



# Summary of Actions: 2015 National Congress of Family Medicine Residents

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

## RESOLUTIONS

**Note:** Resolutions adopted by the National Congress of Family Medicine Residents are *not* AAFP policy. Based on recommendations from the AAFP Commission on Education, NCFMR resolutions are referred by the AAFP Board Chair 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. **\*Pending outcome of resolution(s) before the Congress of Delegates**

<b>Res. No.</b>	<b>Title and Resolved</b>	<b>Referral(s)</b>	<b>Action</b> <i>Options: Accept for Information, Reaffirm, Agree, or Agree with Modification</i>
R1-401	<b>Insurance Coverage for Immediate Postpartum Intrauterine Device Placement</b>	Considered with R1-402	
R1-402	<p><b>Support Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) in the Early Postpartum Period</b></p> <p>RESOLVED, That the American Academy of Family Physicians support a policy that long-acting reversible contraceptive methods be a recommended option for postpartum women prior to hospital discharge, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians 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 select these methods.</p>	<p>Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 301 was referred to the Commission on Health of the Public and Science (1<sup>st</sup> Resolved) and the Commission on Quality Practice (2<sup>nd</sup> Resolved).</p> <p>Action taken on the COD resolution will be reported to the Resident and/or Student Congresses. (See next column.)</p>	<p>COD Resolution 301 – Substitute Adopted</p> <p><b>Support Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) in the Early Postpartum Period</b></p> <p>To CHPS RESOLVED, That American Academy of Family Physicians support a policy that long-acting reversible contraceptive methods be a recommended option for postpartum women prior to hospital discharge, and be it further</p> <p>Action: In response to the first resolved clause of this resolution, the Commission on Health of the Public and Science recommended, and the Board of Directors approved at its May 2016 meeting, revision of the AAFP policy statement on “Coverage for Family Planning Drugs and Supplies” as recommended by the Commission on Quality and Practice. The plan is to combine the policy statements on “Contraceptive Advice” and “Reversible Contraception Methods” into this policy.</p> <p>To CQP RESOLVED, That the American Academy of Family Physicians support a policy assuring coverage and appropriate payment of long-acting reversible contraceptive devices and placement separate from the global fee, prior to hospital discharge for all women who select these methods.</p> <p>Action: The Commission on Quality and Practice recommended, and the Board of Directors approved at its May 2016, meeting, that the AAFP revise its policy on “Coverage for Family Planning Drugs and Supplies” in response to the second resolved clause of this resolution. Discussion included concerns about the high</p>

## Summary of Actions of the 2015 NCFMR, continued

RESOLUTIONS			
			charges for LARCs in the hospital setting balanced with the importance of making LARCs available in the early postpartum period, especially for the Medicaid population. In addition, the content of two policies “Reversible Contraception Methods” and “Contraceptive Advice” have been added to this policy, in order to simplify and streamline the totality of AAFP policies. Therefore, these two policies have been deleted.
<b>R1-403</b>	<b>Expand Patient Protection and Affordable Care Act Coverage to Include Undocumented Immigrants</b>  RESOLVED, That the American Academy of Family Physicians support policies and programs that will expand healthcare coverage for undocumented immigrants.	Commission on Governmental Advocacy	Accept 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.
<b>R1-404</b>	<b>Physician Dispensing Medications</b>	Not Adopted	
<b>R1-405</b>	<b>Oppose the Mandatory Drug Testing of Pregnant Women</b>  RESOLVED, That the American Academy of Family Physicians oppose the creation of legislation that requires physicians to perform mandatory drug testing on pregnant women, and be it further  RESOLVED, That the American Academy of Family Physicians adopt a policy opposing mandatory drug testing of pregnant women.	Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 410 was referred to the Board of Directors and assigned to the Commission on Governmental Advocacy  Action taken on the COD resolution will be reported to the Resident and/or Student Congresses. (See next column.)	COD Resolution 410 – Referred to BOD  <b>Oppose the Mandatory Drug Testing of Pregnant Women</b>  RESOLVED, That in the interest of both patients and providers, the American Academy of Family Physicians oppose the creation of legislation that requires physicians do mandatory drug testing on pregnant women, and be it further  RESOLVED, That the American Academy of Family Physicians oppose the practice of mandatory drug testing women during pregnancy.  Action: Accept for Information The commission recommended, and the Board of Directors approved at its May 2016 meeting, that this resolution be accepted for information while the U.S. Department of Health and Human Services (HHS) implements the Protecting Our Infants Act. The U.S. Congress recently enacted the Protecting Our Infants Act to require HHS to review its activities related to prenatal opioid use, including neonatal abstinence syndrome, and develop a strategy to address gaps in research and gaps and overlaps in programs. This new law should address the maternal and child health issues associated with substance abuse raised in the resolution.
<b>R1-406</b>	<b>Direct Primary Care Rotation Site List</b>  RESOLVED, That the American Academy of Family Physicians create an online list of direct primary care clinics and physicians who are willing to allow residents and students to rotate on site.	Commission on Quality and Practice	Accept for Information  The Commission on Quality and Practice determined that creating and maintaining an online listing of DPC rotation sites would be staff-intensive work that would take time away from current and beneficial DPC projects. Residents and students have the opportunity to connect with potential rotation sites through joining the DPC MIG, attending DPC events, and accessing information about DPC locations from a DPC stakeholder's website.
<b>R1-407</b>	<b>Support Single Payer Healthcare</b>	Not Adopted	

