AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

National Congress of Family Medicine Residents

Resolutions History:
Recommendations and Actions
1975 – 2016

AMERICAN ACADEMY OF FAMILY PHYSICIANS

NATIONAL CONGRESS OF FAMILY MEDICINE RESIDENTS

Recommendations and Actions

1975 - 2016

This booklet is a compilation of resolutions adopted by the AAFP National Congress of Family Medicine Residents (NCFMR) from 1975 through 2016.

Resolutions adopted by the student congress are *not* AAFP policy. Based on recommendations from the AAFP Commission on Education, NCFMR 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 FAMILY MEDICINE RESIDENTS

RECOMMENDATIONS AND ACTIONS

AAFP COMMISSIONS/COMMITTEES

- Emphasized the importance of continuing the application process for nomination to AAFP national commissions and committees. (75)

- Recommended limiting service period of no more than 2 years as a resident, and no more than 3 years combined as a student and resident, not to include CRSA positions. (80)

  Committee on Resident and Student Affairs received for information, no action taken.

- Recommended that the AAFP take action to encourage constituent chapters, family medicine departments and residency directors to more effectively educate students and residents about the many positions, scholarships and activities available to them through the Academy and actively promote them to residents and students through its website and other resources. (01)

  Referred to the Commission on Resident and Student Issues. CRSI adopted the resolution. An effort is being made to create greater visibility for this information on the Academy's Web site and to better advertise scholarship opportunities especially the National Conference Scholarship Program.

AAFP CONGRESS OF DELEGATES (COD)

- Recommended that the NCFPR/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 has been acted on by the 1993 Congress of Delegates.

AAFP DUES

- Recommended the AAFP investigate how other professional medical organizations structure their first year membership dues. (82)

  CRSA accepted for information, no action taken. Noted this item has been discussed by COMMS and has been rejected for fiscal reasons.

- Recommended that the annual dues form for the AAFP and for the chapters which approve student sponsorship, have a line added offering active members the option of sponsoring one or more students by paying their AAFP and chapter membership, with the appropriate charge added to active members' dues, and with subsequent notification of the members' chapter. (89)

  CRSA accepted for information, no action taken, noting that CCs have already been encouraged to sponsor student members, that many chapters are doing this, and that a process which involves the national Academy dues form would make administration of this program unnecessarily complicated.

AAFP DUES (Continued)

- Recommended the AAFP study and establish a stepwise increase in dues for resident members who are upgraded to active membership status after residency completion in order to alleviate their economic burden and assure retention of Academy membership. (91)

  CRSA recommended the BOD refer to the COMMS that immediate residency graduates be given a first year dues at one-half the current price for the first full year of active membership payable between July and December of the resident year. BOD passed under Consent Calendar.

AAFP FELLOWS

- Recommended that the Pledge of Fellowship for AAFP Degree of Fellow be changed "As a Fellow of the American Academy of Family Physicians, I promise to dedicate myself…to the principles upon which our Academy was founded…to providing comprehensive lifelong care to my patients…to exemplifying the highest traditions of my profession, and …to enhancing my professional skills through continuing medical education. I pledge my commitment to improving the health of my patients, their families, and communities, and to advancing the specialty of Family Medicine, now and in the future." (16)

  Resolution from Congress of Delegates on same topic takes precedence. COD Resolution No. 204 was adopted. All materials have been updated.

AAFP FOUNDATION

- Recommended that the National Congress of Family Practice Residents, with final approval by the AAFP Foundation Board, elect the position of resident member to the American Academy of Family Physicians (AAFP) Foundation Board of Directors bi-annually. (01)

  Referred to the Commission on Resident and Student Issues. CRSI adopted the resolution and recommended that the Board of Directors amend the NCFPR Governing Principles and Rules of Order to add the resident member of the AAFP Foundation Board of Trustees to the elected positions. The provision will become effective in 2004.

AAFP INVESTMENTS

- Recommended that AAFP "develop policy and/or a committee to guide future investment practices" and that the investment goal "be to eliminate investment in companies that produce or utilize tobacco, conflict minerals, conflict diamonds, weapons of war or defense, guns, alcohol, sugar sweetened beverages, fast food companies, candy making companies, fossil fuel companies that do not have clean energy divisions, pharmaceutical companies engaging in unethical price adjustments, and private health insurance." (16)

  Commission on Finance and Insurance Reaffirmed and Accepted for Information the resolution as AAFP addresses this through current policy. The Commission recognizes these are continuing issues and will be mindful of how they will impact the investment portfolio while balancing the AAFP mission and fiduciary responsibility.

AAFP LEADERSHIP DEVELOPMENT

- Recommended the AAFP Board of Directors investigate and develop further strategies for resident and student involvement and leadership development at the national level other than the National Conference of Family Medicine Residents and Medical Students in its current format, and a stated charge of all AAFP commissions and subcommittees within the new governance structure be the mentoring and leadership development of their resident and student members, and chairs of the subcommittees on Resident Issues and Student Issues under the new AAFP Commission on Education be charged to create a leadership development program to replace the current resident and student orientation program conducted at each cluster meeting, and education and training on mentoring and leadership development be included in the AAFP commission chairs' orientation session conducted each year. (05)

  The Board of Directors referred the first, second and third resolved clauses to the Commission on Education. The Board accepted the fourth resolved clause for information and noted that the request could be addressed during the commission chair orientation on December 3, 2005.

  The COE agreed to implement the second resolved. It was noted that the AAFP Division of Medical Education has launched a longitudinal leadership curriculum, conducted in concert with AAFP cluster meetings and the National Conference of Family Medicine Residents and Medical Students. It includes interactive learning experiences, discussion of published materials on leadership and advocacy, and presentations by family medicine leaders. The curriculum also includes instruction in the tenets of leadership as well as practical topics, such as running meetings and presentation techniques.

- Recommended the AAFP investigate the addition of a special session at the opening of the National Conference of Family Medicine Residents and Medical Students to explain the organization and structure of the National Congress of Family Medicine Residents and actively recruit minority residents for leadership positions, and minority award winners be invited to a special session explaining the National Congress of Family Medicine Residents and opportunities for leadership. (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.

AAFP LOGO

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

  No action taken. Congress of Delegates did not adopt.

AAFP MEMBERSHIP

- Continued encouragement of student AAFP membership. (77)

- Recommended recognizing physicians who have been active in the Academy, or who have attained high levels of CME. (80)

  CRSA accepted for information, no action taken.

- Urged all residency programs to provide the first year of AAFP membership to all residents who desire it. (80)

  CRSA adopted substitute recommendation strongly urging all residency programs and constituent chapters to provide introduction to, and encouragement of, membership in AAFP.

- Recommended limiting active AAFP membership for medical school graduates after 1983 to graduates of accredited family practice residency programs. (83)

  Not adopted by COD. However, a resolution was adopted asking appropriate AAFP commissions/committees to study this issue further and report back to the 1984 COD. Bylaws changes were adopted at 1985 COD, and will limit new active membership to family practice residency graduates beginning in 1989.

- Recommended that in addition to the six months of "complimentary" membership for residents completing training in July, the AAFP consider an additional 12 months of reduced membership dues for graduates of an accredited family practice residency program and that the AAFP investigate how other professional medical organizations structure their first-year membership dues. (87)

  The CRSA accepted for information, no action taken, noting that the Commission on Membership and Member Services had previously considered the issue and had rejected the recommendation for fiscal reasons.

- Recommended the NCFPR reaffirm its support of the requirement of the ACGME-approved family practice residency for active membership in the AAFP. Furthermore, the NCFPR opposes membership changes which would dilute the intended effect of the 1985 Congress of Delegates' bylaws amendment requirement ACGME approved family practice residency training for active membership in the AAFP, by allowing non-ACGME approved residency trained physicians engaging in clinical family practice to become members after 1988. (87)

  CRSA accepted this item for information, no action taken, noting statement of support for active membership requirement was supported by NCFPR.

- Recommended the CRSA study the issue of the availability of student membership in AAFP to students in WHO recognized medical schools and report these findings at the next meeting. (89)

  CRSA accepted for information, 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. CRSA referred to COE for consideration of ways in which foreign medical students can access information about family practice training in the United States and/or other information about family practice from the AAFP.

AAFP MEMBERSHIP (Continued)

- Recommended the AAFP affirm the 3-year ACGME-approved residency program in family practice as the pathway to AAFP active membership, and that the AAFP oppose any Bylaws change in the category of active membership within the AAFP, and that the AAFP oppose any Bylaws change in the category of resident membership within the AAFP, and that the AAFP applaud efforts to unify friends of family medicine through pathways other than active membership in the AAFP. (92)

  COD did not adopt.

- Recommended the AAFP adopt policy to create a category of membership entitled "Post-Graduate Student Affiliates" for persons interested in family medicine careers who have received their MD degree, but have not yet entered their post-graduate training, and that the membership of "Post-Graduate Student Affiliate" be for a maximum of two years, with an opportunity to appeal for extension, and that they pay the student membership fee. (92)

  Referred to Commission on Membership and Member Services. This item was then referred to the AAFP Board of Directors where a motion was adopted to not recommend the creation of a category of membership for post-graduates not in residency training.

- Recommended the AAFP/Committee on Membership/Members Services consider a graduated dues schedule in the first two years of practice. (98)

  Referred to Commission on Membership and Member Services.

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

  Referred to Commission on Membership and Member Services.

- Recommended an option of a one-time fee be offered to residents for three years of AAFP membership. (09)

  Referred to the Commission on Membership and Member Services. The CMMS accepted this resolution for information. The commission concluded that the AAFP should continue to bill residents annually for their membership dues. It was noted that requiring the resident to pay annual dues keeps the value of AAFP membership top of mind. If all three years of dues are paid up front, the value of their membership might be out of sight and out of mind. It was also noted that residency programs have been heavily instrumental in AAFP's strong resident membership market share. Questions were raised regarding the willingness of residency programs to pay three years membership in advance.

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).

AAFP REPORTER

- Urged pursuing resident information page in the *Reporter*. (75)

ABORTION

- Recognized that participation in elective abortions by residents and students is optional and not mandatory. (78)

  Referred to Commission on Education. This idea is also part of the AAFP's current policy on abortion, adopted in 1983.

- Recommended investigation of adoption of position of possible constitutional amendment concerning prohibition of abortion. (80)

  CRSA accepted for information, no action taken.

- Urged opposition to the Hatch Amendment or other legislation attempting to make medically safe abortions illegal. (82)

  AAFP is already on record opposing this legislation.

- Recommended the AAFP statement on "Reproductive Decisions" be revised to read as follows: (The amended portion is bolded and underlined.)

  The American Academy of Family Physicians believes physicians should seek to, through extensive patient education and counseling, decrease the number of unwanted pregnancies. However, should a woman become pregnant, it is her legal right to make reproductive decisions.

  The AAFP endorses the concept that abortion should be performed only by a duly licensed physician in conformance with standards of good medical practice determined by the laws and regulations governing the practice of medicine in that locale.

  No physician shall be compelled to perform any act which violates his/her good judgment or personally held moral principles. In these circumstances, the physician may withdraw from the case so long as the withdrawal is consistent with good medical practice.

  The woman considering an elective abortion should be informed adequately of the potential health risks of both abortion and continued pregnancy. The physician also should provide to the pregnant patient either;

  A. Information regarding:
     1. financial and other assistance available to her;
     2. financial and other assistance available to a child; and
     3. the availability of licensed and/or regulated adoption agencies should she choose not to keep the infant(s); and
     4. the availability of safe, legal abortion services (**as illegal abortions are known to be associated with significant maternal morbidity and mortality)** should she choose not to continue the pregnancy, OR

  B. Identify resources where such information can be obtained. (1989) (2005) (06)

  The BOD accepted this resolution for information as this is current policy as adopted by the 2006 Congress of Delegates.

ABORTION (Continued)

- Recommended the National Congress of Family Medicine Residents endorse the principle that women receiving healthcare paid for through health plans funded by state or federal governments be provided with access to the full range of reproductive options when facing an unintended pregnancy and the National Congress of Family Medicine Residents urge the American Academy of Family Physicians to engage in advocacy efforts to overturn the Hyde Amendment which bans federal funding for abortions. (07)

  This resolution was not adopted by the Congress of Delegates.

ACADEMIC TRACK

- Recommended the CRSA/AAFP advertise and solicit participants in the NCFPR/NCSM academic track prior to the NCFPR/NCSM, and expand the academic track during future NCFPR/NCSM. (97)

  Referred to the NCFPR/NCSM Planning Committee Meeting. Approved by the Planning Committee and staff is working with STFM to better promote and expand this track.

ACCESS TO CARE

- Recommended the COD strongly encourage and promote development of, and participation in, uncompensated patient care for those people who have no access to basic health care by students, residents, faculty and private physicians at the national, state and local levels. (90)

  AAFP COD referred to Commission on Health Care Services as amended from the floor with the addition of "and that a report be submitted to the 1991 COD."

- Recommended the National Congress of Family Practice Residents reaffirm the Academy's commitment to universal access to health care and update its "Access to Care" statement to reflect current medical and political realities. (98)

  Referred to Task Force on Universal Coverage.

- Recommended the AAFP consider publishing, with permission, in an AAFP-sponsored periodical the Call to Action, which states that: "We criticize market medicine not to obscure or excuse the failings of the past, but to warn that the changes afoot push nursing and medicine further from caring, fairness and efficiency. We differ on many aspects of reform, but on the following we find common ground: (1) Medicine and nursing must not be diverted from their primary tasks; the relief of suffering, the prevention and treatment of illness, and the deployment of resources is critical, but must not detract from these goals. (2) Pursuit of corporate profit and personal fortune has no place in care giving. (3) Potent financial incentives that reward overcare and undercare weaken doctor-patient and nurse-patient bonds and should be prohibited. Similarly, business arrangements that allow corporations and employers to control the care of patients should be prescribed. (4) A patient's right to a physician, nurse or other health care professional of choice should not be curtailed. (5) Access to health care must be the right of all." (98)

  Referred to Commission on Health Care Services. The commission received the resolution for information. The commission noted that current Academy policy supports "pluralism" in the financing and delivery of health care while "A Call to Action" seems to favor a less pluralistic approach, with an almost exclusive emphasis on non-profit health care. The commission also noted that, while "A Call to Action" is, in many respects, not inconsistent with current Academy policy, the

ACCESS TO CARE (Continued)

Academy already has "Principles of Interaction Between Family Physicians and Health Plans" to guide family physicians' relations with "corporate" medicine.

The commission agreed that an article on the subject of resident and student activism, as exemplified by "A Call to Action" did merit publication in an Academy-sponsored periodical. The commission encouraged CRSA to identify residents and students who can write about this subject and publish an article in an Academy periodical such as FP Report.

- Recommended the AAFP should include support for all measures to increase the number of low-income families that are insured, including welfare and Medicaid reform, as a topic in its 2003 legislative visit. (02)

  Referred to the Commission on Legislation and Governmental Affairs. Since topics for the Spring Congressional visits are selected according to Congressional activities at that time, the CLGA accepted the resolution for information.

- Recommended the AAFP advocate for educational loan repayment options for primary care physicians who provide care for Medicaid patients. (13)

  There is already existing policy on access to care.

ADOLESCENT HEALTH

- 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 the policy statement with the following 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 consideration."

- Recommended that 1) the Academy increase its emphasis on adolescent health via both resident and CME training; 2) the CRSA encourage the RRC-FP and the Commission on Education to strengthen the content of residency curricula on adolescent medicine; 3) the resident representatives to STFM encourage the STFM Board of Directors to emphasize adolescent health in faculty development workshops; and 4) the NCFPR endorses the Academy's formation of an adolescent health task force. (88)

  CRSA supported all elements of this recommendation with the additional request that a resident and student representative be considered for appointment to the proposed task force.

  AAFP Adolescent Health Task Force has met and has generated a number of referrals to other AAFP commissions and committees for action in the area of adolescent health. Final report of the task force is to be presented at 1989 Congress of Delegates. Request for continuation of a task force or other entity to coordinate adolescent health activities has been referred to the Task Force on Organizational Review.

ADOLESCENT HEALTH (Continued)

- Recommended the AAFP design and sponsor a multi-media, image-based advertising campaign to discourage adolescent tobacco and alcohol use and encourage healthy behaviors to position family physicians as advocates for American youth. (88)

  CRSA supported referral to Committee on Public Relations and Marketing and Task Force on Adolescent Health. Suggestions of Adolescent Health Task Force referred to Public Relations Committee.

- Recommended the AAFP oppose federal legislation to mandate parental consent or notification for minors seeking contraceptives in publicly funded health care facilities and continue to support confidentiality in sexual and reproductive health care for minor patients. (05)

  Referred to the Commission on Health of the Public. The COHP agreed to refer this resolution along with resolutions on comprehensive sexuality education adopted by the resident and student congresses to the Commission on Governmental Advocacy.

- Recommended the AAFP advocate to prevent the inadvertent violations of confidentiality that occur when health insurance explanations of benefits or medical bills are sent to the home of adolescent patients. (07)

  Referred to the Commission on Practice Enhancement. Upon consideration and to fulfill the intent of the resolutions, the COPE determined that the Academy should send a letter over the Board Chair's signature to the top national carriers to provide them with a copy of the AAFP's existing policy on confidentiality and to request they send us a copy of their current policy in this regard.

ADOLESCENT TOBACCO PREVENTION ACT

- Recommended the AAFP strongly support S1527, the Adolescent Tobacco Prevention Act. (89)

  COD adopted and referred to CL&GA.

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.

ADVANCE DIRECTIVES

- Recommended the AAFP seek means to publicize its *Patient's Advance Directive for Terminal Care* and that the AAFP through the Commission on Legislation and Governmental Affairs continue to support legislation that promotes public awareness of advance directive issues. (90)

  CRSA referred to BOD the first recommendation to publicize the Advance Directive. The BOD approved and referred the recommendation to the Committee on Aging. An editorial appeared in the July 1990 *AFP*, an article was in January 1990-91 *AAFP*

ADVANCE DIRECTIVES (Continued)

Reporter. DNL **carried items December 1989, June 1990 and December 1990. CRSA accepted for information the second recommendation to support legislation, noting that the CL&GA is continuing to support this issue.**

- Recommended that family physicians be encouraged to discuss with their patients, regardless of age, information concerning advance directives, encouraging them to execute an advance directive and, at a minimum, this should be discussed once a year at their annual physical exam. (03)

  Referred to the Commission on Clinical Policies and Research and the Commission on Public Health. The CCPR deferred this resolution to the Commission on Public Health as they are already addressing this issue. (Note: The AAFP does not have a policy recommendation for an annual physical exam). The CPH is investigating diversity issues and will consider a policy.

ADVANCED CARDIAC LIFE SUPPORT CERTIFICATION

- Recommended the CRSA review, and if appropriate, direct its RRC representative to consider ACLS training certification to be a requirement of all accredited family practice residencies. (87)

  BOD approved CRSA recommendation that the AAFP support the position that ACLS training should be clearly stated as a requirement for accredited family practice residency programs and that the AAFP communicate this position to its representatives on the Residency Review Committee for Family Practice. The issue was communicated to the RRC-FP.

ADVANCED LIFE SUPPORT IN OBSTETRICS

- Recommended the AAFP consider adding the Advanced Life Support in Obstetrics course in family practice curriculum. (98)

  Referred to Commission on Education. The Commission conveyed to the AFPRD Board of Directors the interest of the National Congress of Family Practice Residents to include the Advanced Life Support in Obstetrics (ALSO) course in family practice residency programs and this same information was forwarded to the Program Directors' Workshop Planning Committee for its consideration.

- Recommended the AAFP encourage residency directors to offer the Advanced Life Support in Obstetrics (ALSO) course for first year family practice residents prior to beginning their obstetric rotations and consider offering the ALSO course in conjunction with the National Conference. (00)

  CRSA accepted the resolution for information. CRSA also laterally referred to the Committee on Chapter Affairs a request to consider the best way to encourage chapters to offer ALSO. The Committee on Chapter Affairs adopted a motion to explore options, which will succeed in obtaining ALSO training for first year residents.

  CRSA discussed offering the ALSO course in conjunction with the National Conference. It was determined that the length of the full course and cost make it impossible to implement before or during the National Conference. CRSA adopted a motion to solicit testimonials about the value of the ALSO course to residents to

ADVANCED LIFE SUPPORT IN OBSTETRICS (Continued)

be submitted to Highlights, AFPRD's newsletter. The committee also adopted a motion to encourage constituent chapters to partner with the residency programs in their areas to offer ALSO courses locally.

- Recommended that the AAFP investigate options to support and promote the development of the Comprehensive Advanced Life Support (CALS) course into a nationally available education program. (03)

  Referred to the Commission on Continuing Medical Education. COCME agreed to encourage the Commission on Quality and Scope of Practice (CQSP) to work with the National CALS Office/Program to obtain recognition that the successful completion of the CALS course qualifies as acceptable Advanced Life Support training/certification for primary care providers delivering care in the emergency department. The COCME also agreed to encourage the CQSP to promote the CALS training, in lieu of ATLS, as meeting the Advanced Life Support certification requirements necessary for primary care providers to work in level 3 and level 4 trauma centers.

  The COCME will continue to help promote CALS nationally through the listing of scheduled CALS courses in AAFP CME listings and through the AAFP CME Records Department database. The COCME also supports the concept that, especially in our rural communities, properly trained primary care providers, including family physicians, are appropriate providers of emergency and critical care.

ADVANCING CARE FOR EXCEPTIONAL KIDS ACT OF 2015, ENDORSEMENT OF THE

- Recommended the AAFP support legislation that improves care coordination for children with complex medical issues with Medicaid across state boundaries. (15)

  Commission on Governmental Advocacy accepted for information. AAFP already supports the intentions and principles of the named bill and has informed the sponsors.

ADVERTISING TO YOUTH

- Recommend the AAFP support policy that restricts targeted advertising of high-energy, low nutrition foods and beverages toward children and adolescents. (10)

  The CHPS accepted this resolution for information. The commission agreed that current AAFP policy entitled "Advertising: Youth Products" and the AAFP position paper on "Alcohol Advertising and Youth" cover the use of licensed characters in advertising to attract children.

AFFIRMATIVE ACTION

- Recommend that the AAFP develop a policy supporting affirmative action and such programs that aim to increase minority and women representation amongst medical students, residents, staff and faculty at U.S. osteopathic and allopathic medical institutions. (95)

  Congress of Delegates did not adopt.

ALCOHOLIC BEVERAGE ADVERTISING

- Recommended the AAFP support the adoption of a national ban on radio, television and billboard advertising of alcoholic beverages. (92)

  COD adopted substitute resolution: "Resolved that the AAFP support the Surgeon General's call for a ban on television and radio advertising of alcoholic beverages, and reaffirms its support for a national ban on radio, television and billboard advertising of alcoholic beverages."

  COD referred to Commission on Legislation and Governmental Affairs.

ALCOHOL SIN TAX

- Recommended, that the AAFP support a significant increase in taxes on alcohol containing products to directly fund health care delivery. (94)

  COD did not adopt.

ALTERNATIVE BIRTHING

- Recommend the Committee on Women in Family Medicine prepare a policy statement on home and alternate birthing. (83)

  Referred to Commission on Public Health and Scientific Affairs and Committee on Women in Family Medicine. Current AAFP policy, adopted in 1978, "endorses the newer concepts in family-oriented obstetrics" such as bonding and alternative settings for birth while in hospitals. The AAFP reiterates its support of in-hospital obstetrics in that statistics have unequivocally demonstrated reduced maternal and infant morbidity and mortality.

ALTERNATIVE/COMPLEMENTARY MEDICINE

- Recommend that the NCFPR recommend that the AAFP support and encourage existing and future clinical investigations of complementary medicine and that the NCFPR recommend that the AAFP support and encourage efforts to train professionals in the clinical investigations of complementary medicine. (93)

  CRSA accepted for information noting that consideration will be given to presenting a workshop at NCFPR/NCSM in 1994.

- Recommended that the NCFPR recommend that the AAFP support continued clinical investigation of complementary medicine through the Office of Alternative Medicine at NIH, and that this sentiment of support for further clinical investigation of complementary medicine through the Office of Alternative Medicine at NIH be expressed in the form of a letter to the director of NIH and to Senator Harking, Chair of the appropriate Senate subcommittee on health care and author of the bill mandating the Office of Alternative Medicine at the NIH. (93)

  CRSA accepted for information with the suggestion that the authors should rework this resolution and bring it back with more information.

ALTERNATIVE/COMPLEMENTARY MEDICINE (Continued)

- Recommended the AAFP American Academy of Family Physicians provide educational resources to improve family physicians' abilities to address complementary and alternative medicine with their patients, including evidence-based information as available. (00)

  Referred to the Commission on Continuing Medical Education. The Commission adopted a motion to report to National Conference staff that the COCME awards credit for CAP activities; that an AAFP alternative medicine course was canceled due to low pre-registration figures; and that survey data indicates that members want to learn complementary and alternative practices as they relate to medical conditions and for this information to be integrated into already existing courses and materials on various medical conditions.

- Recommended the AAFP apply the same standards in providing Continuing Medical Education (CME) credit to complementary and alternative medicine activities as they apply to all other areas of CME. (00)

  The AAFP has adopted a policy regarding CME accreditation for complementary and alternative medicine courses which speaks to the basic intent of this resolution.

- Recommended that the AAFP revise its policy statement on "Complementary Practice" to define the specific medical practices contained in this definition, investigate the development of curriculum guidelines in complementary and alternative medicine and encourage medical schools and residency programs to implement curriculum guidelines in complementary and alternative medicine. (01)

  Referred to the Commission on Education. COE did not adopt this resolution. It was noted this resolution has been presented multiple times and was not supported because of lack of an evidence-based foundation. The COE pointed out that many parts of this resolution are already addressed in the Curriculum Guideline on Nutrition.

- Recommended the AAFP continue to present new, innovative, and alternative primary care provider practice models at the National Conference of Family Medicine Residents and Medical Students. (15)

  Reaffirmed by the Commission on Education.

AMA DELEGATE POSITION, AAFP DESIGNATED

- Recommended that the CRSA investigate development of an AAFP resident AMA Delegate position whose responsibilities would include attendance at the annual and interim AMA meetings and to NCFPR, and that CRSA report back to the NCFPR, and that CRSA report back to the NCFPR in 1995 on the feasibility of developing such a position. (94)

  It was recommended that the CRSA investigate a new selection of an AMA delegate position. It was suggested that it might be possible to find a family practice resident already in attendance at the Annual Meeting to serve in this position. The position could possibly serve for more than one year, thus allowing for continuity. The CRSA did not feel this option would work since attendees already have designated roles. It was the consensus that more information is needed and suggested that this be included as a topic as a working group issue during the 1995 NCFPR/NCSM.

AMA RESIDENT PHYSICIAN SECTION (RPS)

- Recommended that the CRSA/AAFP-NCFPR, during each meeting of the NCFPR, elect an individual to serve as representative of the NCFPR to the AMA-RPS, and be it further,

  Recommended that the individual elected to serve as representative of the NCFPR to the AMA-RPS shall serve a two-year term of office, the first year of which shall be served as alternate delegate to the AMA-RPS and second year as delegate to AMS-RPS, and be it further,

  Recommended that at the first meeting of the NCFPR after passage of the policy calling for a separately elected delegate to the AMA-RPS there will be two individuals elected to represent the NCFPR to the AMA-RPS, one of whom shall serve a one-year term as delegate to the AMA-RPS and one of whom shall serve a two-year term that would be made up of one year served as alternate delegate to the AMA-RPS and one year served as delegate to the AMA-RPS and be it further,

  Recommended that any individual elected by the NCFPR to serve as a representative to the AMA-RPS meet the following criteria:

  a) The individual must be a member of the AAFP and the AMA at the time of the individual's election and for the duration of their term.

  b) The individual must be able to attend the Annual and the Interim Meetings of the AMA or its constituent sections, including, but not limited to, the Medical Student Section, or House of Delegates; these two meetings may consist of any combination of the said sections. (95)

  This motion was approved by the AAFP Board of Directors.

AMA SPECIALTY JOURNAL

- Recommend the AAFP encourage the AMA to adopt a new journal policy that does not discriminate against family physicians. (88)

  Presented to COD. COD adopted substitute resolution which encouraged individual family physician members of the AMA to express their opposition to the AMA's 1987 policy revision which does not permit family physicians to receive one of the AMA's specialty journals as a part of their membership benefits.

AMBULATORY CARE

- Evaluate training in ambulatory care. (75)

- Develop principles of appropriate patient physician interaction in the ambulatory setting. (75)

- Recommended the Board of Directors include residents in up-coming conference discussing alternative methods of fulfilling continuing ambulatory care requirements. (81)

  CRSA received for information, no action taken as resident input was already planned for this conference.

AMERICAN BOARD OF FAMILY PRACTICE

- Supported establishment of resident representation to the ABFP. (80)

AMERICAN BOARD OF FAMILY PRACTICE (Continued)

Substitute resolution adopted: that ABFP investigate ways to involve residents in various activities of the ABFP.

- Encouraged ABFP to allow special cases of residents completing training after June 30 to sit for the Board exam. (81)

- Recommended ABFP establish a method of appeal for residents with mitigating circumstances who are unable to sit for the Board exam. (82)

- Reviewed proposed list of procedures which must be documented before eligibility for the Board exam. (82)

  Adopted by CRSA; referred to ABFP.

- Recommended ABFP study the feasibility of an additional date for the ABFP exam. (83)

  CRSA forwarded recommendations to the ABFP; time and money constraints appear to make an additional date for the Board exam infeasible.

- Expressed support for an additional ABFP exam date. (83)

- Recommended the ABFP re-examine requirements stipulating that residents not be absent from their programs more than 20 working or 30 calendar days consecutively over the last two years of residency to allow flexibility for illness, maternity or personal leave. (84)

  The ABFP has been presented with this idea and arguments in the past, but maintains its current position.

- Recommended the ABFP consider offering the Board exam more often than once a year to accommodate those unable to sit for the Board in July, and to allow residents to sit for the Board prior to completion of residency with the stipulation that certification be granted only on completion of residency. (84)

  The ABFP has studied multiple options to offer the Board exam at different times, but due to the complexity of the test and the costs involved in more than one date/year, these options were not implemented.

- Recommended the ABFP re-examine its regulation that a resident not be absent more than 20 working or 30 calendar days consecutively over their last two years of residency to allow expandable leave of absence - particularly for maternity/paternity leave, but also for illness or personal leave. (85)

  Filed for reference. This issue has been brought to the ABFP by <u>two</u> previous NCFPRs, including the similar recommendations by the 1984 NCFPR, with steadfast ABFP maintenance of its current position that residents must finish all requirements prior to the one yearly mid-July Board exam.

  (Editorial Note: See <u>Certificates of Added Qualifications</u>)

AMERICAN BOARD OF FAMILY PRACTICE (Continued)

- Recommended the CRSA investigate avenues of requesting the ABFP to consider greater flexibility for greater ABFP examination dates and further that the CRSA communicate to the ABFP a suggestion for an additional exam date at a time later in the year at selected sites to accommodate residency graduates who require up to 8 weeks leave and complete residency requirements by August 31 of each year. (86)

  CRSA referred to staff; special meeting between AAFP and ABFP staff reviewed numerous options to accommodate late graduates but no alternative plan could be reached.

- Recommended the AAFP direct its ABFP representative to recommend that the ABFP revise its requirements to allow candidates to sit for the Board exam prior to completion of the residency program provided that their training will be completed by August 31. (87)

  Accepted for information, no action taken.

- Recommended the AAFP direct its ABFP representatives to urge the ABFP to revise its requirements such that candidates that sit for board exams prior to completion of residency training, provided their training is completed by August 31. (88)

  CRSA clarified that AAFP has no representatives to the ABFP: recommended that the Board of Directors communicate to the ABFP on this issue. BOD referred to Chairman of the Board. ABFP has indicated that candidates must complete residency training prior to board examination per guidelines of the American Board of Medical Specialties.

- Recommended the AAFP encourage the ABFP to allow third-year residents to sit for the Board in July prior to completion of all residency requirements with final certification being contingent on documentation of residency completion. (89)

  CRSA accepted for information, no action taken, noting this proposal is not feasible at this time.

- Recommended the CRSA communicate with the ABFP requesting a Family Practice Resident be appointed to their Board to represent resident issues and concerns. The communication should provide the offer of assistance by the NCFPR in selecting a roster of candidates for Board consideration. (89)

  CRSA accepted for information, no action taken. CRSA believed this proposal was not feasible at this time. Dr. Paul Young of the ABFP gave a workshop at the 1990 NCFPR/NCSM.

- Recommended the CRSA survey family practice residency programs to substantiate possible problems with the current exam schedule, and this matter be communicated to the ABFP with suggested solutions. (90)

  CRSA accepted for information, no action taken, noting this issue has already been brought to the attention of the ABFP numerous times.

- Recommended the AAFP support a change in the current timing of the ABFP certification examinations to either offer the examinations in the fall, instead of July, or offer them on a semiannual basis. (91)

AMERICAN BOARD OF FAMILY PRACTICE (Continued)

AAFP COD did not adopt. Testimony indicated ABFP is currently evaluating the issues addressed and is investigating alternative methods of administering the exam such as through the use of electronic media. The reference committee felt there was no clear indication for change at this time.

- Recommended the AAFP investigate the possibility of allowing residents with limited time remaining in their residency to sit for the Boards. Certification would be granted only after the residency is completed and the completion is verified, and that the Academy survey its resident members regarding their preferences for the timing of the ABFP exam as well as survey other specialty societies' policies on dates of specialty board examinations, and the results of such surveys be reported back to the 1992 NCFPR. (91)

  CRSA accepted for information, no action taken.

- Recommended the AAFP request the ABFP to offer the certification and recertification exam in both July and January. (92)

  COD did not adopt.

- Recommended the AAFP formulate a statement to the ABFP requesting a change in policy; such that, residents who have found it necessary to delay completion of their residency training beyond June 30 of their graduation year and who have a letter of endorsement from their residency program director stating that the residency program director anticipates the resident's successful completion of the residency program on or before September 30 of their graduation year, should be allowed to participate in the family practice board examination in July of the graduation year and the family practice resident's board scores and certification will be withheld until such time as the resident successfully completes his/her training program. (92)

  COD adopted substitute resolution: Resolved that the AAFP request that the ABFP change its policy regarding timing of the certification examination to accommodate residents whose date of graduation is delayed beyond June 30". EVP to communicate with ABFP.

- Recommended the AAFP reaffirm current ABFP policy that successful completion of an ACGME-approved family practice residency program be a pre-requisite for eligibility to sit for the ABFP certification examination. (92)

  Referred to the Commission on Education.

- Recommended the AAFP communicate to the ABFP the opinion that only physicians who have completed ACGME-approved family practice residency programs be granted candidate eligibility for board certification. (93)

  COD did not adopt. COD referred to commission on Education a similar Resolution submitted by NCSM: Recommended, that the AAFP reaffirm the 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.

- Recommended the AAFP representative(s) to the American Board of Family Practice endorse the current plan to offer an alternate test date for the Family Practice Boards and request that the

AMERICAN BOARD OF FAMILY PRACTICE (Continued)

American Board of Family Practice offer this alternate date without restrictions beyond board eligibility. (02)

Referred to the Commission on Education. The COE received this resolution for information. It was noted that the ABFP already had implemented July and November 2003 testing and was moving to computerized testing that will eventually allow testing at a wide variety of times and places.

AMERICAN FAMILY PHYSICIAN (AFP)

- Recommended that bibliographies be included in *AFP*. (78)

- Recommended that *AFP* publish bibliographies with its articles. (81)

Referred to Board of Directors by COD. Bibliographies began being published in 1981; annotated bibliographies in *AFP* first published in 1983.

- Recommended that the Editorial board of the *AFP* is strongly encouraged to include a monthly page in *AFP* to feature student and resident views, news and information. (95)

The *AFP* has created a new section devoted to family practice residents and medical students. The first issue will appear in the fall of 1996.

- Recommended the AAFP/CRSA reaffirm its support for the existence and the promotion of "Resident and Student Voice" in the *American Family Physician* and request that the editor of the *AFP* strongly consider the importance of "flagging" the cover of those issues which contain "Resident and Student Voice." (98)

Referred to *AFP* Medical Editor.

AMERICAN MEDICAL SOCIETY FOR SPORTS MEDICINE (AMSSM)

- Recommended the AAFP explore the establishment of a liaison relationship with the American Medical Society for Sports Medicine. (13)

The AAFP Board of Directors approved the staff recommendation to establish a position of AMSSM liaison to the AAFP Commission on Education (COE).

AMSSA leaders were contacted and were strongly in favor of this relationship. They agreed to appoint a liaison to COE.

AMERICAN OSTEOPATHIC ASSOCIATION (AOA) LIAISON

- Recommended that the AAFP explore the possibility of establishing a liaison with the AOA to facilitate communication between AOA and the AAFP and that the liaison be present at the appropriate meetings of the AAFP such as, but not limited to, focus discussions at Board of Directors' meetings, Membership and Education Commission meetings, and the State Officers Conference. (93)

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

AMERICAN OSTEOPATHIC ASSOCIATION (AOA) RESIDENTS

- Recommended the AAFP compare the three-year AOA residency in general practice to the three-year ACGME accredited residency in family practice, and that if comparable, that active membership in the AAFP be offered to the graduates of three year AOA general practice residency programs. (90)

  AAFP COD referred to the Commission on Education and the Commission on Membership and Member Services. The AAFP Bylaws were amended at the 1994 Congress of Delegates permitting a new AAFP Membership Classification Chart.

AMERICANS IN MOTION (AIM)

- Recommended the AAFP and the Americans in Motion (AIM) Advisory Panel 1) continue to educate residencies and residents about the mission, goals, and phases of the Americans in Motion initiative; 2) consider incorporating residency clinic offices, staff, and physicians into the health initiative entitled Phase Two: "The Healthiest Family Medicine Office in America;" and 3) the AIM Advisory Panel provide a written annual report to the National Congress of Family Medicine Residents through its Resident Advisor regarding the progress of the initiative, including Phase Three, which involves the creation of educational tools and materials to promote physical activity, nutrition, and emotional well being to our patients. (04)

  Referred to the Board of Directors. The BOD referred the first two resolved clauses to the AIM Advisory Panel for its information and consideration. The BOD acknowledged that the third resolved clause be implemented by directing that the Resident Advisor to the AIM Advisory Panel provide an annual report at the National Conference of Family Medicine Residents and Medical Students.

- Recommended by 2007, the American Academy of Family Physicians create a Resident Fitness Initiative based on the concepts of Americans in Motion, and by 2008, the American Academy of Family Physicians create curricular resources for family medicine residency programs based on Americans in Motion concepts that address fitness in terms of active lifestyle, health nutrition, and emotional well-being and teach residents to actively and effectively improve the fitness of their patients. (06)

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

ANTI-BULLYING SCREENING TOOL

- Recommended the AAFP investigate the existence of validated evidence based screening tools for bullying and support awareness of existing or emerging tools. (15)

  Referred to the Commission on Health of the Public. THE COHP will nominate the topic of bullying to the U.S. Preventive Services Task Force to conduct an evidence review.

ANTI-INFECTIVE DRUG DEVEOPMENT, POLICY IN SUPPORT OF SAFE

- Recommended the AAFP study potential implications for our patients and communities' safety of current federal proposals to weaken FDA standard for approval of new drugs including proposals to permit use of surrogate markers and non-inferiority trials and develop recommendations to ensure strong FDA standards for approval of new drugs. (15)

  Referred to the Commission on Health of the Public. THE COHP indicated that the topic was important but there was not enough information available to appropriately address the resolution.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES ORGANIZATION OF RESIDENT REPRESENTATIVES

- Recommended the AAFP investigate the process by which the Association of Departments of Family Medicine (ADFM) select their representatives to the Association of American Medical Colleges Organization of Resident Representatives (AAMC-ORR) and consider ways that the National Congress of Family Practice Residents (NCFPR) could contribute to this process and CRSI invite the two Association of Departments of Family Medicine (ADFM) resident representatives to the Association of American Medical Colleges Organization of Resident Representatives (AAMC-ORR) to attend the National Congress of Family Practice Residents (NCFPR). (02)

  Referred to the Commission on Resident and Student Issues. The CRSI accepted the resolution for information. The commission acknowledged the desirability of encouraging interaction between family practice resident leaders, recognizing that the AAMC-ORR representatives are not selected or funded by the AAFP.

BLOOD DONATION

- Recommended that the AAFP "advocate for the Food and Drug Administration to adopt blood donation policies that protect the safety of blood donation while avoiding discrimination towards presumed risk groups such as men who have had sex with men." (16)

  Commission on Health of the Public and Science Reaffirmed the resolution as they acted on a similar resolution from the 2015 NCCL that called for the AAFP to send a letter to the FDA in support of modification of the lifetime ban on blood and tissue donation for men who have sex with men.

BLOOD PRODUCT SHORTAGE

- Recommended the AAFP should encourage/endorse the discussion of blood products donation during adult annual exams or when appropriate during other office visits. (99)

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

BOARD CERTIFICATION EXAMS

- Recommended that the AAFP "lobby the Federation of State Medical Boards and their member licensing boards to advocate for elimination of the United States Medical Licensing Examination (USMLE) Step 2 CS and the COMLEX Level 2 PE as a requirement for Liaison Committee on Medical Education accredited and Commission on Osteopathic College Accreditation accredited medical school graduates who have passed a school-administered clinical skills examination. (16)

  Commission on Education Agreed with Modification that the AAFP "encourage and support options to waive the USMLE Step 2 CS and the COMLEX Level 2 PE as a requirement for LCME accredited and COCA accredited medical school graduates who have otherwise proven competency."

- Recommended that the CRSA recommend that the AAFP Board of Directors continue to urge the American Board of Family Practice to offer the Board Certification Exam at a date later than July. (94)

  CRSA accepted for information. A computer-based system is now being developed by the ABFP and may be in effect within the next few years. The committee was informed that if a person is eligible to take the board examination at the time it is offered they might take a letter from the ABFP as proof of their eligibility.

BOARD OF DIRECTORS

- CRSA should pursue the seating of a family practice resident on the AAFP Board of Directors. (75)

- Recommended that the AAFP create a seat on the Board of Directors for a new physician. (00)

  Congress of Delegates adopted a resolution regarding the new physician representation on the Board of Directors.

- 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 (CRSI), the Family Medicine Interest Group Network (FMIG), 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.

BOARD ELIGIBILITY FOR NON-RESIDENCY TRAINED PHYSICIANS

- Recommended reviewing Board eligibility for non-residency-trained physicians and other specialty boards. (80)

BREASTFEEDING

- 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:"

  Ten Steps to Successful Breastfeeding

  "Every facility providing maternity services and care for newborn infants should:

  - Have a written breastfeeding policy that is routinely communicated to all health care staff.
  - Train all health care staff in skills necessary to implement this policy.
  - Inform all pregnant women about the benefits and management of breastfeeding.
  - Help mothers initiate breastfeeding within a half-hour of birth.
  - Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
  - Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.
  - Practice rooming-in: allow mothers and infants to remain together 24 hours a day.
  - Encourage breastfeeding on demand.
  - Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
  - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic."

  Also recommended the AAFP 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 statement, "Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services." (99)

  Referred to the Commission on Public Health. The Commission planned to 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. It is anticipated that the working group will reflect the above resolutions in the position paper.

