



Resident 2 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 25-27, 2019 – Kansas City, MO

1 **RECOMMENDATION: The Resident 2 Reference Committee recommends the following**
2 **consent calendar for adoption:**

3
4 **Item 1:** Adopt Substitute Resolution No. R2-501 “Increasing Awareness of Opportunities for
5 Advocacy Activities Through AAFP” in lieu of Resolution No. R2-501

6
7 **Item 2:** Adopt Substitute Resolution No. R2-502 “Potential Screening and Treatment for Health
8 Conditions Related to Poor Water Quality” in lieu of Resolution No. R2-502

9
10 **Item 3:** Adopt Resolution No. R2-503 “Advanced Electronic Health Record Training for
11 Reduction of Physician Burnout”

12
13 **Item 4:** Adopt Substitute Resolution No. R2-504 “Improve Transparency and Communication of
14 FamMedPAC” in lieu of Resolution No. R2-504

15
16 **Item 5:** Reaffirm Resolution No. R2-505 “Gender-Affirming Care for Adolescent Patients”

17
18 **Item 6:** Adopt Substitute Resolution No. R2-506 ‘Increase Gender Affirming Therapy Training in
19 Family Medicine Residencies’ in lieu of Resolution No. R2-506

20
21 **Item 7:** Adopt Substitute Resolution No. R2-507 “Making Gender and Sexual Minority
22 Information Universal for All EHRs” in lieu of Resolution No. R2-507

23
24 **Item 8:** Adopt Substitute Resolution No. R2-508 “Single Payer Preference for Health Care
25 Reform” in lieu of Resolution No. R2-508

26
27 **Item 9:** Adopt Resolution No. R2-509 “Reciprocal Resident Membership”



Resident 2 Reference Committee Report

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

5

6 **ITEM NO. 1: RESOLUTION No. R2-501: INCREASING AWARENESS OF OPPORTUNITIES**
7 **FOR ADVOCACY ACTIVITIES THROUGH AAFP**

8 RESOLVED, That the American Academy of Family Physicians establish a residency
9 advocacy member interest group to promote advocacy and health policy activities, and
10 be it further

11 RESOLVED, That the American Academy of Family Physicians (AAFP) raise awareness
12 to AAFP membership about advocacy opportunities outside of completing a fellowship.

13 The reference committee heard from the author in favor of this resolution. The testimony
14 provided specifically highlighted the need to raise awareness of advocacy opportunities for
15 students and residents. The committee agreed that exploring new ways to communicate these
16 activities would be useful. Member interest groups are established by the members according to
17 guidelines on www.aafp.org. Groups that duplicate a category of membership is not permissible
18 per the current guidelines.

19 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
20 **No. R2-501 be adopted in lieu of Resolution No. R2-501 which reads as follows:**

21 **RESOLVED, That the American Academy of Family Physicians explore ways of**
22 **raising awareness of advocacy opportunities available to student and resident**
23 **members.**

24 **ITEM NO. 2: RESOLUTION No. R2-502: POTENTIAL SCREENING AND TREATMENT FOR**
25 **HEALTH CONDITIONS RELATED TO POOR WATER QUALITY**

26 RESOLVED, That American Academy of Family Physicians membership be provided
27 with clinical guidelines on how to screen for and treat health conditions in the general
28 population related to exposure to poor water quality, lead and mercury, and be it further

29 RESOLVED, That the American Academy of Family Physicians increase awareness
30 around this issue and potential screening and treatment options at the discretion of the

39 American Academy of Family Physicians staff in order to provide American Academy of
40 Family Physicians membership with as much education on this issue as possible.

41
42 Testimony was heard from the author in support of the resolution stating more information and
43 guidelines are needed on the diagnosis and treatment of lead exposure in adults. Current
44 resources available are only for children. The committee believed establishing guidelines will
45 provide the education needed and increase awareness.

46
47 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
48 **No. R2-502 be adopted in lieu of Resolution No. R2-502, which reads as follows:**

49
50 **RESOLVED, That American Academy of Family Physicians develop clinical**
51 **guidelines related to exposure to poor water quality, lead, and mercury in children**
52 **and adults.**

53
54 **ITEM NO. 3: RESOLUTION No. R2-503: ADVANCED ELECTRONIC HEALTH RECORD**
55 **TRAINING FOR REDUCTION OF PHYSICIAN BURNOUT**

56
57 RESOLVED, That the American Academy of Family Physicians amend policy to
58 recognize the importance of necessary and appropriate advanced provider Electronic
59 Health Records training for reduction of administrative burden and physician burnout,
60 and be it further

61
62 RESOLVED, That the American Academy of Family Physicians study the current data
63 regarding Electronic Health Records (EHR) training for providers with the goal of
64 creating a set of recommendations regarding optimal EHR training for reduction of
65 burnout.

66
67 The reference committee heard brief supportive testimony on the resolution. An author
68 remarked that EHRs are a commonly cited source of burnout, and that physicians experience a
69 significant improvement in well-being after receiving properly personalized EHR training. The
70 committee was uncertain how the AAFP would be able to develop training recommendations for
71 all EHRs. However, the committee agreed that EHR training is an important topic and should be
72 explored further by the AAFP.

