



AAFP

2009 Consent Calendar for the Reference Committee on Education

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

1 **The Reference Committee on Education recommends the following consent calendar for**
2 **adoption (page numbers indicate page in Reference Committee report):**

3
4 **RECOMMENDATION: The Reference Committee on Education recommends the**
5 **following consent calendar for adoption:**

6
7 **Item 1:** Not Adopt Resolution No. 12 “Opposition to Non-Evidence Based Changes to Resident
8 Work Hours” (p. 1).

9
10 **Item 2:** Adopt Substitute Resolution No. 22 “Promoting Family Medicine Early In Medical
11 School” in lieu of Resolution No. 22 (pp. 1-2).

12
13 **Item 3:** Adopt Substitute Resolution No. 23 “Minority Mentoring Action” in lieu of Resolution No.
14 23 (p. 2).

15
16 **Item 4:** Adopt Resolution No. 30 “AAFP: Front Lines on the War on Drugs” (pp. 2-3).

17
18 **Item 5:** Adopt Substitute Resolution No. 34 “AAFP: Facilitation of Electronic Medical Records
19 (EMR)” in lieu of Resolution No. 34 (p. 3).

20
21 **Item 6:** Adopt Substitute Resolution No. 35 “Procedures Training in Residency Programs” in lieu
22 of Resolution No. 35 (p. 4).

23
24 **Item 7:** Adopt Resolution No. 36 “Online Recruitment and Marketing” (p. 4).

25
26 **Item 8:** Not Adopt Resolution No. 39 “Increasing Patient-Centered Medical Home Exposure and
27 Training During Residency” (p. 5).

28
29 **Item 9:** Adopt Substitute Resolution No. 42 “Addressing the Stigma of Mental Health Among
30 Minority Communities” in lieu of Resolution No. 42 (pp. 5-6).

31
32 **Item 10:** Adopt Resolution No. 43 “Enhanced Education for Family Physicians in End-of-Life
33 Patient Education” (p. 6).

34
35 **Item 11:** Adopt Substitute Resolution No. 44 “Minority Representation in US Medical Schools” in
36 lieu of Resolution No. 44 (pp. 6-7).

37
38 **Item 12:** Not Adopt Resolution No. 52 “Chronic Pain Management” (p. 7).

39
40 **Item 13:** Not Adopt Resolution No. 57 “AAFP Endorsement of an International Medical
41 Graduate Family Medicine Interest Group” (pp. 7-8).

42



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2009 Consent Calendar for the Reference Committee on Education

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- 1 **Item 14:** Adopt Substitute Resolution No. 60 “International Medical Graduates as a Work Force
- 2 In Family Medicine Residencies” in lieu of Resolution No. 60 (p. 8).
- 3
- 4 **Reaffirmation Calendar** – Reaffirmation of Items A through E under the Reaffirmation Calendar
- 5 (pp. 8-10).



2009 Report of the Reference Committee on Education

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

1 **The Reference Committee on Education has considered each of the items referred to it**
2 **and submits the following report. The Committee's recommendations will be submitted**
3 **as a consent calendar and voted on in one vote. Any item or items may be extracted for**
4 **debate.**

5
6 **ITEM NO. 1: RESOLUTION NO. 12: OPPOSITION TO NON-EVIDENCE BASED CHANGES**
7 **TO RESIDENT WORK HOURS**
8

9 RESOLVED, that the American Academy of Family Physicians (AAFP) adopt a policy
10 opposing further resident work hour restrictions in the absence of evidence-based
11 literature supporting these limitations, in addition to the existing joint statement with other
12 Family Medicine associations opposing the recent Institute of Medicine (IOM) report
13 recommending further restrictions of resident duty hours.
14