- Recommended 1) the AAFP support federal legislation to clarify the Pregnancy Discrimination Act to ensure that breastfeeding is protected under civil rights law, requiring that women cannot be fired or discriminated against in the workplace for expressing milk, breastfeeding, or related activities; 2) the AAFP support federal legislation to expand protection of a woman's right to express milk and breastfeed in public places; the AAFP support federal legislation to encourage employers to set up a safe, private, and sanitary environment for women to express milk by providing a tax credit for employers who set up a lactation location, purchase or rent lactation or lactation-related equipment, hire a lactation consultant, or otherwise promote a lactation-friendly environment; 4) the AAFP support federal legislation to grant working women breast milk breaks for up to one hour per day for up to one year following the birth of a child to breastfeed or express milk. This time could be taken in 2 to 4 breaks during the day; 5) the AAFP support federal legislation to require the federal government to develop minimum quality standards for breast pumps, to ensure that products on the market are safe and effective; 6) the AAFP support federal legislation to support a campaign aimed at health professionals and the general public to promote the benefits of breastfeeding for infants, mothers, and families; 7) the AAFP support federal legislation to provide increased support for WIC's breastfeeding promotion, education, and support initiative, by allowing states to have the flexibility in drawing from both the food and NSA (nutritional support and administration) pools of money – including money from the infant formula rebate – to be used for breastfeeding support. (99)

BREASTFEEDING (Continued)

Referred to the Commission on Legislation and Governmental Affairs. The Academy supported and actively lobbied for this legislation, which was not passed during the 105th Congress and was not reintroduced, as such, in the 106th Congress. Instead, the bill's sponsor, split it into four separate bills, one of which has been enacted (H.R. 1848, the *Right to Breastfeed Act)*.

- Recommended the AAFP modify its policy on infant nutrition to encourage family physicians to provide breast feeding assessment and support within the first 48-72 hours after hospital discharge and modify its policy on infant nutrition to encourage families to breastfeed their infants for a specified minimum period of time consistent with optimum outcomes. (98)

  Referred to Commission on Public Health.

- Recommended the AAFP discourage hospital policies that promote the use of infant formula through the distribution of hospital discharge packets that include free formula and/or coupons for free or discount formula to mothers who choose exclusively to breastfeed, and encourage hospital policies that require a physician order prior to formula or water supplements being given to breastfeeding infants. (06)

  Upon discussion, Commission on Science laterally referred this resolution to the Commission on Health of the Public. A policy has been drafted to address this issue and will be reviewed by the Board of Directors at an upcoming meeting.

BREASTFEEDING ACCOMMODATIONS FOR TRAINEES

- Recommended the AAFP support reasonable accommodation for medical students and residents who are breastfeeding. (12)

  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.

BURNOUT, ADDRESSING IN MEDICAL SCHOOL

- Recommended the AAFP prioritize the unique aspects of medical training in their efforts related to burnout prevention on a systems level, including addressing a culture of dehumanization within medical training and specifically target medical educators and those involved in medical training to model behaviors and attitudes that prevent burnout among medical trainees. (15)

  Referred to Commission on Education. COE agreed with the resolution and recommended actions be included in the AAFP strategic efforts to address burnout and resiliency in family medicine.

CANCER CARE

- Recommended the AAFP "educate its members about anal caner and the risks and benefits of screening, diagnosis, and treatment." (16)

  Commission on Health of the Public and Science Accepted for Information because it considered a similar resolution from the NCCL on anal pap smears. It determined that there is not enough information available on the topic to make a recommendation at this time.

CAPITAL PUNISHMENT

- Opposed participation by a physician in the execution of prisoners. (80)

CAREERLINK

- Recommended the AAFP include a category on CareerLink specifically designated for direct primary care job opportunities. (15)

  Referred to Commission on Membership and Member Services. The category will be added to CareerLink.

CAREER OPTIONS

- Recommended investigation of methods to inform family practice residency graduates of different career options available to them. (83)

  Materials are available; *AAFP Reporter Resident/Student Newsletter* utilized for promotion.

CENTER FOR INTERNATIONAL HEALTH INITIATIVES ADVISORY BOARD

- Recommended the AAFP request the Center for International Health Initiatives (CIHI) explore opportunities for resident and student representation on the advisory board. (12)

  The Commission on Education agreed there is strong interest from the student and resident membership in global health activities and opportunities as it relates to family medicine and modified the action to reflect that the COE ask CIHI to explore the appointment of a resident and a student to serve as members of its advisory board.

CERTIFICATES OF ADDED QUALIFICATIONS

- Recommended the resident delegates to the COD express resident opposition to the development of future "Certificates of Added Qualification." (88)

COD adopted substitute resolution, 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, should the ABFP create CAQ's other than geriatrics, the AAFP inform its

CERTIFICATES OF ADDED QUALIFICATIONS (Continued)

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 NCFPR more information about the status of CAQs including overview of how and why they were developed.

CERTIFIED NURSE MIDWIVES

- Recommended that the AAFP encourage the COD to formally approve the new AAFP policy supporting the role of certified nurse midwives in providing prenatal and obstetric care in conjunction with physicians qualified to practice obstetrics, as formulated by the BOD of the AAFP. (90)

CRSA accepted for information, no action taken.

CHEMICAL DEPENDENCY

- Recommended that the CRSA encourage the AAFP Board of Directors to revise Academy policy to reflect current views on chemical dependency as a single disease entity, independent of the substance being abused, and that the CRSA support the addition of guidelines for education on substance abuse to graduate education in family medicine. (86)

CRSA referred to staff suggesting better cross-indexing of existing AAFP policies on tobacco, alcohol and drugs.

CHIEF RESIDENT SKILLS

- Recommended that the CRSA develop and maintain an active list of available chief resident conferences and provide this list yearly to Program Directors. (90)

- Recommended that the CRSA investigate the feasibility of offering seminars on Chief Resident Skills annually for all AAFP Chief Residents, and that CRSA investigate other sources for providing Chief Resident training. (90)

CRSA recommended staff investigate the feasibility of developing and maintaining an active list of available chief resident conferences and provide this list yearly to Residency Program Directors. A workshop on Chief Residents was presented at 1990 NCFPR/NCSM.

CHILD CARE

- Recommended that the AAFP adopt the following position on childcare for FP residents and staff:

  All FP residency programs should provide access to childcare services to residents and staff. Adequate childcare should be available to all FP residents and staff at a facility near the work place. If childcare is provided for other hospital employees, residents and staff should be given equal priority. Children of all ages should have eligible care. Provisions for the sick child should be made. Child care hours should be flexible. Night, weekend, and holiday childcare should also be available.

  Childcare costs should follow the national trends for others in the work place. Consideration should be given to pro-rating the cost of childcare based upon income. Finally, as employers of

CHILD CARE (Continued)

residents, all residencies should assist with providing a mechanism whereby child care expenses are paid with pre-tax dollars. (95)

The COE accepted this recommendation for information, reaffirming its support of the intent to have child care available to residents and staff.

CIGARETTE SIN TAX

- Recommended that the AAFP support a significant increase in taxes on cigarettes to directly fund health care delivery. (94)

COD did not adopt.

CIVILIAN-MILITARY CONTINGENCY HOSPITAL SYSTEM

- Recommended that the AAFP not endorse the Civilian-Military Contingency Hospital System (CMCHS) which would establish a national network of contingency hospital beds in the event of a large-scale overseas war. (84)

Not adopted by the COD.

CLERKSHIPS

- Recommended the AAFP support and encourage medical schools, the Liaison Committee on Medical Education, and family medicine department chairs to provide some component of family medicine inpatient and obstetrics as part of a full-spectrum family medicine clerkship. (07)

Referred to the Commission on Education. The COE took no action on this resolution. While a full spectrum family medicine clerkship may have a positive impact on student interest, practical implications must be considered that include preceptor availability, patient volume, and access to procedures. The LCME educational requirement No. 15 was reviewed and it was pointed out that the LCME does not prescribe specific elements of curriculum. LCME guidelines state that clinical exposure should include family medicine along with other disciplines, but the guidelines do not extend to micromanagement of the curriculum. The AAFP has multiple mechanisms for communicating with students about the full scope of family medicine. Those resources are identified in the student interest matrix and are available from the AAFP Division of Medical Education.

CLIMATE CHANGE

- Recommended that the AAFP "endorse U.S. efforts to develop and implement national policies that facilitate U.S. compliance with the 2015 United Nationals Framework Convention on Climate Change international agreement" and "recommend to medical schools, National Board of Medical Examiners, the Liaison Committee on Medical Education, the ACGME and the American Boar of Family Medicine that medical education curricula should include the effects of climate change on human health" and "support local and national climate change mitigation and adaption strategies which seek to realize the United States' Nationally Determined Contribution" and "provide education to its members on methods for achieving environmental sustainability of medical workplaces" and "express to appropriate entities in writing its support for the prioritization of epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to healthcare and treatment."(16)

CLIMATE CHANGE (Continued)

Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 403 was Adopted and approved by the board in April 2017.

- Recommended that the AAFP "update their climate change and air pollution policy to specifically include language about 'greenhouse emissions from human activities.' "(16)

  Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 404 was Adopted and approved by the board in April 2017. "In recognition of the numerous and serious adverse health consequences resulting from pollution, greenhouse emissions from human activities, climate change, and ozone layer depletion, the AAFP recommends strong action on all public and private levels to limit and correct the pollution of our land, atmosphere and water."

- Recommended that the AAFP support climate change mitigation and adaption strategies, including, but not limited to, (1) endorsing the federal legislation and emissions; (2) collaborating with other health professional and environmental organizations to promote ambitious national and international action on climate change; (3) encouraging recognition of the health co-benefits of climate change mitigation in United Nations Framework Convention on Climate Change processes including Conference of Parties 21 negotiations with WONCA and develop an advocacy toolkit to support member engagement in state, national, and international advocacy efforts on climate change and health. (15)

  Referred to Commission on Health of the Public and Science but it has not yet been addressed.

CLINIC VOLUME REQUIREMENTS

- Recommended the AAFP encourage the Residency Review Committee to reevaluate the requirements and measurements (currently a minimum number of patients seen per half day of clinic) used to ensure that residents are able to treat patients of varying complexity in a time efficient manner; conduct a study comparing the number of patients seen per half day of clinic by residents to other methods of evaluating residents in order to identify which measurement may be the most meaningful and representative in assessing a resident's ability, efficiency, and productivity; and report those findings to the National Congress of Family Practice Residents and the Residency Review Committee. (99)

  Referred to the Commission on Education. The Commission accepted this resolution for information, noting the Residency Review Committee for Family Practice is investigating criteria to evaluate resident experience in the FPC using data other than the number of patients seen per half day. The RRC-FP is investigating other parameters for evaluating the clinical experiences of residents in the family practice center (FPC), including suggestions from program directors and residents. Those suggestions include everything from annual counts of individual patient visits to more complicated parameters such as RVUs generated per resident.

CLINICAL PRACTICE GUIDELINES

- Recommended that the AAFP consider organizing and making available current supported AAFP clinical guidelines and evidence-based reports in a Web-based or CD-ROM format to be utilized as a quick reference for family physicians or residency programs to enhance continuing medical education and that the AAFP recognize those family physicians (with their corresponding

CLINICAL PRACTICE GUIDELINES (Continued)

document) that formally participated in the development of the clinical guideline to highlight the Academy's involvement in this process. (03)

Referred to the Commission on Clinical Policies and Research. The CCPR discussed this resolution and determined that the AAFP clinical practice guidelines are readily available to members on the AAFP website and the authors are listed in the guidelines. The CCPR resident member agreed to relay this information to the resident group.

CODING

- Recommended that the AAFP "delegation to the American Medical Association encourage the creation of new CPT codes that capture all the physician's work and complexity to allow family physicians to adequately care for all of their patients' concerns in each visit and be compensated accordingly." (16)

Commission on Quality and Practice Reaffirmed the resolution on the basis that the resolutions is already being addressed through current AAFP activities within the AMA CPT editorial panel.

COMMISSION ON HEALTH CARE SERVICES

- Supported task force created by Commission on Health Care Services. (79)

COMMITTEE ON CHAPTER AFFAIRS

- Recommended that the AAFP create a position on the Chapter Affairs Committee for a resident member of the Academy. (89)

CRSA recommended that the BOD appoint a resident member to the CAC. The BOD did not adopt.

(Editorial Note) A resident and resident were appointed to the Chapter Affairs Committee in 1991.

COMMITTEE ON COMPUTERS (AD HOC)

- Recommended that the AAFP Ad Hoc Committee on Computers remain in existence to continue the work it has begun and to address other appropriate issues in areas such as, but not limited to: 1) Developing guidelines for minimal proficiency in computer literacy for family practice residents, and 2) Developing a curriculum for practicing physicians to improve their proficiency in computer utilization in practice, patient education and research. (91)

AAFP COD referred to the BOD to be prioritized with other educational efforts.

COMMITTEE ON MEDICAL ETHICS

- Recommended that the AAFP reconsider the dissolution of the Committee on Medical Ethics or that it designate an appropriate entity as a permanent continuing forum to deal with medical ethics issues. (90)

  AAFP COD amended and adopted to read, "that the AAFP designate an appropriate entity within the Academy to respond to issues pertaining to medical ethics and that the AAFP develop a code of ethics as a priority." COD referred first part to the Committee on Medical Ethics and the second part to the AAFP BOD.

COMMITTEE ON MINORITY HEALTH AFFAIRS

- Recommended AAFP establish a Committee on Minority Health Affairs. (79)

COMMITTEE ON NEW PHYSICIANS

- Recommended that the CRSA request the AAFP Board of Directors to appoint a resident and a student to the Young Physicians Committee. (86)

  CRSA did not adopt.

- Recommended the AAFP consider appointing one resident to the New Physicians Committee. (89)

  CRSA recommended the BOD appoint a resident member to the New Physicians Committee. BOD did not adopt.

- Recommended the Board of Directors add a resident representative to the New Physicians Committee, and that the resident member of the New Physicians Committee be in their final year of residency.

  CRSA supported the resolution with an editorial change in the title to a Resident Representative (instead of Resident/student Representation) and laterally referred to the New Physicians Committee for consideration.

COMMITTEE ON PROFESSIONAL LIABILITY

- Recommended the AAFP Board of Directors select a resident and student to the Committee on Professional Liability starting 1985-1986. (85)

  Recommendation to BOD for resident member only at this time. Passed by BOD.

COMMITTEE ON RESEARCH

- Recommended there be a resident on the new Committee on Research. (78)

  Board of Directors appointed a resident to the Committee on Research.

COMMITTEE ON SCIENTIFIC PROGRAMMING

- Recommended that the AAFP change the timing of the appointment of the resident representative to the Committee on Scientific Program to mirror that of the appointment of the resident representative to the American Medical Association, to allow the resident to be an 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.

COMMUNITY APPROPRIATE MEDICAL LANGUAGE COURSES

- Recommended, that the AAFP communicate to medical schools giving support to the concept that medical schools provide their students with the opportunity for community appropriate language education and resources. (94)

  Was not accepted as a workshop at the 1995 convention.

COMMUNITY-BASED RESEARCH

- Recommended that 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 CPQ accepted this resolution for information. The CPQ considered the resolution that 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 (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.

COMPREHENSIVE YEAR OF TRAINING

- Opposed efforts to mandate a comprehensive year of training prior to the beginning of family practice residency. (80)

COMPUTER-BASED COST EFFECTIVENESS

- Recommended that the AAFP investigate the use of computer-based training in "cost-effective case management" for medical students and family practice residents and study the feasibility of making "cost-effective case management" resources available to medical students and family practice residents. (95)

  The COE adopted a motion that the AAFP send a letter to department chairs and program directors indicating medical student and resident interest in obtaining knowledge on cost-effective, quality medical care.

COMPUTER CORE EDUCATIONAL GUIDELINES

- Recommended the NCFPR/NCSM strongly support the BOD approval of a policy that medical informatics be an integral part of undergraduate medical education and the recommendation to ask the COE to develop and AAFP recommended core education guideline on medical informatics for use in family practice residency programs, and that the AAFP investigate avenues by which residencies implement a computer curriculum within five years. (91)

  CRSA accepted for information, noting this was acted upon by the 1991 COD. The COD referred a resolution regarding the continuation of the AAFP Computer Committee to the Executive Vice President.

COMPUTER DATABASE FOR EDUCATIONAL EXPERIENCE IN UNDERSERVED AREAS

- Recommended that the NCFPR strongly encourage the AAFP to develop a national computerized database for preceptorship and clerkship experiences in underserved areas (both rural and urban). (94)

  CRSA accepted for information.

COMPUTER WORKING GROUP OF NCFPR/NCSM

- Recommended the NCFPR/NCSM support the creation of a joint committee for computers in family practice composed of interested members from the student and resident groups requiring minimal or no staff support from the Academy. The group to remain inexistence until such time as the AAFP establishes a body which formally addresses the issues of computer education in family practice medicine, and the committee report to the CRSA and the 1991 NCFPR/NCSM. (90)

  CRSA tabled until March 1991. At the March meeting the CRSA again tabled this until NCFPR/NCSM Charter was written showing the relationship of NCFPR/NCSM to the CRSA and the Academy. A computer workshop and a two-hour Computer Working Group were offered at the 1991 NCFPR/NCSM.

- Recommended the NCFPR/NCSM thank the CRSA for forming the Computer Working Group and that the Working Group or an appropriate alternative be in future years. (91)

COMPUTER WORKING GROUP OF NCFPR/NCSM (Continued)

CRSA accepted for information, noting this had been placed on the NCFPR/NCSM agenda for 1992.

- Recommended the CRSA and Committee on Scientific Program provide education at their annual assemblies on Basic Computer Literacy and on combining the appropriate hardware and software combinations for effective computer applications and that the CRSA and the Committee on Scientific Program provide an area where computer applications can be demonstrated and where instructors are available for consultation about the technology demonstrated during their annual assemblies, and that the Publications Committee encourage the appropriate family practice journals to provide articles to educate family physicians in the use of computers. (93)

  CRSA laterally referred first and second clauses to the Committee on Scientific Program for further exploration. Third clauses laterally referred to the Committee on Publications for investigation.

  The September 1994 issue of *Family Practice Management (FPM)* had an article on computers. *FPM* staff is considering creating a new department relating to computers.

COMPUTERS

- Supported *AFP* in investigation of standardized computer program for family practice offices. (80)

  Ad Hoc Task Force on Use of Computers in Family Medicine formed in 1983 has addressed this issue.

- Recommended the AAFP take an active role in stimulating development and exchange of computer information. (91)

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

- Recommended the AAFP 1) Support and implement the concept of a computer in medicine written information exchange, and 2) Investigate sources of funding and mechanisms of distribution for this information exchange. (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 advocate an increased awareness of computer technology among its membership to include, but not limited to: 1) the development of an AAFP monograph; 2) the proliferation of information via other AAFP publication(s) to educate the AAFP membership on computers; 3) development of continuing medical education courses on computer technology, and 4) development of mechanisms by which the AAFP membership can learn of advances in computer technology. (92)

  Referred to the Commission on Continuing Medical Education. The CoCME agreed that teaching physicians how to use computers is not a CME function. However, it is a function of the CoCME to continue approving courses which provide physicians with valuable information in the use of computers in their offices for purposes of patient care. It was indicated that STFM also had a working committee task force dealing with this issue. Noted that the AAFP continues to receive

COMPUTERS (Continued)

interactive computer/video programs from various sources and the Production Subcommittee has made a recommendation that the CoCME appoint a subcommittee to review these programs.

- Recommended the CRSA/AAFP in conjunction with the NCFPR resident delegate to the RRC/FP request an amendment to the Special Requirements for Residency Training in Family Practice to ensure a minimum level of computer competency on the part of both residents and faculty. (92)

  CRSA accepted for information. Adopted similar NCSM resolution: Recommended, that the AAFP develop a residency core curriculum to ensure a minimum of 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 mechanisms such as 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. CRSA referred to the Commission on Education.

CONDOLENCE

- Recommended the COD of the AAFP join the NCFPR and the NCSM in recognizing Dr. Jackson's valuable contributions to his community, his profession, and his Academy, and that the AAFP convey to Dr. Jackson's mother and sisters the respect and admiration that was held for him, and that a copy of this resolution be sent with deepest sympathies to his family. (93)

  Congress of Delegates adopted.

CONFLICT OF INTEREST – AAFP FACULTY

- Recommended the AAFP require conference presenters to disclose potential conflicts of interest and that this information be made available to conference attendees. (13)

  The COE and COCPD agreed to reaffirm this resolution. It was noted there is current policy on potential conflicts of interest with regard to conference presenters.

  The COCPD will address updating the CME Funding of Educational Activities policy to include reference to existing resources such as the AMA Gifts to Physicians from Industry guidance, the ACCME Standards for Commercial Support, the CMSS Code for Interactions with Companies, and the National Physician Payment Transparency Program (formerly known as the Sunshine Act.)

CONSTITUENT CHAPTER AFFILIATION

- Recommended that the AAFP investigate current student congress bylaws in order to define the status of Health Professions Scholarship Program (HPSP) students with regard to choice of constituent chapter(s) and if no bylaws currently exist, recommend that HPSP students be allowed dual membership in Uniformed Services and state AFP chapters and modify the student

CONSTITUENT CHAPTER AFFILIATION (Continued)

application to allow Health Professions Scholarship Program (HPSP) students to identify themselves for AAFP to provide a list of those students to the Uniformed Services constituency chapter. (01)

Referred to the Commission on Membership and Member Services. CMMS accepted for information this resolution, noting that dual membership is currently available for HPSP students. It was suggested that this information be added to the Academy's student Web site directing students to the Uniformed Services Web site.

CONSTITUENT CHAPTER RESIDENT REPRESENTATION

- Stated it is important for residents to attend their local and state Academy meetings. (75)

- Stated each attendee at NCFPR should report back to their state Academy chapter to keep them informed. (75)

- Recommended the AAFP encourage each Constituent Chapter to have at least one voting resident member on its BOD and that the AAFP request each CC to appoint a physician member of their BOD as the "resident liaison" whose responsibilities would include: a) supporting and ensuring smooth transition of resident leadership in those states with an active Academy resident organization; b) assisting with organization/reorganization of the resident group in those states without a formal Academy resident organization. (89)

  COD adopted substitute resolution that the AAFP encourage each CC to have at least one voting resident member on its BOD and each CC in which there is a family practice residency to appoint a physician member of their BOD as the "resident liaison" whose responsibilities would include: a) supporting and ensuring smooth transition of resident leadership in those states with an active AAFP resident organization, b) assisting with organization/reorganization of a resident group in those states without a formal AAFP resident organization. Referred to Chapter Affairs Committee.

- Recommended that the AAFP encourage all constituent chapters to support a resident and student issue group, and encourage all constituent chapters to allow resident and student voting privileges at the level of Board of Directors at the constituent chapter. (06)

  Upon referral to the Commission on Membership and Member Services, chapter executives were surveyed about the involvement of residents and students in their chapter. Of the 37 chapters that responded, 35 have voting resident representation on their board, 30 have voting student representation on their board, 17 have a resident issue group and 23 have a student issue group. The results related to voting privileges on chapter boards are very concrete and clearly indicate that the majority of chapters responding have such representation. The commission felt uncertainty about how to define "issue group," and, further, what was meant by "support" of an "issue group." No further action was taken.

CONSTITUENT CHAPTERS

- Recommended the AAFP encourage constituent chapters to encourage the development of programs for their students and residents, including any or all of the following topics: individual counseling, support groups, mindfulness, and other mind-body experiential learning opportunities. (10)

CONSTITUENT CHAPTERS (Continued)

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.

- Recommended the AAFP encourage its constituent chapters to develop additional opportunities for medical students, residents and faculty members to present research. (12)

  The COE and CMMS agreed with this resolution. A specific recommendation was made to survey constituent chapters regarding research opportunities for residents and students. Results of the survey will be shared as best practices with chapters and they will be encouraged to develop opportunities for presentation of research at the chapter level.

  The COE discussed new ACGME scholarly activity requirements and how residents are looking for new ways to present research activities and projects. By providing opportunities to present at chapter meetings, this accomplishes the needs of engaging new members groups and building the pipeline of future members, as well as giving residents more opportunities.

  The CMMS agreed with the recommendation of the COE to agree with the resolution and to conduct a survey of chapters regarding opportunities for students and residents to present research.

- Recommended the AAFP encourage and promote constituent chapters to appoint a member-comprised task force to collect, maintain, and update an online directory of community resources available for wellness and healing. (12)

  Referred to the Commission on Membership and Member Services. The commission agreed with the resolution with a modification that the AAFP encourage chapters to share community resources on wellness and healing with members at the state level through their communication vehicles (website, newsletters, etc.). The CMMS was informed that a small number of chapters provide wellness resources for members. However, as each chapter varies in number of staff and organizational capacity, it may not be feasible for each chapter to manage a task force and/or online directory. The commission discussed that chapters have a hard time engaging volunteers. Developing an online list of resources would be an ongoing task and the information would quickly be outdated. It was also noted that many medical schools have this information readily available.

CONTINUING MEDICAL EDUCATION (CME)

- Supported statement advocating each residency program provides CME time for its residents and to specifically allocate time at the director's discretion. (78)

  Sent to Commission on Education, RAP, RRC, and STFM.

CONTINUING MEDICAL EDUCATION (CME) (Continued)

- Recommended the AAFP support resident and student attendance at CME conferences by reducing tuition to conference cost, with the understanding that this supplemented registration will be limited based on attendance by those members paying full conference tuition. (89)

  CRSA accepted for information, noting this has already been referred to the COCME by the BOD. 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.

- 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.

CONTINUITY OF CARE IN RESIDENCIES

- Recommended the CRSA investigate mechanisms to further define the requirements for continuity of care in residency programs, including the family practice residents' ability to direct patient care when those patients are admitted to other services such as CCU, pediatrics, and obstetrics. (86)

  CRSA urged the Board of Directors to work through its representatives on the RRC to emphasize these concepts.

- Recommended the AAFP encourage the American Board of Family Practice to add delayed program closure to its list of exceptions to the two-year continuity of care rule, allowing rising PGY-3 residents to transfer to another residency program at the same level. (04)

  Referred to the Commission on Education. The COE accepted this resolution for information. It is current ABFM practice to allow a resident to transfer in his/her PGY-3 year if the program is closing.

- Recommended the AAFP encourage the Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committee for Family Medicine (RRC-FM) to update continuity clinic requirements to reflect care via telephone and email interactions as well as clinic visits. (09)

  Referred to the Commission on Education. The COE agreed with this resolution. It was noted that the definition of continuity requires expansion, increased flexibility, and reevaluation of current standards. The new definition of continuity should allow flexibility surrounding asynchronous care, home visits, geriatric visits to facilities, e-visits, care management, and interdisciplinary team approaches. This information is included in the recommendations of the Council of Academic Family Medicine (CAFM) to the ACGME.

CONTRACEPTION

- Recommended the AAFP "offer implant insertion and removal training for both resident and practicing family physicians" and "petition the United States Food and Drug Administration to remove the mandatory industry-sponsored insertion and removal training session in favor of a peer-based training model.(16)

  Commissions on Continuing Professional Development, Education and Governmental Advocacy Agreed and recommended the Board of Directors take steps to implement the resolution.

- Recommended that the AAFP support a policy that long-acting reversible contraceptive methods be a recommended option for postpartum women prior to hospital discharge and recommend that the AAFP support a policy assuring coverage of long-acting reversible contraceptive device and placement prior to hospital discharge, separate from the global fee, for all women who selected these methods. (15)

  Resolution from Congress of Delegates on same topic took precedence and referred to Commission on Health of the Public and Science and Commission on Quality Practice. The CHPS, CQP and BOD approved a revision of the AAFP policy statement on "Coverage for Family Planning Drugs and Supplies" as recommended by the CQP. The policy statements on "Contraceptive Advice" and "Reversible Contraception Methods" were combined to simplify and streamline AAFP policies.

- Supported AAFP interest in the importance of education on the emotional and physical aspects of birth control alternatives. (78)

  Sent to Commission on Health Care Services, Commission on Public Health and Scientific Affairs. Reflected in AAFP policy, revised in 1982.

- Recommended that, in view of AAFP's opposition to HHS 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.

- Recommended that the AAFP support the current proposal submitted to the Food and Drug Administration (FDA) to make the progesterone-only emergency contraception available over the counter and recommend to the FDA appropriate labeling of progesterone-only emergency contraception that encourages patients to contact their primary care physician, clinic or distributing company for support and/or counseling regarding use of this product. (03)

  Referred to the Congress of Delegates. The COD adopted a substitute resolution 1) calling for the Academy to support the current proposal submitted to the FDA to make progesterone-only emergency contraception available over the counter and 2) encouraging the Academy to press for inclusion of information on safe sexual practices and contraception with any of the over the counter emergency contraceptives.

- Recommended the AAFP collaborate with the American Pharmacists' Association to eliminate barriers to prompt access to all contraceptives. (05)

CONTRACEPTION (Continued)

The BOD referred this resolution 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.

- Recommended the AAFP educate physicians about barriers to initiating or refilling contraception (e.g., requiring Pap smears before prescription) and encourage physicians to provide prescriptions with refills for a year of contraception, and work with insurance companies, including Medicaid, to allow the dispensing of more than one month supply of contraceptives at a time. (06)

  The BOD referred the first resolved clause of this resolution to the Commission on Continuing Professional Development and the second resolved clause to the Commission on Practice Enhancement.

  The COCPD accepted this resolution for information and will share it with producers of AAFP CME for possible inclusion in CME activities. The 2007 Women's Health and Physician Wellness course will include a session on contraceptive case studies. The 2007 Scientific Assembly will include sessions on "Contraceptive Options, Pros and Cons," "Contraception Options: What's New vs. Tried and True," and "Evidence-based Contraceptive Prescribing." The 2006 Scientific Assembly included a 2-hour seminar entitled, "Proactive Birth Control: Contraception and Options Counseling for Unintended Pregnancy." The 2005 Scientific Assembly included as part of the Annual Lecture Series "Contraceptive Case Studies."

  Upon consideration, the COPE agreed that the Academy should send a targeted letter to payers providing facts to assist payers in educating employer clients with whom they work on this topic and that staff should draft a template letter for chapters to send to their State Medicaid agency with similar information.

- Recommended the AAFP encourage family physicians to talk to patients about emergency contraception at routine visits and offer to dispense prescriptions in advance to women of reproductive age. (06)

  The BOD referred this resolution to the Commission on Health of the Public. After discussion, the COHP directed staff to repurpose the existing adolescent policy to the general population. The Academy has a number of relevant policies including reproductive decisions; adolescent health care; adolescents, protecting: ensuring access to care and reporting sexual activity and abuse (position paper). In addition, the 2006 Congress of Delegates reaffirmed a resolution on behind the counter emergency contraception.

- Recommended the AAFP review existing AAFP enduring materials promoting current evidence-based practices regarding contraceptive care and ensure that future enduring materials address evidence-based topics which include, but are 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)

CONTRACEPTION (Continued)

Referred to the Commission on Continuing Professional Development. The COCPD accepted this resolution for information and referred it to the CME Resources Department.

- Recommended the AAFP strongly endorse its support for universal access to contraceptives. (12)

  The CHPS accepted this resolution for information. Staff consulted with Government Relations Division, and it was determined that this access would be covered under the Affordable Care Act (ACA).

- Recommended the AAFP advocate for full coverage of all contraceptive options for men and women of reproductive age receiving Medicare benefits. (15)

  Resolution from Congress of Delegates on same topic takes precedence. COD Resolution was adopted and referred to Commission on Quality and Practice. A letter was approved by the AAFP Board Chair and sent to respective parties.

CONTRACEPTION - ORAL

- Recommended the AAFP develop a policy on access to oral contraceptive pills (OCPs) without a prescription. (13)

  The CHPS adopted a policy statement on over-the-counter oral contraceptives that will be acted upon by the Board of Directors at its July 2014 meeting.

- Recommended the AAFP write to appropriate entities to urge that adolescents be included in the over-the-counter (OTC) oral contraceptives studies to determine whether OTC access is appropriate for this population. (16)

  Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution NO. 501 was referred to the Commission on Governmental Advocacy. The commission recommended and the Board of Directors approved at its April 2017 meeting that the AAFP implement this resolution by writing to the U.S. Food and Drug Administration to encourage that adolescents, regardless of age, be included in the OTC studies.

COST SENSITIVE CLINICAL DECISION MAKING

- Recommended that the CRSA encourage FP residencies to include cost-sensitive training as part of the practice management curriculum. (95)

  Accepted for information as this is currently being done.

CREDENTIALING

- Recommended the AAFP oppose the formation of a specific list of required procedure/interpretation skills, and that the AAFP support the credentialing of any interpretive or procedural skills for which a family practice resident has demonstrated and documented competence. (90)

CREDENTIALING (Continued)

AAFP Congress of Delegates adopted first resolved. COD adopted substitute second resolved "that the AAFP continue to support the credentialing of any interpretative or procedural skills for which a family practice resident or family physician has documented appropriate training and experience or demonstrated competence.

- Recommended that the AAFP oppose the behavior evaluation process as a required part of the family practice credentialing process: 1) Responsibility and Reliability and 2) Initiative. (90)

  CRSA tabled until the March CRSA meeting, noting they need more information before deciding this issue.

- Recommended the AAFP adopt a policy stating, "family physicians are trained to care for patients without the need for disease-specific credentialing, "which parallels existing Academy policy on Privileges and Certification. (78)

  Referred to Commission on Health Care Services. The Commission has studied this issue and has determined that current Academy policy (e.g.) definitions of primary care, privileging statements) adequately covers the concept that family physicians are trained to care for patients without the need for disease specific certification.

- Recommended that the AAFP encourage the adoption and use of a standardized credentialing application, such as the one developed by the American Association of Health Plans. (01)

  Referred to the Commission on Health Care Services. Upon consideration, the CHCS agreed that the Academy's involvement in the Coalition for Affordable Quality Healthcare activity surrounding this issue addressed the intent of the resolution.

CRISIS PREGNANCY CENTERS

- Recommended that the AAFP "oppose legislation that requires women to attend crisis pregnancy centers prior to obtaining an abortion or requires physicians to provide information about crisis pregnancy centers." (16)

  Commission on Governmental Advocacy Reaffirmed as AAFP works to support women's right to access health services and to defend the integrity of the doctor-patient relationship.

CULTURAL CATEGORIZATION

- Recommended that the AAFP Committee on Minority Health Affairs develop policy recommendations for dealing with the effects of categorizing multiple cultural and ethnic groups under any single label. (93)

  CRSA referred to the Committee on Minority Health Affairs for review and recommendation and asked that the committee be kept updated on this issue. A subcommittee was appointed to obtain information from students, residents and family physicians to begin development of policy recommendations to address this issue. Will be discussed and policy developed by the Committee on Minority Health Affairs at the February 1995 Cluster Meeting.

CULTURAL DIVERSITY

- Recommended that the AAFP add links such as ethnomed.org to its official website and "provide continuing medication education at events to educate physicians on providing culturally competent care." (16)

  Executive Vice President Accepted for Information; Commission on Continuing Professional Development noted that as a CME provider, the AAFP offers relevant, compliant, and high-quality CME that addresses practice needs in family medicine. AAFP has made the recognition of and sensitivity to cultural/ethnic differences among patients a policy priority since 1985.

- Recommended that the AAFP "provide a focused cross-cultural and linguistic educational session at national conferences to improve communication between physicians and Hispanic and Latino population with limited English proficiency" and "disseminate cross-cultural and linguistic education resources to Family Medicine Interest Groups across the country to improve communication between physicians and Hispanic and Latino populations with limited English proficiency." (16)

  Commission on Continuing Professional Commission's review of CME portfolio revealed 13 activities on cultural competency since 2009. Relevant AAFP policy was approved in 2008 and updated in 2013.

- Supported cross-cultural education of AAFP members through CME programs. (83)

  Adopted by 1983 COD.

- Recommended that the AAFP recommends, challenges, and encourages medical schools to require a minimum of six (6) lecture hours in cross cultural issues and that the AAFP through its representatives to the Residency Review Committee for Family Practice (RRC-FP) recommend that every Family Practice program require an educational experience integrating didactic and clinical experience with a culturally diverse patient population, under the guidance of an experienced preceptor. (93)

  CRSA supported the concept and laterally referred to the Commission on Education for consideration and implementation. COE recommended that communications be sent to predoctoral directors and residency directors concerning the need to teach cultural diversity and that the communication includes a list of appropriate references and resources on how to accomplish this.

- Recommended that the AAFP develop a core educational guideline on cross-cultural issues to be distributed to all residency programs. (95)

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

- Recommended the AAFP encourage those involved in the training of Family Physicians to participate in cultural competence training. (96)

  Referred to the Commission on Education. The COE determined the actions requested have been completed by the letters sent to Deans of Osteopathic Medicine and US Medical Schools , (Continued) monitoring of minority data, and

CULTURAL DIVERSITY (Continued)

AAFP's membership and participate in the program "Health Professionals for Diversity."

- Recommended the CRSA/AAFP continue to strongly encourage the inclusion of culturally sensitive and competent health care faculty and preceptors in training programs. (97)

  Adopted by the Congress of Delegates and referred to the Commission on Education. In reviewing the recently developed Core Curriculum

- Recommended a cultural competency training program be offered as part of the workshops at the next 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 investigate providing resources and training for its members on cultural proficiency, and investigate making cultural proficiency an Annual Clinical Focus. (06)

  The Commission on Health of the Public accepted the first resolved clause of this resolution for information. While no formal training program is currently planned, the AAFP is actively involved in a variety of endeavors to enhance members' cultural proficiency.

  The Commission on Continuing Professional Development 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.

CURRICULUM

- Suggested Core Curricula on national and residency level should be closely examined. (75)
- Recommended including practice management as part of core curriculum of family practice training. (78)
- Recommended facilitation in the development of quality faculty through: (a) use of fourth year chief residents; (b) increased number of fellowships; and (c) utilization of part-time faculty. (78)

  Sent to STFM.

- Encouraged flexibility in residency training so that graduates may acquire skills necessary for rural practice. (78)
- Suggested that urban residency programs include training in minor surgery, OB/GYN, community services, occupational and environmental medicine and family dynamics. (78)

  Sent to Commission on Education, RRC, RAP, STFM

- Encouraged inclusion of behavioral science in curricula with trained professionals teaching it. (78)

  Referred to Committee on Mental Health.

CURRICULUM (Continued)

- Recommended that residencies offer orientation programs to foster and identify with the program and with family medicine. (78)

  Sent to Commission on Education

- Supported family practice leadership in family practice management. (79)

- Reaffirmed support of educational materials in medical schools and family practice residencies. (80)

  CRSA accepted for information, no action taken.

- Encouraged RRC to help assure curriculum for family practice residencies not be dictated by outside organizations as is being done by Kentucky Legislation. (80)

  COD adopted substitute resolution that RRC be informed about actions of Kentucky Legislation in defining curriculum requirements for family practice residency programs.

- Recommended that AAFP work to insure family practice curricula contain adequate instruction in various aspects of preventive medicine. (82)

  CRSA accepted for information, no action taken. The committee felt this is being done by RRC.

- Recommended the inclusion of wellness promotion in residencies. (82)

  1982 COD adopted.

- Recommended that 1) the AAFP support development of curriculum in medical ethics; and 2) CRSA support the addition of guidelines for education in medical ethics in the "special essentials" of graduate education in family practice. (85)

  Referred to BOD for action, referred to COE.

- Recommended the AAFP develop core educational guidelines for family practice residents for patient education and the AAFP inform family medicine departments of the availability of these core educational guidelines for patient education for use in teaching of medical students. (92)

  CRSA adopted and referred this resolution and a similar NCSM resolution to the Commission on Education and the Committee on Health Education.

- Recommended the AAFP develop and disseminate Core Educational Guidelines for family practice residents on the care of children. (96)

  Referred to the Commission on Education. Agreed to develop core educational guidelines on the care of children.

- Recommended the AAFP communicate to the Residency Review Committee for Family Practice (RRC-FP) the needs expressed by tertiary care-based family practice residents who are desirous of additional training opportunities in rural family medicine but are limited by current RRC-FP time away policy. (96)

CURRICULUM (Continued)

Referred to Commission on Education. Accepted the resolution for information and noted that the current *Program Requirements for Residency Training in Family Practice* provide for two months away from the residency program in each of the second and third year of residency training allowing for adequate training opportunity in rural family medicine.

- Recommended the AAFP encourage the training of family practice residents by family practice residents by family physician faculty whose practices include ambulatory and hospitalized patients and the AAFP communicate to the Residency Review Committee for Family Practice (RRC-FP) that residents should be supervised and taught by family physician faculty whose practices include ambulatory and hospitalized patients. (97)

  Referred to the Commission on Education and Task Force on Hospitalists. The COE received this resolution for information and noted that the first resolved clause is current AAFP policy and the second resolved clause is provided for in the *Program Requirements for Residency Training in Family Practice.* The task force explored educational issues surrounding the hospitalist movement.

- Recommended the CRSA/AAFP encourage faculty and preceptors to avoid exclusion of opposite sex students and residents during gender and anatomy sensitive examinations and procedures, and that the AAFP develop a policy statements that educational experiences be equal for residents of both sexes in gender and anatomy sensitive examinations and procedures. (97)

  Referred to 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 NCFPR and requesting that the organizations consider addressing the issues included in this resolution.

- Recommended that the AAFP work with the Society of Teachers of Family Medicine and/or other sister organizations to facilitate the development of a standardized curriculum on the history and principles of family medicine and the specialty's contributions to the American healthcare system to be distributed to departments of family medicine, family medicine interest groups, and family medicine residency programs for use in orientation and promotional activities. (01)

  Referred to the Commission on Education. COE did not adopt this resolution, noting a significant number of resources in existence on this topic. The COE indicated that the STFM is currently engaged in the Family Medicine Curriculum (FMC) project and that the University of Arizona study will address how information on family medicine is communicated to medical students.

- 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 documented disparities in underserved and minority communities, as well as 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,

CURRICULUM (Continued)

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 investigate how evidence-based mental health training can be better integrated into resident training. (06)

  Referred to the Commission on Education. The COE accepted this resolution for information. Information was shared from phone interviews with a dozen family medicine residents about the state of mental health training in the nation's family medicine residency programs. Great variability in the curriculum and individual experiences was reported by those who were interviewed. It was clarified that the Residency Review Committee for Family Medicine (RRC-FM) has cited very few family medicine residency programs because of mental health training issues.

- Recommended the AAFP work with the Residency Review Committee to offer greater emphasis on office-based procedures. (06)

  Referred to the Commission on Education. The COE took no action on this resolution. The RRC-FM has begun to inventory required and elective procedures, which may help the family medicine community obtain more accurate data on programs' activity related to procedures. The COE intends to monitor this issue closely as data becomes available and procedural training is quantified at a national level.

CYSTIC FIBROSIS SCREENING (PRE-CONCEPTION COUNSELING)

- Recommended the AAFP investigate the development of an evidence-based policy statement supporting coverage of cystic fibrosis screening in preconception care for at-risk populations. (08)

  Referred to the Commission on Health of the Public and Science. CHPS accepted this resolution for information. The commission plans to follow-up by investigating background information/evidence on pre-conception counseling for cystic fibrosis.

DEMENTIA

- Recommended the AAFP "advocate for comprehensive dementia research and awareness initiatives." (16)

  Commission on Health of the Public and Science Executive Committee is reviewing for further action. The AAFP's National Research Network's toolkit on Cognitive Impairment in Older Adults is being transitioned to the AAFP's website for member use.

DENTAL CARE

- Recommended the AAFP investigate the addition of basic dental care, including tooth extraction, to the training of family medicine residents, and the National Conference Planning Committee investigate a workshop on basic dental care, including procedures such as tooth extraction. (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 COE Subcommittee on National Conference Planning.

  The Commission on Education 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 in the American food supply, and the AAFP encourage the journal *American Family Physician* to consider publishing an updated review of the evidence regarding dietary sodium and its effects on patient health. (13)

  The CHPS note that 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* to consider publishing the IOM report. The AFP published an editorial on sodium restriction in heart failure in its April 1, 2014 issue.

DIRECT CONSUMER ADVERTISING

- Recommended the AAFP "change its policy to support a ban on direct-to-consumer advertising of prescription drugs and medical devices" and "coordinate with the American Medical Association to advocate for a ban on direct-to-consumer advertising." (16)

  Resolution from Congress of Delegates on same topic takes precedence. Commission on Governmental Advocacy Accepted for Information since 2016 COD Resolution 302 is under review by the Board.

DIRECT PRIMARY CARE ROTATION SITE LIST

- Recommended the AAFP create an online list of direct primary care clinics and physicians who are willing to allow residents and students to rotate on site. (15)

  Referred to the Commission Quality and Practice. CQP accepted this resolution for information. The Commission determined that creating and maintain and online listing would be staff-intensive work that would take time away from current and beneficial DPC projects.