73
74 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-503**
75 **be adopted.**

76
77 **ITEM NO. 4: RESOLUTION No. R2-504: IMPROVE TRANSPARENCY AND**
78 **COMMUNICATION OF FAMMEDPAC**

79
80 RESOLVED, That the American Academy of Family Physicians (AAFP) examine best
81 practices among professional societies including outside the health care profession on
82 aligning Political Action Committee funds with organizational stances and values
83 including methods for receiving feedback from general membership towards ensuring
84 that FamMedPAC's donations are congruent with AAFP's policies and improved
85 communication on which AAFP's policies take priority each legislative year, and be it
86 further

87
88 RESOLVED, That the American Academy of Family Physicians require that the
89 FamMedPAC examine the campaign contributions of the National Rifle Association

90 (NRA) and other related groups as well as pharmaceutical and biotechnology companies
91 in determining whether or not funds should be directed toward candidates, and be it
92 further

93
94 RESOLVED, That the American Academy of Family Physicians (AAFP) require that the
95 FamMedPAC review the candidates' voting records to ensure that they align with
96 AAFP's commitment to Health Care for All, affordable prescription drugs, and gun
97 violence prevention in determining whether or not funds should be allocated for such a
98 candidate, and be it further

99
100 RESOLVED, That the American Academy of Family Physicians (AAFP) request the
101 FamMedPAC to prepare an annual report outlining their rationale for providing or
102 withholding donations to candidates, politicians, and committees that would be available
103 on AAFP's website for membership to ensure transparency and accountability of such
104 funds collected from student, resident, and physician members, and be it further,

105
106 RESOLVED, That the American Academy of Family Physicians ensure the publication of
107 the minutes of the proceedings of the FamMedPAC on their website to be available for
108 all AAFP members, and be it further,

109
110 RESOLVED, That the American Academy of Family Physicians allow members including
111 residents and students to earmark their contributions towards specific candidates or
112 issues to ensure accountability of where such funds are directed, and be it further,

113
114 RESOLVED, That this resolution be sent to the Congress of Delegates.

115
116 The reference committee heard brief supportive testimony on the resolution. An author
117 emphasized the critical role of the AAFP in supporting candidates and elected officials, and the
118 need to make FamMedPAC contributions more transparent and also reflective of member
119 preferences. The committee agreed with the spirit of the resolution but was concerned that
120 certain clauses might alienate existing members or elected officials with whom the AAFP has an
121 existing relationship.

122
123 The second resolved clause labels certain interest groups that may support political figures who
124 otherwise are champions of family medicine and, if passed, could endanger existing working
125 relationships with these individuals. The third resolved clause oversimplifies the FamMedPAC's
126 process of supporting candidates and could result in decisions that are not reflective of the
127 needs of the AAFP and its members. The fourth resolved clause was amended to make it more
128 actionable, because explaining the reasons why donations are withheld from any and all
129 candidates could be an infinite process for the AAFP. The fifth resolved clause was amended to
130 request the publication of minutes since the committee members did not know if it is legal or
131 appropriate for a PAC to disclose the details of its minutes. The remaining portions of the
132 resolution were deemed valuable and the committee supported them.

133
134 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
135 **No. R2-504 be adopted in lieu of Resolution No. R2-504, which reads as follows:**

136
137 **RESOLVED, That the American Academy of Family Physicians (AAFP) examine**
138 **best practices among professional societies including outside the health care**
139 **profession to align political action committee funds with organizational stances**
140 **and values including methods for receiving feedback from general membership**

141 towards ensuring that FamMedPAC's donations are congruent with AAFP's
142 policies and improving communication on which AAFP's policies take priority
143 each legislative year, and be it further

144
145 **RESOLVED, That the American Academy of Family Physicians request the**
146 **FamMedPAC to prepare an annual report to ensure transparency and**
147 **accountability of distribution of donations from student, resident, and physician**
148 **members, and be it further**

149
150 **RESOLVED, That the American Academy of Family Physicians request the**
151 **publication of the minutes of the proceedings of the FamMedPAC on their website**
152 **to be available for all AAFP members, and be it further**

153
154 **RESOLVED, That the American Academy of Family Physicians allow members**
155 **including residents and students to earmark their contributions towards specific**
156 **candidates or issues to ensure accountability of where such funds are directed,**
157 **and be it further**

158
159 **RESOLVED, That this resolution be sent to the Congress of Delegates.**

160
161 **ITEM NO. 5: RESOLUTION No. R2-505: GENDER-AFFIRMING CARE FOR ADOLESCENT**
162 **PATIENTS**

163
164 RESOLVED, That the American Academy of Family Physicians specifically support
165 gender-affirming care for children and adolescents, and be it further

166
167 RESOLVED, That the American Academy of Family Physicians oppose any legislation
168 limiting gender-affirming care for children and adolescents.

169
170 The author testified in support of this resolution. The reference committee recognized the
171 importance of supporting gender-affirming care for children and adolescents and noted the
172 AAFP has policy on this topic that was adopted by the Congress of Delegates in 2012 and
173 reaffirmed in 2017.