15 Mixed testimony was heard regarding this resolution. The authors of the resolution expressed
16 concern that data regarding the impact of work hour restrictions on patient outcomes has not
17 been fully evaluated. Residency program faculty also expressed concern about the time and
18 personnel impact of more stringent guidelines as recommended in the December 2008 Institute
19 of Medicine (IOM) Report. Opponents to this resolution pointed out that evidence about the
20 impact of sleep deprivation in other settings does exist, and that opposing further restrictions of
21 resident duty hours may be perceived as not supporting resident members. The Reference
22 Committee agreed with both perspectives and also reviewed the information submitted by the
23 AAFP and four other family medicine organizations (*AAFP News Now*, 2/24/09) to the
24 Accreditation Council for Graduate Medical Education (ACGME). The Reference Committee
25 believes that this resolution is premature as the ACGME currently is still in the information
26 gathering stage. The AAFP offered specific recommendations to the ACGME in its submitted
27 letter that addresses the intent of this resolution without mandating policy change at this time.
28

29 **RECOMMENDATION: The Reference Committee recommends that Resolution No. 12 not**
30 **be adopted.**

31
32 **ITEM NO. 2: RESOLUTION NO. 22: PROMOTING FAMILY MEDICINE EARLY IN MEDICAL**
33 **SCHOOL**
34

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

38
39 RESOLVED, That the American Academy of Family Physicians (AAFP) specifically
40 address the myth that family medicine requires decreased academic requirements and

1 abilities through appropriate articles on the Family Medicine Interest Group (FMIG) web
2 site.

3
4 The Reference Committee heard testimony in support of this resolution. The Reference
5 Committee acknowledged that the first resolved clause is accomplished through current AAFP
6 policy. The second resolved clause is an admirable idea, and the Reference Committee wished
7 to strengthen the language with the addition of the positive attributes of family medicine.
8

9 **RECOMMENDATION: The Reference Committee recommends that Substitute Resolution**
10 **No. 22 be adopted in lieu Resolution No. 22 which reads as follows:**

11
12 **RESOLVED, That the American Academy of Family Physicians (AAFP) specifically**
13 **address the breadth, depth and academic rigor of the practice of family medicine,**
14 **and address the myths that deter students from choosing the specialty through**
15 **appropriate articles on the Family Medicine Interest Group (FMIG) web site.**
16

17 **ITEM NO. 3: RESOLUTION NO. 23: MINORITY MENTORING ACTION**

18
19 RESOLVED, That the American Academy of Family Physicians (AAFP) implement
20 programs that address minority faculty development regarding mentoring skills,
21 recruitment/retention of minority residency faculty, and specific pairing of minority family
22 physicians with prospective students of all ages, and be it further
23

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

27 Testimony was very supportive of this resolution. Members testified to the need for appropriate
28 minority mentoring tools to support minority student interest and workforce diversity. Some
29 members testified that the tools currently on the web site are not being accessed frequently.
30 The Reference Committee discussed resolutions previously adopted and reviewed available
31 tools and activities currently in progress by the AAFP and the Society of Teachers of Family
32 Medicine (STFM). The Reference Committee believes that additional efforts should be made to
33 investigate the faculty development needs relevant to mentoring and develop appropriate
34 resources to address this need. There is no time imperative for this resolution and the
35 Reference Committee disagreed with referral to the Congress of Delegates.
36

37 **RECOMMENDATION: The Reference Committee recommends that Substitute Resolution**
38 **No. 23 be adopted in lieu of Resolution No. 23 which reads as follows:**
39

40 **RESOLVED, That the American Academy of Family Physicians (AAFP) implement**
41 **programs that address minority faculty development regarding mentoring skills,**
42 **recruitment/retention of minority faculty, and opportunities for specific pairing of**
43 **minority family physicians with prospective students of all ages.**
44

45 **ITEM NO. 4: RESOLUTION NO. 30: AAFP: FRONT LINES ON THE WAR ON DRUGS**

46
47 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that
48 residency programs provide a comprehensive curriculum in addiction medicine, and be it
49 further
50

51 RESOLVED, That the American Academy of Family Physicians (AAFP) provide

1 evidence-based educational material to its members addressing appropriate office-
2 based and hospital-based treatments for addictions and dependence, and be it further
3 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for
4 appropriate payment for services regarding addiction treatment.