DIRECTORY OF FAMILY PRACTICE RESIDENCY PROGRAMS

- Recommended the AAFP remove information on International Medical Graduate in each program from the *Directory of Family Practice Residency Programs.* (92)

  CRSA accepted for information. This information on IMGs was removed from the *1993 Directory of Family Practice Residencies*.

- Recommended the CRSA change the structure of the Directory of Family Practice Residency Programs to provide clarification about which programs prepare their residents for rural practice. The data should include additional information on the structure of programs with rural tracks. (96)

  Referred to Commission on Education and accepted for information.

- Recommended the AAFP add to its Directory of Family Practice Residency Programs and individual page for each separately accredited program with a unique National Residency Matching Program number and each program listed in the Directory of Family Practice Residency Programs have the opportunity, under the category "Residency Training Time in Required Rotations" to list the number of required "rural" months. (98)

  Referred to the Commission on Education. The commission 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 Feature;" (3) staff 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 program characteristics, such as unopposed vs. opposed programs, fellowships offered, international rotations, residency size, relocation funding, geographic radius/region, and rural/suburban/urban hospital setting. (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 Family Medicine Residency Program 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 resources to aid physicians and their disabled patients transition 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

- Urged the CRSA to issue a statement opposing discrimination against residents or residency applicants on any basis, including sex, color, politics, creed or sexual preference. (85)

  Referred to the Program Directors Workshop. Proposed article in Resident-Student Advisor emphasizing non-discriminatory policies.

- 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 program irrespective of race, color, religion, gender, sexual orientation, ethnic affiliation or national origin. (93)

  Congress of Delegates did not adopt.

- Recommended that the AAFP state that members should not deny medical care based on race, color, religion, gender, sexual orientation, ethnic affiliation, national origin or health status. (95)

  Congress of Delegates did not adopt.

- Recommended the AAFP communicate to the AFPRD resident concerns regarding sexual orientation biases in the selection and ranking process of prospective residents, and a workshop on “Heterosexism in Residency Selection” be developed and presented at the AFRPD Annual Conference and the AAFP consider making a similar workshop part of the Chief Resident Development Program. (97)

  Referred to 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.

DIVERSITY OF FAMILY PHYSICIANS

- Recommended that all future AAFP media materials more accurately reflect the cultural and ethnic diversity as well as the gender representation of the membership. (92)

  CRSA tabled until March meeting. CRSA at March meeting adopted similar NCSM resolution: Recommended the AAFP incorporate in its publications and identifications symbols, images reflecting the diversity of family physicians and families. Referred to Committee on Publications.

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

DOCTORS ON MAIN STREET

- Recommended the CRSA investigate the feasibility of having "Doctor on Main Street" materials available for Residency Programs to use in residency training. (97)

  Referred to Committee on Communications. Due to the high cost, it was decided that staff pursue a long-term (3 year) funding agreement for the program, and if unable to secure funding, that the program be discontinued. Additionally, staff was asked to consider ways that those elements of the program focusing on member service and product development could be retained as part of the organization's total public relations activities. Current funding ends in August 1998.

DOCTORS OUGHT TO CARE (DOC)

- Supported DOC philosophically. (78)

  Sent to Board of Directors

- Recommended appointing a committee to monitor the activities of state DOC Chapters and to act as NCFPR Liaison. (79)

- Suggested incorporation of some DOC ideas into AAFP Patient Education Packages. (79)

  Referred to Commission on Public Health, which states that DOC participates at the Patient Education Conference and other Academy meetings and is considered a resource for slides, presenters, etc.

- Recommended presentation of DOC at 1979 Scientific Assembly. (79)

- Recommended DOC be considered as a resource organization for workshops on wellness. (83)

  CRSA referred to NCFPR Planning Committee.

  (Editorial Note: Also see NCFPR/NCSM Meeting Suggestions.)

DOCUMENTATION

- Expressed belief that documentation of experiences is a necessity for family practice residents, as it helps both in evaluation and in applying for practice privileges. (76)

  Sent to Commission on Education, RAP. COD had adopted a stance that the documentation of residency experience should be further studied and that potential mechanisms for documentation be developed.

- Recommended that documentation include procedures and in-hospital experience, particularly in areas of surgery, OB/GYN, and special unit patient management. (76)

  Sent to Commission on Education, RAP; included in documentation cards.

- Stated that program directors have the responsibility to coordinate documentation of resident experiences, and asked the Division of Education to survey programs for methods of documentation and develop a standardized form. (76)

DOCUMENTATION (Continued)

Referred to CRSA. This topic was included in annual workshop for family practice program directors and standardized documentation cards were developed out of this.

- Adopted the following policy statement: The NCFPR considers documentation important because of variability in training programs and individual experience. Documentation is desirable for purposes of research curriculum development, monitoring resident education and comparison of education programs, assistance in obtaining hospital privileges, and continuing education beyond residency. (77)

- Recommended that where no active program exists, each resident be personally responsible for documentation. (77)

- Recommended establishing a central contact at the Academy to be responsible for providing information concerning documentation. (78)

- Recommended CRSA develops a booklet on documentation as delineated by the resident on COE. (80)

  CRSA accepted for information, no action taken.

- Recommended importance of documentation be emphasized in the *AAFP Reporter Resident/Student Newsletter*. (83)

  Accepted by CRSA; several articles subsequently appeared in these publications.

- Asked for survey of recent residency graduates regarding skills and experiences that they were required to document before hospital privileges were granted. (83)

- Asked for an investigation of a model system for documentation of hospital experiences, which could be used in hospital privilege applications. (83)

  This and previous item referred to Commission on Education and Committee on Hospitals.

- Recommended the CRSA study mechanisms for residents to document their competency in procedural skills and study the impact of this documentation on the granting of hospital privileges. (88)

  CRSA recommended to the BOD that the commissions on hospitals and education investigate appropriate mechanisms and prodigals. BOD referred to Commissions on Education and Hospitals.

- Recommended the AAFP develop a national standardized system for the documentation of procedural and significant clinical experiences. (90)

  CRSA accepted for information, noting this is already being dealt with by the AAFP.

- Recommended that the AAFP investigate strategies to eliminate duplicate documentation of care provided by resident physicians and supervised by attending physicians. (01)

  Referred to the Commission on Education. COE adopted this resolution, noting this is an ongoing priority for the AAFP.

DOMESTIC PARTNER BENEFITS

- Recommended the AAFP reaffirm its policy on family benefits and inform family practice residency programs of this and family practice residency programs disclose to applicants if their sponsoring institution offers domestic partner benefits. (99)

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

DRUG PRICING TRANSPARENCY, SUPPORT OF

- Recommended the AAFP support federal and state legislation to require pharmaceutical manufacturers to disclose development and production costs as well as profits in order to negotiate more affordable drug prices for patients and develop an advocacy toolkit for chapters to encourage grassroots support for state legislation to require drug pricing transparency. (15)

  Referred to the Commission on Governmental Advocacy. Resolution has not yet been addressed.

DRUNK DRIVING

- Asked the AAFP to increase public and individual physician awareness of its stance against drunk driving. (83)

  Commission on Public Health and Scientific Affairs and Committee on Scientific Program are carrying this out.

- Recommended the AAFP support a national standard for the legal drinking age. (86)

  Congress of Delegates did not adopt.

ECONOMIC HARDSHIP DEFERMENT

- Recommended the AAFP advocate for reauthorization of the Higher Education Act, which includes the 20/220 pathway. (08)

  Referred to the Commission on Governmental Advocacy. 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.

- 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 that the AAFP support restoration of the Economic Hardship Deferment. (08)

  Referred to the Commission on Governmental Advocacy. 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

ECONOMIC HARDSHIP DEFERMENT (Continued)

pathway which then would be available to all medical students and residents, regardless of their specialty.

EDUCATION ON UNDERSERVED AREAS

- Recommended the AAFP promote the publication of articles providing information to educate students, residents and physicians about resources available for underserved and underinsured populations and promote the publication of patient handouts on resources available for underserved and underinsured populations such as access to healthcare, social services, and subsidized medications. (99)

  Referred to the Commission on Health Care Services. The Commission 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.

EDUCATIONAL MEDIA

- Recommended investigating the development of an educational media on opportunities for family practice residency graduates. (83)

ELECTIVE ACTIVITIES

- Recommended the AAFP investigate the number of hours spent on actual elective activities by residents in family medicine residency programs. (04)

  Referred to the Commission on Education. The COE accepted this resolution for information. It was acknowledged that RRC-FM already was discussing this issue through its recasting of continuity patient volume requirements.

ELECTRONIC COMMUNICATION

- Recommended the AAFP/CRSA work with Academy staff, Family Medical Interest Groups (FMIGs), and family medicine residencies to establish an e-mail communications system for the regular transmission of important news and information to its student and resident members. (98)

  Referred to the Committee on Resident and Student Affairs. The CRSA directed staff to further investigate the possibility of the creation of an e-mail broadcast system, one for residents and one for students, whereby messages would only be broadcasted to subscribers.

- Recommended a database be formed containing e-mail addresses of all AAFP resident and student members who desire to participate which can be accessed through the Academy's website using the member's Academy membership number. (99)

  Referred to the Committee on Resident and Student Affairs. The CRSA accepted this resolution for information. E-mail addresses are available on the member side of the AAFP website.

ELECTRONIC HEALTH RECORDS

- Recommended that the AAFP "develop and publish person-centric guidelines of what should be included in a electronic health record." (16)

  Commission on Quality and Practice Accepted for Information on the basis that creation of a preferred functionality profile would not promote or render the change requested within the resolution.

ELECTRONIC INFORMATION NETWORKS

- Recommended that the AAFP, via appropriate channels (such as AFPRD, RRC, RAP, COE, etc.) encourage all family medicine residency programs to establish access to an electronic information network for program and resident use. (95)

  This was being investigated at the time this resolution was adopted.

ELIMINATING DISPARITIES IN HEALTH CARE

- Recommended the AAFP develop a position paper encouraging the elimination of disparities in health care consistent with Academy policy on nondiscrimination against patients. (99)

  Referred to the Commission on Health Care Services and the Committee on Special Constituencies. The Commission accepted this resolution for information noting that it had begun addressing the intent of the resolution. Also, the Commission 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.

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.

END-OF-LIFE ISSUES

- Recommended the AAFP join the "Hospice Patients Alliance and palliative care communities in endorsing the terminology 'Allow Natural Death' as a compassionate alternative to 'Do Not Resuscitate' during code status and end-of-life discussion" and "advocate for The Joint Commission to endorse 'Allow Natural Death' as acceptable language for code status orders, et specific standards for code status discussions and require institutions to demonstrate compliance with these standards to be accredited." (16)

  Commission on Health of the Public and Science is reviewing resolution to determine action.

END-OF-LIFE ISSUES (Continued)

- Recommended the appropriate AAFP committee review the recommendations in AMA Board Report B of the Council of Ethical and Judicial Affairs *Decisions Near the end of Life*, and that the AAFP reassess its current involvement in end-of-life issues, specifically with regard to withholding/withdrawing treatment; palliative treatment; euthanasia, and physician assisted suicide. (91)

  AAFP COD adopted substitute resolution: That the appropriate AAFP committee review the recommendations in AMA Board Report B of the Council on Ethical and Judicial Affairs *Decisions Near the End of Life*; and the AAFP encourage the inclusion of end of life issues in its education programs; and the AAFP encourage its members to play an active role in educating their patients and communities in regard to end of life decisions. COD referred to AAFP BOD.

- Recommended the AAFP amend their policy on Ethics and Advanced Planning for End-of-Life Care to state "Family physicians should continue to support the medical, psychological and spiritual needs of dying patients and their families by initiating advanced directive discussions and end-of-life planning during times of health," and the AAFP promote the incorporation of advance directive discussions as a part of routine outpatient health maintenance. (12)

  The CHPS agreed and decided to add the language of the resolved clauses to the policy entitled, "Ethics in Advanced Planning for End-of-Life Care" in the section entitled "End-of-Life Care."

ENVIRONMENTAL HEALTH TRAINING

- Recommended the AAFP promote training physicians to take environmental health histories from their patients and act as advocates in their communities to improve environmental conditions. (06)

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

ENVIRONMENTAL POLLUTANTS

- Recommended the AAFP reaffirm its commitment to decrease environmental pollutants and that the AAFP direct lobbying efforts to achieve this end. (88)

  Congress of Delegates adopted. Referred to Commission on Legislation and Government Affairs and the *AAFP Policy Manual*.

ENVIRONMENTAL WASTE

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

  Referred to the Board of Directors.

EQUAL RIGHTS AMENDMENT (ERA)

- Went on record in support of the ERA. (80)

  CRSA did not adopt. CRSA reaffirmed support of resolution adopted by 1978 COD, supporting the concept of equal social, economic, and professional equality for women.

EQUITABLE REPRESENTATION FOR RESIDENCY PROGRAMS

- Recommended the AAFP investigate why some residency programs do not exhibit at the National Conference of Family Practice Residents and Medical Students, and report back to the 2000 National Conference of Family Practice Residents and Medical Students. (99)

  Referred to the Committee on Resident and Student Affairs. The CRSA adopted this resolution. A memorandum describing the benefits of exhibiting at the conference was developed by the immediate past chair of CRSA to be sent to program directors.

ETHICS

- Recommended investigation of current residency and CME training opportunities in ethical decision-making. (83)

  Committee on Ethics formed in 1985 with a resident member, may address this topic. Ethics workshop held at 1984 NCFPR/NCSM, and planned for 1985.

- Recommended the AAFP develop a set of ethical guidelines regarding the acceptance of pharmaceutical industry funding. (90)

  CRSA accepted for information, noting this is already being addressed by the AAFP.

- Recommended the AAFP write a letter of support for the American Medical Association's resolution, affirming the professional and ethical obligations of physicians in the media to provide quality medical advice supported by evidence-based principles and be transparent to any conflicts of interest, while denouncing the dissemination of unsubstantiated or harmful medical information through the public media including television, radio, internet, and print media. (15)

  The Executive Vice President accepted for information. This was referred to the AMA Council on Ethical and Judicial Affairs and AAFP will bring this to the attention of the AAFP AMA Delegation at that time for their consideration.

ETHICS – FAMILY PRACTICE RESIDENCY RECRUITING PRACTICES

- Recommended the AAFP oppose unsolicited recruitment of family practice residents by other family practice residency programs and inform all family practice residency directors of this policy, and that a letter be written by the AAFP to family practice residency directors opposing release of a resident's personal information to any recruiter without the written informed consent of the resident. (92)

  Referred to the Commission on Education. COE communicated to the Association of Family Practice Residency Directors (AFPRD) of this resolution. The AFPRD BOD stated they believed that most of the residency directors already have such a policy in place. However, they agreed to communicate to their members the

ETHICS – FAMILY PRACTICE RESIDENCY RECRUITING PRACTICES (Continued)

importance of respecting the privacy of residents regarding the release of addresses and phone numbers to outside agencies. To be communicated to the AFPRD members in the April 15, 1994 issue of the *Highlights* newsletter.

ETHICS – PHYSICIAN/INDUSTRY RELATIONS

- Recommended the AAFP encourage all medical schools and residency programs to provide specific training regarding the ethics of physician-pharmaceutical industry interactions. This training may include evidence-based and cost-effective prescribing practices, the impact of direct-to-consumer and direct-to-physician marketing on prescribing practices, various guidelines concerning gifts from the pharmaceutical industry, and research and development for new drugs, and the 2006 National Conference of Family Medicine Residents and Medical Students consider an educational session on the ethics of physician-pharmaceutical industry interactions as part of the conference program. (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.

ETHICS – PHYSICIAN WITHDRAWAL FROM CASE

- Recommended the CRSA investigate the inclusion of an AAFP policy statement regarding the circumstances under which a physician may ethically withdraw from a case. (86)

  CRSA adopted; referred to the Committee on Medical Ethics resulting in the following AAFP policy statement, "Good medical care requires a mutually trusting and satisfactory relationship between physicians and patients. No physician shall be compelled to prescribe any treatment or perform any act which violates his/her good judgment or personally held moral principles. In these circumstances, the physician may withdraw from the case so long as adequate notice is given to enable the patient to engage the services of another physician."

ETHICS – RESPONSIBILITY TO UNBORN CHILD

- Recommended the CRSA recommend a study on the family physician's responsibility to an unborn child as a patient. (86)

  CRSA accepted for information, no action taken.

FAMILY MEDICINE EXPOSURE

- Recommended that the AAFP develop a series of information handouts that advocates for family practice as a specialty choice so that students can have their questions and concerns about the specialty answered directly by the AAFP and that the AAFP compile family practice advocacy information easily available for Family Medicine Interest Groups (FMIGs), departments of family medicine, residency programs, and constituent chapters to be utilized for the direct promotion of family practice as a specialty choice. (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 explore with the American Academy of Family Physicians Foundation (AAFP/F) the feasibility of publishing a bound compilation of individual experiences of family physicians from multiple regions and styles of practice, consisting of edited physician interviews, with the ultimate goal of public distribution. (03)

  Referred to the Board of Directors. The Board received the resolution for information. It was acknowledged that this type of information has been and is being published. It was suggested that Academy staff prepare a bibliography of books on the practice of family medicine.

FAMILY MEDICINE EXPOSURE – MEDIA CAMPAIGN

- Recommended the AAFP consider seeking out co-sponsorship to launch a national media campaign that will educate the public and all health professionals of the scope and value of the family doctor, while promoting family medicine as a specialty; and any potential partners for this campaign be fully vetted by a committee made up of AAFP non-board members and some professionals outside the specialty, similar to the manner all consumer alliance agreements are now vetted and that this resolution be sent to the AAFP 2010 Congress of Delegates. (10)

  The COD adopted a substitute resolution which reads as follows: RESOLVED, That the AAFP consider seeking sponsorship to launch a national media campaign that will educate the public and all health professionals of the scope and value of family physicians, while promoting family medicine as a specialty, and be it further RESOLVED, That any potential partners for this campaign be fully vetted by the AAFP consistent with consumer alliance agreements and advertising policy. This resolution was directed to the Executive Vice President for appropriate referral to staff.

FAMILY MEDICINE INTEREST GROUP (FMIG) CONSULT SERVICE

- Recommended the AAFP support the development of a comprehensive plan to utilize FMIGs with the Student Interest Initiative and that this plan provide for the establishment of a FMIG consult service with specifics to be outlined by the CRSA and SITF. (90)

  Adopted by AAFP COD. Referred to Task Force on Student Interest. Student Interest Task Force accepted for information, noting the task force is already engaged in this activity.

FAMILY MEDICINE INTERST GROUP (FMIG) FUNDING

- Recommended that the AAFP and the Commission on Resident and Student Issues (CRSI) work with the Family Medicine Interest Group Network, constituent chapters and sister organizations within the family of family medicine to develop new sources of revenue for medical schools' FMIGs. (03)

  Referred to the Commission on Resident and Student Issues. The CRSI adopted this resolution, noting that this effort is ongoing. A subcommittee has been appointed to explore options for FMIG funding.

FAMILY MEDICINE TELEVISION NETWORK (FMTN)

- Recommended that the CRSA with the AFPRD, develop a way to inform residents directly of FMTN, so they will encourage their residency programs to take advantage of this education opportunity and increase the percentage of family practice residency programs participating in FMTN. (95)

  Accepted for information as this is already being accomplished.

FAMILY MEDICINE WEEK

- Recommended the AAFP designate a Family Medicine Week where media efforts could be coordinated among AAFP constituent chapters to focus on the role of the family physicians in our health care system. (05)

  The BOD took no action on this resolution. It was acknowledged that the Academy is looking for other media efforts.

FAMILY PLANNING PROGRAMS

- Recommended the AAFP lobby state and federal legislators for adequate support and funding for family planning programs for all, regardless of ability to pay. (89)

  COD adopted with these revisions: The AAFP continue to lobby federal legislators for adequate support and funding for family planning programs for all, regardless of ability to pay, and encourage state chapters to lobby their state legislators for adequate support and funding for family planning programs for all, regardless of ability to pay. COD referred to CL&GA. CL&GA recommended to BOD that AAFP recommend support for S.110, reauthorization for Title X family planning programs and that funding be (Continued) at the current level.

FAMMEDPAC

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

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

FEDERAL CONTROLLED SUBSTANCE DRUG REGISTRY

- Recommended the AAFP advocate for development of a federal controlled substances drug registry that can be accessed by all appropriately licensed providers and pharmacists that prescribe and dispense controlled substances. (13)

  The CHPS determined that the efforts on this topic are already supported and documented in the AAFP's opioid abuse and pain management position paper. For your reference, the paper can be found at http://www.aafp.org/dam/AAFP/documents/patient_care/pain_management/opioid-abuse-position-paper.pdf.

FELLOWSHIPS

- Recommended a study of fellowship participation with the Academy. (78)

  CRSA recommended that the BOD consider activities and involvement of trainees in family practice fellowships.

- Recommended opposing further changes in criteria for AAFP Fellowship status for this year. (80)

  CRSA accepted for information, no action taken.

- Recommended CRSA develop a policy on requirements for fellowship in AAFP. (81)

- Recommended the CRSA request the AAFP to advocate recognition of completion of family practice residency training programs as acceptable prerequisite training for certain fellowship programs. (86)

  CRSA adopted; referral to the Commission on Education, which is currently studying methods of assessing the availability of fellowship training to family practice graduates.

- Recommended the AAFP, through its Commission on Education and in conjunction with the STFM, investigate fellowships relative to quality of education, goals in educating fellows, content of the fellowship and the relationship to the continuing practice of family medicine. (90)

  CRSA accepted for information, noting the resident representative to RRC and the resident and student representatives to STFM will be informed that the NCFPR/NCSM encourages this investigation of fellowships.

- Recommended the CRSA request that the appropriate entity study the status of family medicine faculty development fellowships and establish definition of a curriculum for these programs. (91)

  CRSA recommended the BOD refer to the Commission on Education. BOD passed and referred to the COE.

- Recommended the AAFP review how they currently serve graduates of family medicine residencies who have extended their training into fellowships and investigate how to best represent and otherwise meet the needs of graduates of family medicine residencies who have extended their training into fellowships. (99)

  Referred to the Committee on Resident and Student Affairs. The CRSA adopted this resolution and agreed individuals in post-doctorate fellowship programs

immediately following residency are considered residents unless they elect to be classified as active members.

- Recommended the AAFP investigate the total membership of fellows in the AAFP and examine the feasibility of increasing fellow representation on national committees and commissions.

  Recommended the AAFP change the name of the National Congress of Family Practice Residents to the National Congress of Family Practice Residents and Fellows and that the name of the National Conference be changed to the National Conference of Family Practice Residents, Fellows and Medical Students. (00)

  CRSA directed staff to gather data on the numbers of fellows in the Academy as well as seek information from residency programs on the numbers and types of fellowship opportunities.

  CRSA did not adopt this resolution, noting that under current AAFP Bylaws, fellows are included within the resident membership category and changing the name of the Congress and National Conference would necessitate the addition of a new membership track for fellows.

- Recommended the AAFP study the training and experiences currently offered by the existing obstetrics fellowships and to report this information to residents. (00)

  Referred to the Commission on Education. COE agreed that a letter be written to the CRSA stating that the Academy has completed this study and to note that program information and details could be found on the following website: www.aafp.org/fellowships/obstet.html.

- Recommended the AAFP compile a current, accurate and annually updated database of all family medicine fellowships, including all research-orientated fellowships and postgraduate opportunities. (04)

  Referred to the Commission on Education. The COE accepted this resolution for information. Fellowship information is published and available on the AAFP website. Research fellowships can be found at www.aafp.org/fellowships/research.

- Recommended the AAFP request the Accreditation Council for Graduate Medical Education (ACGME) to support the establishment of standardized, accredited fellowships in rural medicine. (08)

  Referred to the Commission on Education. The COE accepted this resolution for information. The COE Subcommittee on Graduate Curriculum reviewed a background report documenting the process of establishing standardized, accredited fellowships as well as information on the current state of rural fellowships in family medicine. There was discussion regarding the role of ABMS in granting authority to establish CAQs. It was pointed out that there are many fellowships within other subspecialty communities that are not accredited and that accreditation often requires other demands that may create barriers to interest in rural medicine. Representatives of the Working Group on Rural Health believe that establishment of a CAQ is unnecessary, especially recognizing that rural family physicians would not continue the recertification process for a CAQ.

FELLOWSHIPS (Continued)

- Recommended the AAFP investigate the possibility of updating the fellowship portion of the Web site to include more up-to-date information, such as other fellowship Web sites and the AAFP investigate the possibility of creating an online bulletin board, e-mail discussion list, or other form of communication for residents and fellowship programs to communicate with each other about interests and opportunities. (08)

  Referred to the Commission on Education. The COE accepted this resolution for information. Students and residents can find information about fellowships in sports medicine, geriatrics, obstetrics, rural medicine and faculty development in the AAFP Fellowship Directory, which can be viewed online at www.aafp.org/fellowships. Starting in April 2009 the fellowship directory will be searchable by multiple categories. Staff contact information will be listed on the fellowship directory Webpage to facilitate discussion and answer questions from students or residents regarding fellowships. A link from the resident page to the discussion board on Virtual FMIG will be posted so that students, residents and fellowship faculty can discuss opportunities, as needed.

FOREIGN MEDICAL GRADUATES

(See International Medical Graduates.)

FREE CLINICS

- Recommended the AAFP investigate means to encourage AAFP constituent chapters to have a closer involvement in academic-based student/resident-run free clinics by providing guidance, mentorship, and/or members to serve as preceptors and encourage AAFP constituent chapters to provide funding, as available, and share knowledge with other chapters. (10)

  This resolution was accepted for information. Staff researched chapter involvement in student/resident-run free clinics and found that most chapters are aware of such clinics in their states and many facilitate member involvement through the residency programs and family medicine medical school departments. The benefits of engaging with the student/resident-run free clinics and a number of chapter best practices have been shared with the chapters through the Chapter Staff Resource Website and in other communications.

FREEDOM OF INFORMATION

- Recommended the AAFP actively oppose any limitation to the honest exchange of information between physician and patient even on controversial issues. (91)

  AAFP Congress of Delegates did not adopt. COD did adopt similar resolution from National Conference of Women, Minorities & 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.

- Recommended the CRSA actively oppose 1) Interference by government in care provided to patients by physicians, including counseling about abortions, and 2) Economic sanctions used against clinics that provide information about abortion. (91)

  CRSA accepted for information, no action taken, noting a resolution as above was adopted by the COD.

FUNDING BY COMMISSIONS/COMMITTEES OF RESIDENT/STUDENT REPRESENTATIVES

- Recommended, that the CRSA recommend to the AAFP Board of Directors that the resident and student representatives to the Committee on Chapter Affairs be funded to attend the State Officers' Conference or the Leadership Skills Development and National Conference of Women, Minority and New Physicians. (94)

  Referred to the Chapter Affairs Committee for their information. Due to changes, meeting planning responsibilities, this issue is no longer relevant.

FUNDING OF MEDICAL EDUCATION

- Recommended AAFP review further funding support for graduate and medical school education. (79)

- Recommended AAFP establish state government financial support of family practice residents. (79)

- Recommended investigating how options for private funding of a medical education can be expanded and encouraged. (80)

  CRSA accepted for information, no action taken.

- Recommended investigating alternative funding sources for family practice residencies. (81)

  Workshop on alternative funding held in June 1982; this topic also included in numerous other AAFP meetings, including the NCFPR and program directors' workshop.

- Recommended the AAFP support reforms that benefit family practice residency programs, particularly those that serve health professionals shortage areas, and that the AAFP identify and support all of the FPRPs working in federally designated health professional shortage areas. (96)

  Referred to the Commission on Education. The COE considered the resolution during its deliberation and drafting of the AAFP "Principles for Graduate Medical Education Finance Reform through Resident Capitation." These principles were later adopted by the AAFP Board of Directors.

- Recommended that the AAFP continue its efforts to identify and advocate for alternative sources of sustainable funding for medical student and resident education and faculty development for family medicine and encourage local constituent chapters to identify sources of funding for medical student and resident education and faculty development for family medicine. (03)

  Referred to the Commission on Legislation and Governmental Affairs and the Commission on Education. The CLGA accepted this resolution for information, noting that, not only is this current AAFP policy, but work is already underway to seek and advocate for innovative Title VII structure and funding.

  The COE also accepted this resolution for information, acknowledging that the Academy, in cooperation with the Academic Family Medicine Organizations, has worked diligently to support Title VII funding and to craft proposed alternative legislation. It was also noted that it is not the responsibility of constituent chapters to fund student and resident education or faculty development.

FUNDING OF MEDICAL EDUCATION (Continued)

- Recommended the AAFP advocate for graduate medical education (GME) financing that follows the resident to their residency program. (09)

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

FUTURE OF FAMILY MEDICINE PROJECT

- Recommended the AAFP change the wording "basket of services" to another more modern and direct phrasing in future recommendations from the Future of Family Medicine project. (05)

  Referred to the Commission on Practice Enhancement. The COPE recommended that the Academy develop new terminology to replace the Future of Family Medicine Project's reference to "basket of services" while retaining the concept. The commission concurred with the sentiments expressed in the resolution and brainstormed alternative language but were unable to reach a conclusion. The commission suggested that the Board refer to the EVP responsibility for assigning the task to appropriate staff with a report back to the Board, including suggestions for new terminology for the "basket of services" concept.

FUTURE OF FAMILY MEDICINE PROJECT – 2.0

- Recommended the AAFP Commission on Education Subcommittee on Resident and Student Issues (SRSI) provide resident and medical student input and guidance to the Future of Family Medicine 2.0 in the following areas:

  1) Definition of scope of practice within family medicine
  2) Key elements in the training of medical students and family medicine residents to achieve competency within this scope
  3) Consistent clinical experiences and potential for credentialing regardless of practice setting (e.g. urban, rural, military, community, academic, etc.)
  4) Other areas of pertinence guidance as deemed appropriate by the SRSI. (13)

  Since this resolution was adopted, the FFM 2.0 project has established insight groups of medical students, family medicine residents and new physicians to give input on the project. Three members of the Subcommittee on Student and Resident Issues sit on these insight groups as well. The COE felt this structure was sufficient to provide input on the project.

GAY, LESBIAN, BISEXUAL AND TRANSGENDER HEALTH

- Recommended that the AAFP strongly encourage the creation and distribution of an educational position paper on gay, lesbian, bisexual and transgender health issues to and for the membership. (95)

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

GAY, LESBIAN, BISEXUAL AND TRANSGENDER HEALTH (Continued)

- Recommended the NCFMR/NCSM have an educational workshop at the 2008 conference on evidence-based guidelines and standards on the health care needs of the gay, lesbian, bisexual, and transgender population, and the AAFP collaborate with the Gay and Lesbian Medical Association to produce a monograph and/or discussion paper specifically addressing the health care needs of the gay, lesbian, bisexual, and transgender population, including evidence-based standards wherever possible. (06)

  The Commission on Education accepted the first resolved clause of 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 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.

  The Commission on Continuing Professional Development accepted this resolution for information and will share it with producers of AAFP CME activities for their consideration in upcoming CME activities. A three-hour course entitled "Providing Culturally Competent Care to Your Gay, Lesbian, Bisexual, and Transgender Patients" was held during the 2006 Scientific Assembly. The topic was included as part of the annual lecture series: "Diversity 101: A Primer on GLBT Health Care." The 2007 Scientific Assembly will include a 60-minute Seminar on "Case-based Guide to Caring for Gay and Lesbian Patients," a 90-minute Seminar on "Gender Identity: There's More to It Than Sex," and a Dialogue session on "Psychosocial Aspects of Treating GLBT Patients: The Staff and Physicians Perspective." *American Family Physician* published a CME article entitled, "Primary Care for Lesbians and Bisexual Women" on July 15, 2006. *AFP* published an editorial entitled, "Transgender Care Resources for Family Physicians" on September 15, 2006. In June 2006, the topic of the Home Study FP Audio program was "Providing Quality Care for Diverse Populations."

GAY, LESBIAN, BISEXUAL AND TRANSGENDER ISSUES

- Recommended the AAFP endorse existing state and federal laws that protect people from discrimination based on gender expression and identity, and oppose laws that compromise the safety and health of transgender people by failing to provide this protection and actively support the ability of transgender people to use the public facilities of the gender with which they identify and actively oppose any legislation which would infringe upon that ability. (16)

  Resolution from Congress on Delegates (COD) on same topic takes precedence. COD Resolution No. 508 was referred to the Commission on Governmental Advocacy.

- Recommended the AAFP "encourage family medicine residency programs and program directors by writing a letter to AFMRD to advocate for a lesbian, gay, bisexual, transgender and queer non-discrimination policy within resident contracts at their respective institutions." (16)

  Commission on Education Accepted for Information based on the fact that resident contracts are between the employer and the resident and fall under the purview of human resources.

- Recommended that the AAFP "develop a policy in support of sexual orientation and gender expression nondiscrimination specifically with regard to employment, housing, access to public

GAY, LESBIAN, BISEXUAL AND TRANSGENDER ISSUES (Continued)

places, education, and any other areas where lesbian, gay, bisexual, and transgender discrimination occurs" and "actively encourage the United States Congress to pass the current proposed Equality Act in both the Senate and House of Representatives." (16)

Commission on Governmental Advocacy Agreed with the resolution and recommended to the Board that AAFP release a letter in support of the Equality Act as consistent with AAFP policy.

- Recommended that the CRSA investigate avenues for a forum to discuss issues related to sex and sexuality, particularly lesbian, gay, bisexual, and transgender issues, and encourage teaching and research on such issues, and to combat discrimination. (94)

  It was recommended that Home Study Self Assessment program be encouraged to develop a monograph to address this issue. CoSICI is working to develop a workshop proposal for the 1996 AAFP Annual meeting. In addition, the discussion forum on LGBT issues was recommended to continue annually and the AAFP Board of Directors approved this.

- Recommended that the AAFP encourage its membership to respect 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 that NCFPR/NCSM strongly encourage the inclusion of CME workshops/lectures on GLBT health issues to be presented at the AAFP Scientific Assembly. (95)

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

- Recommended the AAFP/CRSA develop a monograph on gay, lesbian, bisexual, and transgender healthcare by the year 2000; the AAFP Committee on Special Constituencies consider developing a resource bibliography and speakers bureau on gay, lesbian, bisexual and transgender issues; the AAFP ask the Commission on Education Subcommittee on Graduate Curriculum and Review to consider developing care educational guidelines regarding gay, lesbian, bisexual and transgender issues. (98)

  Referred to Committee on Special Constituencies and Commission on Education. The GLBT Subcommittee believes that the education of membership and patients on GLBT health issues remains a needed educational component of Academy offerings. The subcommittee encouraged the Commission on Continuing Medical Education to commit to the development of a "Care of the GLBT Family" monograph. Staff is working with the Gay and Lesbian Medical Association (GLMA), as well as constituent chapter executives, to establish a list of willing speakers. In addition, a questionnaire was distributed to current AAFP speakers who may be qualified to address GLBT health issues as well. The COE noted a number of existing core educational guidelines (including HIV Infections/AIDS, Men's Health, and Women's Health) address these issues and determined that a separate core educational guideline is not warranted.

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

GAY, LESBIAN, BISEXUAL AND TRANSGENDER ISSUES (Continued)

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 "develop best practices regarding transgender and gender non-binary patients that include asking the gender identify of all patients as a distinct entity from their sex assigned at birth in accordance with the most recent Health Resources and Services Administration policy" and "petition electronic health record vendors to include a designated space in their demographic sections to specifically ask patients' gender identity as distinct from their sex assigned as birth in the medical record." (16)

  Commissions on Health of the Public and Science and Quality and Practice Accepted for Information.

- Recommended the AAFP create two delegate and two alternate delegate seats on the Congress of Delegates as representatives for gay, lesbian, bisexual, and transgender issues and needs. (02)

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

- Recommended the AAFP investigate the feasibility of the distribution of information regarding the atmosphere of residency programs for gay, lesbian, bisexual and transgender people. (06)

  Referred to the Commission on Education. The COE took no action on this resolution. Concern was expressed about the difficulties in obtaining accurate, objective data because issues such as "atmosphere" are very subjective and personal preferences will likely vary. Current avenues exist for students to obtain information about individuals' experiences at particular programs, including the American Medical Student Association (AMSA's) guide for Gay, Lesbian, Bisexual, and Transgender (GLBT) students, the AAFP GLBT listserv, and the Gay Lesbian Medical Association (GLMA) membership. The National Conference Planning Committee continues to look for ways to provide programming for GLBT residents and students as appropriate.

GAY, LESBIAN, BISEXUAL AND TRANSGENDER ISSUES – CIVIL MARRIAGE

- Recommended the AAFP supports civil marriage equality for same-gender families to contribute to overall health and longevity, to improve family stability, and to benefit children of gay, lesbian, bisexual, transgender (GLBT) families. (11)

  The CHPS accepted this resolution for information based on the COD's action in not adopting the like resolution at the 2011 Congress but instead adopting Substitute Resolution No. 505 in lieu of No. 505 and No. 506 which is now policy of the AAFP.

- 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, and that this resolution be submitted to the 2012 Congress of Delegates. (12)

  Adopted by the Congress of Delegates. The resolution became the following policy statement:

GAY, LESBIAN, BISEXUAL AND TRANSGENDER ISSUES – CIVIL MARRIAGE (Continued)

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 AND LESBIAN MEDICAL ASSOCIATION

- Recommended that the AAFP establish a liaison through the Commission on Special Issues and Clinical Interest to the Gay and Lesbian Medical Association. (95)

Congress of Delegates did not adopt.

GENDER DIFFERENCES

- Recommended the AAFP "develop a non-clinical policy statement and a strategic objective that supports improvement of payment equity for male and female family physicians" and "advocate to eliminate payment inequity between male and female family physicians" and "discuss and promote existing and potential programs to eliminate payment inequity between male and female family physicians." (16)

Board Chair and Commission on Quality and Practice Accepted for Information on the basis that the AAFP already advocates to eliminate payment inequity between male and female family physicians.

- Recommended the AAFP investigate disparities between male and female family practice physicians, i.e., salary, productivity, working hours, and career advancement. (02)

Referred to the Commission on Health Care Services. The CHCS determined that it was not clear what question the resolution intended to answer. The commission's resident representative agreed to go back to the NCFPR and clarify the question. The commission agreed to continue to work on this issue.

GENERAL STRUCTURE

- Recommended CRSA supports NCFPR's unanimous approval of proposed "General Structure." (80)

CRSA tabled until next CRSA meeting.

GENETIC TESTING

- Recommended the AAFP develop a policy statement on protecting patient privacy with regard to the results of genetic tests. (08)

Referred to the Commission on Quality and Practice. The CQP accepted this resolution for information. The commission noted that Academy policy on protecting patient privacy is otherwise covered by the current policies on "Confidentiality, Patient/Physician" and "Adolescent Health Care, Confidentiality." Both of these policies were reviewed in 2008, and as such, they are informed by the same genetic testing environment referenced by the resolution. The commission further noted that neither of the current policies references genetic testing. A move

GENETIC TESTING (Continued)

to hold genetic testing results to a higher standard of privacy would be inconsistent with the current policy and create an additional series of questions regarding what other pieces of patient information should be held to a higher or lower standard of privacy. Finally, the commission noted that it is not apparent that the premise of the resolution is unique to genetic testing results. Specifically, the resolution argues that genetic testing results must be held to a higher standard of privacy because their release may harm a patient's future prospects for insurance and employment or their personal relationships if used in assessing their risk. However, the commission observed that similar arguments could be made with respect to information on the patient's mental and physical health, social history, etc. Accordingly, the commission concluded that the issue is adequately covered by current policy.

GEOGRAPHIC MAL-DISTRIBUTION OF PHYSICIANS

- Recommended developing a paper regarding the relationship between health professions education and geographic mal-distribution of physicians. (80)

CRSA accepted for information, no action taken.

GERIATRICS

- Acknowledged the importance of education on geriatric health care in family practice residencies. (78)

Sent to Commission on Education, STFM, RRC, and RAP. Committee on Aging formed by AAFP in 1982, with a resident member.

GLOBAL HEALTH CONTACT DATABASE

- Recommended the AAFP investigate augmenting the global health online resources by creating a member-only 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.

GUN VIOLENCE

- Recommended the CRSA commend the Board of Directors for its public support of the Brady Bill and encourage its (Continued) and active efforts to enact this bill in to law, and that the AAFP issue a policy statement supporting a ban on the production, importation and future sale of military style semi-automatic weapons except to military or law enforcement groups. (91)

CRSA commended the BOD for its public support of the Brady Bill and encouraged its (Continued) and active efforts to enact this bill into law and recommended that

GUN VIOLENCE (Continued)

the BOD refer this to the Executive Vice President for staff action. BOD passed and referred to Executive Vice President.

- Recommended the AAFP explore the development of relationships with other national organizations to address gun violence prevention and to promote the family physician's role in counseling patients on gun safety. (13)

  The CHPS noted that the AAFP sent a letter on July 13, 2013, along with 29 public health and medical organizations, to members of the House Appropriations Committee asking the Centers for Disease Control and Prevention to conduct research on the causes and prevention of gun violence, and requested additional funding for the National Institutes of Health to further advance critical research.

HEALTH CARE COSTS

- Encouraged residency programs to educate their residents on the costs to the patient of health care. (78)

  Sent to Commission on Education, STFM, and RAP.

- Recommended that residency programs support programs to educate patients in cost-effective health practice. (78)

  Sent to Commission on Education.

HEALTH CARE FOR NON-ENGLISH SPEAKING PEOPLE

- Recommended the CRSA study ways to enhance the health care of non-English speaking people and refer suggestions to the appropriate AAFP commission/committee. (89)

  CRSA suggested a workshop be included on the health care of non-English speaking people at the next NCFPR/NCSM and the resident and student members of the COMHA be requested to present this workshop.

- Recommended the AAFP and its constituent chapters encourage the provision of trained translator services at hospitals which serve populations with significant numbers of non-English speaking people. (89)

  COD adopted. Referred to COH. COH is communicating to CCs to stress importance of initiative to provide trained translators & encouraging chapters to advocate for provision of these services to hospitals serving significant numbers of non-English speaking people.

HEALTH CARE FOR THE UNINSURED

- Recommended the COD remove its standing policy of strong opposition to any form of compulsory, federally administered national health insurance, and that the AAFP continue its efforts to explore and support appropriate alternatives in providing health care to the uninsured, including the consideration of a national health insurance program. (89)

  COD did not adopt.

HEALTH CARE REFORM

- Recommended the AAFP should oppose the concept of Enterprise Liability as the foundation of liability reform, and that the AAFP (Continued) to actively pursue meaningful medical liability reform including but not limited to: establishment of alternate dispute resolution systems, institution of tort reforms including limits on payments for non-economic damages, limits on attorneys' contingency fees, and strengthening of state licensing and disciplinary agencies. (93)

  COD adopted and referred to BOD. Referred to Commission on Legislation & Governmental Affairs and Committee on Professional Liability (multi-referrals are made only when these groups are all dealing directly with this item.)

- Recommended the AAFP make comprehensive health system reform, which includes workforce, liability and payment reform, of the highest priority. (06)

  The BOD accepted this resolution for information as current policy and referred it to the Task Force on Health Care Coverage for All, which is already dealing with this issue.

- 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)

  The BOD accepted this resolution for information as current policy and referred it to the Task Force on Health Care Coverage for All, which is already dealing with this issue.

- Recommended the AAFP work with the U.S. Congress, the President of the United States, and all other relevant government bodies to ensure that any legislation containing provisions for a “public option” for health coverage in the United States mandate reciprocity and portability of that coverage between all 50 states, U.S. territories, and other U.S. sovereign domains. (09)

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

- Recommended the National Congress of Family Medicine Residents support the AAFP endorsement of a public plan option that provides comprehensive and affordable health care coverage for all. (09)

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

- Recommended the AAFP work with the U.S. Congress, the President of the United States, and all other relevant governmental bodies to ensure that any legislative reforms to the U.S. health care system include a public option. (09)

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

- Recommended the AAFP continue to aggressively advocate for meaningful health care reform that supports debt reduction programs for all physicians who choose to practice primary care. (09)

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

HEALTH CARE SERVICES

- Recommended formulating guidelines on the content and frequency of periodic health screening examinations. (81)

- Recommended equal access to comprehensive medical services. (81)

  COD adopted substitute resolution that AAFP support concept of access to essential health care for all regardless of social and economic status.