174
175 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-505**
176 **be reaffirmed as current policy or as already being addressed in current projects.**

177
178 **ITEM NO. 6: RESOLUTION No. R2-506: INCREASE GENDER AFFIRMING THERAPY**
179 **TRAINING IN FAMILY MEDICINE RESIDENCIES**

180
181 RESOLVED, That the American Academy of Family Physicians work with relevant
182 stakeholders such as the Accreditation Council for Graduate Medical Education to
183 research ways to improve gender affirming hormone therapy education in residency
184 programs in order to improve competency rates among future family physicians.

185
186 Extensive testimony was provided to the reference committee in support of this resolution.
187 Family physicians provide full-person care and have the opportunity to provide gender-affirming
188 care throughout a patient's life span. The committee agreed that increased training should be
189 provided in residency programs to support this care. The recommendation aligns with the
190 testimony heard about surgical and non-surgical therapies.

192 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
193 **No. R2-506 be adopted in lieu of Resolution No. R2-506, which reads as follows:**

195 **RESOLVED, That the American Academy of Family Physicians work with relevant**
196 **stakeholders such as the Accreditation Council for Graduate Medical Education to**
197 **research ways to improve gender affirming therapy education in residency**
198 **programs in order to improve competency rates among future family physicians.**

200 **ITEM NO. 7: RESOLUTION No. R2-507: MAKING GENDER AND SEXUAL MINORITY**
201 **INFORMATION UNIVERSAL FOR ALL EHRS**

203 RESOLVED, That the American Academy of Family Physicians ask the electronic health
204 records (EHR) vendors they work with to make data affecting sexual and gender minority
205 patients universally incorporated into their EHR products.

207 The reference committee heard brief supportive testimony on the resolution. An author
208 emphasized the importance of equipping EHRs with the capability to allow physicians to care
209 compassionately for sexual and gender minority patients. The committee agreed that this is an
210 important issue, noting that a similar resolution was adopted at the most recent National
211 Conference of Constituency Leaders (NCCL). The committee noted that the AAFP does not
212 work exclusively with any specific vendors and amended the resolved clause to reflect this.

214 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
215 **No. R2-507 be adopted in lieu of Resolution No. R2-507, which reads as follows:**

217 **RESOLVED, That the American Academy of Family Physicians encourage**
218 **electronic health records (EHR) vendors to make data affecting sexual and gender**
219 **minority patients universally incorporated into their EHR products.**

221 **ITEM NO. 8: RESOLUTION No. R2-508: SINGLE PAYER PREFERENCE FOR HEALTH**
222 **CARE REFORM**

224 RESOLVED, That single payer is the only system amongst those studied by the
225 American Academy of Family Physicians that ensures an equitable system and delivers
226 health care as a human right for all, and be it further

228 RESOLVED, That single payer be the preferred system of the American Academy of
229 Family Physicians in efforts for health care reform.

231 There was limited testimony both for and against the resolution. The testimony in favor of the
232 resolution spoke to the Board Reports to the 2017 and 2018 Congress of Delegates that
233 indicated that a single payer system was an option in the U.S. healthcare system, and described
234 the benefits of a single payer system. The testimony in opposition to the single payer system
235 noted the diversity of opinion within the membership on this issue and the potential harm should
236 the AAFP be restricted to take a singular position on this issue. The reference committee
237 recommends this complex issue be fully debated by the resident congress to provide the AAFP
238 with the benefit of the sentiments of resident members.

240 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
241 **No. R2-508 be adopted in lieu of Resolution No. R2-508, which reads as follows:**

243 **RESOLVED, That single payer be the preferred system of the American Academy**
244 **of Family Physicians in efforts for health care reform.**

245
246 **ITEM NO. 9: RESOLUTION No. R2-509: RECIPROCAL RESIDENT MEMBERSHIP**

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248 RESOLVED, That the American Academy of Family Physicians advocate to make an
249 American College of Obstetricians and Gynecologists membership available for family
250 medicine residents similar to the junior fellow membership available for obstetrics and
251 gynecology residents, and be it further

252
253 RESOLVED, That the American Academy of Family Physicians consider offering a
254 membership option for obstetrics and gynecology residents.

255
256 The author of the resolution testified to the valuable resources provided by the American
257 College of Obstetricians and Gynecologists (ACOG) that are not accessible to family medicine
258 residents because they are not eligible for resident membership in ACOG. Physicians in other
259 specialties become eligible for ACOG membership when they are board certified in their own
260 specialty. Similarly, AAFP resident membership is limited to residents in family medicine. The
261 AAFP's Supporting category of membership is available to physicians only when they complete
262 their residency training. The resolution asks the AAFP to explore with ACOG a change to their
263 existing categories of membership that would allow family medicine residents to access their
264 resources available to ACOG members.

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266 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-509**
267 **be adopted**

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

286
287 Respectfully submitted,

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290

291 Devesh Vashistha, MD

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293
294 Elise Duwe, MD
295 Shawn Hamm, DO
296 Wade Edwards, MD
297 Julie Thai, MD
298 Heather Koch, MD