5
6 The Reference Committee heard testimony in favor of this resolution. Family physicians are
7 often the primary point of care for patients with substance abuse disorders. Providing additional
8 resources and advocating for appropriate payment are important elements to supporting this
9 care. The Reference Committee also discussed that, while there are numerous resources
10 readily available on the AAFP web site that address screening for substance abuse and
11 identification of patients with addiction disorders, there could be more resources that address
12 evidence-based treatment strategies for addiction disorders. Regarding the first resolved
13 clause, there currently is an AAFP Curriculum Guideline on Substance Use Disorders.

14
15 **RECOMMENDATION: The Reference Committee recommends that the second and third**
16 **resolved clauses of Resolution No. 30 be adopted.**

17
18 **RECOMMENDATION: The Reference Committee recommends that the first resolved**
19 **clause of Resolution No. 22 be reaffirmed.**

20
21 **ITEM NO. 5: RESOLUTION NO. 34: AAFP: FACILITATION OF ELECTRONIC MEDICAL**
22 **RECORD (EMR) IMPLEMENTATION**

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

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

31
32 Testimony was heard in support of this resolution. The author spoke to his interest in
33 implementing an EMR, and was surprised to discover that there are programs available that
34 may assist him in this endeavor. The author also identified the challenges faced by solo
35 physicians who may not have technological resources readily available. The Reference
36 Committee reviewed information currently available on the AAFP web site and identified that the
37 first resolved clause is current policy. The Reference Committee agreed that the resources
38 already available on the AAFP web site could be better publicized, especially in light of recent
39 federal and state government discussions about EMR implementation and offered a substitute
40 resolution to reflect the change.

41
42 **RECOMMENDATION: The Reference Committee recommends that Substitute Resolution**
43 **No. 34 be adopted in lieu of Resolution No. 34 which reads as follows:**

44
45 **RESOLVED, That the American Academy of Family Physicians (AAFP) publicize the**
46 **online resources available on informational websites (e.g., www.centerforhit.org)**
47 **about financial incentives for implementing an electronic medical record (EMR).**
48

1 **ITEM NO. 6: RESOLUTION NO. 35: PROCEDURES TRAINING IN RESIDENCY PROGRAMS**

2
3 RESOLVED, That the American Academy of Family Physicians (AAFP), in partnership
4 with the Accreditation Council for Graduate Medical Education (ACGME) Residency
5 Review Committee for Family Medicine, the Society of Teachers of Family Medicine
6 (STFM), and the Association of Family Medicine Residency Directors (AFMRD),
7 encourage the adoption of a standardized “core” set of required procedures that all
8 family medicine residents be required to complete during training, and be it further
9

10 RESOLVED, That the American Academy of Family Physicians (AAFP) support
11 procedures training in each family medicine residency program by providing affordable
12 on-line and on-site access to the National Procedures Institute (NPI) courses and
13 curriculum for residents and faculty.
14

15 Extensive testimony was heard both in support of and in opposition to this resolution. The
16 author stated that this resolution would standardize procedural training for family physicians and
17 improve credentialing. Additional testimony spoke in support of improving training opportunities
18 and experiences in procedures, and one member briefly discussed a recent article in *Family*
19 *Medicine* that addresses this specific issue. Those opposed to this resolution discussed the
20 regional variations that exist in procedural needs, faculty development, number of procedures
21 needed to gain competency, and concerns that it may be difficult to add this into an already full
22 curriculum. The Reference Committee believes the first resolved clause is currently being
23 addressed and discussed by the AAFP and referred to the Residency Review Committee for
24 Family Medicine (RRC-FM). No additional initiative is indicated at this time. The Reference
25 Committee agreed with the spirit of the second resolved clause but believes that investigation of
26 pricing structure is more appropriate at this time.
27