- Recommended 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)

  CRSA accepted this item for information, no action taken. The committee concluded this issue was already being addressed.

HEALTH EDUCATION

- Recommend positive public health education on national and local levels. (79)

- Supported completion of the International Ladies Garment Workers Union (ILGWU) project, with resident representation included. (81)

  This project was completed and provided the nidus for the current Committee on Health Education which has a resident member.

- Recommended the AAFP review and revise its current health education materials to determine whether it would be appropriate to decrease the literacy level of its patient education materials to less than the 7th grade standard. (00)

  Referred to the Committee on Public Health.

HEALTH EDUCATION IN SCHOOLS

- Recommended a resource handbook be published to encourage health care education beginning in public schools. (78)

  Referred to Public Relations Committee.

- Recommended the AAFP be involved in methods to promote health education in schools. (80)

  COD adopted substitute resolution that AAFP members continue to give input and be involved in methods to promote health education in schools.

- Recommended the AAFP through its lobbying efforts support the concept of HR 2077 (Health Education Lending Program) and other innovative loan programs directed at decreasing the loan burden of medical students which forms a barrier to careers in primary care. (93)

  CRSA supported the resolution and laterally referred to the Commission on Legislation & Governmental Affairs for their consideration.

HEALTH INSURANCE

- Supported provision of health insurance for all citizens including catastrophic provisions. (80)

  Policy consistent with 1980 revision of AAFP principles on National Health Insurance.

- Recommended the AAFP actively pursue measures that ensure the provision of basic health insurance to all uninsured people in the United States. (89)

  COD adopted. COD referred to CL&GA. CL&GA received for information, noting AAFP currently is pursing this through advocacy of its position on access to health insurance for the uninsured.

- Recommended the AAFP develop specific standards for a minimal health care package to which all Americans are entitled; and support measures by national and state governments that provide for basic health care benefits to all Americans; and take active leadership in the debate on issues related to basic health care benefits as a means of ensuring access to health care. (89)

  CRSA accepted for information no action taken. CRSA commended Dr. Aukerman and the BOD for its efforts to address the issue of health care and basic health benefits for all Americans.

- Recommended the AAFP continue investigating legislative avenues for tort reform and revision of the Employee Retirement Insurance Security Act. (98)

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

HEALTH LITERACY

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

  Referred to the Commission on Continuing Professional Development. The COCPD accepted this resolution for information and shared it with the 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 MAINTENANCE PROGRAMS

- Encouraged residency programs to promote resident involvement in exercise and health maintenance programs. (82)

  Several ongoing health maintenance programs in residencies were subsequently highlighted in the *AAFP Reporter.*

HEALTH MAINTENANCE PROGRAMS (Continued)

- Recommended the AAFP promote health maintenance, healthy diets, mental health and personal exercise among its members and health maintenance services within health care facilities. (00)

The COPH accepted this resolution for information.

HEALTH MANPOWER

- Supported the position paper on Health Manpower approved by the AAFP Board of Directors. (80)

Committee on Research is developing a protocol in this area.

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
  (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, and that the AAFP Health Policy Internship be offered to students and residents during times of federal appropriations, legislative sessions, and during the fall term as determined by Government Relations staff, and that students and residents participating in the AAFP Health Policy Internship be encouraged to attend the Family Medicine Congressional Conference. (12)

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

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 TECHNOLOGY – GUIDELINES

- Recommended the AAFP explore the creation of guidelines for secure patient use of smartphone applications and similar electronic resources as a means of improving the patient-physician alliance and achievement of health management goals. (13)

The CHPS indicated that the creation of guidelines for health management smartphone applications is not within the purview of the AAFP's strategic mission, and this issue is already being explored by the Food and Drug Administration (FDA), the National Committee for Quality Assurance (NCQA), and other entities of the federal government.

HEALTHLY PARTNERSHIPS, SUPPORT OF

- Recommended the AAFP establish a set of guidelines to promote partnerships aligned with patient and population health and to minimize conflicts of interest in future corporate partnerships available to the public. (15)

  Executive Vice President accepted for information.

HEPATITIS C

- Recommended the AAFP "create a collection of advocacy resources to disseminate to chapters in states where prescriber restrictions exist in order to assist in raising awareness of the impact of Direct Acting Antiviral prescriber restrictions and advocating for their removal." (16)

  Commission on Governmental Advocacy is reviewing.

- Recommended the AAFP "create a curriculum guideline on Hepatitis C detection and management." 16)

  Commission on Education Agreed with revised wording since it is not practical to create a CG for the detection and management of each specific disease. Reprint 277, Substance Abuse Disorders, will be updated to include information about Hepatitis C detection and management.

HIV/AIDS

- Recommended CRSA urge AAFP to increase its efforts to educate the membership in the psychosocial, medical and legal aspects of this disease. (85)

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

  Referred to CL&GA. CL&GA felt this was unnecessary as they are already addressing these and other related issues.

- Recommended the AAFP strongly encourage all family physicians to participate in CME activities/programs related to AIDS, as needed, to insure their ability to competently care for AIDS patients and their families. (88)

  COD adopted. Referred to Commission on Continuing Medical Education.

  CoCME adopted a motion to continue to encourage AAFP members to obtain CME on AIDS, and to continue to include AIDS topics in AAFP sponsored CME programs as appropriate.

- Recommended the AAFP lobby for increasing spending on educational programs and other measures for prevention of HIV transmission to be instituted in elementary school. (91)

  AAFP COD adopted substitute resolution: RESOLVED that the AAFP lobby for increasing spending on educational programs and other measures for prevention of HIV transmission starting in elementary school and continuing through all grade levels. COD referred to Commission on Public Health & Scientific Affairs. A slide show for use with school age children has been developed and is titled "Community Health Advice and Talk Series" (CHATS).

HIV/AIDS (Continued)

- Recommended the AAFP oppose mandatory HIV testing of physicians other health care workers and lobby against such testing, and that the AAFP support, via legislative means, education, surveillance and other methods of quality designed to decrease the likelihood of transmission HIV. (91)

  AAFP COD adopted substitute resolution: That the AAFP oppose mandatory HIV testing of physicians and other health care workers and lobby against such testing and that the AAFP support education, voluntary testing, and other methods of quality control designed to decrease the likelihood of transmission of HIV. COD 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 adopt a policy to strongly encourage administration of age appropriate HIV/AIDS education in schools, dependent of sex education curricula. (92)

  CRSA accepted for information. No action taken.

- Recommended the AAFP work with other organizations to investigate opportunities through programs such as “Physicians with Heart” to provide HIV/AIDS care assistance to Africa. (00)

  Neither the AAFP nor Physicians With Heart provide direct health care assistance to foreign patient populations. Physicians With Heart delegates ensure the delivery of donated pharmaceutical products to selected sites. Heart to Heart International, a Physicians With Heart partner, has its own international programs that include pharmaceutical donations, but not HIV/AIDS drugs. However, HIV/AIDS is a personal priority of the incoming World Organization of Family Doctors president, which may lead to AAFP involvement as the host of the next triennial WONCA World Conference in 2004.

- Recommended the AAFP support the President’s Emergency Plan for AIDS Relief. (13)

  The CGA indicated that the final FY 2014 Omnibus Spending Bill funded the U.S. Agency for International Development's HIV/AIDs program at the levels requested in the President's budget. The program has been funded, and there are no opportunities to change it.

HOSPITAL DEPARTMENTS OF FAMILY PRACTICE

- Recommended AAFP promote establishment of family practice departments on a par with other clinical departments in hospitals. (77)

- Moved that the AAFP recommend that family practice residency programs be based within hospital departments of family practice with full clinical status, and that residency programs be encouraged to upgrade their departments to full clinical status. (84)

  This recommendation is currently being strongly pushed by the Committee on Hospitals, and the concept is supported in AAFP actions.

HOSPITALISTS

- Recommended 1) the AAFP strongly reaffirm its position that only the patient and the patient's personal physician should determine who cares for the patient while the patient is in the hospital; 2) the AAFP make it the highest priority to defend the right of the patient and his or her physician to make the decision about who cares for the patient while the patient is in the hospital; 3) when family physicians provide care for their hospitalized patients, that they be fairly reimbursed for that care, whether or not there is a hospitalist on staff; 4) the AAFP continue to strongly oppose the mandating of hospitalists by managed care organizations or any other entity. (99)

  Referred to the Commission on Health Care Services. The Commission determined that current Academy policy already addresses much of the intent of this resolution. There is no need for any new or revised Academy policy to further address this issue.

- Recommended the AAFP Task Force on Hospitalists include in its report an analysis of the impact of the hospitalist movement on family practice residency training and AAFP communicate with the Residency Review Committee for Family Practice to ensure that residents obtain sufficient hospital training to provide them with the skills and competencies necessary for hospital practice. (98)

  Referred to the Commission on Health Care Services and Commission on Education. The Commission on Health Care Services received this resolution for information. The commission noted that the Commission on Education was already meeting the intent of the resolution by continuing to monitor the curriculum content of accredited family practice residency programs to ensure that graduates continue to be prepared to function as inpatient physicians. The Commission on Education recommended to the Board of Directors that the AAFP communicate to the Residency Review Committee for Family Practice (RRC-FP) the desire of the AAFP that program requirements for residency education in family practice ensure that residents graduate from family practice residencies with the skills and competencies necessary for hospital practice.

HOWARD UNIVERSITY

- Recommended the NCFPR chair submit to the President of Howard University and the Dean of the Medical School a letter reflecting opposition to the proposed closing of the Howard University family practice residency program. (90)

  CRSA accepted for information with editorial change to "a letter on behalf of the NCFPR be submitted." A letter was sent by the Chair of the AAFP BOD in May 1990.

HUMAN PAPILLOMA VIRUS EDUCATION

- Recommended that the AAFP develop educational material that covers the natural history of the Human Papilloma Virus including transmission, infection, prevention, screening, and sequelae. (03)

  Referred to the Commission on Continuing Medical Education. The COCME charged staffs with providing information on CME activities on this and related topics that are currently available to members. Upon reviewing this information, the commission concluded that the Academy is providing an impressive variety of educational activities addressing HPV.

HUMANITARIAN AID TO CHILDREN

- Recommended the CRSA study ways the AAFP can act as a resource for its members on how they might provide humanitarian aid to children (from all countries) who are suffering from (the effects of war), disease, famine, poverty and oppression. (91)

  CRSA recommended that the BOD refer to the Subcommittee on International Health of the Commission on Education. BOD changed Heading to "Humanitarian Aid to Children in Need" and referred substitute motion: the issue of the development of the concept of missionary medicine and humanitarian service to EVP.

HUNGER

- Recommended the AAFP support legislation to ensure monitoring of hunger in the United States and that appropriate instructional materials be prepared to teach assessment of hunger and nutritional status. (85)

  Passed by COD. Commission on Legislation and Governmental Affairs recommends support of Senate Bill 1569 and House Bill 2346 for national nutrition monitoring. Commission on CME is developing appropriate instructional material.

IMMIGRANT DETENTION

- Recommended that the AAFP advocate for detained immigrants to receive healthcare, that inspections are held at detention centers, that supervision of medical care in immigrant detention centers is removed from Immigration and Customs Enforcement to maintain clinical independence, and advocate for channels to shift current funding for detention to community-based alternatives which allow people to seek medical attention and receive support from family, legal counsel and community. (16)

  Commission on Health of the Public and Sciences Accepted for Information after determining that medical care that is equal to that of the National Commission on Correctional Health Care for prisons and jails is beyond the scope of the AAFP's current strategic priorities.

IMPLICIT BIAS

- Recommended the AAFP "develop a policy statement acknowledging the role of implicit bias on health outcomes" and "recommend that family physicians, resident, and student evaluate their own implicit biases and take steps to reduce their impacts on health outcomes." (16)

  Commission on Health of the Public and Science Agreed and will develop a policy statement.

INCOME AND COSTS

- Recommended the resident representative to RAP encourage program directors to give residents an accurate accounting of resident generated income and costs. (82)

INCREASING AAFP RESIDENT MEMBER INFLUENCE AT THE AMERICAN MEDICAL ASSOCIATION RESIDENT PHYSICIAN SECTION

- Recommended that the CRSA/AAFP identify AAFP student and resident members active within the AMA and that the AAFP assist and promote them in their pursuit of leadership positions with the AMA. (94)

  CRSA accepted for information. The committee suggested developing a procedure for identifying persons at NCFPR who may be interested in leadership roles at AMA-RPS and assisting them in running for office at AMA-RPS.

INDIGENT PATIENTS

- Recommended the AAFP make available information to physicians and patients indicating which companies provide assistance, supplies and/or pharmaceuticals for indigent patients and the qualification for obtaining such services. (99)

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

- Recommended AAFP work with the pharmaceutical industry to streamline the process of acquiring products from indigent patient assistance programs in a timely manner and to make the dispensation of these products to patients more simple and efficient for physicians. (00)

  Referred to the Commission on Health Care Services. The CHCS accepted this resolution for information, noting that the Academy was already addressing the resolution through its planning of and participation in a "National Forum on Indigent Pharmaceutical Programs and Federal Drug Pricing Programs for the Uninsured and Underinsured." The CHCS also noted that the Academy could address this through its existing relationships with the Coalition for Affordable Quality Healthcare and through the President-Elect's participation on the Board of Directors of the National Health Council.

INNER CITY HEALTH CARE

- Expressed concern regarding city hospitals closing for fiscal reasons. (79)

  CRSA referred to the Committee on Health Care Services.

- Went on record as opposing closing of inner city and county hospitals or reduction of their funding until alternative high quality comprehensive facilities are available. (80)

  Withdrawn from COD. COD referred to Committee on Minority Health Affairs.

- Recommended representation on the NMA/AAFP Task Force on Inner City Health Care by a resident from an inner-city residency program. (80)

- Asked the AAFP to develop a visual media presentation on family medicine in the inner city. (81)

  Committee on Minority Health Affairs developed this slide-tape presentation, which was first shown in 1982.

- Recommended the AAFP consider forming a committee on inner city/urban health. (98)

INNER CITY HEALTH CARE (Continued)

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

- Recommended the AAFP continue to develop and distribute educational materials for medical students and residents regarding the opportunities for training and practice in inner cities. (00)

  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.

- Recommended that the AAFP consider developing formal relationships with national organizations dedicated to urban/inner-city health policy and services (e.g., the National Association of Community Health Centers, the National Association of Public Hospitals and Health Systems, the Bureau of Primary Health Care, the Commonwealth Fund, and the Robert Wood Johnson Foundation. (01)

  Referred to the Task Force on Urban and Inner City Health Care. The task force recommended and the Board of Directors approved advocating both internally and externally for urban and inner city practice issues as a priority research area during the next five years.

INTEREST RATE REDUCTION PROGRAM

- Recommended the AAFP explore the feasibility of a federal primary care interest rate reduction program. (11)

  The CGA accepted this resolution for information. The commission noted that although there is currently a Primary Care Loan reduction program administered by the HRSA, the enrollment timing is not in line with when medical students often decide to enter primary care. Therefore there is still a need for a program that would reduce interest rates for more medical students that are committed to primary care.

INTERNATIONAL HEALTH

- Recommended that the AAFP investigate and publish international family and community medicine opportunities for students and residents, and potential funding sources to support student and resident participation. (95)

  Referred to the Commission on Education. The COE 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 reference in above reference book.

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

INTERNATIONAL HEALTH (Continued)

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 fund at least one student and one more resident whose interests are in international health to participate in Physicians With Heart international projects. (06)

  Referred to the Commission on Education. The COE took no action on this resolution. The AAFP is not involved with the funding of resident and student scholarships for the Physician With Heart projects. However, the COE Subcommittee on International Family Medicine previously recommended to the AAFP Foundation, that does provide funding for these scholarships, expansion of its scholarship offerings, including considering partial scholarships of more trainee participants depending on funding. It was noted that the timing of the annual PWH project in mid-October proves difficult for third- and fourth-year medical student participation.

- Recommended the AAFP investigate the possibility of updating the Academy's International Family Medicine Website with information from the Fourth International Family Medicine Development Workshop, including, but not limited to, posters, lectures and seminars. (07)

  Referred to the Commission on Education. The COE accepted this resolution for information. The feasibility of publishing the workshop proceedings on the website was discussed in the context of U.S. copyright laws. More viable options include distributing a CD to Family Medicine Interest Group (FMIG) faculty and residency program directors, encouraging presenters to upload their presentations on Family Medicine Digital Research Library (FMDRL), and displaying abstracts of the proceedings on the AAFP website with contact information for the CD purchase.

INTERNATIONAL MEDICAL GRADUATES

- Recommended the CRSA request the Commission on Education to study the effects of the foreign medical graduate situation with regard to family practice programs in the United States. (85)

  Referred to Commission on Education. A subcommittee of the Commission on Education was formed to study this program; with an interest in aiding FMGs in studying family practice when they plan to return to practice in their own countries.

- Recommended that the AAFP investigate the need for a data bank listing of those practice opportunities eligible for a J-1 visa waiver. (95)

  It is being recommended that a modification be made to the AAFP Placement Services software and questionnaire to accommodate a question for J-1 Visa candidates and potential sponsors.

- Recommended American Academy of Family Physicians (AAFP) explore the feasibility of hosting an optional International Medical Graduate (IMG) orientation and/or Web-based module to the

INTERNATIONAL MEDICAL GRADUATES (Continued)

U.S. health care system, and the AAFP explore whether sister organizations are interested in collaborating on an International Medical Graduate (IMG) orientation project. (10)

The COE accepted the first resolve for information and agreed with the second resolve. Attention was drawn to a self-study course created by STFM to help incoming IMG residents to become better prepared for residency in the U.S. Course topics include: the U.S. health care system, expectations of American patients, communication with patients, operations of family medicine residency programs, and succeeding in a U.S. family medicine residency program. It was agreed that this resource should be more widely promoted to IMG members of the AAFP.

INTERNATIONAL MEDICINE

- Recommended that the representatives to the RRC support the accreditation of international electives and that the BOD direct their representative to the RRC to support accreditation of international electives and that the CRSA, through appropriate mechanisms, encourage residency programs to allow their residents to pursue international studies. (87)

  The BOD approved. CRSA recommended that the Commission on Education be encouraged to include workshops on international electives for residents at appropriate meetings such as Program Directors' Workshop and the RAP Workshop, encouraged the COE to include international opportunities suitable for residents in its clearinghouse of international opportunities and pursue development of a residency elective directory, including listings of international electives.

- Recommended the AAFP express its support of residents desiring extended educational experiences in international underserved areas, and encourage similar support from the ABFP. (89)

  CRSA accepted for information, no action taken, noting the AAFP does support residents educational experiences in international health care within existing ABFP guidelines for time spent away from the residency program and that experiences extended beyond those guidelines may impair the overall quality of family practice education.

- Recommended the AAFP investigate the feasibility of creating a core curriculum guideline in international health. (07)

  Referred to the Commission on Education. The COE accepted this resolution for information. It was noted that the recently revised Reprint 289-D "Special Considerations in the Preparation of Family Medicine Residents and Medical Students Interested in International Experiences" has many of the components to create a curriculum guideline. A workgroup was appointed to develop a first draft by May 2008 with the final product being available for the 2008 National Conference.

- Recommended the AAFP establish 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 accepted this resolution for information. Current AAFP online international resources available for students and residents include the International Interest Group, a discussion board

INTERNATIONAL MEDICINE (Continued)

designed for AAFP members to network and exchange information and ideas pertaining to global 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.

INTERPRETERS IN MEDICINE

- Recommended the AAFP 1) develop a publication that includes guidelines for the appropriate use of interpreters in the field of family medicine; 2) educate its members about current policies and laws related to medical interpreters and provide a list of resources available to assist family physicians with appropriate medical interpretations; 3) translate and publish patient information on its web site in the most commonly spoken languages in the United States. (99)

  Referred to the Committee on Communications. The Committee discussed the various materials currently available to members that are produced in other 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.

KEY CONTACT SYSTEM

- Encouraged increased communication using the key contact system and chapter residents organization. (81)

  Student key contact system still in use; *AAFP Reporter* and *Resident/Student Newsletter* also used for communication. Chief residents at each approved family practice program are also part of a contact system.

KUDOS

- Supported Brent Blue, M.D. as candidate for AAFP Board of Directors. (79)
- Extended thanks and support to AAFP for its assistance to Walter Alt, M.D. in his request for appropriate hospital privileges. (79)
- Expressed appreciation to BOD and Committee on Mental Health for developing videotaped vignettes and teaching syllabi to be distributed to family practices residents. (79)
- Expressed special thanks to Dr. Phyllis Hollenbeck for selection of Drs. Gordon Deckert and Jane Deckert and for her organization of the Mental Health Workshop. (80)
- Expressed appreciation for Dr. Thomas Stern's contributions to the development of the resident and student organizations. (82)

  Adopted by the 1982 COD.

KUDOS (Continued)

- Expressed support for Martin Luther King commemorative marchers. (83)

  Accepted by CRSA.

- Expressed appreciation to Dr. Stephen Brunton for his leadership and dedication to resident and student issues. (85)

  Passed and communicated to Dr. Brunton.

- Recommended the National Congress of Family Medicine Residents 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 resident leaders. (10)

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

- Recommended the National Congress of Family Medicine Residents 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.

LATINO MEDICAL STUDENT ASSOCIATION, STUDENT LIAISON TO THE

- Recommended that AAFP 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. (15)

  Referred to the Commission on Education. COE agreed with modification. At the April 2016 LMSA National Conference, AAFP staff met with several LMSA student leaders who were very interested in establishing a more formal partnership with AAFP.

LEAD CONTAMINATION

- Recommended that the AAFP support future research collaborations with other epidemiological and public health organizations regarding water sampling techniques and reporting protocols to better detect and how to reduce human exposure to lead at the point of consumption and support innovative testing practices for water utilities and at risk populations to accurately measure and reflect lead contamination levels in water, incorporating Environmental Protection Agency testing guidelines and support improved open public access to testing data on water lead levels by requiring all public water system testing results be posted on a publicly available website and support federal legislation to reduce, and ultimately, remove lead from the country's public and private water infrastructure and support EPA efforts to examine compliance with the Safe Drinking Water Act for appropriate water utilities and support research to develop a standardized national reporting procedure for blood levels of toxic metals. (16)

  Commissions on Health of the Public and Science and Governmental Advocacy Accepted for Information and Reaffirmed in light of AAFP support for current federal lead poisoning prevention and research efforts and that AAFP clinical recommendations state there is insufficient evidence to support routine screening for elevated blood lead levels in asympotomatic children aged 1 to 5 years who are at increased risk.

LEADERSHIP PIPELINE, INCREASING AAFP

- Recommended that AAFP offer leadership workshops at its National Conference of Family Medicine Residents and Medical Students for students and residents interested in exploring leadership roles including specific programming for under-represented populations and increase the dissemination of publicity materials before National Conference that promoted student and resident members to join commissions, reference committees, and run for local delegate and national level positions. (15)

  Referred to the Commission on Education. COE agreed with modification. A session of this nature was presented at previous National Conferences with dwindling attendance. COE agreed with the need for this information to be presented at the event but felt there were a variety of ways this could be accomplished, including holding a workshop. The COE preferred to leave open the options for ways to provide this information.

LEAVE POLICY - PARENTAL/GENERAL

- Asked for proposals on parental leave policies. (81)

- Urged residencies to make written leave policy statements available to residents. (82)

  CRSA agreed a written leave policy is important. This sentiment will be included in future article with data obtained from the Maternity/Paternity Leave Questionnaire.

- Asked that leave policy data be included in the *Directory of Family Practice Residency Program*. (82)

  Consensus of the CRSA was that the Directory currently supplies general leave data, and that more detailed data was not feasible.

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

  Survey of residency programs conducted in 1981, with an article in *AAFP Reporter* on the subject in 1982. Model leave policy under consideration by the Committee on Women in Family Medicine.

- Recommended AAFP ask ABFP to re-examine regulation that a resident not be absent more than 20 working or 30 calendar days consecutively over the last two years of their residency. (85)

- Recommended that the CRSA urge the ACGME to establish policies on vacation, sick leave, maternity/paternity leaves, and in setting minimum sleep standards. (85)

  Referred to BOD for action. BOD approved letter to RRC family practice representatives urging establishment of such.

- Recommended that the CRSA draft an information packet for residency program directors to encourage development of parental (maternal/paternal/adoption) leave guidelines and these guidelines be distributed to all prospective applicants, and that the CRSA request the AAFP to direct its RRC representatives to represent this opinion. (87)

  Committee on Women in Family Medicine recommended to BOD the development of resource information on parental leave policies and that this information be made available to interested residents and students.

LEAVE POLICY - PARENTAL/GENERAL (Continued)

- Recommended that the NCFPR, through its RRC representatives, recommend to the RRC-FP that the AAFP Recommended Policy on Parental Leave During Residency Training be incorporated into the Special Requirements for Family Practice Residencies. (90)

  CRSA adopted for information, noting this will be referred to the resident representative on RRC.

LEGAL IMMIGRANTS

- Recommended that the AAFP support the provision of the basic health care services and immunizations to legal residents of the U.S., and oppose any elements of the Personal Responsibility Act (H.R.4) or other legislation which would deny such services to legal residents. (95)

  Congress of Delegates did not adopt. Congress of Delegates did adopt substitute resolution No. 55: Resolved, "That the AAFP oppose elements of the Personal Responsibility Act (H.R.4) or other legislation that would deny health benefits to legal residents." Referred to the Commission on Legislation and Governmental Affairs.

  The Commission on Legislation and Governmental Affairs took note and has incorporated this policy directive into the Academy's ongoing legislative advocacy.

LEGISLATION

- 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.*

LEGISLATIVE ADVOCACY

- Recommended 1) the AAFP Board of Directors encourage each state chapter to sponsor at least one resident for the Annual Family Medicine Congressional Conference through an annual letter to each chapter president and that the AAFP recognize all sponsoring state chapters; 2) the AAFP continue to develop leadership training programs and legislative training opportunities to encourage increasingly effective resident involvement; and 3) the AAFP Board encourage each constituent chapter to consider sponsoring at least one resident to advocate for positive patient care changes at the state or national level. (04)

  Referred to the Commission on Legislation and Governmental Affairs and the Committee on Chapter Affairs. With regard to the second resolved, the CGA agreed that it would continue to provide leadership training at the Annual Leadership Forum and will make concerted efforts to coordinate this with training opportunities at the National Conference and the State Legislative Conference.

  With regard to the third resolved, the CGA agreed with the intent of this resolved clause but believes this is a decision for each individual chapter, as chapters can best determine how to accomplish this.

LIAISONS

- Stated it is important to have continuous liaison with other medical specialty groups to develop better training for family physicians. (75)

- Recommended AAFP establish a liaison to the Joint Committee on Hospital Accreditation. (77)

- Supported liaison with the Young Lawyers Division of the American Bar Association. (79)

- Recommended attempting to increase understanding between NCFPR and PNHA, and reconsidering whether to continue liaison. (79)

  CRSA recommended withdrawing liaison completely.

- Recommended liaison with YLD-AMA. (80)

  CRSA suggested unfunded liaison.

- Recommended liaison with PNHA. (80)

  CRSA suggested unfunded liaison, with review after one year.

- Recommended member of NCFPR Executive Committee as liaison to DOC. (80)

  CRSA adopted, to appoint an informal liaison with DOC, liaison to report to CRSA.

- Asked for Canadian residents of family medicine to continue their involvement in the NCFPR. (81)

- Voted to discontinue liaison efforts with the American Bar Association Young Lawyers Division. (81)

  Adopted by CRSA.

- Asked for investigation of a liaison with CONCITA. (81)

  No liaison established.

- Recommended establishing an annual liaison with the Canadian Association of Interns and Residents (CAIR) Committee on Family Practice. (82)

  A representative of CAIR has been invited to each annual NCFPR. Formal liaison with CAIR was established in 1985.

- Recommended the NCFPR beginning at the 1992 meeting, add to the *NCFPR Rules of Order* a new elected position, entitled "NCFPR Representative to the AMA-RPS" and that such position be filled for a two year commitment whenever possible, and that the NCFPR through the CRSA recommend that the representative attend both AMA-RPS meetings, and the representative be invited to meet with and participate in any AAFP executive committee meetings that may occur in conjunction with and relevant to the strategy of the AMA House of Delegates meeting. (91)

  CRSA recommended that the BOD approve funding for the outgoing resident liaison representative to the AMA-RPS and the outgoing student liaison to the AMA-MSS to attend the Interim (December) AMA meeting with the new incoming resident and student liaisons. BOD passed. The <u>outgoing resident liaison</u>

LIAISONS (Continued)

declined to attend the 1992 December meeting to assist the newly appointed resident liaison. The outgoing student liaison did attend the 1992 December (interim) meeting to assist the newly appointed liaison.

- Recommended the AAFP consider allowing the Commission on Membership and Member Services to negotiate liaisons to minority medical organizations as the need or interest arises and responsibilities of AAFP liaisons to minority medical organizations include, but not be limited to: 1) the promotion of family medicine in the minority medical organizations and 2) to bring forth the AAFP issues and needs of the minority community represented by these organizations with the intent that the AAFP could more effectively address the issues facing its minority constituents. (05)

  The BOD referred this resolution to the Commission on Membership and Member Services as lead with input from the Commission on the Health of the Public Subcommittee on Special Constituencies.

  The CMMS accepted this resolution for information. The commission noted that the AAFP Commission on Education currently has a liaison to the Student National Medical Association (SNMA). This liaison attends the SNMA Annual Meeting with staff of the AAFP Division of Medical Education. The purpose of this liaison is to assist the AAFP in the communication to minority medical students about the specialty of family medicine. During the past two years, the AAFP has scrutinized the appointment of liaisons to other organizations through the Budget Management System (BMS) review process. Many liaison positions have been streamlined.

LICENSURE AFTER ONE YEAR

- Recommended the AAFP seek AMA support for the AAFP position that satisfactory completion of one year of graduate education in an ACGME or AOA accredited residency program be required for licensure and that restrictions which mandate more than one year of graduate medical education for licensure be opposed. (89)

  COD did not adopt. COD editorially changed by addition of the word "medical" between the words "graduate" and "education". Referred to CL&GA.

  CL&GA sent motion to BOD that AAFP oppose restrictions which mandate more than one year of post-graduate training prior to licensure for individuals in good standing in an accredited residency program & that the COE investigate & develop a mechanism for providing medical licensure for residents.

LICENSURE REQUIREMENTS

- Recommended the AAFP 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. (99)

  The Congress of Delegates adopted this resolution.

LICENSURE REQUIREMENTS (Continued)

- Recommended the AAFP work with all state licensing boards to develop a mechanism for licensing physicians who have graduated from non-Liaison Committee of Medical Education (LCME) medical schools who have completed a residency program and successfully passed their board certification exams in that specialty. (04)

  Referred to the Commission on Education. The COE accepted this resolution for information. It was acknowledged that the AAFP is in collaboration with the Federation of State Medical Boards (FSMB) on this issue.

- Recommended the AAFP develop policy supporting parity in the number of months of graduate medical education training required for international medical graduates and U.S. medical graduates to obtain a full and unrestricted state medical license. (12)

  The COE accepted this resolution for information. The variation in state requirements and the inability to assess the quality of international residency programs makes it impossible to determine a sound policy for parity.

LOAN FORGIVENESS FOR FAMILY MEDICINE FACULTY

- Recommended that the NCFPR encourage the AAFP to advocate for increasing the number of residency-trained family physicians entering faculty positions. (94)

  CRSA accepted for information. There is already a lot of on-going activity in this area by the AAFP, AFPRD and STFM. Increasing faculty was also an issue discussed at the National Institute for Program Director Development meeting.

LOAN REPAYMENT

- Recommended the AAFP continue to monitor pending and future legislation regarding deferment of loan repayment for family practice residents and that the CRSA report back any pertinent activity to the NCFPR. (92)

  CRSA accepted for information. Staff sent to the Commission on Legislation and Governmental Affairs for information.

- Recommended the AAFP support legislative and other efforts to reinstate interest-free federal loan deferment for residents in training. (00)

  Referred to the Commission on Legislation and Governmental Affairs. In light of the Board's approval of the Commission on Resident and Student Issues, the CLGA agreed the following recommendation would go to the Board: Recommendation that the AAFP pursue legislative and other efforts to provide federal and state loan payment deferment for the duration of the residency training regardless of specialty.

- Recommended the AAFP investigate additional avenues that may include media and social networking to enhance the Academy's ability to advocate that federal loan repayment be deferred for the duration of family medicine residency training. (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

LOAN REPAYMENT (Continued)

importance of clarifying loan deferment language so that residents and students would be able to receive loan deferments from more than one program.

LOCUM TENENS

- Stated that locum tenens should not be credited toward residency educational time. (75)

Adopted as NCFPR policy.

LOGO

- Recommended BOD explore alternatives to logo, which is a more realistic representation of family physicians and the varieties of their practice. (79)

- Recommended the resident representative to the Public Relations Committee continue to help develop a new logo. (80)

- Expressed appreciation to the Communications Division for distributing the feminine logo. (83)

A logo incorporating a female figure was designed and distributed in 1983.

MALPRACTICE

- Recommended that a special section of the AAFP regional legislative workshops be devoted to the unique problems of resident malpractice coverage. (76)

- Recommended that residency programs provide malpractice protection during residency and for liability period afterward, and that residents have the opportunity to obtain moonlighting coverage. (77)

Sent to Commission on Education, RRC, and RAP.

- Asked residencies to provide legal assistance for suits involving residents. (77)

Sent to Commission on Education, RRC, and RAP.

- Asked the Residency Review Committee to consider issue of malpractice coverage when accrediting residencies. (77)

Sent to RRC.

- Recommended the AAFP through its Committee on Public Liability pursue the development of further projects to educate and inform residents and practicing physicians on the issues relevant to the medical malpractice crisis, including but not limited to, the development of risk management educational videotapes. (89)

CRSA recommended the BOD via CPL & COE consider the development of further projects to educate and inform medical students, family practice residents, and practicing family physicians on issues relevant to the medical liability crises including a) the development of risk management video tapes, and b) the

MALPRACTICE (Continued)

development of a brochure which highlights accurate information about family physicians' actual medical malpractice costs--this brochure to be distributed primarily to medical students but also to family practice residents.

CPL has directed staff to distribute the AMA/Specialty Society Medical Liability Project revised Risk Management Principles and Commentaries for the Medical Office to commissions/committees and residency programs. Availability to be noted in *DNL* and the *AAFP Reporter*. CPL will notify commissions/committees of the availability of speakers on the topic of Risk Management.

COE is currently handling this in multiple ways including: Sections of recently-developed *Practice Management for Family Practice Residents* workbook & video vignettes with discussion guides have several sections relevant to these issues. Also, a monograph specifically on professional liability issues was published for residents in 1988, as a result of a special meeting held for residents in Scottsdale, Arizona, in May 1988.

MAMMOGRAPHY

- Recommended the AAFP encourage continued research to determine the appropriate age and methods 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 Commission adopted a motion to conduct a literature search on mammography screening for this population. The commission will also share the resolution with AAFP related research groups such as the Center for Primary care Research of the Agency for Healthcare Research and Quality.

MANAGED CARE

- Recommended that the CRSA be commended for the managed care programming at NCFPR/NCSM and encouraged to continue such programming in the future. (95)

Managed Care Track will be presented as part of the workshop element during the 1996 NCFPR/NCSM.

MANDATORY DRUG TESTING FOR PREGNANT WOMEN

- Recommended that AAFP oppose the creation of legislation and the practice of mandatory drug testing for women during pregnancy.

Resolution from COD on same topic took precedence and was referred to CGA who accepted it for information while the U.S. Department of Health and Human Services implements the Projecting Our Infants Act.

MANDATORY FAMILY PRACTICE CLERKSHIP

- Recommended the Academy strongly encourage the Liaison Committee on Medical Education (LCME) to require mandatory family practice clerkships at all medical schools. (88)

  COD adopted substitute resolution that the AAFP encourage the LCME to support the concept of high-quality, mandatory family practice educational experiences in all medical schools in a manner which attains exposure equal to that of all other major specialties. Referred to Commission on Education.

MARRIAGE DEFINITION

- Recommended that the AAFP recognize marriage as a partnership between two individuals 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.

MATERNAL/PATERNAL NEONATAL DEVELOPMENT ELECTIVE

- Recommended the CRSA monitor maternal/paternal leave policies and elective time including the creation of neonatal developmental electives and that the AAFP's parental leave information packet be distributed to all family practice residency programs. (88)

  CRSA recommended to BOD that the COE address these issues. COE continues to monitor. Parental leave information packet has been widely contributed to residency programs.

MC-FP

- Recommended the AAFP "recommend that the American Board of Family Medicine allow the AAFP credit system to certify COME events as meeting Maintenance of Certification requirements provide they meet mutually agreed upon standards." (16)

  Executive Vice President Agreed. The Board Chair approved a recommendation to send letters to the ABFM and ABMS regarding the burdensome processes for MOC and asking for reconsideration by each entity.

MEAD JOHNSON AWARDS

- Recommended that the AAFP express its gratitude to Mead Johnson, a division of Bristol-Myers Squibb, for its continued support for the Mead Johnson Award and that the AAFP celebrate the 50th anniversary of the Mead Johnson Award and publicly recognize both recipients and the sponsors of the award and encourage Bristol-Myers Squibb to retain "Mead Johnson Award "in any new name. (01)

MEAD JOHNSON AWARDS (Continued)

Referred to the Commission on Membership and Member Services. CMMS accepted for information this resolution. The commission 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. In addition, the AAFP/Mead Johnson Awards breakfast highlighted the 50th anniversary of this award for graduate medical education. The commission had already initiated the pursuit of funding for this program. Partial funding has been officially secured for 2002 from Bristol-Myers Squibb and the AAFP continues to encourage Bristol-Myers Squibb to support this award.

MEDICAID

- Recommended studying the impact of proposals which would limit the access of THLEXIX (Medicaid) patients to certain providers. (82)

- 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 explore collaboration with the National Center for Medical-Legal Partnerships with the goal of creating a Medical-Legal Partnership (MLP) in family medicine residencies. (10)

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 ADMINISTRATION EDUCATION

- Recommended that the AAFP investigate the development of an appropriate educational program to instruct its members on the intricacies of medical care administration. (87)

The CRSA accepted this item for information, no action taken, noting that this issue was already being addressed.

MEDICAL COST CONTAINMENT

- Recommended that the AAFP actively support research and legislation of medical cost containment measures as guided through cost-effective analysis. (90)

The AAFP COD referred to the COHCS.

MEDICAL LIABILITY REFORM

- Recommended that the AAFP advocate for medical liability reform through other avenues in addition to limits on award caps; advocate for reforms that assist residency programs that are at risk of closing due to rising malpractice rates or inability to renew coverage; and incorporate a comprehensive approach to medical liability reform that addresses a long-term solution and seeks to include, but not limited to: (1) compensation which is fair and equitable to the injured; (2) a screening mechanism for the validity of filed cases; (3) ability to contain medical costs; (4) quality control/improvement; (5) speed of claim resolution; (6) guidelines/case precedents for establishing punitive damage award amounts; (7) reforms of the insurance industry through anti-trust law modifications; and (8) deterrence of negligent acts and medical errors through interventions for those physicians who commit malpractice frequently. (03)

  Referred to the Commission on Legislation and Governmental Affairs. The CLGA recommended that the AAFP gather information to determine how family medicine residencies are being affected by the liability crisis using the AFPRD and other entities as resources.

MEDICAL SCHOOLS ADMISSIONS COMMITTEES, INCREASING FAMILY MEDICINE'S PRESENCE ON

- Recommended, "That the AAFP pursue placement of as many family physicians as possible (optimally 50%) on every medical school's admission committee. (94)

  COD did not adopt, but adopted a substitute resolution as amended from the floor: RESOLVED. "That the AAFP pursue placement and support of as many family physicians as possible on every medical school's admission committee." The Board Subcommittee on Strategic Planning and Monitoring accepted the recommendation for information.

MEDICAL STUDENT LOANS, IMPROVED ACCESS TO

- Recommended that AAFP support that medical students with similar education, training and qualifications should not face disparate barriers to accessing financial aid and loan repayment resources and identify and work with stakeholders to advocate for the eligibility of undocumented medical students for federal loan programs for medical students enrolled in any accredited medical schools, and ask the Robert Graham Center to study the potential impact of Delayed Action for Childhood Arrivals and other unauthorized immigrant medical students on the primary care shortage in the United States. (15)

  Referred to Commission on Education with agreed with modification. The COE believes the issue raised is an important issue that could negatively impact the choice of family medicine for a cohort of medical students.

MEDICARE CME FUNDING

- Recommended that the AAFP promote legislation that protects graduate medical education (GME) funding for family physician training. (95)

  Adopted by the Congress of Delegates. Noted that this is current policy - no referral necessary.

MEDICARE PART D

- Recommended that the AAFP create policy in support of allowing Medicare Part D to negotiate for drug prices and write a letter to the appropriate senators and representatives encouraging them to support legislation that would allow Medicare Part D to negotiate for drug prices. (16)

  Commission on Governmental Advocacy Accepted for Information as the AAFP Board is considering action on the 2016 COD Resolution No. 504 urging the AAFP to "Support legislation to allow Medicare to negotiate drug prices."

MEDICARE REIMBURSEMENT

- Recommended the AAFP oppose Medicare reimbursement to care facilities whose sole or principle method of care is prayer. (98)

  Referred to the Commission on Health Care Services. In receiving this resolution for information, the Commission noted that because this issue involves Medicare Part A payments to facilities, it has no direct impact on family physicians. Further, the commission 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.

MEHARRY MEDICAL COLLEGE

- Recommended the AAFP support Meharry Medical College's primary care residency programs and their (Continued) existence, and the AAFP communicate support of institutional merger efforts in Nashville strengthening primary care residency programs through a letter to the following, but not limited to: President George Bush, Secretary Louis Sullivan, Governor Ned McWhereter, Mayor-Elect Phil Bredesen, the Nashville Hospital Board, and Dr. David Satcher, President of the institution, and the *AAFP Reporter* be utilized as an instrument for dissemination of information concerning the Academy's support of Meharry Medical College. (91)

  AAFP COD referred to Executive Vice President.

MEMBERSHIP

- Recommended that the AAFP allow medical students who self-identify as active duty, reserve, or receipt of a Health Professions Scholarship be able to obtain a secondary membership to the Uniformed Services Academy of Family Physicians in addition to their primary state chapter members. (16)

  Commission on Membership and Member Services Accepted for Information. The current default for the assignment of chapter membership for medical students is the state where the medical school that the student is attending is located. If a medical student applicant indicates they are attending the Uniformed Services University in Maryland they are assigned to the Uniformed Services chapter.

- Recommended that the AAFP "investigate the feasibility of a mechanism of self-identification as active duty, reserve or recipient of a Health Professions Scholarship for the purposes of increasing awareness and membership in the Uniformed Services Academy of Family Physicians." (16)

  Commission on Membership and Member Services Agreed with Modification. With the launch of a new online membership application in 2017, staff can easily modify application language so applicants can indicate if they are active duty military or a current health professions scholarship recipient.

MEMBERSHIP (Continued)

- Recommended that the AAFP support the creation of an associate AAFP membership category for duly licensed physicians practicing in the U.S., who meet AAFP CME requirements, who are actively engaged in family practice, and who are not currently eligible for active membership, and that this associate member category not be a transitional pathway to AAFP active membership. (95)

  Congress of Delegates did not adopt.

- Recommended that the NCFPR support the creation of a supporting AAFP membership category for duly licensed physicians in specialties other than family practice, who wish to demonstrate support for family practice, and who are otherwise note eligible for AAFP membership; and support the creation of an international AAFP membership category for duly licensed physicians in countries other than the U.S., who are actively engaged in family practice. (95)

  Accepted for information. Dealt with by the 1995 Congress of Delegates.

