. 41

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 On-Line Health Information Portability and Accountability Act (HIPAA) Training for Clinical
2 Precepting

3
4 Submitted by: Mark Ryan, MD, FAAFP, New Physician
5 Spencer Gainey, MD, New Physician
6

7 WHEREAS, The primary care workforce is inadequate to address current medical care needs
8 and this is expected to worsen, and
9

10 WHEREAS, developing interest in family medicine should begin as early as possible, such as
11 high school and college students with health careers interest, and
12

13 WHEREAS, the Health Information Portability and Accountability Act (HIPAA) includes patient
14 information privacy protections which may limit the ability of family physicians to mentor
15 individuals who have not completed HIPAA training, now, therefore, be it
16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) should identify or create
18 resources for students interested in medical fields seeking clinical exposure options to become
19 Health Information Portability and Accountability Act (HIPAA) compliant, and be it further
20

21 RESOLVED, That the Health Information Portability and Accountability Act (HIPAA) compliancy
22 options be made freely available to the American Academy of Family Physicians (AAFP)
23 member physicians through the AAFP website.



Resolution No. 42

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Addressing the Stigma of Mental Health Among Minority Communities

2
3 Submitted by: Beulette Hooks, MD, FAAFP, Minority
4 Michelle Apiado, MD, Minority
5 Vanaja Mudunuri, MD, FAAFP, Minority
6 Tess Garcia, MD, Minority
7

8 WHEREAS, The United States of America is a melting pot of many cultures and communities,
9 and

10
11 WHEREAS, there exist among many minority and immigrant communities a stigma about
12 mental illness that results in their not seeking care often with disastrous results, now, therefore,
13 be it

14
15 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for education
16 of its members about the stigma of mental illness in minority and immigrant communities, and
17 be it further

18
19 RESOLVED, That the American Academy of Family Physicians (AAFP) educate its members on
20 how to recognize the subtle signs of depression in minority and immigrant patients and to
21 facilitate communication between the doctor and patient regarding potential for depression or
22 other mental illnesses, and be it further

23
24 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a campaign to
25 educate minority and immigrant communities about mental health in an effort to erase the
26 stigma of mental illness so that they might be more willing to seek medical help in times of need.



Resolution No. 43

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Enhanced Education for Family Physicians in End-of-Life Patient Education

2

3 Submitted by: Kelly Jones, MD, Women

4

Barbara Doty, MD, Women

5

Juliemarie Sicilia-May, MD, Women

6

7 WHEREAS, Research shows only a minority of patients have advanced directives leaving their
8 loved ones to make end of life decisions, and

9

10 WHEREAS, patients dying from chronic illness have many concerns and unmet clinical needs,
11 and

12

13 WHEREAS, many physicians are frustrated by the lack of resources available and have difficulty
14 in talking openly with patients and their families regarding the palliative nature of their treatment,
15 and

16

17 WHEREAS, an earlier and more effective implementation of the palliative care approach is
18 necessary if the needs of patients in the final stages of chronic illness are to be adequately
19 addressed, now, therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) designate “End-of-Life
22 and Palliative Care” as a future Annual Clinical Focus (ACF) topic.



Resolution No. 44

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Minority Representation in U.S. Medical Schools

2
3 Submitted by: Cynthia Fisher, MD, FAAFP, Minority
4 Robyn Chatman, MD, FAAFP, Minority

5
6 WHEREAS, The expansion of our medical schools in response to a national shortage of
7 physicians offers an opportunity to produce a diverse physician workforce more representative
8 of underserved populations, and

9
10 WHEREAS, the nation's health professions have not kept pace with the changing
11 demographics, contributing to disparities in access to care and health outcomes, and

12
13 WHEREAS, health services research has shown that minority health professionals are more
14 likely to serve minority and medically underserved populations, and

15
16 WHEREAS, exposure to classmates, faculty and colleagues of diverse ethnic backgrounds will
17 enhance the cultural education of medical students, and

18
19 WHEREAS, the Liaison Committee on Medical Education (LCME) takes the issue of diversity
20 seriously and issued standard IS-16 stating that "each medical school must have policies and
21 practices to achieve appropriate diversity among its students, faculty, staff, and other members
22 of its academic community, and must engage in ongoing, systematic and focused efforts to
23 attract and retain students, faculty, staff and others from demographically diverse backgrounds",
24 now, therefore, be it

25
26 RESOLVED, That the American Academy of Family Physicians (AAFP) review medical schools'
27 implementation of LCME Standard IS-16 and the results be reported no later than the 2010
28 Annual Meeting of the AAFP House of Delegates with annual reports to follow to ensure
29 continued compliance.

30
31 Fiscal Note: \$1,100.00



Resolution No. 46

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Increasing Education on Integrative Medicine Modalities for Family Physicians and their Patients

2

3 Submitted by: Jay Poonkasem, MD, New Physician

4 Christie Sain, MD, New Physician

5 Charles Pastor, MD, New Physician

6 Maren Dunn, DO, New Physician

7 Tobie-Lynn Smith, MD, New Physician

8
9 WHEREAS, Demand for and use of integrative medicine modalities by patients is increasing, and

10
11 WHEREAS, the majority of patients and family medicine physicians have limited knowledge and
12 under-appreciate integrative medicine modalities and their therapeutic uses, and

13
14 WHEREAS, many patients use integrative medicine modalities in lieu of pharmaceuticals to avoid
15 side-effects, polypharmacy, and restrictive costs, and

16
17 WHEREAS, integrative medicine modalities can provide a less invasive and more accessible
18 adjunct to traditional medical therapies, and

19
20 WHEREAS, the current American Academy of Family Physicians (AAFP) policy states that “the
21 AAFP believes that physicians can best serve their patients by recognizing and acknowledging the
22 availability of such alternatives and by educating themselves concerning these non-traditional
23 methods of healing in order to facilitate appropriate education, treatment and counseling of patients
24 and consumers,” now, therefore, be it

25
26 RESOLVED, That in support of the existing American Academy of Family Physicians (AAFP)
27 Complementary Practice Policy, the AAFP provide more comprehensive education in AAFP
28 publications, lectures, and/or electronic media to AAFP members and patients on integrative
29 medicine modalities including, but not limited to, acupuncture, osteopathic manipulative therapy,
30 nutrition, massage therapy, biofeedback and mind-body medicine.