28 **RECOMMENDATION: The Reference Committee recommends that Substitute Resolution**
29 **No. 35 be adopted in lieu of Resolution No. 35 which reads as follows:**

30
31 **RESOLVED, That the American Academy of Family Physicians (AAFP) investigate**
32 **a reduced pricing structure of procedural training courses for family medicine**
33 **residency programs in order to support procedures training in family medicine**
34 **residencies.**
35

36 **ITEM NO. 7: RESOLUTION NO. 36: ONLINE RECRUITMENT AND MARKETING**

37
38 RESOLVED, That the American Academy of Family Physicians (AAFP) utilize audio,
39 video and textual online resources, such as YouTube, Facebook, and Twitter, as a
40 means to recruit future family physicians and increase awareness of the breadth of the
41 specialty.
42

43 Testimony was heard regarding innovative technologies that may be utilized to more broadly
44 reach medical and premedical students to stimulate interest in family medicine. The Reference
45 Committee discussed materials currently available on the AAFP web site and believed that
46 improving links between AAFP resources and other media outlets would be appropriate.
47

48 **RECOMMENDATION: The Reference Committee recommends that Resolution No. 36 be**
49 **adopted.**
50

1 **ITEM NO. 8: RESOLUTION NO. 39: INCREASING PATIENT-CENTERED MEDICAL HOME**
2 **EXPOSURE AND TRAINING DURING RESIDENCY**

3
4 RESOLVED, That the American Academy of Family Physicians (AAFP) Board of
5 Directors independently engage the Accreditation Council for Graduate Medical
6 Education (ACGME) to overcome barriers to implementation of the patient-centered
7 medical home in residency training, and be it further

8
9 RESOLVED, That the American Academy of Family Physicians (AAFP) engage the
10 Association of Family Medicine Residency Directors (AFMRD) to include more training of
11 the patient-centered medical home in their practice management curriculum.

12
13 Testimony was heard in favor of this recommendation. The coauthors expressed concern that
14 in many residency programs, implementation of Patient Centered Medical Home (PCMH)
15 practices are not in compliance with Residency Review Committee for Family Medicine (RRC-
16 FM) guidelines, which has presented a barrier to program implementation. The Reference
17 Committee acknowledged that as innovations in medical education occur, changes to current
18 guidelines will eventually happen. However, the Accreditation Council for Graduate Medical
19 Education (ACGME) and the AFMRD are not appropriate targets for this action. Current
20 support for residency programs wishing to innovate include: an innovative program waiver from
21 the RRC-FM; AAFP Curriculum Guidelines; and dialogue in national meetings of family
22 medicine educators.

23
24 **RECOMMENDATION: The Reference Committee recommends that Resolution No. 39 not**
25 **be adopted.**

26
27 **ITEM NO. 9: RESOLUTION NO. 42: ADDRESSING THE STIGMA OF MENTAL HEALTH**
28 **AMONG MINORITY COMMUNITIES**

29
30 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for
31 education of its members about the stigma of mental illness in minority and immigrant
32 communities, and be it further

33
34 RESOLVED, That the American Academy of Family Physicians (AAFP) educate its
35 members on how to recognize the subtle signs of depression in minority and immigrant
36 patients and to facilitate communication between the doctor and patient regarding
37 potential for depression or other mental illnesses, and be it further

38
39 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a
40 campaign to educate minority and immigrant communities about mental health in an
41 effort to erase the stigma of mental illness so that they might be more willing to seek
42 medical help in times of need.