- Recommended the AAFP provide a graduate membership dues schedule for three years following residency training and permit any active member to pay dues by installment for the first tree years following residency training. (96)

  Referred to Commission on Membership and Member Services. The Commission is requesting a fiscal note from the Board to study.

- Recommended that the AAFP develop and send to all first-year family practice residents attractive materials that adequately market the resources, services and opportunities that are available to AAFP resident members. (01)

  Referred to the Commission on Membership and Member Services. CMMS accepted for information this resolution. It was determined that the Membership Division has already developed the materials and distributes them to residents.

MEMORIAM FOR NICHOLAS PISACANO, M.D.

- Recommended that the NCFPR acknowledge the contributions of Nicholas Pisacano, M.D. in the establishment and direction of the specialty of family practice and regrets his untimely passing, and the NCFPR send condolences and deepest sympathy to his family and many friends, and that a copy of this resolution be sent to his family. (90)

  CRSA accepted for information. A copy of the resolution was sent to the family of Dr. Pisacano.

MEN'S HEALTH

- Recommended that the AAFP support the Men's Health Act of 200. (01)

  Referred to the Commission on Legislation and Governmental Affairs. CLGA asked staff to monitor the progress of this legislation.

MENTAL HEALTH CARE IN PRIMARY CARE

- Recommended the AAFP "provide liaison to the American Psychiatric Association to facilitate cohesion between mental health and family medicine patient care" and "provide continuing medical education at events to improve physician diagnosis of mental health disorders." (16)

  Commission on Continuing Professional Development Reaffirmed this resolution noting that as a CME provider, the AAFP offers relevant, compliant, and high-quality CME that addresses practice needs if family medicine.

MENTORING

- Recommended the AAFP establish an e-mail discussion list, Web site, or other form of communication vehicle for physicians, residents, and students interested in developing mentoring relationships with minority physicians, residents, and students as defined by the AAFP. (08)

  Referred to the Commission on Education. 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. Resources from the pilot mentoring project, as well as other mentoring materials, are available on the Virtual FMIG website and featured on its homepage. The Division of Medical Education will continue to identify innovative ways to communicate the location of these materials and disseminate information to state chapters and on the regional and local level. The minority listserv will be promoted to students, residents and active members as a way to connect electronically for mentoring.

- Recommended the AAFP work with the Society of Teachers of Family Medicine (STFM) and other appropriate organizations to develop mentorship resources and make these resources more readily available to family physicians and family medicine residents. (08)

  Referred to the Commission on Education. 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. Resources from the pilot mentoring project, as well as other mentoring materials, are available on the Virtual FMIG Website and featured on its homepage. STFM also has dedicated resources on mentoring on the "Future Family Docs" Website. The Division of Medical Education will continue to identify innovative ways to communicate the location of these materials and disseminate to students and residents, including linking from the resident Website to other mentoring resources on the Virtual FMIG Website.

MENTORSHIP IN RURAL CARE

- Recommended the AAFP develop a rural mentorship program to include women and minority physicians willing to serve as mentors and this program be advertised on the American Academy of Family Physicians web site and in other appropriate publications. (99)

  Referred to the Committee on Special Constituencies. The Committee believes the intent of this resolution will be met through the proposed Telementoring/Protégé Program. The Committee will revise the "Special Constituency Mentor/Protégé

MENTORSHIP IN RURAL CARE (Continued)

profile information form to include a designation of practice environment (rural, urban, etc.).

- Recommended the AAFP encourage and help facilitate a program in which its physician members practicing in rural areas provide mentorship and medical experiences to the youth of their communities. (02)

  Referred to the Commission on Resident and Student Issues. The CRSI adopted the resolution, instructing staff to compile a list of mentoring programs and publish relevant links on the AAFP website.

MILITARY SERVICE

- Urged the AAFP to support placement of military physicians trained in family practice in positions providing continuous, comprehensive care. (78)

  Referred to Commission on Health Care Services.

- Supported the statement of opposition to a separate physicians draft as listed in the Committee on Legislation and Governmental Affairs report. (80)

  This position became AAFP policy in 1980.

MINORITY HEALTH AFFAIRS WORKING GROUP OF NCFPR/NCSM

- Recommended the CRSA recognize a Resident Committee on Minority Health Affairs for the NCFPR with goals and leadership through the resident representative to the Committee on Minority Health Affairs. (90)

  CRSA tabled until the March meeting. At the March meeting the CRSA tabled until the *NCFPR/NCSM Charter* was written showing the relationship of the NCFPR/NCSM to the CRSA and to the Academy. A 2-hour Minorities Working Group was offered at the 1991 NCFPR/NCSM, also workshops on Cultural Issues and Minority Racial Issues were offered.

MINORITY ISSUES, ACCESS TO RESOURCES

- Recommended the AAFP promote resources geared toward minority issues through the AAFP Web site or the creation of an e-mail discussion list to create ease of access to people interested in minority issues. (08)

  Referred to the Commission on Membership and Member Services. The CMMS accepted this resolution for information. The commission acknowledged that the AAFP is cognizant of the importance of increasing the awareness and availability of resources specific to minority members throughout all membership categories. Since the majority of current resources for minorities are targeted towards active membership, the commission recommended promoting the current Minority Listserv and Minority Resources Web page to residents through resident communications. The commission also recommended that the National Conference of Special Constituencies be more vigorously promoted to resident members. Commission members pointed out that ease/accessibility of resources on the Web site was the issue, not necessarily the availability.

MINORITY MEMBERSHIP IDENTIFICATION

- Recommended that the AAFP allow membership applicants who belong to minority race or ethnic groups to so designate themselves on the membership application form, and that a special mailing list of AAFP members who identify themselves as minorities be formed in order to provide a networking on minority health issues. (90)

  CRSA recommended that the BOD refer to the Committee on Minority Health Affairs. BOD referred to EVP as this subject was already being considered by the EVP. This information was solicited by the Academy beginning February 1991.

- Recommended the AAFP investigate an ethnicity field 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 PHYSICIANS

- Recommended the AAFP encourage their constituent chapters to form active coalitions with minority medical students and physician organizations as well as other minority organizations in their communities for the purpose of mentoring students and increasing awareness of family practice among minority communities. (98)

  Referred to Committee on Chapter Affairs. The Committee planned a breakout for 2000 ALF, in a panel discussion format, where chapters shared their activities to encourage minority participation and their experiences with coalition formation and information about state minority physician organizations.

MINORITY PRECEPTORSHIPS

- Recommended the CRSA encourage all AAFP constituent chapters to recruit minority physicians to be mentors and preceptors for all, and especially minority, medical students, high school and college students, and the CRSA recommend that the Student Interest Task Force and Committee on Minority Health Affairs investigate what financial support is available to nurture family medicine minority preceptorships at the state and national level. (91)

  CRSA amended 1st clause to read...college students and all other students, and recommended the BOD refer to Chapter Affairs Committee and Committee on Minority Health Affairs. CRSA recommended BOD refer 2nd clause to SITF and CMHA. BOD referred 1st clause to CAC and CMHS. BOD referred 2nd clause to SITF and CMHA.

  The CMHA reviewed this recommendation and believed that there were a number of ongoing minority preceptorship programs at the state and national levels. It was reported that there are several minority preceptor programs within the Public Health Service (PHS), the Indian Health Service (IHS) and the National Health Services Corps (NHSC). It was also noted, at that time, that the International Medical Education Consortium (IMEC) at Cornell University serves as a clearinghouse of

MINORITY PRECEPTORSHIPS (Continued)

international rotations available to medical students. In addition, the National Institute of Health (NIH), through the Fogerty International Center, hosts short-term opportunities for physicians and scientists to work overseas in mini fellowships.

MINORITY RECRUITMENT

- Recommended the AAFP reaffirm its commitment to encourage the development of programs to foster the continuity of mentoring relationships, the AAFP investigate establishing formal relationships with organizations to enhance AAFP's minority mentoring and recruitment efforts, the AAFP identify means to measure the effectiveness of minority recruitment efforts and the AAFP keep its members informed of the status of the development of formal relationship with other organizations which foster minority recruitment to family medicine. (02)

  Referred to the Committee on Special Constituencies. The CSC developed the Telementoring Program which is administered be the AAFP Special Constituencies and Populations Department. This program uses e-mail communication to: foster special constituency member leadership, participation and support at chapter and national levels; provide role models for special constituency members and mentors who may be geographically distant; provide an online community of mentors dedicated to facilitating a deep appreciation and understanding of Academy's leadership and governance structure; and develop an infrastructure for ongoing special constituency membership involvement and leadership development at the chapter and national levels. While the program was developed with the needs of special consistency members in mind, it is open to all active members who are interested in serving as mentors or who are looking for a mentor. Additionally, the CSC will work with CRSI regarding the matter. The CSC is working towards becoming a participant in Council on Graduate Medical Education (COGME) Diversity Work Group.

  In October 2002, the CSC drafted a letter to the director of Community Catalyst regarding the report, "The Color of Medicine: Strategies for Increasing Diversity in the U.S. Physician Workforce" funded by the W.K. Kellogg Foundation. The letter, sent over the Board Chair's signature, noted that the Academy would welcome the opportunity to have a voice in their efforts to increase diversity in the medical profession, as one means to address health disparities in our communities.

  In March 2003, in conjunction with CRSI and with approval from the BOD, the CSC applied for association membership to Ventures Scholars Program. The goal of the program is to increase the number of traditionally underrepresented students entering science and math-based careers. It has identified high-achieving African-American, Black, Latino, Hispanic and Native American high school and college students and has provided them with recognition and information to increase their chances of pursuing careers in medicine and the allied health professions, science, engineering and mathematics.

- 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 students and family medicine residents. (05)

  Referred to the Commission on Education. The COE accepted this resolution for information. Attention was drawn to projects such as the Venture Scholars

MINORITY RECRUITMENT (Continued)

Program and pilot programs in Pennsylvania, Maryland and Kansas. The group discussed difficulties in defining 'minority' and sensitivities to some minority groups that have asked not to be identified. Members emphasized that everyone deserved a mentor regardless of race, gender, ethnicity, etc.

MINORITY ROLE MODELS

- Recommended identification of minority members of the AAFP who could serve as role models for residents and students. (80)

An article soliciting minority role models included in the *AAFP Reporter*.

MOONLIGHTING

- Stated moonlighting should be allowed providing it does not interfere with the basic educational experience. (76)
- Acknowledged support for LCGME policy stating residency programs cannot prohibit moonlighting as long as this activity does not interfere with the individual's performance. (78)
- Recognized the primary responsibility of a resident is to his/her training program, but noted the educational and financial benefits of moonlighting for the resident. (78)
- Asked that moonlighting be allowed where it does not interfere with primary responsibilities and stated opposition to any absolute prohibitions of moonlighting. (78)

The last three items above were accepted as policy by the NCFPR.

MULTILINGUAL EDUCATION

- Recommended the AAFP should provide resources (i.e., reference list, database, courses, study abroad programs, software, etc.) to assist providers 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 website. It was also recommended that a workshop be offered at National Conference on available resources for medical language fluency.

NATIONAL FAMILY MEDICINE CELEBRATION

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

Referred to the Congress of Delegates. The Committee on Communications discussed limited success from past efforts to manage a national speaker's bureau

NATIONAL FAMILY MEDICINE CELEBRATION (Continued)

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 schedules with various FMIG speaking opportunities.

NATIONAL HEALTH INSURANCE

- Recommended the AAFP create and disseminate a brief survey designed to gauge member support for "government legislation to establish national health insurance" in order to achieve actual universal health coverage, and create a taskforce to study the various possible mechanisms to achieve actual universal health coverage and ask the Robert Graham Center to study the effect of various health care systems on those countries' primary care outcomes and include lectures and continuing medical education focusing on comparing, contrasting, and analyzing the overlap between currently popular models of payment reform. (16)

  Board of Director have not yet addressed the resolution

- Recommended information packets be made available to family practice residents and the public be made aware of National Health Insurance. (79)

- Recommended that continuity of care be established as a principle supported by the AAFP with regard to National Health Insurance Legislation. (88)

  COD referred to AAFP BOD for possible inclusion in current Academy policy on "National Health Insurance." Referred to Commission on Legislation and Governmental Affairs.

NATIONAL HEALTH SERVICE CORPS

- Encouraged (Continued) NCFPR cooperation with the NHSC and the Labor Health Service. (77)

- Recommended that the AAFP go on record supporting the goals of the NHSC. (80)

  Not adopted by the COD.

- Recommended the CRSA investigate trends in governmental support for NHSC physicians currently in practice. (84)

  The AAFP supported a bill to further fund the NHSC, but the bill was vetoed.

- Recommended that students and residents who are considering joining, or being obligated to the NHSC be made aware that their options to serve are currently limited to rural, underserved areas. (84)

  The AAFP investigated the NHSC's policy of only sending family physicians to rural areas, including contact with Dr. Kenneth Moritsugu of the Corps. Although the policy was not totally approved by the AAFP (because of the restrictions this placed on doctors desiring to locate in underserved urban areas), it was accepted for information after the Corps indicated it would not change the current policy.

- Recommended the AAFP oppose NHSC regulations placing family physicians only in rural areas, and seek avenues to allow them to serve in any underserved area, urban or rural. (84)

  Not adopted by the COD. Please see above item for further discussion.

NATIONAL HEALTH SERVICE CORPS (Continued)

- Recommended the CRSA address discriminatory practices of the National Health Scholarship Corp, particularly in limiting service by family practitioners in urban as compared to rural locations. (85)

  Suggested article in *Resident/Student Newsletter*. Extensive past NCFPR, CRSA, and AAFP efforts to rectify discriminatory NHSC policies has been made with a persistent maintenance of current policy by the NHSC.

- Recommended the AAFP encourage the National Health Service Corp (NHSC) to award multiple loan repayment terms, including awards for periods longer than two years, and that consideration be given to distributing the award at the initiation of service. (09)

  Referred to the Commission on Education. The COE agreed with this resolution. The commission noted the importance of the National Health Service Corps scholarship and loan program to medical students, family medicine residents, and physicians. The commission discussed the increasing debt load of medical students and the need for longer terms of loan repayment to help relieve those debts. Staff was directed to work with state and local chapters and their individual members of Congress to look at changes in authorizing legislation of the National Health Service Corps so that loan lengths, terms and the hours of clinical service are consistent with the needs of a new generation of medical students.

- 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 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 MEDICAL RECORDS SYSTEM

- Recommended the AAFP investigate the feasibility and potential value of a computerized national medical records system with appropriate safeguards ensuring confidentiality of patient data. (98)

  Referred to the Commission on Health Care Services. The Commission accepted the resolution for information. The commission noted a number of related efforts underway both inside and outside of the Academy to address this issue.

NATIONAL PRACTITIONER DATA BANK

- Recommended 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 can be used for gathering statistical information. (93)

  COD adopted as editorially amended from the floor by deleting the word "can" in the last line of the resolved clause and substituting the word "may."

NATIONAL PRACTITIONER DATA BANK (Continued)

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.)

- Recommended the AAFP support the exclusion of resident physicians from the National Practitioner Data Bank if the claim occurred while engaged in residency-supervised activities, except when pertaining to incidences of criminal or ethical misconduct. (93)

  CRSA accepted for information noting that this had been acted on by the 1993 COD. Suggested workshop on Professional Liability at NCFPR/NCSM.

NATIONAL RESIDENT MATCHING PROGRAM

- Recommended the AAFP encourage the National Resident Matching Program to include on its governing board medical students, residents, directors of training programs, and medical school deans of students. (98)

  Referred to Commission on Education. The Commission accepted this resolution for information and asked that staff forward to NCFPR and NCSM information regarding the current composition on the National Resident Matching Program's Board of Directors.

- Recommended the AAFP communicate to its resident members the full implications of the lawsuit against the National Resident Matching Program (NRMP) and Accreditation Council of Graduate Medical Education (ACGME) and keep them informed of changes and deadlines regarding the actions of this suit, the AAFP inform interested members on the method of withdrawing from the lawsuit against the NRMP and ACGME, and the AAFP oppose the lawsuit against the NRMP and ACGME regarding the NRMP match program. (02)

  Referred to the Commission on Legislation and Governmental Affairs and Commission on Education. The COE agreed that this resolution be adopted. It was noted that the AAFP conceptually is opposed to this lawsuit, but legal counsel has recommended that it avoid attracting the attention of the plaintiffs and potentially be included as a defendant. Information is being made available to students interested in the lawsuit through the Family Medicine Interest Groups. Students are advised on how to withdraw from the lawsuit if they so desire. In the event of an adverse legal decision, the AAFP will consider the filing of an amicus brief on behalf of the NRMP. The CLGA accepted the resolution for information.

NATIVE AMERICAN CONTRIBUTIONS

- Recommended this year (1992) the AAFP shall publicly acknowledge contributions of Native Americans to the medical sciences. (92)

  CRSA accepted for information, no action taken.

NATIVE AMERICAN

- Recommended the AAFP "encourage organizations that use native imagery to engage their local communities to better understand their impact and make modifications as appropriate." (16)

  Commission on Health of the Public and Science Accepted for Information based on the AAFP policy statement on health equity supporting valuing everyone equally and addressing avoidable inequalities. The AAFP addresses inequalities and anti-discrimination in its current policies including, but not limited to, health equity, hate crimes and social determinants of health.

- Recommended the AAFP consider including Hawaiians in its definition of Native American, and that this be communicated to other medical organizations as appropriate. (92)

  CRSA accepted for information. CRSA adopted similar NCSM resolution entitled Definition of Native American: Recommended that the Academy investigate through its liaisons to the AAMC the advisability of inclusion of Hawaiian descendants as Native Americans.

NALOXONE

- Recommended the AAFP support the implementation of programs which allow first responders and non-medical personnel to possess and administer naloxone in emergency situations, the implementation of policies which allow licensed providers to prescribe naloxone auto-injectors to patients using opioids or other individuals in close contact with those patients and the implementation of legislation which protects any individuals who administer naloxone from prosecution for practicing medicine without a license. (15)

  Resolution from Congress of Delegates on same topic takes precedence and was referred to Commission on Governmental Advocacy. The Board approved substitute language believing the substance of the resolution should be incorporated into current AAFP policy since it is likely to be a matter of debate for several years. Since opioid overdose has been recognized as a serious problem, the AAFP has several entities working on this issue. Having a clear policy statement would help guide the deliberations of these entities. It was also noted there is interest in the President's initiative asking for more funds to provide naloxone to first responders and to research treatments for substance abuse. Some of the addicted patients do not consider themselves to be at-risk, which raises an issue as to whether to prescribe naloxone; family physicians are the ones who are seeing patients that are substance abusers.

- Recommended the AAFP specifically include acute opioid overdose management and naloxone training in Recommended Curriculum Guidelines for Family Medicine Residents, advocate for price reductions and expanded rebate agreements for naloxone by writing a letter to its manufacturer, Amphastar, and develop an advocacy toolkit to encourage state chapters to advocate for state Medicaid coverage for take-home naloxone kits, rebate agreements and other cost reduction programs. (15)

  Referred to Commission on Education which agreed with resolution, noting that a review/update calendar to the Substance Use Disorders Curriculum Guideline will be done in 2016. Resolves referred to the Commission on the Health of the Public and Science and Commission on Governmental Advocacy have not yet been addressed.

NCFPR AUTONOMY

- Stated that the NCFPR remains autonomous in its decision-making, while also expressing its gratitude to the AAFP for its support. (80)

NCFPR ELECTION POLICY

- Recommended the NCFPR Rules of Order III.C.2d. be amended by deletion as follows: "Nominees who are unsuccessful in their bid for Board Member may run only for the position or the NCFPR Chair. All other nominees who are successful in their bid for a given position will not be eligible for nomination as candidates in subsequent elections. Delegates to the AAFP Congress of Delegates cannot succeed themselves. (87)

  Referred to Committee on Resident and Student Affairs. These changes were reflected in Rules of Order presented at the 1999 NCFPR congress for adoption.

- Recommended the NCFPR Rules of Order III.C.2.d. be amended by deletion as follows: "Nominees who are unsuccessful in their bid for Board Member may run only for the position of the NCFPR Chair. All other nominees who are unsuccessful in their bid for a given position will not be eligible for nomination as candidates in subsequent elections. Delegates could not succeed themselves. (98)

  Referred to Committee on Resident and Student Affairs. These changes were reflected in Rules of Order presented at the 1999 NCFPR congress for adoption.

NCFPR ELECTION POLICY – ELIGIBILITY

- Recommended the eligibility requirements for the National Conference Resident Chair position be expanded to include experience serving as Resident Alternate Delegate to the American Medical Association, American Academy of Family Physicians (AAFP) Resident Representative to the American Medical Association (AMA) Resident-Fellow Section, AAFP Student Representative to the 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)

  The COE agreed with this resolution and directed staff to take the necessary steps to present these recommendations as amendments to the NCFMR Rules of Order for adoption at the 2011 National Conference.

NCFPR NAME CHANGE

- Recommended the CRSA study the issue of changing the name of the National Conference of Family Practice Residents to an organizational name which will better reflect its status as a suborganization; suggestions to be brought back to the 1989. (88)

  CRSA considered and recommended bylaws amendment to change the name of the National Conference of Family Practice Residents to National Congress of Family Practice Residents. Bylaws amendment to be considered by 1989 NCFPR. 1989 NCFPR passed name change to National Congress of Family Practice Residents.

NCFPR NAME CHANGE (Continued)

- Recommended the AAFP strongly urge that the American Board of Family Practice be renamed American Board of Family Medicine and the National Conference of Family Practice Residents be renamed the National Conference of Family Medicine Residents. (02)

  Referred to the Commission on Resident and Student Issues. The CRSI recommended and the Board of Directors approved renaming the National Conference to the National Conference of Family Medicine Residents and Medical Students and the resident congress to the National Congress of Family Medicine Residents beginning in 2004.

- Recommended the AAFP strongly encourage residency programs with "family practice" in their name to change to "family medicine" and that the AAFP propose and strongly advocate that the American Board of Family Practice change its name to the American Board of Family Medicine. (04)

  Referred to the Board of Directors. The Board took no further action on this resolution. It was acknowledged that the action called for by this resolution had already been done.

NCFPR/NCSM CHILD CARE

- Recommended that the CRSA investigate possibilities for providing child care services during NCFPR/NCSM. (87)

  The CRSA accepted this item for information, no action taken. The committee noted that the Academy has conducted extensive review of the ability to provide childcare at any meetings and has decided, at the present time, it is not possible. The primary reason is one of assuming undue liability risks.

NCFPR/NCSM FOOD GUIDELINES

- Recommended the CRSA study the feasibility of providing an alternative main course vegetarian food selection at all AAFP and NCFPR functions. (86)

  CRSA accepted for information, no action taken, noting that vegetarian meals, as well as any other specific dietary requests, are available by notifying AAFP staff or hotel staff.

- Recommended the NCFPR establish the policy that food served at NCFPR functions reflect, when possible, American Heart Association guidelines. (92)

  CRSA accepted for information. CRSA adopted the NCSM resolution: Recommended that the NCFPR/NCSM establish the policy that food served at all NCFPR/NCSM functions adhere to American Heart Association guidelines when possible and that well-balanced vegetarian meals be available as an alternative.

NCFPR/NCSM MEETING SUGGESTIONS

- Recommended that information on nominees be made available to delegates the night before elections. (76)
- Increase meeting to 3 days, and be held at least 6 weeks prior to AAFP Congress of Delegates. (77)
- Offer a workshop in teacher development. (77)
- Offer a workshop on organization and administration methodology. (78)
- Offer a workshop on communication skills and stress reduction techniques. (78)
- Recommended minutes from NCFPR be sent to all participants. (78)
- Encouraged greater participation of minority residents. (79)
- Offer a workshop on residents without partners. (79)
- Offer small group on patient education. (79)
- Offer a workshop on the unique problems of women physicians. (79)
- Offer a workshop on practice management. (79)
- Recommended developing an orientation program. (79)
- Offer a workshop on DOC. (79)
- Offer a workshop aimed at residents and spouses together. (79)
- Recommended establishing a set of rules to govern the functioning of NCFPR. (79)
- Offer a workshop for behavioral medicine faculty through STFM. (80)
- Recommended distribution of results of surveys of attendees at NCFPR. (80)
- Offer a workshop on how to organize, establish and manage a DOC chapter or student interest group within a family practice residency. (80)
- Consider a workshop on physician extenders. (80)
- Offer DOC for next 3 years. (80)
- Offer a workshop on mental health issues of residents and their significant others. (81)

  Incorporated into spouse/significant others programs at NCFPR/NCSM meetings.

- Supported presence of DOC at NCFPR/NCSM. (81)

  DOC workshops integrated into several NCFPR/NCSM meetings, with DOC representatives in attendance.

- Present a small group session on two-career family. (81)

  Dual career marriage workshop scheduled at 1982, 1984, and 1985 NCFPR/NCSM meetings.

NCFPR/NCSM MEETING SUGGESTIONS (Continued)

- Recommended having minutes from small group discussions. (81)
- Offer a workshop on gun control. (82)

  Included in preventive medicine workshops.

- Develop a public relations workshop. (81)

  Workshop offered at 1982 NCFPR/NCSM.

- Offer a workshop on health care problems of minority and indigent populations. (81)
- Invite a non-resident physician from the Committee on Minority Health Affairs to speak on this subject. (81)

  Workshop offered at 1982 NCFPR/NCSM with such a speaker.

- Present a small group session on the single physician. (81)
- Provide a workshop on stress and the single resident. (81)

  Workshops scheduled for NCFPR/NCSM.

- Provide a workshop on women's health issues. (82)

  Workshop offered at 1983 NCFPR/NCSM.

- Offer wellness promotion discussions at the NCFPR. (82)
- Continue to feature wellness discussions at the NCFPR and utilize DOC personnel as a resource. (82)

  Wellness promotion/DOC continue to be included in the NCFPR/NCSM meetings.

- Offer a workshop on NHSC. (83)
- Offer a workshop on Health Care in Central America. (83)

  Workshop on International Issues offered at 1985 NCFPR.

- Offer a joint workshop on alternate birth. (83)
- Expand legislative workshop to two sessions. (83)

  Legislation included in 1984 NCFPR/NCSM as one plenary session plus one small group session.

- Offer a workshop on medical consequences of nuclear war. (83)

  Workshop offered at 1984 NCFPR/NCSM.

- Offer a workshop on international opportunities in family practice. (83)

  Considered by NCFPR/NCSM planning committee, and planned for 1986 NCSM.

NCFPR/NCSM MEETING SUGGESTIONS (Continued)

- Include a workshop on the future of family practice. (84)

  This idea was incorporated into the theme of the 1985 NCFPR ("Family Practice - Making Our Own Tomorrow") along with the program elements themselves.

- Schedule a leadership skills workshop. (84)

  Workshop offered at 1985-1986 meetings.

- Have a workshop on hunger at the 1985 NCFPR. (84)

  Considered by the NCFPR planning committee.

- Include a workshop on dual career marriages in the 1985 NCFPR. (84)

  Workshop offered at 1985 NCFPR.

- Have a DOC presentation at the 1985 NCSM. (84)

  DOC presentation included in 1985 meeting.

- Recommended the CRSA investigate the appropriate avenues within the AAFP to increase resident participation at the NCFPR. (86)

  CRSA accepted for information, no action taken, noting this is an on-going concern of the CRSA.

- Recommended topics on adolescent health and leadership training in the AAFP for 1987 NCFPR workshops. (86)

  Workshops on both offered at 1987 NCFPR/NCSM.

- Recommended the CRSA recommend to the AAFP that it encourage family practice residency directors to send at least one resident from their program to the NCFPR each year. (87)

  CRSA instructed staff to insure resident representation from each constituent chapter.

- Recommended the results of surveys of attendees be distributed via the *Resident/Student Newsletter*. (89)

  CRSA accepted for information, no action taken.

- Recommended the NCFPR specifically invite fellows to the NCFPR and hold a separate forum at the NCFPR. (90)

  CRSA referred to the NCFPR/NCSM planning committee for further discussion.

- Recommended that workshop on violence/domestic violence be presented. (92)

- Recommended CRSA consider the theme of the 2001 Convention to be “2001 Gateway to a Century of Global Compassion.” (00)

NCFPR/NCSM MEETING SUGGESTIONS (Continued)

CRSA accepted the resolution for information. Global compassion was considered, but not selected as the 2001 conference theme.

- Recommended the AAFP investigate the feasibility of rotating the National Conference site to include urban areas not traditionally strong in family medicine. (00)

  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 CRSA considers family medicine scholarship and research as the theme for the 2001 National Conference. (00)

  CRSA accepted the resolution for information. Scholarship and research were considered, but not selected as the 2001 conference theme.

- Recommended CRSA work with American Academy of Family Physicians practice management staff to develop a panel discussion on career opportunities (i.e. part-time, physician executives, academic careers) in family medicine at the 2001 National Conference. (00)

  CRSA adopted a motion to designate a panel discussion on career opportunities and practice options as one of the special Wednesday forums.

- Recommended CRSA present an opportunity to discuss the Task Force on Universal Health Care Coverage report at the 2001 National Conference of Family Practice Residents and Medical Students. (00)

  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 CRSA consider placing a card/handout of Academy listserves into on-site registration materials for the National Conference in future years. (00)

  CRSA adopted a motion to make this information available with registration materials at the 2001 conference.

- Recommended that a time for a roundtable discussions regarding issues of the various discussion groups be scheduled to take place at the National Conference and that the times and places of these roundtables be published in the conference schedule. (00)

  CRSA accepted this resolution for information, noting that discussion groups traditionally are scheduled on Thursday and the times 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 that CRSA consider "Family Physicians – Taking the Lead!" as a possible theme for next year's National Conference. (00)

  CRSA accepted this resolution for information. The proposal language was considered, but not selected as the 2001 conference theme.

NCFPR/NCSM MEETING SUGGESTIONS (Continued)

- Recommended that the CRSI consider adopting the theme "Family Medicine: The Next Generation" for the 2002 National Conference of Family Practice Residents and Medical Students and consider including lectures on topics such as the "Future of Family Medicine" at the 2002 National Conference. (01)

  Referred to the Commission on Resident and Student Issues. National Conference National Conference Planning Committee adopted the theme "Family Medicine: Today's Challenges, Tomorrow's Opportunities" for the 2002 National Conference. A town hall meeting on the future of family medicine project was scheduled.

- Recommended that the National Conference provide opportunities for resident and student leaders to coordinate worship services for any religious affiliation. (01)

  Referred to the Commission on Resident and Student Issues. The National Conference Planning Committee agreed to make available information on local worship services and designate a room at the conference site for individual reflection.

- 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 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 CRSI consider adopting the theme "Family Medicine in the Inner City" for the 2002 National Conference of Family Practice Residents and Medical Students, consider inviting organizations dedicated to urban health policy, employment, and research (e.g. the National Association of Community Health Centers, the National Association of Public Hospitals and Health Systems, the Human Resources and Services Administration Bureau of Primary Health Care, the Robert Wood Johnson Foundation, the Commonwealth Foundation) to exhibit at future National Conferences; consider including educational opportunities to explore the development and viability of sustainable inner city family practice and health centers; consider including workshops on the morbidities and specific health issues facing inner-city communities; and consider including lectures, workshops, and training that provide the acquisition of skills in clinical care, research, and advocacy for urban underserved communities. (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 that the CRSI clarify and redefine as necessary the policy for residency program exhibitor registration in an effort to encourage resident participation. (01)

  Referred to the Commission on Resident and Student Issues. The National Conference Planning Committee discussed the resolution at length. To encourage

greater resident participation in the conference, the committee identified the following activities:

a) Presentation of a workshop at RAP in April on exhibiting at National Conference,

b) Communication from Dr. McPherson to exhibit contacts about the value of registering resident exhibitors for the conference,

c) Use of *Highlights* to remind residency directors to register their residents for National Conference,

d) Provision for an information sheet at the exhibitor registration counter clarifying that residents must also register for National Conference to participate in conference activities,

e) Announcement during exhibitor set-up encouraging resident registration for National Conference, and

f) Involvement of chapter executives in reminding residency directors to register their residents for National Conference.

- Recommended that the AAFP encourage state chapters to develop workshops in technical writing and publishing for medical students, residents and active physician members and that the AAFP investigate the availability of materials to support the state chapters in the development of technical writing workshops. (01)

  Referred to the Committee on Chapter Affairs. COCA agreed that this issue is outside the preview of its charge and raised the question of whether the need for/interest in technical writing is a shortcoming in resident training or something residents are wanting more exposure to. The committee suggested that this resolution be addressed by a different AAFP entity.

- Recommended that the CRSI consider dedicating a session at the National Conference of Family Practice Residents and Medical Students next year to the teaching and discussion of the history and principles of family medicine and the specialty's contributions to the American healthcare system. (01)

  Referred to the Commission on Resident and Student Issues. The National Conference Planning Committee agreed that a workshop session at the 2002 National Conference should be dedicated to the history and principles of family medicine.

- Recommended that at the National Congress of Family Practice Residents Internet access be provided during discussion groups and resolution writing, if feasible. (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 the AAFP create the position of minority resident delegate to the National Congress of Family Practice Residents to be selected annually, with the equal voting rights and responsibilities of the state resident delegate. (02)

NCFPR/NCSM MEETING SUGGESTIONS (Continued)

Referred to the Commission on Resident and Student Issues. The CRSI accepted the resolution for information. Substantial discussion occurred about the need for a minority delegate position. The commission determined that the needs of minority members are currently well represented in the existing congress configuration.

- Recommended the AAFP provide at the National Conference of Family Practice Residents and Medical Students a symbolic sticker or ribbon for participants to voluntarily place upon their nametags for self-identification of gay, lesbian, bisexual, and transgender affiliation or support. (02)

  Referred to the Commission on Resident and Student Issues. The CRSI accepted the resolution for information. The commission acknowledged that groups may self identify through a variety of mechanisms but that the AAFP should not preferentially provide mechanisms for such identification.

- Recommended the AAFP consider offering the "Crash Course on Cash, Codes, and Computers" in conjunction with the National Conference of Family Practice Residents and Medical Students. (03)

  Referred to the Commission on Resident and Student Issues. The CRSI accepted the resolution for information. It was acknowledged that the course is extremely valuable as currently offered and that changing the format to a standard workshop at National Conference would significantly impact its quality. Concern was also expressed that encouraging residents to attend a two-day course during the conference would detract from the objectives of the meeting.

- Recommended the National Conference of Family Medicine Residents and Medical Students Planning Committee consider instituting a first-time attendee mentoring program whereby new attendees can elect to be matched to volunteers who have attended the conference previously and who will meet with the attendee during the conference orientation and/or during the opening social event. (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 the program committee for the National Conference of Family Medicine Residents and Medical Students solicit or accept a 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 the National Conference Planning Committee re-evaluate which National Conference events resident exhibitors may attend. (05)

  Referred to the Commission on Education. The COE accepted this resolution for information. In September, the Subcommittee on National Conference Planning agreed to eliminate the current resident rebate program (residency programs were reimbursed for two of their resident exhibitors) in favor of waiving conference registration for resident exhibitors, with some restrictions. Resident exhibitors

may only register for a procedural skills course one hour before the offering and they will not be eligible for certain drawings. Information about this new benefit appeared in the 2006 exhibit prospectus.

- Recommended the AAFP recommend to the National Conference Planning Committee that a workshop on the influence of pharmaceutical and medical device manufacturers' marketing practices on medical education and patient care and strategies on how to appropriately interact with pharmaceutical industry representatives be included at the 2007 National Conference of Family Medicine Residents and Medical Students. (06)

  Referred to the Commission on Education. The COE accepted this resolution for information. In 2005, resolutions were adopted by the resident and student congresses requesting that a workshop session be held on the ethics of the physician/pharmaceutical company relationship. A session was offered on guidelines and regulations governing relationships between physicians and industry. Since the 2005 resolution generated considerable debate, it was anticipated that attendance would be high at the 2006 session; however, only 27 attended the session. Given the low attendance at the 2006 session, the National Conference Planning Committee did not think it was necessary to dedicate a session to the 2006 resolution topic prior to the workshop selection process in January. This topic was not among the final workshop selections.

- 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 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 2008 National Conference of Family Medicine Residents and Medical Students exhibit hall have a booth displaying American Academy of Family Physicians' resources for residents relating to caring for patients with cultural and language barriers to care. (07)

  Referred to the Commission on Education. 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.

- Recommended the National Conference of Family Medicine Residents and Medical Students offer a competition for residents to present innovative community programming for obesity prevention and fitness and the American Academy of Family Physicians investigate the feasibility of offering an annual scholarship to the National Conference of Family Medicine Residents and Medical Students to a resident winner of a competition for community programming for obesity prevention and fitness advocacy. (07)

NCFPR/NCSM MEETING SUGGESTIONS (Continued)

Referred to the Commission on Education. The COE accepted this resolution for information, and instructed staff to expand the description of the existing Resident Community Outreach Award category to include possible topic areas, such as obesity prevention and fitness advocacy. The likelihood of securing ongoing funding for a new National Conference scholarship category is questionable at this time. Moreover, caution should be used in crafting more narrowly focused categories of competition. Past experience suggests that the level of interest is likely to be low.

- Recommended the educational information presented at the American Academy of Family Physicians' National Conference of Family Medicine Residents and Medical Students and Scientific Assembly investigate including a workshop about 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. 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.

  Referred to the Commission on Continued Professional Development. The COCPD accepted this resolution for information and referred it to the Subcommittee on Assembly Scientific Program.

- Recommended the AAFP 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 creation of an annual run/walk to be held in conjunction with the National Conference of Family Medicine Residents and Medical Students. (11)

  The COE accepted this resolution and agreed to move forward with <u>exploring</u> the addition of an NC run/walk. The first steps were to weigh the pros and cons of

NCFPR/NCSM MEETING SUGGESTIONS (Continued)

adding such an event to the Saturday morning schedule and to explore the feasibility of securing funding. It is estimated that the cost of operating a fun run/walk ranges from $25,000 - $65,000 (including the cost of police coverage and the hiring of a race club to supervise the event).

- Recommended the National Conference sponsor a video contest to promote family medicine for resident and student members whose winner will be announced at National Conference, and the Subcommittee on National Conference Planning determine what, if any, prize should be given to the winner of a video contest to promote family medicine. (11)

  The COE agreed to adopt this resolution and approved the general framework for a social media video contest developed by a working group of the NC planning committee. The video contest will be launched in early 2012 with the first winners to be announced during the 2012 National Conference.

- 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)

  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 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.

- Recommended the AAFP include “environmentally friendly efforts into their planning decisions, including repurposing food waste and implementing recycling programs” and “collaborate with and encourage vendors and caterers to adopt less wasteful practices” and “donate excess food.” (16)

  Executive Vice President Accepted for Information. The Meetings teams works towards these goals but is also restricted by vendor contracts and liability.

- Recommended the AAFP involve the AAFP Center for Global Health Initiatives in the “planning and coordination of all global health related programming at National Conference” and that the Conference “increase the number of global health related speakers and skills based workshops.” (16)

  Executive Vice President Agreed with a modification to consider increasing the number of global health related speakers based on the recommendation of the National Conference Planning Committee.

NCFPR/NCSM MINORITY STUDENT PARTICIPATION

- Recommended that the AAFP through its Student Interest Task Force invite and fund members of SNMA with an interest in family practice, to be designated by SNMA to attend the NCFPR/NCSM meetings each year to increase their awareness and interest in Family Practice. (90)

  CRSA recommended the BOD via its Committee on Minority Health Affairs consider, during selection of minority scholars, giving special consideration to individuals involved in activist organizations, in particular the SNMA. BOD referred to CMHA. Student Interest Task Force recommended the BOD approve funding for additional minority students to NCFPR/NCSM bringing total funded to 10 students. BOD approved.

NCFPR/NCSM OFFICERS NEWSLETTER

- Recommended the officers of the NCFPR be directed to communicate with constituent members via an officers' newsletter published three times each year: 1) after COD in October, 2) after spring CRSA meeting in March/April, and 3) in July as part of pre-NCFPR mailing, and that the O*fficers' Newsletter* be mailed to all family practice residencies and all participants of the previous two years' NCFPR. (90)

  CRSA recommended the BOD approve development of an *NCFPR/NCSM Officers' Newsletter* which would be under the direction of the CRSA. Funding would be from CRSA budget. BOD accepted for information.

NCFPR/NCSM ORGANIZATIONAL STRUCTURE

- Charged newly elected officers with developing NCFPR organizational structure. (75)

- Recommended one vote to each state and the uniformed services representatives. (77)

- Recommended decisions on resolutions be made by a two-thirds vote and decisions on elected positions be made by simple majority vote. In cases of tie in the latter, the vote shall be repeated until majority is obtained. (77)

- Recommended the Executive Committee of NCFPR study rules of order for elections. (78)

- Recommended CRSA consider immediate past-chair as an ex-officio member when all three Executive Committee members are outgoing the previous year. (80)

  CRSA did not adopt, they did not feel this would be feasible.

- Recommended adopting *Sturgis Rules of Order* beginning in 1982. (81)

- Recommended the number of votes per state in NCFPR voting, be proportional to the number of family practice residencies in that state. (85)

  CRSA received for information, no action taken. This question needs further elaboration and probably would require a vote at the 1986 NCFPR if resubmitted as a resolution at that time.

- Recommended that a parliamentarian be in attendance during all voting sessions of the NCFPR. (86)

NCFPR/NCSM ORGANIZATIONAL STRUCTURE (Continued)

CRSA did not adopt, noting this was not discussed at NCFPR but referred directly as a late resolution because of confusion on the part of participants to appropriate parliamentary procedure. CRSA agreed this could be resolved by re-emphasizing the importance of parliamentary procedures to the conference organizers and the participants at the 1987 NCFPR.

- Recommended section VI.c.1.d of *NCFPR Rules of Order* be amended by adding the words: "Representative to the STFM Board of Directors and RRC for Family Practice" after the words "...AAFP Commission or Committee member." (90)

  CRSA accepted for information. This is now in the *NCFPR Rules of Order*.

- Recommended the final business session of the NCFPR be held no later than Saturday. (90)

  CRSA accepted for information, and referred to the NCFPR/NCSM Planning Committee. Beginning in 1991 the final business session was held on Saturday afternoon with workshops on Sunday morning.

- Recommended that Reference Committees should be composed of members, some of which should be chosen through an application process, and these appointed members shall be based upon their previous organizational experiences by the NCFPR Executive Committee; and that the Reference Committee members appointed through the non-application process shall be chosen by the NCFPR Executive Committee based upon their knowledge and specific experiences within the AAFP and NCFPR which could contribute to the future of a reference committee. (90)

  CRSA redesigned the way Reference Committees were selected for the 1991 NCFPR/NCSM. Reference Committees included individuals chosen through an application process.

- Recommended the CRSA recognize a Resident Committee on Minority Health Affairs for the NCFPR with goals and leadership through the resident representative to the Committee on Minority Health Affairs. (90)

  CRSA tabled until the March meeting. At the March meeting, the CRSA tabled until the *NCFPR/NCSM Charter* was written showing the relationship of the NCFPR/NCSM to the CRSA and to the Academy. A 2-hour Minorities Working Group was offered at the 1991 NCFPR/NCSM, also workshops on Cultural Issues and Minority Racial Issues were offered.

- Recommended the NCFPR and NCSM support the creation of a joint committee for computers in family practice. (90)

  CRSA tabled until the March 1991 meeting. At the March meeting the CRSA tabled until the *NCFPR/NCSM Charter* was written showing the relationship of the NCFPR/NCSM to the CRSA and to the Academy. A computer workshop was offered at the 1991 NCFPR/NCSM and also a 2-hour Computer Working Group was offered.

- Recommended the *NCFPR Rules of Order* be amended to reflect that candidates unsuccessful for the resident nominee to the AAFP Board of Directors, NCFPR Chair and Delegates cannot "slide" to run as candidates from the RRC or STFM resident nominee. In addition, unsuccessful STFM candidates cannot "slide" to the RRC office. (Such policy will not affect the elections for NCFPR Chair, Delegates or resident member of the AAFP Board. (91)

NCFPR/NCSM ORGANIZATIONAL STRUCTURE (Continued)

CRSA accepted for information, noting this was being addressed, but should be reflected in the *How to Get Involved* packet and the *NCFPR Rules of Order* and would be presented to the 1992 NCFPR for acceptance. This was accepted and began with the August 1992 NCFPR.