Resolution No. 48

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Advocacy on Behalf of Family Medicine Programs Facing Closure

2

3 Submitted by: Tricia Elliott, MD, FAAFP, Minority
4 Cynthia Fisher, MD, FAAFP, Minority

5

6 WHEREAS, There is a shortage of family physicians in the United States, and

7

8 WHEREAS, retention and training of family medicine residents and family physicians is crucial
9 to the health care system workforce and overall health of our communities, and

10

11 WHEREAS, residency programs threatened with closure face pressures and challenges when
12 negotiating with hospitals, accreditation organizations, and medical schools, and

13

14 WHEREAS, several residency programs have closed this past year and others are at risk, now,
15 therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) and constitute chapters
18 advocate and negotiate for the preservation of family medicine residency programs facing
19 closure.



Resolution No. 52

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Chronic Pain Management
2

3 Submitted by: Beulette Hooks, MD, FAAFP, Minority
4 Tess Garcia, MD, Minority
5 Bernard Richard, MD, Minority
6

7 WHEREAS, Many Americans are faced with chronic non-cancer pain, and
8

9 WHEREAS, there is little education within family medicine residency programs on chronic pain
10 management, including the appropriate use of narcotic medication in the treatment of pain, and
11

12 WHEREAS, the physician who chooses to manage chronic pain with narcotic pain medication
13 often falls under intense scrutiny of state narcotic agencies, and
14

15 WHEREAS, no organization has developed comprehensive standards and guidelines for the
16 treatment of chronic non-cancer pain, and
17

18 WHEREAS, there is a growing problem with prescription narcotic abuse which further makes
19 the individual physician fearful of providing pain control, now, therefore, be it
20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) provide continuing
22 medical education on the treatment of chronic non-cancer pain, and be it further
23

24 RESOLVED, That the American Academy of Family Physicians (AAFP) urge the National
25 Institutes of Health to develop comprehensive guidelines for the treatment of chronic non-cancer
26 pain.



Resolution No. 57

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 AAFP Endorsement of an International Medical Graduate Family Medicine Interest Group

2

3 Submitted by: Asim Jaffer, MD, IMG

4 Russell Perry, MD, FAAFP, IMG

5 Ratna Palakodeti, MD, IMG

6

7 WHEREAS, U.S. medical schools offer family medicine interest groups (FMIGs) to their medical
8 students to promote and foster an interest in family medicine, and

9

10 WHEREAS, 48.7% of family medicine PGY-1 positions in 2009 were filled by international
11 medical graduates (IMGs), and

12

13 WHEREAS, a great majority of international medical graduates show interest in primary care
14 including family medicine, and

15

16 WHEREAS, without such programs available to international medical graduates, those
17 interested in family medicine may choose other primary care specialties, and

18

19 WHEREAS, there is no similar interest group available for international medical graduates
20 interested in family medicine, now, therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) will explore the current
23 venues that are available for U.S. medical school graduates interested in family medicine and
24 that similar venues become available for international medical graduates (IMGs) (development
25 of Web site links), and be it further

26

27 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a task force to
28 determine the feasibility of developing the concept of a separate international medical graduate
29 (IMG) family medicine interest group (FMIG).



Resolution No. 60

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 International Medical Graduates as a Work Force in Family Medicine Residencies

2

3 Submitted by: Izabella Musial, MD, FAAFP, IMG

4 Sergio Murillo, MD, IMG

5

6 WHEREAS, Program directors have limited information about International Medical Graduates
7 (IMGs) as a source to fill their program needs, and

8

9 WHEREAS, IMGs are available for consideration to interview for residency candidacies, now,
10 therefore, be it

11

12 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for international
13 medical graduates (IMGs) as a competent work force to reach AAFP's goal to transform health
14 care, and be it further

15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) include a "tab" on its Web
17 site to assist program directors with up-to-date information regarding international medical
18 graduates (IMGs) that may include, but not limited to, World Health Organization (WHO) accredited
19 schools, statistical distribution of residency position assignment per category (international and
20 U.S. medical schools), forums, and blogs.



Resolution No. 62

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Reproductive Health Education

2

3 Submitted by: Safina Koreishi MD, Minority

4 Abbas Hyderi, MD, MPH, Minority

5

6 WHEREAS, Health care disparities exist in reproductive health outcomes for minority and low-
7 income communities, and

8

9 WHEREAS, family physicians are the most common health care providers for minority and low-
10 income communities, and

11

12 WHEREAS, AAFP supports that Family Medicine residents and family physicians have a continual
13 need for reproductive health education, as evidenced by the 2008 AAFP NCSC passing resolution
14 number 21, which states “The AAFP designate reproductive health as a future annual clinical focus
15 topic,” now, therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) support medical student,
18 resident, and family physician training in comprehensive reproductive health education, and let it
19 further be,

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) support medical student,
22 resident, and family physician training in counseling and referral skills regarding all options
23 available to pregnant women.