43
44 Testimony was universally supportive of this resolution. Members testified that as family
45 physicians care for increasingly diverse populations, new patient education materials must be
46 developed. While the AAFP currently has many resources regarding mental health and has a
47 commitment to providing culturally proficient clinical resources, the stigma of mental illness in
48 immigrant populations has not been sufficiently addressed. This could be accomplished by
49 adding this topic to current continuing medical education (CME) activities. The Reference
50 Committee believed that the AAFP could better accomplish these activities by partnering with
51 other public health organizations.

1 **RECOMMENDATION: The Reference Committee recommends that Substitute Resolution**
2 **No. 42 be adopted in lieu of Resolution No. 42 which reads as follows:**

3
4 **RESOLVED, That the American Academy of Family Physicians (AAFP) educate its**
5 **members about the stigma of mental illness in minority and immigrant**
6 **communities, and be it further**

7
8 **RESOLVED, That the American Academy of Family Physicians (AAFP) educate its**
9 **members on how to recognize the subtle signs of depression in minority and**
10 **immigrant patients and to facilitate communication between the doctor and**
11 **patient regarding the potential for depression or other mental illnesses, and be it**
12 **further**

13
14 **RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate**
15 **with public health agencies to educate minority and immigrant communities about**
16 **mental health in an effort to erase the stigma of mental illness so that they might**
17 **be more willing to seek medical help in times of need.**

18
19 **ITEM NO. 10: RESOLUTION NO. 43: ENHANCED EDUCATION FOR FAMILY PHYSICIANS**
20 **IN END-OF-LIFE PATIENT EDUCATION**

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

24
25 Testimony was heard in support of this resolution. As the population ages and medical
26 technologies continue to advance, it is important that family physicians have appropriate
27 resources for counseling their patients on end-of-life issues. One member pointed out that the
28 public may have an unrealistic understanding of resuscitative measures through inaccurate
29 media portrayals. This would be an appropriate topic for an Annual Clinical Focus (ACF).

30
31 **RECOMMENDATION: The Reference Committee recommends that Resolution No. 43 be**
32 **adopted.**

33
34 **ITEM NO. 11: RESOLUTION NO. 44: MINORITY REPRESENTATION IN U.S. MEDICAL**
35 **SCHOOLS**

36
37 RESOLVED, That the American Academy of Family Physicians (AAFP) review medical
38 schools' implementation of LCME Standard IS-16 and the results be reported no later than
39 the 2010 Annual Meeting of the AAFP House of Delegates with annual reports to follow to
40 ensure continued compliance.

41
42 Mixed testimony was heard on this resolution. Several members expressed the need for this
43 resolution to promote workforce diversity. This would provide information to the AAFP about
44 whether medical schools are in compliance with these recommendations. Those opposed to
45 this resolution were concerned that simply following the data in this report does not
46 appropriately address the issue of low numbers of underrepresented minority applicants to
47 medical schools. The Reference Committee agrees with the intent of the resolution though they
48 questioned how useful this listing might be to the AAFP as it continues efforts to promote
49 workforce diversity. The Reference Committee believes the information from the LCME reports
50 may prove to be worthwhile information that will identify potentially unmet needs for advocacy in
51 the future on behalf of workforce diversity.

1 **RECOMMENDATION: The Reference Committee recommends that Substitute Resolution**
2 **No. 44 be adopted in lieu of Resolution No. 44 which reads as follows:**

3
4 **RESOLVED, That the American Academy of Family Physicians (AAFP) request that a**
5 **study of medical schools' implementation of the Liaison Committee on Medical**
6 **Education (LCME) Standard IS-16 be done by the LCME and the results be available**
7 **to the AAFP membership in 2010 with annual reports to follow to ensure continued**
8 **compliance.**

9
10 **ITEM NO. 12: RESOLUTION NO. 52: CHRONIC PAIN MANAGEMENT**

11
12 RESOLVED, That the American Academy of Family Physicians (AAFP) provide continuing
13 medical education on the treatment of chronic non-cancer pain, and be it further

14
15 RESOLVED, That the American Academy of Family Physicians (AAFP) urge the National
16 Institutes of Health to develop comprehensive guidelines for the treatment of chronic non-
17 cancer pain.