NCFPR/NCSM RESOLUTIONS

- Recommended that the AAFP "investigate the use of virtual meetings to provide a means for dialogue with residents and students in order to result in improved resolution development prior to the National Conference of Family Medicine Residents and Medical Students." (16)

  Board Chair approved staff recommendations for changes to the National Conference Rules of Order, which will revise the resolution submission process.

- Recommended 1) a list of the resolutions passed by the National Congress of Student Members and the National Congress of Family Practice Residents be posted on the AAFP website within a month after the National Conference of Family Practice Residents and Students; 2) the disposition of each of the Congress' resolutions (i.e., which committee or commission they have been referred) be posted upon the AAFP website as soon as they have been approved; 3) the list of resolutions passed, their disposition, and committee/commission minutes – be easily accessible to all AAFP members on the AAFP 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.

- Recommended the AAFP Commission on Resident and Student Issues (CRSI) investigate the feasibility of preconference online submission for resident and student resolutions to the National Congress of Family Practice Residents and National Congress of Student Members and the continuation of online submission of resolutions during the conference via computers with internet access in the resolution writing rooms, if financially feasible. (02)

  Referred to the Commission on Resident and Student Issues. The CRSI accepted the resolution for information. In place of pre-conference electronic submission of resolutions, residents and students will be encouraged to use the National Conference e-mail discussion group to discuss and refine potential resolutions. Expenses associated with online submissions during the conference were determined to be too costly at this time.

- Recommended the AAFP resident web page include *Getting Involved In Your Academy,* the AAFP web page include an easily accessible glossary of commonly used AAFP acronyms, and resolutions from each year's NCFPR and NCSM be made available on the "member only" side of the AAFP website. This information should include the complete original resolution, outcomes from the congresses and updated information on the progress of adopted resolutions. (02)

  Referred to the Commission on Resident and Student Issues. The CRSI accepted the resolution for information. The current resources for information on resident and student resolutions include a post-conference newsletter and grids posted on the National Conference website, including the resolution title, referral status and the names of the resident and student commission/committee members receiving

NCFPR/NCSM RESOLUTIONS (Continued)

the resolution for consideration. It was reported that a general plan is being finalized to communicate more information about the resolutions acted upon by the Congress of Delegates, NCFPR, NCSM and the National Conference of Special Constituencies. *Getting Involved in Your Academy* has been added to the resident web page and a glossary of AAFP acronyms will be added to the next addition of this publication to facilitate accessibility.

- Recommended the Commission for Resident and Student Issues (CRSI) provide the resident and student representatives to each commission and committee with the reference committee report on each resident and student resolution that will be considered in said commission or committee and the CRSI investigate the feasibility of providing the resident and student representatives to each commission and committee with a brief summary of the floor debate from the resident or student congress written by an appointed resident or student secretary or by AAFP staff, if feasible. (02)

  Referred to the Commission on Resident and Student Issues. The CRSI accepted this resolution for information. The 2002 reference committee reports were mailed to designated resident and student representatives prior to the January commission/ committee meetings. It was determined that to capture an accurate summary of the floor debates during the resident and student congresses would require the use of a stenographer and the charges for such service would not be cost effective.

NCFPR/NCSM WORKSHOPS PERTAINING TO RURAL HEALTH ISSUES

- Recommended that the NCFPR/NCSM continue to encourage workshops on topics pertinent to rural health at the annual meeting in Kansas City. (94)

  CRSA accepted for information and referred to the NCFPR/NCSM Planning Committee for consideration.

  This was selected as a workshop at the 1995 convention.

NEONATAL CIRCUMCISION

- Recommended that the AAFP review its policy on neonatal circumcision and create and adopt a new policy as appropriate. (01)

  Referred to the Commission on Clinical Policies and Research. CCPR felt that this resolution has been addressed. A revised neonatal circumcision policy was approved by the 2001 Congress of Delegates and Board. The revised policy is on the AAFP web site.

NEW PHYSICIANS

- Recommended the AAFP/CRSA 1) investigate and/or develop a mechanism to facilitate its former resident/student leaders to continue leadership development as new physicians; 2) develop a mechanism to better publicize the National Conference of Women, Minority, and New Physicians to target members such as former resident/student leaders, chief resident program participants and National Congress of Family Practice Residents attendees; 3) communicate with its constituent chapters to promote development of further leadership opportunities for new physician members at the chapter level, including encouraging the chapters to send representatives to the National Conference of Women, Minority, and New Physicians; 4) investigate ways to increase

NEW PHYSICIANS (Continued)

residents' exposure to the National Conference of Women, Minority, and New Physicians at NCFPR/NCSM, beginning in 1999. (98)

Referred to Committee on Special Constituencies.

NICOTINE ADDICTION POLICY STATEMENT

- Recommended the AAFP COD endorse the following official policy of NCFPR regarding all nicotine delivery systems or delivery devices: a) Nicotine is recognized as an addictive drug and the users of nicotine, in any form, as people currently or potentially addicted to nicotine; b) All nicotine containing products should be under the control of the FDA and subject to pertinent regulations regarding food, food additives and pharmacologically active agents; c) Advertising and promotion of nonprescription nicotine delivery devices should be banned; d) National minimum age of purchase should be established for nicotine delivery devices; e) Sale of nicotine delivery devices through vending machines should be banned; f) Use of nicotine delivery devices in the treatment of nicotine addiction should be under continuous medical supervision of a physician and be accompanied by appropriate behavioral therapy. (89)

  COD adopted with editorial changes to insert the words "support the following" in lieu of "COD endorse the following official" and deletion of the wording "of the NCFPR."

NON-EUROPEAN CONTRIBUTIONS TO THE FIELD OF MEDICINE

- Recommended the CRSA/AAFP develop mechanisms to increase the representation of the contributions of non-European scientists, physicians, artist and engineers to the history and future of the field of medicine and that the CRSA recommend that this be referred to the Commission on Education and Student Interest Task Force. (92)

  CRSA accepted for information suggesting that the original author should send in a proposal for a workshop at NCFPR/NCSM.

NON-RESIDENCY TRAINED PHYSICIANS

- Recommended reviving board eligibility for non-residency trained physicians and other specialty boards. (80)

  CRSA accepted for information, no action taken.

NUCLEAR ARMS

- Recommended that the AAFP support the contents of The International Health Professionals "call for an end to the Nuclear Arms Race". (85)

  Referred to the BOD, who received for information no action taken.

- Recommended that the AAFP educate its members and their patients regarding the medical consequences of nuclear war. (85)

  Received for information, no action taken. It was felt that other physician organizations are actively working toward these goals.

NUTRITION

- Recommended the AAFP encourage the involvement of AAFP physicians, residents and students in school programs targeting nutrition and exercise. (00)

  Referred to the Commission on Public Health. The COPH accepted this resolution for information. This issue has been addressed through the Academy's participation in and support of the USDA Recommendations for Healthy Eating in Schools and in other programs.

- Recommended that the AAFP include more and easily accessible information regarding nutrition and exercise on its website familydoctor.org. (01)

  Referred to the Executive Vice President. The resolution was referred to the Board Chair for information. The Academy has already begun working to add more information on exercise, nutrition, and other wellness topics to the site, increasing their visibility. The site now contains a main section called "Healthy Living" with the following three main subcategories: diet, exercise and prevention. In addition, the "Daily Health Tip" on the homepage often features advice on nutrition and exercise.

- Recommended the AAFP investigate and implement ways to increase residency adoption of comprehensive nutrition education. (15)

  Commission on Public Health accepted for information. A previous resolution addressed the importance of culinary skills as part of the nutrition curriculum in family medicine residencies. The Curriculum Guidelines are available to all family medicine residency programs. Nutrition information is also available in the AAFP clinical resources and journals.

NUTRITION – OUTREACH PROGRAM

- Recommended the AAFP encourage the American Academy of Family Physicians Foundation to consider supporting community outreach programs to communities with limited access to fresh fruits and vegetables. (13)

  The CHPS noted that creating local outreach programs to develop community gardens does not align with the scope of the mission statement for the American Academy of Family Physicians Foundation.

OBESITY, CHILDHOOD AND TEEN

- Recommended the AAFP continue to investigate with whatever measures deemed appropriate, including collaboration with other organizations, the barriers to regular physical activity in the school-aged population and promote the benefits of regular physical activity and of a well-balanced diet to help reduce childhood and teen obesity. (99)

  Referred to the Commission on Public Health. During review and discussion, the Commission noted that the issue is already part of a planned activity.

- Recommended that the AAFP take a leadership role to ensure that the main school lunch menu provides children with healthy food choices; promote legislation to mandate that healthy alternatives be placed in all vending products in schools; and encourage legislators to mandate physical education for children at a frequency level that promotes health maintenance and weight loss. (03)

OBESITY, CHILDHOOD AND TEEN (Continued)

Referred to the Commission on Public Health. The CPH accepted this resolution for information, noting that the American in Motion activities address these issues.

- Recommended the AAFP consider supporting the investigation of the efficacy of existing multimedia obesity education materials; and the AAFP consider placing links to high-quality, evidence-based multimedia resources on www.familydoctor.org. (10)

The CHPS accepted this resolution for information. AIM-HI is working with the First Lady's Let's Move campaign. AIM-HI and Ready, Set, FIT! are available on the AAFP's Website, along with other resources.

OBESITY PRACTICE GUIDELINES

- Recommended the AAFP promulgate evidence-based information and guidelines, when available, for the risk assessment, effective prevention, and treatment of obesity in persons of all ages. (02)

Referred to the Commission on Clinical Policies and Research. The CCPR discussed the resolution and determined that it needed to obtain more information before a decision could be made. The commission will ask for a presentation on the Academy's AIM (Americans in Motion) program through the Commission on Public Health at its January 2004 meeting in order to determine further action.

- Recommended that the AAFP develop and disseminate clear and concise guidelines regarding the screening of obese children at risk for developing chronic illnesses. (03)

Referred to the Commission on Clinical Policies and Research. The CCPR decided to refer this to the January meeting in order to consider the USPSTF report on child and adolescent obesity, which is scheduled to be released in July.

OBSTETRICAL STANDARDS OF CARE

- Recommended the AAFP create or direct a Task Force to define defensible guidelines of practice based on the rational care of the low risk obstetrical patient, and the guidelines should match the medical needs of the patient with the technological capacity of the physician and birth settings, and this task force take into account the significant number of family physicians that care for high-risk obstetrical patients and that these guidelines for care would in no way limit their ability to care for their patients. (89)

CRSA accepted for information, no action taken, noting the Task Force on Obstetrics has already developed a number of activities designed to address the concerns of this resolution. The 1989 COD passed specific resolutions about this issue.

OBSTETRICAL TRAINING IN RESIDENCY PROGRAMS

- Recommended the CRSA request the COE and the RRC-FP to study obstetrics curricula in FP residency programs relative to current socioeconomic and professional liability circumstances in some states. (88)

CRSA recommended the AAFP communicate these concerns to the RRC-FP and that the Commission on Education continue to study the issue of obstetrical

OBSTETRICAL TRAINING IN RESIDENCY PROGRAMS (Continued)

training opportunities for family practice residents in states with unfavorable malpractice climates. BOD referred to Commission on Education. COE has determined that RRC-FP is aware and sensitive to the issue.

- Recommended that the CRSA investigate a way to monitor and report on the impact that training obstetrical residents in family practice centers may have on family practice residency education. (95)

- Recommended the AAFP research, study, and assess whether family practice residents have difficulty in obtaining sufficient experience to develop competencies in maternity care and, if so, develop approaches to correct the situation. (98)

  Referred to Commission on Education. The Commission, recognizing that insufficient deliveries is among the most common RRC-FP program citations and a study to assess the factors impacting the number of deliveries in individual programs would provide a basis from which to develop approaches to correct the situation, agreed that the COE, along with other appropriate organizations (i.e., CREOG), evaluate the feasibility of conducting such a study.

- Recommended the AAFP study the carious models of prenatal care, including the AAFP's Management of Maternity Care (MOM Care) Program and the shared protocol of the Virginia AFP OB Task Force, to assist residency programs with the opportunity to implement shared care with their programs. (98)

  Referred to Commission on Quality and Scope of Practice.

ORIENTATION TIME

- Recommended that orientation time for family practice residents be considered paid time. (80)

OSTEOPATHIC MEMBERSHIP

- Recommended the AAFP allow osteopathic physicians who have successfully completed an AOA-approved internship and AOA-approved two-year residency in general or family practice to become active members in the AAFP. (93)

  COD did not adopt. COD did adopt an Amendment to AAFP Bylaws to provide eligibility for active membership to osteopathic physicians, "RESOLVED, That Section 3 of Chapter III of the Bylaws shall be and hereby is amended in Line 20 by inserting immediately following the word "Education" the words "or must have satisfactorily completed either 1) one year of a rotating general or family practice internship approved by the American Osteopathic Association plus two years of a general or family practice residency program approved by the American Osteopathic Association or 2) three years of a general or family practice residency program approved by the American Osteopathic Association, and be it further RESOLVED, That Section 3 of Chapter III shall be and hereby is amended in Line 22 by inserting immediately following the word "Education" the words, "and those who complete either 1) a one year AOA-approved rotating general or family practice internship plus a two year AOA-approved general or family practice residency or 2) a three year AOA-approved general or family practice residency;" And in Line 25 by deleting the words "family practice" and inserting in lieu thereof the word "those". Also adopted by COD-RESOLVED, "That Section 6 of Chapter III of the

OSTEOPATHIC MEMBERSHIP (Continued)

Bylaws shall be and hereby is amended in Line 2 by inserting immediately following the word "residency" the words "as well as physicians in an AOA-approved rotating general or family practice internship or an AOA-approved general or family practice residency" and in Line 3 by inserting immediately following the word "residencies" the words "or AOA-approved general or family practice residencies."

Staff will revise the AAFP Bylaws.

OSTEOPATHIC STUDENT RECRUITMENT

- Recommended the NCFPR through its representative on the Student Interest Task Force, or other appropriate channels, encourage the AAFP to pursue increased student membership by osteopathic students interested in Family Medicine. (90)

CRSA accepted for information, noting this is already being addressed by the AAFP. The CRSA has a liaison to the Student Osteopathic Medical Association.

PARAPROFESSIONALS

- Supported research on non-traditional and/or alternative methods of family health care with regard to safety and effectiveness. (80)

PARENTING

- Recommended that the CRSA develop a workshop that assists residents in developing innovative, educational rotations that would allow them to extend their family time with a new child while still meeting ABFP education requirements for completion of residency. (95)

NCFPR/NCSM continues to provide workshops to aid in the personal and professional growth of the participants. This topic will once again be considered at the Planning meeting for the 1997 Convention.

- Recommended, that the AAFP encourage residency programs to acknowledge the educational value of childbearing, breastfeeding and parenting and to provide program directors with information on innovative educational rotations for those residents who have children during residency training. (95)

The COE adopted a motion that the AAFP disseminate information through meetings such as Residency Assistance Program (RAP), Association of Family Practice Residency Directors (AFPRD), NCFPR, etc. and the Networking Resource Line (NRL) about innovative measures to assist residents who wish to extend their time with a new child.

- Recommended the AAFP policy on parental leave be revised to include a recommendation that individual program's policies include specific information on: 1) the category of leave credited (sick, vacation, parental, short-term); 2) whether leave is paid or unpaid; 3) whether provision is made for continuation of resident's insurance benefits during leave, and who pays for premiums; 4) what impact will be on the residents' graduation and ability to sit for American Board of Family Practice exam; 5) what mechanisms are available for making up time, or extending or delaying training; 6) whether extending training or make-up time will be paid? (98)

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

PARENTING (Continued)

- Recommended that the AAFP encourage all residency programs to adopt a clear and concise written policy, derived from existing AAFP and American Board of Family Practice policies on maternity/family leave during residency, to be provided to residents at the time of application and enrollment in a program and urge all residency programs to reconsider and revise as necessary their current parental leave policies to: 1) support residents' decisions regarding starting a family during residency training, 2) promote appropriate scheduling of resident duties in a manner that is fair and equitable to both pregnant and non-pregnant residents in the program; and 3) facilitate scheduling that will best protect the health of both pregnant residents and their children, support sufficient leave in order to promote parent-child bonding and successful breastfeeding. (03)

  Referred to the Commission on Education. The COE accepted this resolution for information. The Academy and the American Board of Family Practice have policies addressing these issues. To require programs to adopt a standardized policy would be construed by program directors as micromanagement.

PART-TIME/SHARED RESIDENCIES

- Recommended the AAFP develop a file on residents interested in time-sharing and part-time practices, along with a list of practice opportunities for such positions. (84)

  Referred to Commission on Membership and Member Services. Development of the COMPASS program may include a list of such part-time positions if feasible.

- Recommended the CRSA establish a list of residency programs offering part-time/shared positions, along with a current list of residents and students who are seeking such positions. (84)

  Part-time/shared residency positions are listed in the *Directory of Family Practice Residency Programs*. The AAFP Education Division maintains a file of individuals interested in such positions, as well as a listing of programs that offer part-time/shared residency positions.

PATIENT-CENTERED MEDICAL HOME (PCMH)

- Recommended 1) the AAFP explore working with TransforMED or other appropriate organizations to design and implement a medical home model for the urban underserved integrating services that address the unique social and economic needs of this patient population and 2) the 2009 National Conference of Family Medicine Residents and Medical Students' list of lecture topics include the role and utilization of social services in the context of the medical home for urban underserved populations. (08)

  Item #1 referred to the Commission on Quality and Practice. The CQP asked staff to further communicate with the National Association of Community Health Centers, the conveners 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.

  Item #2 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

PATIENT-CENTERED MEDICAL HOME (PCMH) (Continued)

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 develop standardized patient-centered medical home curriculum guidelines for medical schools and family medicine residency programs and the AAFP encourage medical schools and family medicine residency programs in the United States to adopt the AAFP's patient-centered medical home curriculum guidelines by 2010. (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) – PAYMENT MODELS

- Recommended the American Academy of Family Physicians (AAFP) explore formulating recommendations of best practices with regard to payment models that promote the patient-centered medical home. (10)

  The CQP determined that the intent of this resolution has already been met.

  The commission noted that AAFP is a participant in the Patient-Centered Primary Care Collaborative (PCPCC) and AAFP's Executive Vice President is a member of its board. The commission noted that PCPCC and AAFP support a blended payment reform model. PCPCC has a payment reform task force that has explored and formulated recommendations of best practices with regard to payment models that promote the patient-centered medical home. Those recommendations have been published in PCPCC's *Payment Reform to Support High-Performing Practice*. PCPCC's payment reform task force is working on a four-page document that would serve as an introductory guide to vetting, negotiating, and implementing payment reform to support the PCMH at the practice, group, and network levels.

PATIENT CONFIDENTIALITY/PRIVACY

- Recommended the AAFP continues to recognize the importance of confidentiality in patient care, including the need to obtain appropriate informed consent when using health information including but not limited to photographs, videos, multimedia, identifying information, and research data from both domestic and international patients. (13)

  The COE discussed that global health activities and rotations have become part of medical education for many medical students and residents. Students and residents occasionally post health information, including images of their international and mission trips, on web sites and in social media venues. Staff will review current AAFP social media and privacy policy to determine if they adequately address the confidentiality concerns expressed in the resolution.

PATIENT EDUCATION

- Encouraged the AAFP to promote the idea of optimal health care. (78)

  Sent to Commission on Public Health and Scientific Affairs.

- Recommended residency programs encourage and support educational programs designed to educate patients in cost effective health practices. (78)

- Supported the Academy in development of a central resource library for patient education materials. (78)

  Sent to Commission on Education, STFM, RAP, and RRC.

- Recommended positive public health education with support and funding by AAFP. (79)

- Stated that federal and private health care insurance plans should reimburse patient educational services. (80)

  Referred to BOD.

- Recommended patient education materials be available to program directors. (80)

  CRSA accepted for information, no action taken.

- Recommended researching the cost-effectiveness of patient education materials. (80)

  COD referred to BOD.

- Recommended AAFP establish a continually updated "Compendium of Patient Education Materials." (80)

  COD did not adopt.

- Recommended developing a resident speaker's bureau library to include developed patient education programs and resident and students would receive these through AAFP mailings. (80)

  CRSA referred to BOD.

- Recommended the AAFP encourage greater distribution of health care resources toward patient education and disease prevention. (90)

PATIENT EDUCATION (Continued)

AAFP COD adopted. Referred to COLGA.

- Recommended the AAFP publicize information on successful models used to enable patients in emergency departments to obtain ongoing care from family physicians and other primary care physicians. (99)

  The Committee discussed this issue and determined that there is a lack of education with the emergency room staff. The committee suggested that family physicians need to work with hospital staff to educate them on this issue. Upon further discussion, the Committee requested that staff post the question "Does anyone know of any successful models where emergency departments have a system to obtain ongoing care from family physicians and other primary care physicians?" on the AAFP list-serve for family physicians working in emergency rooms.

- Recommended the AAFP maintain a database of current patient-related legislation issues on the web sites www.aafp.org and www.familydoctor.org. (02)

  Referred to the Commission on Legislation and Governmental Affairs. Since the AAFP has extensive information on this sort of legislation on its website, the CLGA accepted this resolution as current policy.

- Recommended that the patient education site www.familydoctor.org reflect the AAFP's policy regarding education in topics related to reproductive health by providing periodically updated patient education materials concerning all methods of contraception, including routing 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 the AAFP-sponsored patient education handouts, including those on familydoctor.org, be made available in Spanish, as well as English, by December 31, 2007. (04)

  Referred to the Board of Directors. The Board took no further action on this resolution. It was acknowledged that specific steps were already under way to meet the intent of this resolution.

PAYMENT MODELS

- Recommended the AAFP "create an online module, handout or webinar addressing Medicare Access and CHIP Reauthorization Act of 2015 and its quality payment programs, merit-based payment systems and alternative payment programs, at the appropriate level and context for family medicine residents and students" and "offer Medicare Access and CHIP Reauthorization Act of 2015 based informative lectures for family medicine residents and medical students at the National Conference." (16)

  Commissions on Quality and Practice and Commission on Education Agreed. Staff will work to create and promote appropriate resources.

PEER ASSISTANCE RECOVERY (PAR) PROGRAM

- Recommended the AAFP identify the P.A.R. Program as a priority issue and strongly support this program by allocating resources towards its timely development. (88)

  COD adopted. Recommended to Commission on Health Care Services Subcommittee on Peer Assistance Recovery.

PERIODIC HEALTH EXAMS

- Recommended that CRSA direct staff to expeditiously develop a schedule of periodic health exams. (81)

  Referred to the Committee on Public Health and Scientific Affairs. With the release of the U.S. Preventive Services Task Force report in 1989 and a decision by the Academy on the appropriate methodology for making clinical recommendations (policies), the commission developed the Age Charts for Periodic Health Examination. As of 1996, the responsibility for this was transferred to the new Commission on Clinical Policies, Research, and Scientific Affairs.

PHARMACEUTICAL GIFTS

- Recommended the AAFP urge its membership to discontinue the practice of accepting gifts as end recipients from the pharmaceutical industry. (05)

  Referred to the Board of Directors. The BOD accepted this resolution for information as the Academy adheres to the AMA Gift to Physicians policy.

PHARMACEUTICAL MARKETING

- Recommended that the AAFP oppose direct-to-consumer marketing of prescription pharmaceuticals and review the current literature on the influence of pharmaceutical company detailers' interactions with medical students, residents and physicians and report this to its members for further consideration. (01)

  Referred to the Commission on Health Care Services. 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 that a workshop on alternatives to accepting and distributing pharmaceutical company-provided samples be included at the 2007 National Conference of Family Medicine Residents and Medical Students. (06)

PHARMACEUTICAL MARKETING (Continued)

The Board of Directors referred the first resolved of this resolution to the Commission on Education. According to Academy policy entitled "Drug/Physician Dispensing of Samples," the AAFP supports the practice of physicians providing sample medications at no charge to patients based on physician discretion. The AAFP further encourages its members to consider the cost effectiveness of any sample provided. (1986) (2004)

The COE took no action on the first resolved of this resolution. The COE reviewed the Academy policy entitled "Drug/Physician Dispensing of Samples" and elected to support physicians' discretion in choosing therapies for their patients. It was noted that cost effectiveness of therapy should always be considered when weighing treatment options.

The COE accepted the second resolved clause of this resolution for information. In September 2006, the National Conference Planning Committee added 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.

PHARMACEUTICAL SUPPORT

- Recommended the AAFP undertake a review of its current financial support from the pharmaceutical industry and any possible influence of its 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 create a financial feasibility report investigating non-pharmaceutical funding sources for annual conferences and events with the report to be submitted for review by the Congress of Delegates and the American Academy of Family Physicians adopt, as a goal, the elimination of pharmaceutical advertising for annual conferences and events by 2012. (07)

  Referred to the Board of Directors. After careful consideration, the Board took no action. Attention was drawn to Board Report K to the 2007 Congress of Delegates and Board Report V to the 2006 Congress of Delegates detailing the AAFP's non-dues revenue and the impact of various revenue streams. It was agreed that there would be considerable financial implications to the AAFP and its members if all pharmaceutical funding were prohibited abruptly. It was also noted that the 2007 Congress of Delegates adopted Substitute Resolution No. 204 on reporting of income.

- Recommended the AAFP review the use of pharmaceutical industry funds, directly or via unrestricted grants to the AAFP and investigate alternative support for resident scholarships, awards, and travel. (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

PHARMACEUTICAL SUPPORT (Continued)

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.

PHILOSOPHY OF FAMILY PRACTICE

- Recommended the CRSA develop guidelines on healthy lifestyles for students and residents and that residency programs and family practice departments support and encourage their implementation by residents. (89)

  CRSA accepted for information, no action taken. The NCSM version of this resolution was adopted by the 1989 COD and referred to COE.

PHYSICAL ACTIVITY VITAL SIGNS

- Recommended that AAFP policy reflect and formally endorse the World Health Organization policy that adults do at least 150 minutes of aerobic physical activity throughout the week and develop policy endorsing the routine and widespread practice of measuring patient's habitual physical activity and explore collaborations with like-minded organizations to provide tools, references and resources to physicians. (16)

  Commission on Health of the Public and Science agreed and will develop a policy statement that encourages family physicians to perform physical activity vital signs during clinical visits. Its Subcommittee on Public Health Issues is currently working on the policy language.

PHYSICAL EXAMINATIONS, STANDARDIZATION OF ANNUAL GROUP HOME

- Recommended the AAFP develop a standardized physical examination form for group home residents and support the use of evidence-based screening guidelines for all patients including group home residents. (15)

  Commission on Health of the Public and Science reaffirmed the resolution. AAFP already recommends evidence-based screening for all patients.

PHYSICIAN ASSISTANTS

- Recommended the investigation of a survey regarding the use of physician assistants in residency training programs. (79)

- Supported on-going quality control of standardization of nurse practitioners and physician assistant programs by means of accreditation and certification. (81)

PHYSICIAN EXTENDERS

- Expressed support of AAFP policy on physician extenders. (79)
- Recommended investigation of the spectrum of training, certification and practice opportunities for physician extenders. (78)
- Expressed support of physician extenders in their specialized care of patients. (81)

PHYSICIAN-OWNED HOSPITAL REGULATION REFORM

- Recommended the AAFP investigate the effect of limiting physician ownership of hospitals. (11)

The CQP accepted the resolution for information. The commission considered 2011 National Conference of Family Medicine Residents (NCFMR) Resolution No. R2-500,"Physician-Owned Hospital Regulation Reform." The resolution asked the AAFP to investigate the effect of limiting physician ownership of hospitals. The resident member of the commission explained that the concern is with rural hospitals that are physician-owned, and are not allowed to grow.

Upon consideration, the commission noted that the resolution was unclear on at least a few points. First, it does not specify what effect the AAFP should investigate in this regard. For instance, is it the effect on the supply of hospitals, physician incomes, patient access, or some other element? Second, it does not specify the effect "on whom" that is in question. Is it the effect on physicians, hospitals, patients, or some other entity? Finally, the resolution does not specify to what end the AAFP should pursue this investigation. Is it to inform AAFP advocacy, change AAFP policy, support AAFP members, or some other purpose?

Additionally, the commission noted that physician ownership of hospitals is not among the current AAFP strategic objectives. Finally, the commission observed that the current limit on physician ownership of hospitals is statutory and would require legislative advocacy to change. However, this issue is not among the AAFP's current legislative priorities at the federal level. Instead, those priorities are support of Title VII funding, repeal of the Sustainable Growth Rate, and protection of Medicare graduate medical education funding.

Absent a more compelling rationale to investigate the effect of limiting physician ownership of hospitals, the commission could not justify expending AAFP resources on such an investigation. Accordingly, the commission accepted the resolution for information.

PHYSICIAN TRANSPARENCY

- Recommended the AAFP "support transparency and open reporting of family physician's relationships with pharmaceutical and medical device manufacturers including support of effective and efficient implementation of existing Physician Payment Sunshine reporting requirements." (16)

Board of Directors Accepted for Information.

PHYSICIAN WORKFORCE REFORM

- Recommended, "that the AAFP support the position that the number of first year residency positions in the US be 110% of the number of US medical school graduates," "that the AAFP

PHYSICIAN WORKFORCE REFORM (Continued)

supports a 50% generalist/50% specialist division in first year residency positions and that residency funding should be appropriated accordingly," and "that AAFP support the goal that 50% of all US residency graduates be primary care physicians". (94)

COD did not adopt.

- Recommended the AAFP support the establishment of a national priority to double the number of U.S. medical school graduates entering family medicine residencies, based on 2009 statistics, by 2020. (09)

Referred to the Commission on Education. The COE agreed with this resolution. It was noted that the intent of the recommendation was met in section 25 of the AAFP workforce policy approved by the Congress of Delegates in October 2009.

POINT OF CARE ULTRASOUND, DEVELOPING A RESIDENCY CURRICULUM GUIDE

- Recommended the AAFP create a comprehensive residency curriculum guideline on the Point of Care Ultrasound for the broad spectrum needs of the family medicine resident. (15)

The Commission on Education agreed with the resolution. The task was started by the COE Subcommittee on Graduate Curriculum and will be completed by 2017 Winter Cluster meetings.

POLICY CONFERENCE FOR WOMEN, MINORITY AND NEW PHYSICIANS

- The NCFPR applauds and thanks the BOD for their leadership in establishing a policy conference as a means of identifying the needs and concerns of women, minority and new physicians; exchanging information, developing policies and encouraging their involvement in the state chapters; and encourages the BOD to continue this conference. (90)

CRSA accepted for information, no action taken, noting the BOD has approved the continuation of this conference.

POPULATION-BASED CARE TRAINING

- Recommended the AAFP encourage family medicine residency programs to develop curricula on population-based care, including use of an electronic medical record and principles of evidence-based medicine, cost-effective practice, and quality improvement and make available resources to assist residency programs with the development of curricula on population-based care. (99)

Referred to the Commission on Education. The COE accepted this resolution for information and noted considerable efforts are being made by other organizations, such as the Accreditation Council for Graduate Medical Education and the Academic Family Medicine Organizations, in particular, requesting the review of the Action Plan for the Future of Residency Education in Family Practice.

PRACTICE MANAGEMENT

- Recommended development of methods to teach practice management to residents. (82)

Referred to Commission on Education. Since then, a practice management curriculum has been developed and is available.

PRACTICE MANAGEMENT (Continued)

- Recommended incorporation of marketing and public relations into practice management training. (83)

  Practice management curriculum developed. The whole concept of marketing and public relations is being addressed by the Public Relations Committee.

- Recommended the AAFP devise specific standardized practice management curriculum that incorporates the patient-centered medical home available to use by programs via the AAFP website. (09)

  Referred to the Commission on Education. The COE accepted this resolution for information. The *Residency to Reality* practice management curriculum was revised in the spring of 2010 to include core elements of practice management, including those innovations commonly referenced in the construct for the patient-centered medical home. *Residency to Reality* is available for sale to family medicine residency programs and residents.

PRECEPTORSHIPS

- Recommended that the AAFP strongly encourage constituent chapters to develop preceptorships in underserved areas (rural and urban) for all medical students. (94)

  CRSA is investigating types of resources available, distribution options, and actions possibly being taken by various committees.

- Recommended the AAFP encourage, promote and support the recruitment, education, retention, and recognition of community preceptors. (99)

  Referred to the Commission on Education. The Commission agreed that the AAFP staff explore vehicles in which to accomplish the intent of this resolution.

PRENATAL CARE REQUIREMENT

- Recommended that the AAFP oppose quantification by the RRC of deliveries or patients followed through prenatal care as a requirement for accreditation of family practice residency programs. (95)

  Congress of Delegates referred to the Committee on Education. The COE adopted a motion that the AAFP support the language in the current draft of the requirements concerning the quantification of deliveries as stated in the RRC-FP proposed Revised Program Requirements for Family Practice.

- Recommended the AAFP adopt a policy that when physician personnel is available, the patient be allowed the right to choose a physician for her prenatal care. (98)

  Referred to Commission on Health Care Services. The commission directed staff to investigate the issues surrounding a patient's right to choose a physician versus a non-physician provider, so the commission could consider the issue further.

PRESCRIPTION COSTS

- Recommended the AAFP continue to explore means of reducing the consumer costs of pharmaceuticals. (02)

  Referred to the Commission on Health Care Services. The CHCS and the Academy have pursued a wide range of initiatives to address this topic. The commission has rewritten and/or reviewed all applicable Academy policy pertaining to pharmaceutical issues. Academy members participated in a project by the Blue Cross Blue Shield Association to develop a drug profile for Medicare patients. The Academy has published articles explaining how to assist patients to obtain free or reduced price drugs. These articles have included resource lists. The Academy is meeting with Pharmaceutical Care Management Association (PCMS) to address the issue of the need to rewrite prescriptions when patients change insurers. Correspondence has been addressed to the FDA suggesting that advertising through retail pharmacies is inappropriate. The CHCS agreed that the Academy should continue to monitor the issue of pharmaceutical costs and provide expertise and guidance members, legislators and the public as appropriate.

PRESCRIPTION DATABASE

- Recommended the AAFP support efforts toward the establishment of a universal patient prescription database. (11)

  The CQP accepted the resolution for information. Currently, there is no universal log or registry that tracks all prescription use by all patients. Forty-two states have passed a law that encourages monitoring certain drugs (Schedules II, III and IV primarily), but only thirty-three states have actually implemented such a monitoring program. The feasibility of such a database is doubtful considering the cost to develop and then manage it. The commission also recognized the need to be mindful both of drug seeking behavior and a patient's privacy.

PREVENTIVE MEDICINE

- Recognized prevention as a cost-effective priority in family practice. (78)

  Sent to Commissions on Health Care Services, Education, and Public Health and Scientific Affairs.

- Recommended guidelines on content and frequency of periodic health screening exams. (81)

  Referred to Commission on Public Health and Scientific Affairs.

- Recommended looking into developing patient packets containing health promotion and disease prevention information. (81)

  Developed by Commission on Public Health and Scientific Affairs. Also addressed by the Committee on Health Education.

- Recommended the AAFP reaffirm its commitment to periodic health examinations for women and increase efforts to insure memberships compliance through education and awareness of existing recommendations. (97)

PREVENTIVE MEDICINE (Continued)

Referred to Commission on Public Health. Accepted for information and continues to support the "Put Prevention into Practice Initiative" and provide materials addressing periodic health examination for men and women.

- Recommended the AAFP study the feasibility and implications of obligatory compliance with current Centers for Disease Control and Prevention established vaccination recommendations for all individuals receiving U.S. governmental social services. (15)

  Referred to Commission on Public Health. Accepted for information as AAFP has policy statements on immunization access, cost and coverage, and each of these policies indicate the need for all children, adolescents, and adults, regardless of economic and insurance status, to have access to immunizations. The study called for in the resolution is outside the scope of the commission.

PRIMARY CARE PHYSICIAN - DEFINITION OF

- Recommended that the NCFPR affirm the current AAFP recognition of family practice, general internal medicine and general pediatrics as the only primary care specialties. (94)

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

PRIMARY CARE WORKFORCE REPORTING

- Recommended the AAFP advocate for accurate reporting by medical schools and residencies of primary care workforce production measuring the type of practice five years following medical school graduation, and the AAFP explore the feasibility of working with other organizations and news outlets to collaborate in advocacy for more accurate reporting of primary care workforce production to politicians and the public. (13)

  The COE agreed to action in the form a recommendation from COE to the AAFP Board of Directors that letters be sent to the Centers for Medicare and Medical Services (CMS), the Association of American Medical Colleges (AAMC), and the

  Liaison Committee on Medical Education (LCME) addressing the topics of medical school accountability for producing primary care physicians and accuracy in reporting primary care careers is pending based on the Board decision scheduled for late July 2014.

PRIMARY HEALTH CARE TEAM

- Recommended the AAFP supports the concept of a Primary Health Care Team including physicians and non-physician providers (NPPs) and that the AAFP support the goal of the Primary Health Care Team to provide high-quality, cost-effective primary health care to the entire American public and that the AAFP support the concept of interdisciplinary team training as a part of medical education. (93)

  COD did not adopt. COD adopted substitute resolution: Resolved, that the AAFP support the concept of a Primary Health Care Team including physicians and non-physician providers (NPPs), and Resolved that the AAFP support the concept of the physician as the leader of any primary health care team, and Resolved that the AAFP support the goal of the primary health care team to provide high-quality,

PRIMARY HEALTH CARE TEAM (Continued)

cost-effective primary health care to the entire American public, and Resolved that the AAFP support the concept of interdisciplinary team training as a part of medical education.

COD referred to Commission on Health Care Services. The CoHCS believed current AAFP policy defined by "Guidelines of the Supervision of Certified Nurses, Midwives, Nurse Practitioners and Physician Assistants" address the first two resolved. The third resolved was laterally referred to the Commission on Education for appropriate follow-up.

PRIVILEGES

- Recommended development of family practice departments in urban medical centers along with input on JCAH regarding hospital privileges for qualified family physicians. (77)

  Sent to Commission on Education, STFM, RRC, and RAP. The Committee on Hospitals, formed since that time, addressed all these issues.

- Stated that hospital privileges be based on documentation which would be required of all physicians equally. (77)

  Sent to the Commission on Education, STFM, and Commission on Health Care Services.

- Recommended periodic review of hospital privileges based on competence and continuing education. (77)

  Sent to Commission on Health Care Services.

- Recommended that individual residents consider applying for full staff privileges during training. (78)

- Recommended developing a booklet for delineation of procedures and methods of documentation for procedures. (79)

  Referred to the Committee on Health Care Services.

- Recommended consideration of program directors dissemination to residents of sample application procedures for privileges. (79)

  Referred to Committee on Health Care Services.

- Supported Michigan chapter resolution asking that family practice residents not be prevented from serving concurrently with internal medicine residents in various rotations. (81)

  Adopted by 1981 COD.

- Supported New York chapter resolution recommending that residents be able to acquire consultative help such as through RAP assistance. (81)

  Referred by 1981 COD to Board of Directors.

- Recommended examining the practice of closure of hospital staff privileges. (82)

PRIVILEGES (Continued)

- Urged the CRSA to assist residents to increase their involvement at their hospital of training, possibly including hospital privileges. (85)

  To be discussed at future meeting; several projects in process.

- Recommended the CRSA request appropriate AAFP committees to obtain information from hospitals and the ACGME regarding hospital privileges for family physicians and that this information be made available. (86)

  CRSA accepted for information, no action taken, noting the Socioeconomics Division does provide information on obtaining privileges.

- Recommended the CRSA investigate the impact of supplemental training for family practice residents on the acquisition of hospital privileges. (88)

  CRSA recommended to BOD that the Commission on Hospitals investigate this issue. Questions about fellowship completion added to Commission on Hospitals' survey on hospital privileges among AAFP members.

PROFESSIONAL LIABILITY

- Recommended the AAFP work toward professional liability solutions, which encourage optimal patient care. (76)

- Recommended the AAFP prepare material for residents and students on professional liability coverage. (78)

- Recommended AAFP oppose the concept of Enterprise Liability as the foundation of liability reform, and that AAFP continue to actively pursue meaningful medical liability reform including but not limited to: establishment of alternate dispute resolution systems, institution of tort reforms including limits on payments for non-economic damages, limits on attorneys' contingency fees, and strengthening of state licensing and disciplinary agencies. (92)

  COD adopted and referred to BOD (when dealing with health care reform issues. Also, Commission on Legislation & Governmental Affairs and Committee on Professional Liability (multi-referrals are made only when these groups are all dealing directly with this item).

- Recommended, that the AAFP encourage residency programs to incorporate a specified number of hours on professional liability issues within the practice management core curriculum, and be it further (94)

- Recommended, that the AAFP publicize to residency programs the availability of existing materials on professional liability issues from either the AAFP or other sources. (94)

  The Committee on Professional Liability noted that it had sent a mailing to all family practice residencies in January, 1994 that included a risk management video tape, a brochure on reporting residents to the National Practitioner Data Bank, and the monograph on testifying as an exempt witness. The committee also noted that all of the committees' materials, including those specifically developed for

PROFESSIONAL LIABILITY (Continued)

residents are listed in the AAFP catalog. After further discussion, the committee decided to develop a list of Academy professional liability materials to share with the AFPRD.

- Recommended the AAFP educate residents and medical students about the issue of professional liability and support 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.

PROGRAM CLOSURE

- Recommended that the AAFP adopt the American Medical Association policy on program closure (H-301.943) as part of its policy regarding program closure. (04)

  Referred to the Board of Directors. The BOD referred the resolution to the Commission on Education for further consideration with a report to the Board.

PROSTATE CANCER RESEARCH

- Recommended that the AAFP lobby Congress in support of the issuance of Prostate Cancer Research Stamp by the United States Postal Service (USPS) for the funding of prostate research. (01)

  Referred to the Commission on Legislation and Governmental Affairs. CLGA recommended that the Academy support legislation authorizing development of a prostate cancer stamp, if legislation is re-introduced. The Board of Directors approved this recommendation.

PUBLIC HEALTH SERVICE

- Recommended AAFP oppose the closure of PHS 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 closings.

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 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.

QUALITY IMPROVEMENT (Continued)

- Recommended the AAFP recommend to the Residency Review Committee for Family Medicine more specific language in its requirements regarding teaching of quality improvement and the American Academy of Family Physicians collaborate with the Society of Teachers of Family Medicine, North American Primary Care Research Group, American Board of Family Medicine, and Association of Family Medicine Residency Directors to aid in the production and dissemination of well-performed, relevant, generalizable quality improvement projects. (07)

  Referred to the Commission on Education. The COE accepted this resolution for information, noting that the intent of this resolution is being met. There are several regional and national residency focused collaboratives examining strategies to enhance quality improvement efforts in the residency setting. In addition, national family medicine organizations that support the development and dissemination of quality improvement activities include the AAFP and STFM. The AAFP offers its METRIC (Measuring, Evaluating and Translating Research into Care) program to residency programs. STFM recently published a competency-based curriculum module on quality improvement via its Family Medicine Digital Resource Library (FMDRL).

REACH OUT AND READ® PROGRAM

- Recommended the AAFP explore endorsement or further promotion of the Reach Out and Read® program. (11)

  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 at all meetings of the AAFP and affiliated groups aluminum recycling receptacles be made available and their use be encouraged. (87)

  Referred to staff for consideration.

- Recommended that the AAFP reduce waste wherever possible. (90)

  CRSA recommended the BOD via the EVP consider the feasibility of paper waste reduction. AAFP BOD referred to EVP. The Academy began a recycling program in May 1991 focusing on three specific recyclable materials: aluminum, computer paper and office paper.

REFUGEES - HEALTH CARE DELIVERY

- Recommended the AAFP investigate means of health care delivery to recent influx of refugees into this country. (80)

  CRSA adopted substitute resolution, that AAFP investigate more effective means of health care for refugees entering the U.S.