18
19 The Reference Committee heard testimony on this resolution that discussed the importance of
20 family physicians receiving appropriate training in pain management. Members discussed the
21 many guidelines currently in existence and questioned whether the National Institute of Health
22 (NIH) is the appropriate body to develop more specific guidelines. The Reference Committee
23 believes the first resolved clause is current policy as this topic was recently featured in
24 *American Family Physician*, is currently an AAFP Curriculum Guideline, and has been featured
25 in many other AAFP continuing medical education (CME) materials.

26
27 **RECOMMENDATION: The Reference Committee recommends that the first resolved**
28 **clause of Resolution No. 52 be reaffirmed.**

29
30 **RECOMMENDATION: The Reference Committee recommends that the second resolved**
31 **clause of Resolution No. 52 not be adopted.**

32
33 **ITEM NO. 13: RESOLUTION NO. 57: AAFP ENDORSEMENT OF AN INTERNATIONAL**
34 **MEDICAL GRADUATE FAMILY MEDICINE INTEREST GROUP**

35
36 RESOLVED, That the American Academy of Family Physicians (AAFP) will explore the
37 current venues that are available for U.S. medical school graduates interested in family
38 medicine and that similar venues become available for international medical graduates
39 (IMGs) (development of Web site links), and be it further

40
41 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a task
42 force to determine the feasibility of developing the concept of a separate international
43 medical graduate (IMG) family medicine interest group (FMIG).

44
45 The Reference Committee heard mixed testimony on this resolution. The authors testified to
46 the need for credible resources for international medical graduates (IMGs) who wish to train in a
47 family medicine residency program. Members who spoke in opposition to this resolution
48 expressed concern that recruiting IMGs may violate the Melbourne Manifesto adopted by
49 Wonca. Others clarified that the target of this resolution would be IMGs currently living in the
50 United States or US citizens who train in international medical schools. The Reference
51 Committee acknowledged the importance of IMG family physicians, but believed that this

1 resolution would be extremely difficult to implement. The AAFP does not establish Family
2 Medicine Interest Groups (FMIGs) for US students; rather, FMIGs are established within the
3 existing infrastructure of medical education. The AAFP's best opportunity for providing
4 resources to this constituency would be through the Internet. Resources about the specialty of
5 family medicine, the residency application process, and training sites are already available
6 through the AAFP, Virtual FMIG, National Residency Matching Program (NRMP), Educational
7 Commission for Foreign Medical Graduates (ECFMG), and the American Medical Association
8 (AMA).

9
10 **RECOMMENDATION: The Reference Committee recommends that Resolution No. 57 not**
11 **be adopted.**

12
13 **ITEM NO. 14: RESOLUTION NO. 60: INTERNATIONAL MEDICAL GRADUATES AS A**
14 **WORK FORCE IN FAMILY MEDICINE RESIDENCIES**

15
16 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for
17 international medical graduates (IMGs) as a competent work force to reach AAFP's goal to
18 transform health care, and be it further

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

25
26 The Reference Committee heard testimony from residency directors and faculty who expressed
27 concern that standardized tools for the evaluation of the training of international medical
28 graduates (IMGs) are lacking. Additional resources are needed to help residency programs
29 understand the educational status of international medical schools and whether those schools
30 may be on the "black list" of state medical boards. The proposed resolution was too specific as
31 the best tools have not yet been identified. The Reference Committee acknowledged that the
32 Academy advocates for the benefit of all family physicians, not just a single constituency.