REGIONAL RESIDENCY ORGANIZATIONS

- Recommended establishing regional residency organizations (no more than 5 states). (78)

REGULATION OF MEDICAL PRACTICE

- Recommended the AAFP oppose any future legislation which gives the federal or state government the responsibility to regulate appropriate medical practice through the use of criminal penalties. (06)

  The BOD referred this resolution to the Commission on Governmental Advocacy. A policy statement was developed and approved by the Board of Directors opposing actions that would criminalize the medical care of undocumented foreign-born individuals.

REIMBURSEMENT

- Reaffirmed as unacceptable, unequal reimbursement in local areas for equivalent services. (78)

  Sent to the Commission on Health Care Services.

RELIGIOUS HEALTH CARE ORGANIZATIONS, PROMOTING TRANSPARENCY IN MEDICAL EDUCATION AND ACCESS TO TRAINING IN SETTINGS AFFILIATED WITH

- Recommended the AAFP strongly encourage medical schools and graduate medical education training programs in all states to communicate with current and prospective medical students, residents and fellows how affiliations and mergers among health care organizations may impact health care delivery, medical education, and training opportunities at the respective institutions, include information on the religious affiliation of residency programs on the AAFP Family Medicine Residency Directory, recommend to the American Medical Association that information on religious affiliation be listed in the Fellowship and Residency Electronic Interactive Database, and work with the Accreditation Council on Graduate Medical Education Liaison Council on Medical Education and Association of American Medical Colleges to support transparency with medical education, recommending that medical schools and graduate medical education training programs communicate with current and prospective medical students, resident fellows, and faculty about how affiliations and mergers among health care organizations may impact health care delivery, medical education, and training opportunities. (15)

  Resolution from Congress of Delegates on same topic takes precedence and was referred to the Commission on Education. The Commission accepted resolution for information. The AAFP supports the concept of transparency in health care as stated in its policy on Transparency. It was the opinion of the COE that some components represent current AAFP policy.

RE-OPENING "GRANDFATHER CLAUSE"

- Recommended the AAFP reaffirm current ABFP policy that successful completion of an ACGME-approved family practice residency program be a pre-requisite for eligibility to sit for the ABFP certification examination. (92)

  Referred to the Commission on Education

REPARATIVE THERAPY

- Recommended the AAFP "actively encourage the United States Congress to place a federal ban on 'reparative therapy' practiced by licensed professionals on minors and recognize this practice as harmful under federal law." (16)

  Commission on Governmental Advocacy Accepted for Information after a discussion on the AAFP policy on sexual orientation and the need to focus on key priorities.

REPRODUCTIVE HEALTH

- Recommended that the AAFP support dissemination of educational information at the National Conference of Family Practice Residents and Medical Students, other AAFP-sponsored conferences, procedure workshops and in publications that is reflective of the current Academy policy on reproductive health. This information should be inclusive of all methods of contraception, including abstinence, natural family planning, routine hormonal and barrier methods of contraception and emergency contraception as well as the risks and benefits of all pregnancy options, including continuation of pregnancy, adoption and abortion (both medical and surgical). (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 AAFP oppose any infringement on a physician's ability to treat, counsel or refer patients for reproductive health care that is within the physician's scope of practice. (03)

  Referred to the Commission on Quality and Scope of Practice. The CQSP accepted this resolution for information, noting that the issue is being addressed.

- 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 materials regarding all methods of contraception, including 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 as soon as possible, and no later than August 1, 2005. (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.

- Recommended the AAFP include miscarriage management as a hands-on, skill-building workshop emphasizing procedural skills in uterine aspiration with manual aspiration at the National Conference of Family Medicine Residents and Medical Students and support the optional integration of comprehensive miscarriage management training including uterine aspiration with manual vacuum aspiration into family medicine residencies, by making training resources to residencies available on the AAAP website. (15)

  Referred to the Commission on Education. COE agreed to add topic to list of "suggested topics" provided to potential presenters but did not feel it was appropriate to agree to a certain type of session. Topic also is similar to Congress

REPRODUCTIVE HEALTH (Continued)

of Delegates resolution which was reaffirmed as current policy.

- Recommended the AAFP oppose federal legislation to mandate parental consent or notification for minors seeking contraceptives in publicly funded health care facilities and continue to support confidentiality in sexual and reproductive health care for minor patients. (05)

  Referred to the Commission on Health of the Public. The COHP agreed to refer this resolution along with resolutions on comprehensive sexuality education adopted by the resident and student congresses to the Commission on Governmental Advocacy.

- Recommended the AAFP urge the American Board of Family Medicine to create Self-Assessment Modules on the topic of reproductive health, including but not limited to sexually transmitted infections, contraception, and miscarriage management. (15)

  Executive Vice President agreed with modification. A letter was sent to ABFM.

RESEARCH

- Encouraged residencies to support research through: (a) moral and material support but no required project; (b) local conferences; (c) model development; and (d) identification of local resource persons. (77)

- Recommended developing a program within the AAFP Scientific Assembly for presentation of resident research. (77)

- Encouraged research by family practice residents in patient education. (78)

- Recommended encouraging residents to engage in research and that a listing be available regarding grants available for research and the BOD encourage research at the Scientific Assembly. (79)

- Asked that university resources in research be made available to family practice residents and practicing physicians interested in research. (80)

  CRSA referred to BOD.

- Asked that a source of research funds be compiled and made available. (82)

  Referred to Committee on Research.

- Encouraged research, and skills in assessing published articles by residents. (82)

  Information on skill development published in *Resident/Student Newsletter*.

- Encouraged residency programs to identify research coordinators. (82)

  Referred to Commission on Education.

- Recommended the CRSA request that the AAFP Foundation encourage publication of Foundation-funded research results in peer reviewed journals and the AAFP publish a list of the

RESEARCH (Continued)

Foundation-funded research projects and principle investigators in *FP Report* and or other available media. (97)

Referred to Committee on Resident and Student Affairs with letter to AAFP/Foundation. The AAFP/F noted that the first resolved is consistent with JGAC's current intention in regard to research results. Further, published research results must acknowledge funding by the AAFP/F. The second resolved was received for information. While the current format for *FP Report* and or other available media.

- Recommended the AAFP actively advertise research opportunities and research networks via existing media. (97)

  Referred to Commission on Clinical Policies and Research. This is being done to some extent now. The specific resolution has been referred a working group on research of the Commission. The Task Force to Enhance Family Practice research will also be involved.

- Recommended the CRSA/AAFP should survey family practice residency faculty about their attitudes toward an activity in research. (97)

  Referred to Commission on Clinical Policies and Research. This has been referred to a working group on research of the Commission and the Commission members who serve on the Task Force to Enhance Family Practice Research.

- Recommended the CRSA/AAFP facilitate the development and support of minority and women researchers by increasing the dissemination of research opportunities on how to successfully obtain grants and establish a mentoring system for minority and women researchers and the AAFP support and research which includes women and minorities in its clinical trials as well as specifically address clinical problems relevant to the health of women and minority populations. (98)

  Referred to Commission on Clinical Policies and Research. The Commission referred the first recommendation to a Working Group on Research.

  The Commission agreed the second recommendation had been addressed via the Advanced Research Training Grant funding, and would be forwarded to each of the three AAFP-funded family practice research centers.

- Recommended the CRSA be committed to ensuring at least one high quality research journal for original clinical research by family practice physicians. (00)

  This resolution was deemed current policy by the Board Chair.

- Recommended the AAFP develop and support a web-based mentorship database including mentor research interests to foster student and resident scholarship. (00)

  Referred to the Commission on Clinical Policies and Research. The CCPR adopted a motion to put together information on which groups (Family Practice Department Chairs, Research Chairs, Residency Directors, etc.) should be contacted to gather information on family physician researchers for the development of a research mentor database.

RESEARCH (Continued)

- Recommended that the AAFP consider the need for increased funding to support residents and students interested in research and develop a step-by-step guide for residents and medical students about conducting research. (01)

  Referred to the Commission on Clinical Policies and Research. The CCPR confirmed that funding already exists through the AAFP/AAFP Foundation's Joint Grant Award Program. The CCPR also noted that guides are available to residents and students 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's matching funds education program. This information will be communicated to the student and resident groups.

- Recommended the AAFP investigate ways to disseminate knowledge of available research funds to residents and/or residency programs for resident research. (02)

  Referred to the Commission on Education and Commission on Clinical Policies and Research. The COE received this resolution for information. It was noted that multiple entities within the AAFP currently are pursuing this. For example, the Division of Medical Education publishes a resource document of research support for residency programs. The AAFP Scientific Activities Division similarly is pursuing opportunities for resident involvement in research. The CCPR adopted a motion that a) information for residents will be included on the research section of the AAFP website; b) staff will meet with staff planners of National Conference regarding a research presentation; and c) staff will meet with the staff of CRSI regarding research issues.

- Recommended the Society of Teachers of Family Medicine develop a program to involve residents and students in research, including courses that teach current researchers methods of how to convey research skills and develop a program to involve residents and students in research, including courses that teach current researchers methods of how to convey research skills. (04)

  Referred to the Commission on Education. The COE accepted this resolution for information. It was acknowledged that STFM is pursuing both of these programs.

- Recommended the AAFP encourage primary care researchers to utilize residency-based family health clinics as locations for clinical research and AAFP's National Research Network include residency-based family health clinics in all applicable research protocols. (04)

  Referred to the Commission on Clinical Policies and Research. The CCPR accepted this resolution for information. It was acknowledged that it is important for residents to be involved in research.

- Recommended the AAFP request the appropriate members of the family of family medicine, including, but not limited to, the Association of Family Medicine Residency Directors, North American Primary Care Research Group, and Society of Teachers of Family Medicine, identify family medicine residency programs that excel at resident research and how they accomplish such activity and develop a model infrastructure that can be implemented by family medicine residencies to facilitate resident involvement in research that is based on an analysis of residency programs that excel at research. (04)

RESEARCH (Continued)

Referred to the Commission on Education. The COE agreed to request that the Board of Directors address this issue during the August 2005 Working Party meeting. It was noted that a listing of family medicine residency programs that excel in research already is available on the AAFP website. Additionally, the model infrastructure requested is contained in the AAFP Curriculum Guidelines for Research and Scholarly Activity.

- Recommended the AAFP with the Society of Teachers of Family Medicine, North American Primary Care Research Group, Association of Family Medicine Residency Directors, and American Board of Family Medicine produce a regularly updated document or Website with specific opportunities for residents to participate in scholarly activity, including primary care research, that would include a list of willing mentors, principal investigators seeking resident collaborators, and education opportunities. (07)

  Referred to the Commission on Education. The COE accepted this resolution for information, noting that the intent of this resolution is being met. Resources include the FMREsearch.org website sponsored by the AAFP, ADFM, AFMRD, NAPCRG, and STFM. Other AAFP and STFM websites also provide a repository of links, tools and curriculum resources.

- Recommended the AAFP collaborate with the Society of Teachers of Family Medicine, North American Primary Care Research Group, American Board of Family Medicine, and Association of Family Medicine Residency Directors to encourage the participation of residency programs in practice-based research and the American Academy of Family Physicians' National Conference of Family Medicine Residents and Medical Students include programming addressing practice-based research, practice-based research networks, and opportunities for residency program involvement in these networks. (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 practice-based research/practice-based research networks to the list of suggested topics included in the 2008 National Conference workshop proposal packet. No proposals were submitted.

RESEARCH FORUM

- Recommended that CRSA investigate and support the possibility of having a Family Practice Resident Research Forum at 1990 NCFPR and support such concept for a time of not less than two years and the CRSA work with STFM and its Resident Liaison to plan, organize, carry out, and evaluate. (89)

- Recommended that CRSA offer one workshop at NCFPR each year, which is presented by a representative designated by STFM. The topic of this workshop to be determined by CRSA, and a time for greeting from the STFM representative be provided during the opening business session of NCFPR and that CRSA invite the resident liaison to STFM to communicate to the STFM BOD the intent of the resolution, and direct a letter to the STFM BOD requesting their annual participation/representation at NCFPR. (89)

  A Research Forum has been held at each NCFPR/NCSM beginning in 1990. Review of abstracts has been carried out by STFM.

RESEARCH FORUM (Continued)

- Recommended the CRSA work to expand and increase visibility of the current research forum held at the annual NCFPR/NCSM meeting to encourage and highlight original student and resident family medicine research. (97)

  Referred to Commission on Clinical Policies and Research. This has been referred to a working group on research of the Commission. It is noted that the research forum is run by the Society of Teachers of Family Medicine.

- Recommended the AAFP re-institute an annual research forum at the National Conference of Family Practice Residents and Medical Students to encourage and highlight medical student and resident research in family medicine. (99)

  Referred to the Committee on Resident and Student Affairs. The CRSA did not adopt this resolution, but the committee agreed to monitor the level of interest in research opportunities and respond accordingly in the future.

RESEARCH SKILLS WORKSHOP

- Recommended the AAFP develop a research skills workshop to be held 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 EVALUATION

- Recommended development of a complaint/concern protocol for use by residents with concerns about quality of the residency experience. (80)

  CRSA accepted for information, no action taken.

RESIDENCY PROGRAM DIRECTOR SELECTION

- Recommended the National Congress of Family Practice Residents support residents being involved in the selection of residency program directors and communicate this stance to the Association of Family Practice Residency Directors. (98)

  Referred to Commission on Education. The Commission agreed to send a letter to the Board of Directors of the Association of Family Practice Residency Directors (AFPRD) stating that the NCFPR supports residents being involved in the selection of residency program directors which is in agreement with ACGME Institutional Requirements II.B.5 "participate on appropriate institutional committees and councils whose actions affect their education and/or patient care."

RESIDENCY PROGRAM INDUCEMENT IN UNDERSERVED COMMUNITIES AWARD

- Recommended the AAFP establish an award of recognition for outstanding resident community service projects and the residents selected for this underserved community service award be presented with a travel grant to present their ideas at the National Conference of Family Practice Residents and Medical Students, similar to the travel grant provided to medical students. (99)

  Referred to the Committee on Resident and Student Affairs the CRSA recommended and the Board of Directors approved the establishment of an annual award to recognize family practice residents for their outstanding contributions to community service and funding to present a maximum of two awards each year, consisting of a plaque and $600 travel grant to attend the National Conference of Family Practice Residents and Medical Students.

RESIDENCY PROGRAM, NEWLY ESTABLISHED

- Recommended the AAFP/CRSA develop a forum at the annual National Congress of Family Practice Resident/National Congress of Student Members to facilitate idea exchange and problem solving among members of new residency programs for continued success. (98)

  Referred to Committee on Resident and Student Affairs. The CRSA made provisions for a breakfast roundtable discussion during the 1999 National Conference.

RESIDENCY PROGRAM TRAINING

- Recommended the AAFP "support family medicine residency programs to encourage their residents to engage in advocacy and policy education and training" and "strengthen the educational materials and promotion of materials currently available online and skills development in advocacy and policy during residency" and "write a letter to the ACGME to consider using the AAFP's curriculum guidelines concerning health policy education." (16)

  Commission on Education Reaffirmed the resolution to support residency program teaching advocacy through AAFP resources. They also Accepted for Information because asking ACGME to used Curriculum Guidelines is beyond the scope of AAFP work.

RESIDENCY PROGRAM TRAINING – OBSTETRICS

- Recommended the AAFP affirm that providing access to obstetric care remain a vital role of family physicians, and the AAFP enact measures to ensure the preservation of obstetric care as an integral component of the graduate medical education of family medicine residents. (11)

  The COE accepted this resolution for information, noting that the AAFP has a published policy that addresses advocating for the preservation of obstetric/perinatal training for residency physicians.

- Recommended the AAFP explore the development of specific guidelines for training family physicians in prenatal ultrasound. (13)

  The COE noted that the Curriculum Guideline on Maternity and Gynecologic Care is due for revision in 2014. Reviewers will be asked to review and include existing guidelines from the American Institute of Ultrasound in Medicine (AIUM), if appropriate.

RESIDENCY PROGRAMS

- Recommended that the AAFP "create a statement of support regarding residency programs seeking to obtain osteopathic recognition." (16)

  Executive Vice President Reaffirmed this resolution. The COE Executive Committee reaffirmed this resolution and noted that the AAFP is supportive of the ACGME recognition.

- Recommended that the AAFP "develop resources for residents and faculty to navigate program closures" and "identify a representative in the AAFP's GME department to serve as a contact person for residents concerned about residency program closures." (16)

  Board of Directors Accepted for Information.

- Recommended that the AAFP study the current and future physician need with specific emphasis on primary care and report these results to its members in a timely manner and study the current size and needs of all family practice residency programs in the country and make workforce recommendations for the optimal number of residency slots. (01)

  Referred to the Commission on Education. The COE did not adopt this resolution. It was noted that a special COE session on this topic was conducted in June 2001 and its report is available. Also available is the 1998 AAFP Family Physician Workforce Recommendations document. A resolution from the COE is being sent to the Board of Directors to convene a special session on workforce in June 2002. The COE also noted that the University of Arizona study and the ACGME Preliminary Report on Resident Duty Hours and the Learning Environment address the issues in this resolution. Recommending a specific number of residency slots could be deemed a restraint of trade violation.

- Recommended the AAFP investigate the feasibility of creating a grant to fund family medicine residents to work with underserved populations either through a rotation-based experience or by the creation of a residency-based project that focuses on an underserved population locally or nationally. (07)

  Referred to the Commission on Education. The COE accepted this resolution for information, noting that no new resources be dedicated toward a grant at this time. There was discussion on how decreased funding of Title VII may create an increased need for these types of experiences as this program currently funds many underserved programs within family medicine training. Most family medicine programs already provide care to an underserved patient base, making this a core of family medicine residency training.

- Recommended the family medicine residency programs be encouraged to experiment with four-year training models to provide additional experiences specifically in the areas of surgical and high-risk obstetrics, intensive care, inpatient medicine, emergency medicine, and procedures. (07)

  Referred to the Commission on Education. The COE accepted this resolution for information. Additional study is needed to assess the potential value of four-year training models. A summary of recent published studies addressing the potential merits of four-year family medicine residency training models was reviewed. In one study conducted by the University of Arizona, study investigators concluded that the studies to date on this issue do not really address the need to provide more time in family medicine residencies to achieve competency. An update on Preparing the Personal Physician for Practice (P^4) Residency Demonstration

RESIDENCY PROGRAMS (Continued)

Initiative, which is currently studying 14 different innovations in residency education including a variety of four-year models, was also reviewed.

- Recommended the AAFP explore additional means of supporting family medicine residency programs in working towards the goal of becoming a patient-centered medical home and the AAFP explore means of recognizing successful efforts to achieve the patient-centered medical home within family medicine residency programs. (08)

  Referred to the Commission on Education. The COE agreed with this resolution. 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. In addition, the redesigned "Residency to Reality" product from AAFP will be anchored in addressing the concepts of the PCMH and implementing them in practice. This will allow for residencies as well as their graduates to consider which features of the PCMH might be incorporated into their practice to better serve the needs of their communities.

- Recommended the AAFP submit written comments to the Accreditation Council for Graduate Medical Education (ACGME), including pros and cons of the proposed ACGME revisions; and the AAFP share findings from a national survey of family medicine residency program directors addressing the potential impact of changes of the ACGME recommendations including, but not limited to, moonlighting, 16-hour shifts for PGY-1 residents, supervision, and assessment of competencies. (10)

  The COE accepted this resolution for information since a letter was submitted to the ACGME on from the organizations that represent the discipline of family medicine, addressing issues and concerns raised by family medicine residency program directors.

- Recommended the AAFP work to identify subjective and objective measurements of family medicine residency programs' adoption of the Patient-Centered Medical Home model, which can be reported by the program director in the AAFP Residency Directory. (10)

  The COE agreed with this resolution. The group agreed that access to PCMH information within the residency directory is the right place to target students who are seeking this information. Including self-reported measures in a narrative form within the residency directory might be the best way to engage programs. The group did note that additional data related to student inquiry about PCMH is needed and student members should be surveyed about what factors of PCMH are most important to them.

- Recommended that the AAFP" develop policy supporting access to well-balance food options for residents during all work hours to include night shifts and write a letter to ACME asking them to require that well-balanced food options be made available for residents during all work hours including night shifts" (16).

RESIDENCY PROGRAMS (Continued)

Referred to the Commission on Education who agreed that a letter should be written and that a policy should be developed for approval. In June 2017, SGC will discuss a policy.

RESIDENCY REVIEW COMMITTEE

- Recommended that residency programs inform residents of that program's approval status. (79)
- Recommended identifying a place residents may call when their program is in trouble. (79)
- Recommended elective time be stated as a minimum of six months with an appropriate counseling by faculty. (79)
- Recommended minimum requirements on surgery should be 4 months. (79)
- Encouraged RRC to make their residency evaluations available to residents. (80)

  CRSA accepted for information, no action taken.

- Encouraged RRC to require that family practice residencies provide cost-free instruction equivalent to advanced ACLS certificates. (80)

  CRSA accepted for information, no action taken.

- Encouraged RRC to require that quality, critical care in-patient experiences; and continuity of care of family practice patients, be available in all family practice residencies. (80)

  CRSA accepted for information, no action taken.

- Encouraged RRC to modify special requirements in regard to electives, required general surgery and family practice experience. (80)
- Encouraged RRC to assure time for resident research projects. (80)

  CRSA accepted for information, no action taken.

- Recommended to RRC that broad-based training of family practice residents by family practice faculty is an essential part of training and needs consideration for new essentials. (80)

  CRSA accepted for information, no action taken.

- Recommended writing a letter to RRC with concerns of poor quality in residency programs. (80)

  CRSA accepted for information, no action taken.

- Recommended that a minimum of 3 months be set aside for residents to choose elective. (81)
- Asked RRC to recognize the educational value of participation in organized medicine. (81)

  Adopted by CRSA; referred to RRC.

RESIDENCY REVIEW COMMITTEE (Continued)

- Recommended to the RRC that a minimum of three months of curriculum time be available for unrestricted electives. (81)

- Recommended the CRSA take the necessary action to ensure that all residents and programs entering formal review have the opportunity for input into the process. (86)

  CRSA accepted for information, no action taken. This recommendation was communicated to the resident representative of the RRC.

- Recommended the NCFPR, through its representatives on the RRC, urge the RRC for Family Practice to strongly encourage adherence to the guidelines, recommended by the CRSA in March of 1990, by all of the accredited Family Practice Residencies under the supervision of the RRC. (90)

  CRSA accepted for information, noting this will be referred to the resident representative on RRC.

- Recommended the AAFP communicate to the Residency Review Committee for Family Practice that there should be established maximum numbers of patients to be seen by individual residents, by clinic session and by academic year, so as not to compromise resident education and supervision. (98)

  Referred to Commission on Education. The commission (1) accepted the resolution for information, noting that the resolution is fraught with unintended consequences; (2) recognized that the current program requirements address the priority for education over service; and (3) acknowledged that the RAP Criteria do address specifically maximum numbers of patients seen by residents.

- Recommended that the AAFP encourage the Residency Review Committee-Family Practice (RRC-FP) to revise its requirements to reflect competencies in knowledge, skills, and attitudes in specific subject areas rather than fulfillment of prescribed hours in that subject area and encourage RRC-FP to allow for flexibility in training materials, methods, and locations in meeting the required competencies. (01)

  Referred to the Commission on Education. The COE adopted this resolution, noting the issues are already being addressed in the new RAP Criteria for Excellence and in the AFPRD's 2002 strategic planning efforts.

RESIDENCY SELECTION

- Asked CRSA to investigate ways for residents/students to seek redress for unfair/discriminatory questions assessed during residency selection process as well as communicate to all program directors about the concerns in this area. (84)

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

- Recommended providing patient population demographics of residency programs. (83)

  CRSA accepted for information, no action taken. This information will be available in the *Directory of Family Practice Residency Programs* and is now available in the *Preceptorship/Clerkship Directory*.

RESIDENT ASSOCIATIONS

- Recommended the AAFP/CRSA support the right of residents to form associations that represent and advocate their interests, which can negotiate on their behalf; these interests include, but are not limited to, patient care issues, working conditions and educational concerns; but the AAFP does not support the right of residents to strike. (98)

  Referred to Committee on Resident and Student Affairs. The CRSA recommended to the Board of Directors that this resolution be adopted as Academy policy.

RESIDENT BASE PAY

- Recommended the CRSA investigate ways to ensure that residents' base pay not be determined by productivity or revenue generation. (97)

  Referred to Commission on Education. The COE determined that this resolution be referred to the AAFP General Counsel regarding possible anti-trust violations.

RESIDENT BILL OF RIGHTS

- Recommended the AAFP, in cooperation with AFPRD, develop and disseminate to family practice residency programs and family practice residents a resident's Bill of Rights to include but not limited to the following elements:

  a. Programs should support a balanced personal and professional life for residents.
  b. Programs should provide humane working conditions and schedules.
  c. Programs should have residents with regular and consistent feedback regarding their performance, and due process regarding grievances.
  d. Programs should support diversity among residents and refrain from discrimination on that basis of race ethnicity, color, nationality, gender, sexual orientation age or disability.
  e. Programs should provide residents with working environments that support residents' basic physical needs.
  f. Programs should act as an advocate for the residents' educational and professional needs.
  g. Residents should have access to a facilities, equipment, and opportunities necessary for their education and professional development.
  h. Programs should include residents in decisions affecting their education and professional development.

  It was further recommended that legal counsel be consulted prior to adoption and dissemination of the Residents' Bill of Rights. (96)

  Referred to Committee on Resident and Student Affairs. The committee reviewed and discussed this resolution. A motion was made to laterally refer this resolution to the Commission on Education (COE).

RESIDENT COMMUNICATION NETWORK

- Recommended the AAFP/CRSA research the development of a Resident Communication Network and report the results of this investigation to the National Congress of Family Practice Residents at the 2001 meeting. (00)

  Referred to the Committee on Resident and Student Affairs. The CRSA charged a subcommittee with identifying existing mechanisms for communicating with residents and considering goals and directions for a family practice resident network, including the type of interaction desired.

RESIDENT DEBT

- Recommended the AAFP investigate the effects negative cash flow and high resident medical debt may have on family practice residency programs, specifically, but not limited to: moonlighting and limits on residency work hours, and family practice residents dropping out of programs early. And that the AAFP investigate ways to eliminate disparities in minority non-minority debt and what ways the AAFP can take to voice concern and help alleviate these problems. (90)

  AAFP COD adopted as editorially changed by deleting the word "these problems' and substituting the following: "problems of resident and medical student debt."

RESIDENT - DEFINITION OF

- Recommended for the purposes of the NCFPR and CRSA the definition of resident includes residents as well as those in specific structural family practice related fellowships. (85)

  Approved by the BOD and sent for Bylaws Committee review. Also approved by the Commission on Membership and Member Services.

RESIDENT DELEGATES – AMA

- Recommended the delegation of the AAFP to the House of Delegates of the American Medical Association include a resident member elected through a process created by the Committee on Resident and Student Affairs, and that the first resident member to the delegation be seated at the annual meeting of the American Medical Association in June 2000. (98)

  This resolution was referred by the Congress of Delegates to the Board of Directors.

- Recommended the CRSA/AAFP develop a system of communication between the NCFPR chapter delegates, the CRSA, and the NCFPR chair, which might include encouraging (1) each chapter to identify resident delegates to the NCFPR, (2) NCFPR chapter delegates to provide reports of activities in their states on a regular basis to CRSA and the NCFPR chair, and (3) CRSA and the NCFPR chair to share information among the states, and the CRSA investigate the use of the AAFP's Web site as a means of communication between CRSA and NCFPR chapter delegates. (96)

  Referred to Committee on Resident and Student Affairs. The committee agreed that a communication system was already in place for sharing information. The possible use of a list serve was discussed and determined that it should be investigated.

RESIDENT HEALTH & DISABILITY INSURANCE

- Recommended the AAFP educate all family practice residents about health and long-term disability insurance, determine guidelines for adequate resident health and disability benefits, investigate what percentage of residency programs in family medicine provide and pay for health and disability coverage for residents, and support similar efforts at all appropriate levels of medical student education. (90)

  CRSA tabled until the next meeting. At the following meeting, a motion was made recommending that the Board of Directors refer to the Committee on Members'

RESIDENT HEALTH & DISABILITY INSURANCE (Continued)

AAFP Insurance & Financial Services, for its consideration the NCFPR recommendation to:

1) Educate all family practice residents about health and long-term disability insurance.

2) Determine guidelines for adequate resident health and disability benefits.

3) Investigate what percentage of residency programs in Family Medicine provide and pay for health and disability coverage for residents, and

4) Support similar efforts at all appropriate levels for medical student education.

RESIDENT MENTAL HEALTH

- Recommended proper psychosocial counseling be offered for behavior problems. (76)

- Recommended residency programs make available support personnel to help identify and deal with resident's problems. (78)

  Resource packet developed and distributed in 1984.

- Recommended residency programs promote coping and sharing and decrease inappropriate stress in training. (78)

  ***Coping, Stress and the Resident Physician*, a videotape of vignettes, was developed by the Committee on Mental Health in 1979 to help answer part of this need.**

- Recommended residency programs provide psychosocial experiences which will help educate residents about positive aspects of mental health. (78)

  Sent to Commission on Education, STFM and RAP.

- Recommended information concerning on-going stress reduction programs be distributed to residency program directors and chief residents and encourage changes in curriculum which decrease stress. (78)

- Recommended each residency program identify a support person on a local level. (78)

  Staff will contact STFM, and COE.

- Recommended development of resource packet for residency program directors. (80)

  Referred to BOD with suggestion of referral to the Committee on Mental Health.

- Encouraged RRC to limit number of hours and patients seen. (80)

  CRSA accepted for information, no action taken.

- Recommended CRSA work to ensure (Continued) accreditation of residency programs be contingent on establishment of specific policies providing for sick leave, vacation time, maternity/paternity leave, and set minimum sleep standards. (85)

RESIDENT MENTAL HEALTH (Continued)

- Recommended the CRSA actively investigate tangible means of reducing resident impairment resulting from extended periods of service and specific recommendations be made to promote resident wellness through limiting extended service hours and obligations. (86)

  CRSA referred to staff suggesting survey of program directors to assess current programs for preventing and managing stress in residents; AAFP has representation on the ACGME Task Force, which will study the working environment of residents with particular attention to resident working hours.

RESIDENT REPAYMENT PROGRAM

- Recommended that the AAFP explore ways to expand the Resident Repayment Program and work with the AAFP Foundation to find new sources of funding for the Resident Repayment Program. (01)

  Referred to the Commission on Resident and Student Issues. CRSI adopted the resolution and confirmed that the AAFP Foundation is actively seeking new sources of funding for the Resident Repayment Program.

RESIDENT REPRESENTATION ON THE NEW PHYSICIANS COMMITTEE

- Recommended that the AAFP approve a resident representative on the New Physicians Committee. (94)

  The committee reviewed the issue of resident/student representation to the AAFP New Physicians Committee (NPC). As this appointment had previously not been approved and more information was needed, Linda Barrett, M.D. was invited by the NPC to attend the February Cluster. The CRSA believes that continued resident representation would be a benefit but decided that they would refrain from final determination until after the NPC meet in July and their input can be obtained. A suggestion was made to include this issue in a working group during the NCFPR/NCSM.

RESIDENT REPRESENTATION TO ORR

- Recommended that the CRSA work with the Association of Departments of Family Medicine (ADFM) to investigate electing the ADFM Organization of Resident Representatives (ORR) representatives at NCFPR and report the outcome of this investigation at the 1996 NCFPR. (95)

  To be discussed at a meeting scheduled at the end of July and will be reported verbally to NCFPR.

RESIDENT RIGHTS AND RESPONSIBILITIES

- Recommended the National Congress of Family Practice Residents support the development of outlining residents' fundamental rights and responsibilities and adopt the "Concise Statement of Residents' Rights and Responsibilities" as put forward by the Council of Medical Specialty Societies Resident and New Physicians Group and printed below as an appropriate starting point to develop such a document:

RESIDENT RIGHTS AND RESPONSIBILITIES (Continued)

"A CONCISE STATEMENT OF RESIDENTS RIGHTS AND RESPONSIBILITIES"

RESIDENTS HAVE THE RIGHT TO:

1) A high quality-training program in an institution committed to their mentoring and education, which will prepare them to become competent, compassionate, and ethical physicians.
2) Participate in the molding of their own education.
3) Complete their training if in good standing.
4) Meaningful and significant representation at their individual institutions and on state/national bodies on matters concerning all aspects of their training.
5) Humane work hours and environment in pursuit of their duties and education.
6) Receive a contract prior to initiation of their training, fully outlining the scope of their training, salary, obligations and benefits.
7) Adequate gender-neutral child and family leave during their training period, without fear of recrimination, dismissal, or retribution.
8) Access confidential and appropriate care and support systems in the event of personal or health-related difficulties.
9) Confidential, timely and fair systems for evaluations and for addressing individual and systemic grievances without fear of recrimination, dismissal or retribution.
10) A fair hearing with adequate representation in the event of an adverse action resulting from their behavior or from their educational performance.

RESIDENTS HAVE THE RESPONSIBILITY TO:

1) Commit themselves to the conscientious, respectful, and thoughtful service of their patients.
2) Vigorously and independently pursue excellence in their lifelong education.
3) Educate their patients and peers.
4) Conduct themselves in a professional and ethical manner.
5) Fulfill their contractual obligations.
6) Notify the appropriate body in a timely manner of any problems which adversely affect their training, and to participate in the process of program improvement and development.
7) Pursue mental and physical support for any conditions which might compromise their educational goals or patient care. (98)

Referred to Committee on Resident and Student Affairs. The CRSA adopted the first recommendation and accepted the second for information. A subcommittee was formed to further investigate this issue. A breakfast roundtable discussion was scheduled during the 1999 National Conference.

RESIDENT STRESS

- Recommended the AAFP, either independently or in cooperation with other organizations, formulate guidelines for residency programs to promote resident mental and physical 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)

The CRSA recommended the Academy convene a subcommittee of members from the Commission on Education and the Committee on Resident & 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

RESIDENT STRESS (Continued)

subcommittee has completed its task of establishing AAFP policy on resident work hours and supervision. See Opening Session presentation, 1988 NCFPR/NCSM.

- Recommended the COD accept as an addition to existing policy on mental health the following statement: The Academy recognizes the negative impact of extended service hours on resident well-being. Inasmuch as resident mental health has a direct effect on the quality of patient care, the Academy supports efforts to promote resident well-being, as well as encourages development of alternative means of coverage in order to reduce the necessity of extended service hours. (87)

  COD referred to the BOD for study. BOD referred to the Commission on Education. The Subcommittee on Resident Work Conditions was formed and has established a policy.

- Recommended the AAFP institute a coordinated effort in developing a resource project to assist with programs on resident stress which would include written materials, AV and workshops. (88)

  CRSA referred to Committee on Mental Health. Committee on Mental Health recommended to BOD joint project involving COMH, Commission on Education, Commission on Continuing Medical Education, and CRSA.

- Recommended the COD direct the BOD, with appropriate resident input, to address the issue of physician training stress with the following objectives: 1) Develop a dynamic, on-going program of stress management to include: a) Coordination of existing resources and b) Resource programs within the Academy, and c) Regional workshops and facilitators. (89)

  COD adopted with revisions: The AAFP address the issue of physician training stress with the following objectives: a) Develop a dynamic, on-going program of stress management. b) Develop policy statements in regard to resident mental health and resident workloads. c) Review the Residency Review Committee (RRC) guidelines dealing with resident mental health. CRSA recommended that the BOD not support wording proposed by the 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. And that the BOD support incorporation of the following provisions for resident work hours in the accreditation guidelines for residency training both within the General Requirements for all ACGME-Accredited Residencies and 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 3rd 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 Residency Review Committee." 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

RESIDENT STRESS (Continued)

or on-call must be provided adequate sleeping quarters, bathroom, and shower facilities, and food services and 2) Patient support 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.

CPH&SA adopted a motion that a survey be done on resident stress. COCME adopted a motion that the AAFP resident stress tapes be updated & considered as a resource for use in dealing with resident stress issues.

RESIDENT AND STUDENT WORKING GROUPS

- Recommended that CRSA investigate the feasibility of creating informal resident and student working groups that have continuity over the year between NCFPR/NCSM meetings, that these working groups would include rural health, minority issues, managed care, GLBT issues, underserved and whatever groups that students and residents would consider appropriate. (95)

  No action taken. Accepted for information.

RESIDENT WORK (DUTY) HOURS

- Recommended that the AAFP participate fully in any discussion, study, or research of work hours violations with the American Medical Association (AMA), Association of American Medical Colleges (AAMC) and other specialty societies; encourage refining the Family Practice Residency

- Review Committee's Accreditation Council on Graduate Medical Education (ACGME) Duty Hour requirements; work with other organizations such as the Residency Review Committee (RRC) and the Accreditation Council on Graduate Medical Education (ACGME) to create and help force consecutive work hour limits, reaffirm its current policy of adherence to resident work hour standards by informing all family practice and residency directors about work hour standards and strongly encouraging their enforcement and join the Accreditation Council on Graduate Medical Education (ACGME), the American Medical Association-Resident Fellow Section (AMA-RFS), and American Association of Medical Colleges-Organization of Resident Representatives (AAMC-ORR) in not supporting federal interventions in residency education at this time. (01)

  Referred to the Commission on Education. COE adopted this resolution, noting the AAFP does not have a policy on resident work hours; however, it supports the current RRC standards. The AAFP is providing feedback to the ACGME on its preliminary report of resident duty hours and the learning environment. CRSI, in collaboration with COE, recommended and the Board of Directors adopted a policy statement on resident work hours.

- Recommended that the AAFP investigate work hours and conditions of residents and fellows, support a survey of resident work hours/conditions and report the findings to its members in a timely manner. (01)

RESIDENT WORK (DUTY) HOURS (Continued)

Referred to the Commission on Education. COE adopted the resolution, noting that the ACGME is conducting its own survey of residents regarding work hours and the learning environment. The COE will work with the CRSI in seeking a convening grant through the Agency for Healthcare Research in Quality (AHRQ) to support a survey of resident work hours and conditions, the results of which will be disseminated to the appropriate constituencies and members.

- Recommended the AAFP investigate means of implementing the new Accreditation Council for Graduate Medical Education (ACGME) resident work hour guidelines in conjunction with the ACGME. (02)

  Referred to the Commission on Education. The COE agreed that this resolution not be adopted. It was noted that the Academy does not have the prerogative to enforce implementation of the ACGME work-hour requirements. How the work-hour requirements are implemented will be accomplished program by program with assistance from the Association of Family Practice Residency Directors (AFPRD).

- Recommended the AAFP recommend that residents be required to factor any work they are asked to do outside of the clinic/hospital as part of the 80-hour calculation. (07)

  Referred to the Commission on Education. The COE took no action on this resolution. The commission recognized the importance of supporting current ACGME duty hour regulations. The commission also acknowledged that, as individual programs develop policies and guidelines on duty hours, it is important that other factors, such as patient safety and educational time, not be compromised. It is believed that this specific resolution is overly restrictive in not allowing residency programs the flexibility to best determine what meets the residents' and program's needs.

- 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, for example, through our pre-existing residency survey, and the AAFP investigate the impact of the recent duty hour changes on the viability of small and rural family medicine residency programs. (11)

  The COE agreed with the first resolved clause of this resolution, noting that qualitative data needs to be collected that gives a voice to residents' opinions of the "quality" of graduate medical education. The group believed this is a time sensitive issue and surveys or focus groups should be conducted with residents in the Chief Resident Leadership Development Program, as well as resident attendees at National Conference. The commission accepted the second resolve clause for information. The AFMRD is monitoring the effects of the duty hour changes on an ongoing basis.

RESIDENT WORKLOAD

- Recommended the CRSA encourage solicitation of resident input on the issues of resident working hours and supervision and further that the CRSA work with the Commission on Legislation and Governmental Affairs to insure early referral of new legislative efforts related to resident work hours. (88)

  CRSA recommended to the AAFP BOD that a) it track early awareness of state legislation that affects resident work hours and other resident related issues, and

RESIDENT WORKLOAD (Continued)

b) that it continue to utilize the CRSA to garner resident input of such legislation. AAFP BOD adopted.

- Recommended the CRSA request the AAFP to encourage the RRC to establish policy requiring residency programs to develop contingency plans to prevent increasing resident workload due to inability to fill or maintain a full complement of residents. (91)

CRSA referred to the resident representative to the RRC.

RESIDENTS AND STUDENTS AS EMPLOYEES

- Supported HR2222. (77)
- Recommended supporting the passage of HR2222, which deals with resident and students being considered as employees. (78)

CRSA accepted for information, no action taken.

RESIDENTS AS TEACHERS

- Recommended the AAFP encourage family practice residency programs to teach residents how to teach other residents and medical students. (99)

Referred to the Commission on Education. The Commission agreed that a letter 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 AAFP Commission on Education Subcommittee on Graduate Curriculum develop a formal curriculum to teach effective teaching methods to residents. (06)

Referred to the Commission on Education. The COE accepted this resolution for information. Several resources were reviewed, including a faculty development book, PDA tool, Web site and literature references addressing residents-as-teachers. It was also reported that STFM and Northeast STFM often provide workshops on this topic in concert with the National Conference of Family Medicine Residents and Medical Students and the Northeast STFM. COE members and staff will identify resources that would help residents access existing residents-as-teachers resources and work to develop content on the resident section of the AAFP Web site.

- Recommended the AAFP assemble the available resources for residents as teachers and make them available to residency programs, and develop an interactive online learning tool to teach residents how to teach effectively. (06)

Referred to the Commission on Education. The COE took no action on this resolution. Several resources were reviewed, including a faculty development book, PDA tool, Web site and literature references addressing residents-as-teachers. It was also reported that STFM and Northeast STFM often provide workshops on this topic in concert with the National Conference of Family Medicine Residents and Medical Students and the Northeast STFM. The merits of having links to the existing content on the resident section of the AAFP Web site and the pros and cons of developing "interactive" tools were discussed. COE

RESIDENTS AS TEACHERS (Continued)

members and staff will identify resources that would help residents access existing residents-as-teachers resources, and work to develop content on the resident section of the AAFP Web site.

RESTRICTED LICENSES

- Recommended the AAFP continue to monitor state medical licensure requirements and that the CRSA request that the AAFP communicate with appropriate organizations on the issue of medical licensure in order to preserve moonlighting and other training experiences for residents. (88)

  CRSA recommended the Academy correspond with its constituent chapters urging them to address these issues. Referred to staff.

RETAIL HEALTH CLINICS

- Recommended the AAFP update their 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)

  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 MEDICINE

- Recommended AAFP advocate for continue viability of traditionally osteopathic family medicine residence throughout the U.S., especially in rural areas and advocate for expansion of Centers of Medicare and Medicaid Services resident caps to allow funding for the full, four-resident class required by the ACGME and collaborate with interested organization to expand existing resources for financially accessible consultative services for traditionally osteopathic programs to help understand and achieve requirements set by the ACGME for accreditation and collaborate with organizations such as the Rural Training Track Collaborative and National Rural Health Association to facilitate interested rural family medicine programs in adapting to become rural training tracts of existing larger urban programs. (16)

  Board Chair Accepted for Information and Commission on Education Reaffirmed based on the position that "the preservation of training positions during the migration of the Single Accreditation System by 2020 is a high strategic priority for the AAFP."

- Recommended AAFP "collaborate with the Rural Training Track Collaborative and National Rural Health Association to help develop a database of rural training opportunities for family physicians, residents and medical students." (16)

  Commission on Education Agreed to explore new ways to explore new ways to increase medical student exposure to rural training opportunities and grow the rural physician workforce.

- Recommended increasing rural experiences for family practice residents as a part of a training program without a decrease in quality of education. (76)

- Recommended medical schools provide exposure to rural medicine for medical students. (77)

RURAL MEDICINE (Continued)

- Recommended AAFP provide information regarding resident practice site preference to facilitate establishment of rural group practices. (77)

- Recommended AAFP investigate sources of information on appropriate training opportunities for rural family physicians and ways to disseminate that information to AAFP members. (96)

  Referred to Commission on Education. Accepted for information and noted the requested information is available in AAFP Reprint No. 139, "Post Graduate CME Training Programs for Practicing Family Physicians.

- Recommended CRSA/AAFP encourage medical schools, through their departments of family medicine or other appropriate entity, to include in their curricula the unique issues of rural areas, including information about Community-Oriented Primary Care Community Health Service Development (CHSD), demographics and health care access. (96)

  Referred to Commission on Education. Accepted for information and noted that the requested information is available in AAFP Reprint No. 139, "Special Considerations in the Preparation of Family Practice Residents Interested in Rural Practice."

- Recommended CRSA/AAFP recommends that the Committee on rural health conduct research to identify incentives and disincentives for women physicians considering rural practice and to examine current recruitment strategies to draw women physicians to rural areas. (96)

  Referred to Committee on Rural Health. During review and discussion of the resolution, it was noted that the CORH was already actively pursuing the identification of incentives and disincentives for women physicians considering rural practice. The CORH accepted the resolution for information.

- Recommended the AAFP lobby for expanded and (Continued) funding of rural track and community health center-based family practice residency programs and encourage state chapters to lobby at the state level for expanded and (Continued) funding of rural track and community health center-based family practice residency programs. (97)

  Referred to Commission on Legislation and Governmental Affairs. Accepted the resolution for information and it was noted that this is already current AAFP policy.

- Recommended the AAFP produce a video depicting vignettes of practicing rural family physicians for distribution of family medicine interest groups, medical school departments of family medicine and family practice residency programs. (98)

  Referred to Committee on Rural Health. The Committee undertook this project. A video was available in early 2000.

- Recommended that the AAFP explore the creation of four-year residency programs for rural track family practice residents. (03)

  Referred to the Commission on Education. The COE accepted this resolution for information. As part of the Future of Family Medicine Project, the Academy is encouraging and supporting flexibility in residency training programs, including four-year curriculum formats. Parameters for rural residency programs were approved in June 2003 by the COE.

RURAL MEDICINE (Continued)

- Recommended that the AAFP work with the appropriate organizations to determine means of improving effectiveness in preparing physicians for rural practice and in helping to relieve health care shortage areas; and work with appropriate organizations to better define the goals and parameters of a rural training track and rural training program. (03)

  Referred to the Commission on Education. The COE accepted this resolution for information. As part of the Future of Family Medicine Project, the Academy is encouraging and supporting flexibility in residency training programs, including four-year curriculum formats. Parameters for rural residency programs were approved in June 2003 by the COE.

- Recommended the AAFP provide educational materials and support specific to the needs of rural physicians in order to meet the medical home model standards. (08)

  Referred to the Commission on Quality and Practice. 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.

RURAL MEDICINE AND CURRICULUM

- Recommended the AAFP encourage the identification of high school students, undergraduates, and first-year medical students who may be interested in rural practice to encourage and foster their interest in rural health; the AAFP encourage medical schools to develop a longitudinal rural experience for students who specify an interest in rural health, starting in their first year of medical school and extending throughout their training; the AAFP encourage medical schools to develop an alternate third-year family practice preceptorship experience in a rural area for students interested in rural medicine; and the AAFP encourage all medical schools to identify methods to assure the quality of rural preceptorships. (02)

  Referred to the Commission on Education. The COE received this resolution for information. It was noted that the AAFP already has a policy and a position paper (Reprint No. 289-A) that addresses the key issues in this resolution.

RURAL OBSTETRICAL CARE INCENTIVE

- Recommended the AAFP, in cooperation with constituent chapters, actively encourage individual state legislators to pass and enact legislation, appropriate to each state, designed to provide financial incentives to physicians who provide obstetrical care in underserved areas; this legislation should be particularly related to professional liability insurance costs. (89)

  COD adopted. Referred to Task Force on Rural Health. A compilation of state programs providing financial incentives for rural obstetrical care can be done by George Washington Univ. Intergovernmental Health Care Policy Project. Task Force will oversee gathering of information from IHPP.

RX FOR HEALTH

- Recommended the AAFP consider inclusion of all preventative measures that meet the AAFP definition of a clinical practice standard under the immediate access services of the Rx for Health. (92)

COD adopted and referred to Board Subcommittee on Access.

SAFE ROUTES TO SCHOOL NATIONAL PARTNERSHIP

- Recommended the AAFP consider promoting the use of the Safe Routes to School Program in local communities; and the AAFP consider becoming an organizational member of the Safe Routes to School National Partnership. (10)

The CHPS continues to gather background on partnering with the Safe Routes to School Program, including potential fiscal implications. Recommendations are forthcoming.

SCOPE OF FAMILY PRACTICE – PUBLIC EDUCATION

- Recommended the AAFP/CRSA disseminate information on the scope of family practice for the education of the general public, Family Medicine Interest Groups, legislators, regulators, and other decision makers in health care. (98)

Referred to Committee on Communications. The Committee discussed the current activities that support this resolution, including the publication of a brochure supporting legislative efforts and the expansion of various health programs, such as the Family Health Month, direct-to-consumer and magazine adversarial projects. The committee determined that this is basic business that is ongoing.

SEAT BELTS

- Recommended formulating guidelines on infant car seats and carriers. (81)

Referred to BOD. Referred to Commission on Public Health and Scientific Affairs; AAFP policy endorses the use of child seat restraints in autos.

- Recommended looking at methods to provide access to child car restraints for all segments of the population. (83)

Referred to Commission on Public Health and Scientific Affairs. Academy policy, adopted in 1973, endorses the use of child seat restraints in automobiles.

- Reaffirmed support of 1982 COD resolution advocating use of seat restraints and encouraged further education on this issue. (83)

Accepted for information by CRSA, no action taken.

SELF-IDENTIFICATION

- Recommended that the AAFP use its membership application and other membership materials to offer residents the opportunity to self-identify by specific minority group and AAFP accumulate and distribute this information to support diversity among residents and to target recruitment efforts to underrepresented groups. (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).

SEXUALITY EDUCATION

- Recommended the AAFP support effective sexuality education defined as that which includes evidence-based information on both contraception and abstinence. (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 student congress to the Commission on Governmental Advocacy.

SINGLE PAYER HEALTH CARE SYSTEM

- Recommended the AAFP Commission on Continuing Professional Development Subcommittee on Assembly Scientific Planning add to the Scientific Assembly Core Topics list under population-based system, "Health Care for All." (13)

  The COCPD noted that the Subcommittee on Assembly Scientific Programming advises in the creation of CME at the Annual Scientific Assembly meetings using needs assessments, outcomes data, and the AAFP CME Curricular Framework among other sources to design educational CME activities. Topics on the AAFP Curricular Framework that may address the resolution include: Health Insurance Portability and Accountability Act (AHIPPA) updates, Health policy, Accountable Care Act (ACA), Accountable Care Organizations (ACOs), and Regulatory Requirements.

SMOKING

- Encouraged support for publicity against smoking especially among young people. (77)

  Sent to Commission on Public Health and Scientific Affairs.

- Recommended that sales of cigarettes within health care facilities cease and that anti-smoking policies be strictly enforced. (79)

- Recommended that AAFP request members, staff and visitors to refrain from smoking during all AAFP business meeting. (82)

  Adopted by 1982 COD and now policy at all AAFP meetings.

SMOKING (Continued)

- Recommended that AAFP adopt a policy of patient and physician education, recommend patient and physician partnership in smoking cessation and recommend insurance coverage of smoking cessation. (00)

  Referred to the Commission on Public Health. The COPH noted that the policy of patient and physician education already exists. The commission agreed to create an amendment to the existing policy indicating that the AAFP advocates for insurance coverage and appropriate reimbursement for cessation treatment.

- 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 of children. The AAFP should urge all employers to provide smoke-free work and break time environments for their employees and incentives for employees who participate in cessation programs. (05)

  The COHP accepted this resolution for information.

SOCIAL DETERMINANTS OF HEALTH, CLINICAL TOOLS TO ASSESS A PATIENT'S

- Recommended the AAFP explore clinical tools, for example, a pre-encounter questionnaire, to be used by practicing family physicians to assess patients' needs in regard to social determinants of health identified by the AAFP. (15)

  Referred to the Commission on Health of the Public and Science. CHOPs agreed and plans to develop a web page for members that will provide links to primary care and public health integration resources.

SOCIAL MEDIA GUIDELINES – AAFP MEMBERS

- Recommended the AAFP create policy regarding use of social media by its member physicians. (12)

  The CMMS agreed, and 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

SOCIETY OF TEACHERS OF FAMILY MEDICINE (STFM)

- Requested that CRSA review the level of involvement with STFM, and that further relationships with STFM are desired. (79)

  Referred to representative liaison to STFM.

- Recommended continuing active relationship with STFM. (79)

  CRSA accepted for information, no action taken.

SPANISH SPEAKING PATIENTS

- Recommended that the AAFP support the development of a medically focused Spanish language program for preparing family physicians to care for Spanish speaking patients. (90)

  CRSA recommended BOD via its Committee on Minority Health Affairs (CMHA) consider supporting the development of a medically focused Spanish language program for preparing family physicians to care for Spanish speaking patients.

  BOD referred to CMHA. CMHA suggested programs such as this may already be available. In addition, the Hispanic Health Organization, COSSMHO, will make their manual available at a 10% discount to AAFP residents and students.

SPECIAL ESSENTIALS FOR RESIDENCY TRAINING IN FAMILY PRACTICE

- Recommended amendment of the *Special Essentials for Residency Training in Family Practice* to ensure that residency programs provide training in psychomotor skills. (83)

  Referred to RRC and RAP. ABFP delayed action on mandatory procedures list.

- Recommended the CRSA/AAFP in conjunction with the NCFPR resident delegate to the RRC/FP request an addition to the Special Requirements for Residency Training in Family Practice, mandating that all family practice programs provide protected time for the establishment of a resident support group (facilitated by faculty or residents) which should meet at least quarterly. (92)

  CRSA adopted. Referred to the Commission on Education with strong support from CRSA. Sent to RRC/FP resident representative for information.

- Recommended the CRSA/AAFP in conjunction with the NCFPR resident delegate to the Residency Review Committee for Family Practice (RRC/FP) request an amendment to the Special Requirements for Residency Training in Family Practice, changing the assigning of in-house on-call duty to no more frequently than every 4th night on the average. (92)

  CRSA adopted. Referred to Commission on Education with strong support from CRSA. Sent to RRC/FP resident representative for information.

SPECIALTY TRAINING

- Recommended the AAFP explore internal policies and initiate dialogue with the Residency Review Committee and the Accreditation Council for Graduate Medical Education for broader learning opportunities to ensure an intellectually rich set of choices for graduates of family medicine residencies. (04)

  Referred to the Commission on Education. In considering this resolution, the COE acknowledged that it would be worthwhile for the American Board of Family Medicine to explore collaborative partnerships with the American Board of Internal Medicine regarding fellowships and associated examinations.

SPOUSES/SIGNIFICANT OTHERS

- Recommended registration of spouses to encourage participation and interaction. (78)

- Recommended more defined programs for spouses at formal AAFP resident/student gatherings. (78)

- Recognized the need for significant other support groups. (81)

- Recommended sessions for spouses/significant others at NCFPR/NCSM which also include the medical student/resident component of the couple. (83)

  Workshops held within NCFPR framework and Spouse/Significant Other meeting in conjunction with NCFPR an offshoot of this.

- Recommended that an S/SO program be included annually with the NCFPR/NCSM. (84)

  S/SO program has been scheduled at each NCFPR/NCSM since 1982.

STATE DELEGATES

- Recommended that the CRSA/AAFP strongly encourage state chapters to facilitate a process by which resident delegates are elected by residents and registered with the AAFP well in advance of the NCFPR meetings and serve as a liaison throughout the year. (95)

  A letter was sent to all Constituent Chapters in April, 1996. To date, many residents and students have already registered in advance for the upcoming NCFPR/NCSM.

STEPHEN J. JACKSON, M.D. MEMORIAL SCHOLARSHIP

- Recommended the NCFPR/NCSM actively encourage the AAFP to recommend that the AAFP Foundation establish a trust 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 Scholarship Fund. (93)

  CRSA recommended with strong support to BOD that this resolution along with two others establish scholarships in the name of Stephen J. Jackson, M.D. The committee suggested consideration of a medical education scholarship program for Native American medical students committed to family medicine and a scholarship (award) program for funding attendance at NCSM for medical student leaders. An additional suggestion was to potentially rename the FMIG Leadership Awards in honor of Dr. Jackson. A memorial lectureship was established in Dr. Jackson's name at NCFPR/NCSM beginning in 1994. Also the AAFP will donate $5,000 to the Association of American Indian Physicians in the name of Dr. Jackson.

STEREOTYPES OF FAMILY PHYSICIANS

- Recommended that the AAFP student newsletter *The Exchange* regularly feature a family physician practicing in an underserved area, including but not limited to rural areas and inner cities. (94)

STEREOTYPES OF FAMILY PHYSICIANS (Continued)

CRSA adopted with a suggestion to be referred to the Editor of *The Exchange* for consideration.

This was referred to the Editor of *The Exchange* who has contacted the Committee on Rural Health as well as the Committee on Minority Health Affairs to have articles submitted regarding family physicians practicing in underserved/rural areas.

STIPENDS

- Recommended all new residents receive a stipend payment within one week of beginning post-graduate training. (80)

STRIKES

- NCFPR did not support the mandation/assumption of out-of-classification duties by resident physicians during a work stoppage or strike. (84)

STUDENT INTEREST

- Recommended the AAFP take a leadership role in developing and maintaining a coalition including students, Academy members, and representatives from the family of Family Medicine that will continue to address student interest in family practice. (00)

Adopted by the 2000 Congress of Delegates and referred 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. The CRSI held its first meeting on June 9, 2001.

STUDENT LOANS/DEBT

- Recommended that the AAFP use its legislative advocacy and lobbying efforts to support legislation that reduces the debt burden of past and current student borrowers" and "use its legislative advocacy to influence the U.S. Congress to enact policies that would curb the growth of tuition and increase the funding to student loans at a discounted interest rate for medical students who commit to specializing in family medicine and reduces the interest rate of student loans and remove the adjusted gross income cap to qualify for student loan interest payment tax deduction. (16)

Commission on Governmental Advocacy Reaffirmed and Accepted for Information.

- Recommended the CRSA urge the AAFP, by whatever mechanisms it feels the most appropriate, to work toward the reinstitution of tax-deductible status for loans for medical education, and that the CRSA continue to monitor the effects of the new tax status on medical students and their choice of practice. (87)

Referred to CL&GA. Washington staff to work with AMSA on this issue.

- Recommended that the AAFP maintain its strong efforts to preserve student loan deferment which would continue to allow students to pursue careers in family practice and other primary care specialties. (95)

STUDENT LOANS/DEBT (Continued)

Adopted by the Congress of Delegates. Noted that this is current policy - no referral necessary.

STUDENT NATIONAL MEDICAL ASSOCIATION LIAISONS

- 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)

  Referred to the Committee on Resident and Student Affairs. The CRSA accepted this resolution for information. SNMA does not have a formal commission/committee structure. The committee elected to continue the current relationship with these organizations.

- Recommended that the AAFP through its Commission on Residents and Student Issues (CRSI) ask the Student National Medical Association (SNMA) to create a liaison position for the AAFP resident or student member before its 2002 meeting and that this liaison perform the duties of recruiting, giving lectures such as "Strolling Through the Match," and other appropriate duties assigned by SNMA. (01)

  Referred to the Commission on Resident and Student Issues. CRSI adopted a motion supporting the concept of a liaison relationship between CRSI and the SNMA pending the development of a proposal outlining financial considerations, specific roles of the liaison and outcome measures. A subcommittee was charged with developing this proposal.

SUBSTANCE ABUSE

- Recommended that all AAFP programs and policies regarding substances of abuse include tobacco and nonprescription nicotine-containing products. (90)

  AAFP COD adopted. Referred to the COPHSA. This is now in the AAFP Policy manual.

SUBSTANCE ABUSE – ALCOHOL

- Recommended that all AAFP consider development of public education programs and expansion of its policy on Substance and Alcohol Abuse and Addiction to raise awareness of the dangers of alternate methods of alcohol use including inhalation and mucosal absorption, and the AAFP encourage health care providers to document the route of alcohol intoxication to facilitate research of the adverse effects of alternate methods of alcohol use including inhalation and mucosal absorption. (13)

  The CHPS will consider including alternate methods of alcohol use as part of the policy entitled "Substance Abuse and Alcohol Abuse and Addiction," which will be updated.

SUGAR SWEETENED BEVERAGES

- Recommended the AAFP consider supporting state and national efforts to allocate revenue raised by the "sugar sweetened beverages" tax to diabetes and obesity education, research, and prevention programs; and the AAFP consider revision of the policy statement on "sugar sweetened beverages" to include a supporting statement for the allocation of revenue raised by the "sugar sweetened beverages" tax to diabetes and obesity education, research, and prevention programs. (10)

  The Work Group on Sugary and Highly Caffeinated Beverages reviewed the literature on taxation of sugary sweetened beverages. The intent behind raising taxes on sugary sweetened beverages was to reduce consumption and was not intended to be used for educational or health purposes. However, it was mentioned that the money raised by the tax could be used for education and prevention of many chronic diseases, not just diabetes. Therefore, the CHPS accepted this resolution for information since there already exists AAFP policy entitled, "Sugar Sweetened Beverages." The commission recommended that a sentence be added to the policy that reads, "Tax monies should be directed toward programs that improve the health of the public." The amended policy was approved by the AAFP Board of Directors and supported by the 2010 AAFP Congress of Delegates.

SUICIDE: LESBIAN, GAY, BISEXUAL & TRANSGENDER (LGBT) ADOLESCENTS

- Recommended that the AAFP recognize lesbian, gay, bisexual and transgender adolescents and encourage AAFP members to provide confidential, factual, non-judgmental information, as well as acceptance and support to gay youth as they cope with the pressures and conflicts of growing up as LGBTs in our society, and that physicians who are not comfortable in this regard should be responsible for seeing that such help is made available to the adolescent from another source. (94)

  The issue is somewhat addressed in the new Core Educational Guideline on Women's Health. CoSICI sent a recommendation to the Commission of Education to consider adding more references to this issue in upcoming revisions of the Adolescent Care Guideline and Women's Health Guideline.

TARGET SCHOOLS

- 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)

  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 AIDS

- Recommended that NCFPR endorse the formation of a task force on AIDS and that CRSA work toward resident representation on the Task Force on AIDS. (87)

  CRSA expressed its support for the addition of resident/student representation on the task force. The Task Force on AIDS recommended to the BOD that

TASK FORCE ON AIDS (Continued)

resident/student members be a part of the Task Force. Resident and student members added to AIDS Task Force in 1987.

TASK FORCE ON POLICING

- Recommended the AAFP review the recommendations of the president's Task Force on 21st Century Policing, find concordance with AAFP existing policy and present discordances with AAFP policy and assign AAFP representatives to collaborate with development and implementation of the recommendations of the president's Task Force on 21st Century Policing and write a letter to the Surgeon General and Attorney General citing AAFP's current policy title "Violence as a Public Health Concern" and position paper title "Violence" as it relates to the inconsistent application of policing and law enforcement standards in different communities, including the disproportionate use of force by some members of law enforcement against communities of color and directs its delegation and members sections' delegates to the American Medical Association to introduce an emergency resolution with the same objectives as "Inconsistent Policing and Law Enforcement Standards as a Social Determinant of Health" to the AMA House of Delegates and that AAFP AMA delegation seek support and co-authorship for a parallel resolution related to the inconsistent application of policing and law enforcement standards from other AMA delegations and constituencies that would be supportive of such including, but not limited to the AMA Minority Affairs Section, Medical Student Section, Resident and Fellow Section, Young Physicians Section and individual regional and specialty caucuses.(15)

  The Commission on Health of the Public and Science accepted for information. The commission will develop policy on discriminatory policing as a public health issue.

TASK FORCE ON PROCEDURES

- Recommended the chairperson of the Board of Directors open the Task Force on Procedures for the appointment of a resident representative from the pool of applicants that will be created during the upcoming October 1993 selection cycle. Fiscal Note: $9,000. (93)

  CRSA recommended to the BOD that the BOD approve the appointment of a resident on the Task Force on Procedures. (Fiscal Note: 1 meeting - '93-'94 = $1600, 3 meetings annually = $48 - ongoing.) The committee provided nominees to the BOD for appointment if the BOD approved. The BOD approved and appointed a resident to begin in January 1994.

TASK FORCE ON SPORTS MEDICINE

- Recommended the CRSA request both resident and student representation to the AAFP Task Force on Sports Medicine. (88)

  CRSA sent recommendation to BOD. BOD referred to Chairman of the Board who declined to establish a slotted position for either a resident or student until such time as the Task Force is determined to be a standing committee. Resident member to the Board asked to serve on Task Force as a resident voice in the interim.

TAXES

- Recommended CRSA study $3600 Exclusion that IRS allows for non-degree candidates in approved fellowship programs. (76)

  AAFP legal counsel reported to CRSA there are only rare cases that residents have been able to successfully defend this exclusion.

TAX ON ALCOHOL

- Recommended that the AAFP strongly support and actively pursue legislation which would double liquor taxes and equalize the rate of tax on alcohol in liquor, beer and wine, with the additional taxes earmarked for (programs geared to) treatment and primary prevention of alcohol abuse. (87)

  CRSA recommended that the AAFP strongly support, and actively pursue legislation which would increase liquor taxes and equalize the rate of tax of alcohol in liquor, beer and wine and with the additional taxes earmarked (programs geared to) treatment and prevention of alcohol abuse. BOD referred to CL&GA.

  CLG&A recommended to the BOD that the Academy 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 for 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 legislation initiatives to accomplish the above. BOD adopted the CRSA recommendation.

TAX ON CIGARETTES AND ALCOHOL

- Recommended the Board of Directors promote a designated tax on cigarettes and alcohol which would be used to supplement the Medicare Fund to help with the 20% of medical expenditures caused by abuse of these substances. (84)

  Commission on Public Health and Scientific Affairs is currently gathering data on alcohol and cigarette related illnesses, in order to support this idea.

TAX STATUS

- Recommended the AAFP investigate the possibility of creating and politically supporting a resident taxation status that is neither employee nor student but “medical resident.” (02)

  Referred to the Commission on Legislation and Governmental Affairs. The CLGA chose to accept the resolution for information after discussing how changing residents’ tax status would have wider ramifications than just loan repayment programs. It was also noted that the possibility of making such a tax status change was slim.

TEACHING HEALTH CENTERS

- Recommended the AAFP strengthen their policy statement advocating for the continuation of support for teaching health centers as a financially accountable and proven effective means of meeting the growing shortage of community-based primary care providers, and the AAFP continue to advocate for teaching health center. (13)

- Recommended the AAFP advocate for expansion of teaching health center funding, advocate for a permanent stream of teaching health center funding, take the position that the teaching health center model be the primary solution to graduate medical education funding reform, write a letter to the Health Resources and Services Administration to urge immediate full allocation of teaching health center funding to all qualified programs under the Medicare Access and CHIP Reauthorization Act two-year extension and consult with the American Association of Teaching Health Centers prior to making any future recommendations regarding teaching health center funding. (15)

  Reaffirmed by Commission on Governmental Advocacy as current policy.

TEACHING SKILLS

- Recommended the CRSA ask the Commission on Education to develop instructional materials to improve the teaching skills of residents and to disseminate these materials to family practice residencies. (85)

  Referred to Commission on Education. COE currently working on this topic. Recommended as a potential workshop.

- Recommended the BOD strongly encourage the AAFP representatives to the RRC for family Practice, and the COE to make recommendations to formally incorporate teaching skills into the Family Practice residency curriculum. (89)

  CRSA recommended the BOD, via its COE, consider development of resource materials to encourage family practice residency programs to teach their residents teaching skills.

  COE reported that resource materials to encourage family practice residency programs to teach residents teaching skills already exist, including a very practical useful booklet developed by the STFM, sessions held at NCFPR/NCSM Program Directors' Workshop, as well as a 1990 RAP Workshop.

TECHNICAL EXPERTISE

- Asked for development of a directory of residency programs providing experience in areas of technical expertise. (83)

  Adopted by CRSA; sent to Board of Directors. List of "mini-residencies" providing specific skills training has been developed.

TEENAGE PREGNANCY

- Recommended CRSA investigates causes of increasing numbers of adolescent pregnancies. (83)

  CRSA accepted for information, no action taken. The committee did not feel such a survey was feasible.

- Recommended the AAFP develop a program of CME, patient education materials, public advertising, and physician awareness to reduce the rate of teenage pregnancy among our patients and combat this national problem. (93)

  COD did not adopt. COD did adopt substitute resolution: Resolved, That the AAFP develop strategies including, but not limited to, a program of CME, patient education materials, pub advertising, and physician awareness to reduce the rate of teenage pregnancy among our patients and combat this national problem.

  Referred to Commission on Special Issues & Clinical Interests. Is already being addressed indirectly through AAFP's Adolescent Medicine for Family Medicine for family physicians annual conference. Program was offered at 1993 Annual Assembly on the subject. AAFP endorsed "Healthy People 2000" program. Referred to Committee on Patient Education for their investigation of materials available.

- Recommended that the AAFP study the dynamics of the incentives from welfare income for pregnancy and motherhood, and that legislative strategies and educational efforts be directed toward this problem. (94)

  CRSA did not adopt.

THIRD WORLD

- Recommended a workshop on Health Care in Central America. (83)

- Have a workshop on health issues in Central America. (84)

  Workshop on international issues, including the above, scheduled for 1985 NCFPR.

- Established policy that the NCFPR, resident physicians, support aid to the people of Central America in the form of food and medical supplies, educate the membership on current conflicts and promote peaceful solutions in those countries. (84)

  Accepted as policy statement. An informational article on the effects of armed conflict on health care conditions in Central America was solicited for the *AAFP Reporter*.

- Recognized resolutions stating, (1) the sense of the NCFPR is that displaced El Salvadorians and Guatemalans in this country should be granted temporary political asylum; (2) the U.S. Congress should investigate the magnitude of this problem; and that (3) the AAFP should support the above by endorsing House Bill 822 and Senate Bill 377. (85)

  Policy statement developed to reflect the ongoing concerns by residents 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

THIRD WORLD (Continued)

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 BOD as the first global health care policy statement in the Academy's history.

- Recommended the descriptor “Third World” be changed to “Developing Nation” in all new American Academy of Family Physicians’ communications. (99)

Referred to the Committee on Communications. The Committee 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.

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) for their efforts to preserve Title VII funding and the CLGA continue their efforts to preserve Title VII funding. (01)

Referred to the Commission on Legislation and Governmental Affairs. The 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 health care for all Americans.

- Recommended the AAFP research, develop and distribute materials to AAFP resident members providing education about Title VII and how to advocate for continued Title VII funding. (04)

Referred to the Commission on Legislation and Governmental Affairs.

- Recommended the AAFP continue to actively promote increasing federal funding of family medicine residency programs including, but not limited to, Title VII and Medicare funding. (09)

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

TOBACCO

- Recommended AAFP commend publications that have refused to accept tobacco advertising, and circulate a list of these publications to Academy members. (79)

- Opposed federal price support of the tobacco industry. (81)

Adopted by 1981 COD.

- Recommended the AAFP contact the American Pharmaceutical Association and the National Association of Retail Druggists, asking them to ban sales of tobacco products in drug stores. (84)

Referred to Commission on Public Health and Scientific Affairs.

- Recommended the AAFP refrain from direct association, or joint-ventures with tobacco company corporations. (87)

COD adopted as policy statement with these revisions: Recommended that the AAFP refrain from direct association with tobacco companies.

- Recommended the CRSA ask the Board of Directors to commend those pharmacists and pharmacy owners who have chosen not to sell tobacco products, and that the CRSA ask the BOD to encourage other pharmacists and pharmacy owners, individually and through their professional associations, to remove tobacco products from their stores, and that the CRSA ask the Board of Directors to call upon the American Pharmaceutical Association and the National Association of Retail Druggists to formally adopt a position calling for banning the sale of tobacco products in their stores. (87)

  BOD adopted CRSA recommendation that the AAFP communicate in writing to the American Pharmaceutical Association and the National Association of Retail Druggists who 1) commend all pharmacists and pharmacy owners who voluntarily choose not to sell tobacco products in their stores, 2) encourage both organizations to urge their other members not to do so and encourage both organizations to adopt formal positions against the sale of tobacco products.

- Recommended the CRSA review the NCFPR policy on "Tobacco," and pursue those actions listed therein as deemed appropriate and feasible. (89)

  CRSA recommended that the BOD communicate directly with the American Pharmaceutical Association and the National Association of Retail Druggists to urge them to enforce the 1972 APA call for a ban on pharmacy tobacco sales and expressing the Academy's concern that health care facilities not promote the use of tobacco. CRSA also asked the *AAFP Reporter* to consider development of a feature article on the issue of tobacco sales in pharmacies.

  BOD referred to CPR&M for review and recommendation on how it should be promoted.

- Recommended that the AAFP encourage members to boycott all tobacco company products and services and be it further recommended that the AAFP study the feasibility of publicizing the availability of lists of tobacco products, companies, and their subsidiaries. (94)

  CRSA did not adopt.

- Recommended the CRSA/AAFP strongly encourage all residency programs to organize and implement TAR WAR programs to fifth grade children in their communities as part of the 1997 Family Physicians Care for American Week activities. (96)

  Referred to Committee on Communications.

- Recommended the AAFP offer investments in endorsed retirement programs that exclude all stocks deriving any income from tobacco and/or tobacco related products and AAFP continue moving towards complete divestiture of all tobacco and/or tobacco-related companies. (98)

  The Congress of Delegates adopted a motion to refer this resolution to the Board of Directors. It was recommended that the Commission on Finance and Insurance investigate options that may be available for investments in funds that do not include companies involved in the production of tobacco products.

- Recommended the AAFP investigate developing a public relations program commending retailers who voluntarily discontinue the sale of tobacco products. (98)

Referred to the Commission on Public Health.

- Recommended the AAFP continue financial and educational support for the Tar Wars Program to further the education of children in America about the dangers and devastating health effects of smoking. (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 consider the feasibility of studying the availability and efficacy of Tar Wars® in urban underserved areas. (08)

  Referred to the AAFP 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 ADVERTISING

- Recommended the existing AAFP policy on advertising and labeling be amplified to include AAFP opposition to the use of cartoon figures in tobacco and alcohol company promotional materials, that the AAFP forward a letter to alcohol and tobacco companies and the press educating them on current AAFP policy on advertising and labeling of tobacco and alcohol products, and that the AAFP on an ongoing basis encourage its members to continue to write to the appropriate responsible tobacco and alcohol companies and to the press outlining current AAFP policy. (91)

  AAFP COD adopted and referred to the Commission on Public Health & Scientific Affairs.

- Recommended the AAFP support he adoption of a national ban on radio television and billboard advertising of alcoholic beverages. (92)

  COD adopted substitute resolution: "Resolved that the AAFP support the Surgeon General's call for a ban on television and radio advertising of alcoholic beverages, and reaffirms its support for a national ban on radio, television and billboard advertising of alcoholic beverages."

  Referred to Commission on Legislation and Governmental Affairs.

TOBACCO RESEARCH DOLLARS AND THE MEDICAL RESEARCH CONFLICT

- Recommended that the AAFP encourage all medical institutions to prohibit the acceptance of monies from tobacco companies, and their affiliates and subsidiaries. (94)

  CRSA did not adopt. The committee notes that several schools receive tobacco money and if this resolution passed many schools would be adversely affected.

TRANSITIONAL RESIDENCY

- Recommended the AAFP encourage family medicine programs to institute preliminary year internships for subspecialty residents, as well as investigate related funding requirements. (04)

  Referred to the Commission on Education. The COE agreed that no action be taken on this resolution. It was noted that the resolution was in direct violation of current RRC-FM requirements that a family medicine residency program consist of 36 months with no preliminary year. Programs interested in sponsoring a transitional residency must apply separately through the ACGME.

U.S. TRADE AGREEMENTS – MEDICINE

- Recommended the AAFP "urge the U.S. Congress and U.S. Trade Representatives to ensure that trade agreements promote public health, access to medicines and access to care by actions such as opposing Investor State Dispute Settlement (ISDS) and restrictive intellectual property provisions" and ""urge the U.S. Trade Representative (USTR) to ensure transparency and openness in all trade agreement negotiations including public access to negotiating texts and meaningful opportunities for stakeholder engagement during agreement negotiations." (16)

  Commission on Governmental Advocacy Accepted for Information as trade policy is generally outside AAFP's strategic priorities.

- Recommended the AAFP promote public health and access to medicines in all United States trade agreements. (13)

  The CHPS determined that advocating for what is or is not included in all United States trade agreements does not specifically align with the scope of the strategic priorities of the AAFP.

UNDERSERVED AREAS

- Recommended the AAFP assist states in identifying physician deficit areas. (76)

- Recommended AAFP oppose restriction of any nature that dictates or limits where or how students and residents may practice medicine, in any effort to solve physician shortage in particular areas. (77)

- Encouraged states to assist young physicians beginning practice in underserved inner city and rural areas, and to study the possibility of a national advisory panel on this. (83)

  Referred to the Committee on Minority Health Affairs.

- Recommended the AAFP promote and develop a new definition of manpower shortage areas based upon physician to population ratios and indices of the adequacy of health care such as HIV disease, cancer, and infant mortality rates; and develop and support programs to establish Family Practice doctors in both inner-city and rural manpower shortage areas to provide comprehensive primary care. (90)

  CRSA accepted for information, no action taken, noting this is under review by the AAFP Task Force on Rural Health.

- Recommended that the AAFP publicize information on financial resources available for family practitioners to practice in underserved areas (rural and urban). (94)

UNDERSERVED AREAS (Continued)

CRSA is currently investigating types of resources available, distribution options and actions being taken by various committees.

- Recommended CRSA/AAFP investigate federal funding for financial resources available for family practitioners in urban and underserved areas including salary support and loan repayment and the CRSA/AAFP investigate additional state funding for financial incentives for family practitioners in urban underserved areas including salary support and loan repayment. (96)

Referred to Commission on Legislative and Governmental Affairs.

- Recommended the CRSA consider the theme of "Caring for the Underserved" as the theme of the year 2000 National Conference. (99)

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

- Recommended that the AAFP investigate ways in which to assist states in generating new and/or improving current media ad campaigns geared at creating an awareness of current solutions to healthcare issues of rural/medically underserved populations such as CHIPs and WIC. (01)

Referred to the Committee on Communications. COC discussed the issue at length and felt that the motives expressed by this resolution are laudable, however, the enrollment criteria and budgets for these programs vary from state to state. It was determined that it would be more appropriate to encourage individual state chapters to approach their respective government entities concerning the implementation of these programs.

UNDOCUMENTED PATIENTS

- Recommended the AAFP support policies and programs that will expand healthcare coverage for undocumented immigrants. (15)

CGA accepted for information. Current policy is that the AAFP support health care for all in the country. The policy is purposefully inclusive and doesn't specify any categories of patients, so as not suggest that is anything but inclusive.

- Recommended the AAFP consider formally reaffirming its current policy, "criminalization of care provided to undocumented patients," opposing any legislation that creates obstacles to health care access for any patients. (10)

CGA members agreed to strongly recommend that the AAFP Board of Directors reaffirm the policy on criminalization of care provided to undocumented patients opposing any legislation that created obstacles to health care access for patients. Since the policy was drafted in 2007 prior to the law in Arizona, the commission wished to emphasize that patients deserve medical treatment regardless of their legal status. It was noted that many medical practices and hospitals in the border regions of the country are overwhelmed by the number of undocumented individuals who need their medical services. There is a danger that this pressure for services will undermine the ability of family physicians to practice effectively in these areas. Commission members understood this dilemma, but recognized that it was incumbent upon the federal government, not the medical community, to address its causes.

UNIVERSAL HEALTHCARE COVERAGE

- Recommended that the AAFP engage in discussion with other medical societies and physician 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.

UNWANTED PREGNANCY

- Recommended AAFP support ACOG's effort to reduce unwanted pregnancy, including notification of its disapproval of CBS, ABC, and NBC's unwarranted decision not to run ACOG media announcements. (85)

  Received for information, no action taken. The BOD had considered this issue with no clear role for the Academy identified.

URBAN MEDICINE

- Recommended AAFP attempt to define the need for urban family physicians and to start family practice departments in urban medical centers and establish a liaison to the Joint Committee on Hospital Accreditation. (77)

- Recommended the AAFP acknowledge and research the special nature and needs of inner-city populations, and the AAFP nationally advocate for urban family medicine. (90)

  AAFP COD adopted revised resolution: That the AAFP study the health care needs of inner-city populations and the problems facing family physicians practicing in urban areas and report back to the 1991 COD recommendations for beginning to address these problems, and that the AAFP nationally advocate for urban family medicine.

  COD referred to CMHA.

- Recommended the AAFP support existing and promote new departments of family practice in inner cities, and support the recruitment of medical students, residents and practicing physicians to underserved urban areas, and the AAFP assist in establishing family physicians in practice and in obtaining hospital privileges. (90)

  CRSA accepted for information, no action taken, noting the AAFP is actively dealing with these issues.

- Recommended that the AAFP make available on its website in a timely fashion current AAFP 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 and 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.

VACCINE POLICY - PHARMACY

- Recommended the AAFP work with pharmacy boards to provide specific recommendations for pharmacies that do provide vaccines, including:
  - requirement to communicate 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)

  The CHPS accepted the resolution for information. 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.

VACCINE SAFETY COMMUNICATION CURRICULUM

- Recommended the AAFP make family medicine residency programs aware of the Vaccine Safety Communication curriculum. (12)

  The COE agreed with this resolution. Information about the available vaccine safety curriculum and a link to this information will be posted on the resident page of the Academy's website.

VIOLENCE - DOMESTIC/FAMILY

- Recommended the AAFP remain active in the AMA campaign against family violence and encourage AAFP members to join the "National Coalition of Physicians Against Family Violence", and that the AAFP give priority to developing clinical protocols to help physicians diagnose, treat, and prevent domestic violence and assure the protocols and disseminated to AAFP members in the form of a monograph on domestic violence or other appropriate mechanism, and that the AAFP be commended for including workshops on domestic violence at the upcoming Annual Scientific Assembly and that the AAFP be encouraged to continue to present workshops on domestic violence at the Annual Assembly, and that a workshop on violence/domestic violence be presented at the 1993 NCFPR/NCSM. (92)

  CRSA adopted and referred to the Commission on Special Issues and Clinical Interests with the editorial Changes. A workshop was held at the 1993 NCFPR/NCSM.

- Recommended, that the AAFP encourage medical student and resident education to identify, treat, and prevent domestic, and be if further Recommended, that the AAFP support that education in domestic violence be a mandated part of every medical school and residency program curriculum. (94)

  CRSA adopted and laterally referred to the Commission on Education (COE) which recommended to the AAFP BOD that the AAFP bring a resolution to the AMA at its annual meeting in June, 1995 that the teaching of the diagnosis and treatment of domestic violence should be included in the nation's medical schools. COE also recommended that the AAFP suggest to STFM, ADFM and AFPRD that the AAFP White Paper be presented to the AAMC through those organizations; representatives to the CAS with a courtesy copy to the AMA for their information. COE further recommended that the AAFP communicate with both parents of the LCME, the AMA and AAMCE to obtain their support to influence the LCME to incorporate the teaching of domestic violence into medical schools.

VIOLENCE - YOUTH

- Recommended that the AAFP continue its support to combat American youth violence and investigate current anti-violence curriculum, which could be promoted to its members as teaching tools. (01)

  Referred to the Commission on Public Health. COPH noted that the Academy had played a strong role in the development of curriculum that was initiated as part of the AMA's Robert Wood Johnson Task Force on Youth Violence. It was agreed that this curriculum would meet the intent of the resolution.

WEB

- Recommended that the AAFP: (a) establish a "home page" or other access on and electronic information network, and (b) utilize an electronic information network to efficiently distribute and exchange information (i.e. legislative activities, clinical updates, etc.) among Academy members and constituent chapters." (95)

  Congress of Delegates did not adopt.

WELLNESS

- Recommended that the AAFP "continue their work on resident physician wellness and coordinate these efforts with other organizations." (16)

  Executive Vice President Accepted for information. Efforts are being coordinated with AFMRD, STFM, and PDW-RPS.

- Recommended that the AAFP "create a comprehensive online platform for medical students, residents and attending faculty to enter into an open forum for discussion and prevention of burnout" and that "resources, discussions blogs, and webinars to address burnout prevention and wellness promotion be made available to medical students, residents and faculty utilizing an online platform." (16)

  Executive Vice President Accepted for information. This resolution has been included in the ongoing efforts on Family Physician Well Being and Burnout. A web based portal will be launched in 2017.

WOMEN AND INFANT CARE

- Recommended the AAFP should increase WIC program funding, and generate an Academy policy on the WIC program. (85)

  Passed by the COD. Washington, DC Academy office will closely monitor for cuts in WIC. Commission on Public Health and Scientific Affairs plans to draft policy statement.

WOMEN IN FAMILY PRACTICE

- Recommended studying 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; the Committee on Women in Family Medicine was first appointed in 1984.

- Expressed appreciation to the Board of Directors for prompt formation of the Ad Hoc Task Force on Women in Family Practice. (83)

  Sent to Board of Directors.

- Recommended the Ad Hoc Task Force on Women in Family Practice develop an information packet on developing support for women residents and students, and furthering 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 the Membership Division for their efforts in recruiting women members. (83)

- Recommended the AAFP affirm the importance of the inclusion of women as research subjects in order to validate medical treatments based on research, and that this be referred to the Committees on Research, Scientific Program, the AAFP Foundation and/or other family practice research entities for consideration when evaluating research funding proposals and research presentations. (91)

  CRSA recommended to BOD with an amendment to also refer to the Society of Teachers of Family Medicine. BOD referred to Committees on Women, Research, Scientific Programs, and STFM.

- Recommended that until women are represented in leadership positions in the Academy in numbers proportionate to their membership, that the AAFP continue all efforts to promote women members in the AAFP, including leadership training for women, encouragement of the state chapters to develop women leaders at the state level, and continue support of an entity within the Academy to coordinate and plan for women's issues. (91)

  AAFP COD adopted substitute resolution: That the AAFP continue all efforts to promote leadership training for women, encouragement of the state chapters to develop women leaders at the state level, and continue support of an entity within the Academy to coordinate and plan for women's issues. AAFP BOD referred to the Commission on Membership and Member Services.

WOMEN'S HEALTH AS A SUBSPECIALTY

- Recommended the AAFP oppose the creation of a separate primary specialty or a subspecialty in women's health. (98)

  Referred to Commission on Education. The Commission recommended to the AAFP Board of Directors that the AAFP adopt the following policy statement on Women's Health Specialty: "The American Academy of Family Physicians supports excellence in the health care of women, but opposes that creation of a separate medical specialty or subspecialty in women's health."

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)

  CRSA referred to staff. Plans underway to audiotape plenary and workshop sessions at 1989 NCFPR/NCSM.

WORKSHOP AUDIO TAPES

- Recommended the CRSA investigate audio taping sessions of NCFPR/NCSM proceedings for reproduction and sale. (88)

  CRSA referred to staff. Plans underway to audiotape plenary and workshop sessions at 1989 NCFPR/NCSM.

WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA)

- Recommended the National Congress of Family Practice Residents (NCFPR) endorse the creation of a resident track within the 17th World Organization of Family Doctors (Wonca) World Congress; the AAFP encourage other national colleges, academies, and academic associations in other countries to consider sponsoring and funding of one or more residents to attend the 17th World Organization of Family Doctors (Wonca) World Congress; and the AAFP encourage United States departments of family medicine to consider sponsoring and funding one or more residents from other countries to attend the 17th World Organization of Family Doctors (Wonca) World Congress, especially if that department already has a relationship with family doctors abroad. (02)

  Referred to the Committee on Scientific Program. The Wonca Committee on Scientific Program unanimously agreed to reserve a portion of the programming slots for presentations and posters for this topic. "Doctors in Training" was designated as a focus area, which is the committee's term for tracks. A plenary on training and the young physician has been planned and will be presented by Joseph Scherger, M.D. The title is "Young Physicians and Future Practice." In addition, the Wonca CSP is encouraging submission of abstracts by residents.

- 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 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.