33
34 **RECOMMENDATION: The Reference Committee recommends that Substitute Resolution**
35 **No. 60 be adopted in lieu of Resolution No. 60 which reads as follows:**

36
37 **RESOLVED, That the American Academy of Family Physicians (AAFP) investigate**
38 **the development of tools to assist family medicine program directors with up-to-date**
39 **information regarding international medical graduates (IMGs).**

40
41
42 **REAFFIRMATION CALENDAR**

43
44 **The following items A through E, lines 5-45, page 9, and lines 1-10, page 10, are**
45 **presented by the Reference Committee on the Reaffirmation Calendar. Testimony in the**
46 **Reference Committee hearing and discussion by the Reference Committee in Executive**
47 **Session concurred that the resolutions presented in items A through E are current**
48 **policy or are already addressed in current projects. At the request of the NCSC, any item**

1 **may be taken off the Reaffirmation Calendar for an individual vote on that item.**

2 **Otherwise, the Committee will request approval of the Reaffirmation Calendar in a single**
3 **vote.**

- 4
5 (A) Resolution No. 19 entitled, "Expanding Rural Medical Student Opportunities," the
6 resolved portion of which reads as printed below:
7

8 RESOLVED, That the American Academy of Family Physicians (AAFP)
9 encourage medical schools to educate medical students by establishing
10 mentoring programs that allow students to work with practicing family physicians,
11 and be it further
12

13 RESOLVED, That the American Academy of Family Physicians (AAFP)
14 encourage establishment of medical student experiences and other medical
15 schools including expansion of programs that already exist and encourage
16 networking and peer support among those rural network preceptors.
17

- 18 (B) Resolution No. 41 entitled, "On-Line Health Information Portability and
19 Accountability Act (HIPAA) Training for Clinical Precepting"
20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) should
22 identify or create resources for students interested in medical fields seeking
23 clinical exposure options to become Health Information Portability and
24 Accountability Act (HIPAA) compliant, and be it further
25

26 RESOLVED, That the Health Information Portability and Accountability Act
27 (HIPAA) compliancy options be made freely available to the American Academy
28 of Family Physicians (AAFP) member physicians through the AAFP website.
29

- 30 (C) Resolution No. 46 entitled, "Increasing Education on Integrative Medicine
31 Modalities for Family Physicians and their Patients"
32

33 RESOLVED, That in support of the existing American Academy of Family
34 Physicians (AAFP) Complementary Practice Policy, the AAFP provide more
35 comprehensive education in AAFP publications, lectures, and/or electronic media to
36 AAFP members and patients on integrative medicine modalities including, but not
37 limited to, acupuncture, osteopathic manipulative therapy, nutrition, massage
38 therapy, biofeedback and mind-body medicine.
39

- 40 (D) Resolution No. 48 entitled, "Advocacy on Behalf of Family Medicine Programs
41 Facing Closure"
42

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

1 (E) ITEM NO. 19: RESOLUTION NO. 62: AAFP Endorsement of an International
2 Medical Graduate Family Medicine Interest Group

3
4 RESOLVED, That the American Academy of Family Physicians (AAFP) support
5 medical student, resident, and family physician training in comprehensive
6 reproductive health education, and let it further be,
7

8 RESOLVED, That the American Academy of Family Physicians (AAFP) support
9 medical student, resident, and family physician training in counseling and referral
10 skills regarding all options available to pregnant women.
11

12 **RECOMMENDATION: The Reference Committee recommends that Items A through E on**
13 **the Reaffirmation Calendar be approved as current policy or as already being addressed**
14 **in current projects.**

15
16 **I wish to thank those who appeared before our Reference Committee to give testimony**
17 **and the Committee members for their invaluable assistance and to commend the AAFP**
18 **staff for their help in the preparation in this report.**

19
20
21
22
23 Respectfully Submitted,

24
25
26 _____
27 Lesca Hadley, MD, Chair

28
29 Tricia Elliott, MD, FAAFP

30
31 Irina Todorov, MD

32
33 Anne Kittendorf, MD

34
35 Karla Booker, MD

36
37 Joe Freund, MD

38
39 Jeanne Cawse-Lucas, MD (Observer)