## Summary of Actions of the 2015 NCFMR, continued

<b>RESOLUTIONS</b>			
<b>R1-408</b>	<b>Increase Endogenous Residency Program Funding</b>	Not Adopted	
<b>R1-409</b>	<p><b>Policy in Support of Safe Anti-Infective Drug Development</b></p> <p>RESOLVED, That the American Academy of Family Physicians study potential implications for our patients and communities' safety of current federal proposals to weaken Food and Drug Administration's (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.</p>	Commission on Health of the Public and Science	<p>Accept for Information</p> <p>The Commission on the Health of the Public and Science indicated the topic is important and should be studied in the future, however, there was not enough information available to appropriately address the resolution.</p>
<b>R1-410</b>	<p><b>Support of Drug Pricing Transparency</b></p> <p>RESOLVED, That the American Academy of Family Physicians 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 be it further</p> <p>RESOLVED, That the American Academy of Family Physicians develop an advocacy toolkit for chapters to encourage grassroots support for state legislation to require drug pricing transparency.</p>	Commission on Governmental Advocacy	Not yet addressed.
<b>R1-411</b>	<b>Advocacy in Support of Safe Anti-Infective Drug Development</b>	Not Adopted	
<b>R1-412</b>	<p><b>Support of Access to All FDA-Approved Contraception Methods for Medicare Patients</b></p> <p>RESOLVED, That the American Academy of Family Physicians advocate for full coverage of all contraceptive options for men and women of reproductive age receiving Medicare benefits.</p>	<p>Resolution from Congress of Delegates (COD) on same topic takes precedence.</p> <p>COD Resolution No. 303 was adopted and referred to the Commission on Quality and Practice</p> <p>Action taken on the COD resolution will be reported to the Resident Congress. (See next column.)</p>	<p>COD Resolution 303 – Substitute Adopted</p> <p><b>Access to All FDA-Approved Contraception Methods for Medicare Patients</b></p> <p>RESOLVED, That the American Academy of Family Physicians write a letter to the Centers for Medicare and Medicaid Services advocating for full coverage of all contraceptive options for men and women of reproductive age.</p> <p>Action: The commission agreed to write a letter to CMS advocating for full coverage of all FDA-approved contraceptive options for men and women of reproductive age, enrolled in Medicare and Medicaid. The letter has been approved by the AAFP Board Chair and sent to the respective parties.</p>
<b>R2-501</b>	<p><b>Anti-Bullying Screening Tool</b></p> <p>RESOLVED, That the American Academy of Family Physicians investigate the existence of a validated evidence based screening tools for bullying and support awareness of existing or emerging tools.</p>	Commission on Health of the Public and Science	<p>Agree with Modification</p> <p>The commission will nominate the topic of bullying to the U.S. Preventive Services Task Force to conduct an evidence review.</p>
<b>R2-502</b>	<b>Empowering Patients in their Treatment of Diabetes</b>	Not Adopted	

## Summary of Actions of the 2015 NCFMR, continued

<b>RESOLUTIONS</b>			
<b>R2-503</b>	<b>Support of Healthy Partnerships by the American Academy of Family Physicians</b>  RESOLVED, That the American Academy of Family Physicians 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.	Executive Vice President	Accept for Information
<b>R2-504</b>	<b>Continued National Conference Presentations of Alternative Primary Care Models</b>  RESOLVED, The American Academy of Family Physicians continue to present new, innovative, and alternative primary care provider practice models at the National Conference of Family Medicine Residents and Medical Students.	Commission on Education	Reaffirm
<b>R2-505</b>	<b>Direct Primary Care CareerLink</b>  RESOLVED, That the American Academy of Family Physicians include a category on CareerLink specifically designated for direct primary care job opportunities.	Commission on Membership and Member Services	Agree  Staff has consulted with YourMembership, the vendor who hosts AAFP's CareerLink platform. They agreed to add this category to the service. It is anticipated that this change will be live in the second quarter of 2016.
<b>R2-506</b>	<b>Endorsement of the Advancing Care for Exceptional Kids Act of 2015</b>  RESOLVED, That the American Academy of Family Physicians support legislation that improves care coordination for children with complex medical issues with Medicaid across state boundaries.	Commission on Governmental Advocacy	Accept for Information  While the AAFP, as a practice, does not "endorse" specific legislation since it can't easily change in the legislative process, the AAFP already supports the intentions and principles of the named bill and has informed the sponsors.
<b>R2-507</b>	<b>Encouraging Nutrition Education in Family Medicine Residencies</b>  RESOLVED, That the American Academy of Family Physicians investigate and implement ways to increase residency adoption of comprehensive nutrition education.	Commission on Education	Accept for Information  A previous resolution addressed the importance of culinary skills as part of the nutrition curriculum in family medicine residencies. Reprint No. 275, Nutrition, was recently updated with the addition of culinary skills per that resolution. The Curriculum Guidelines are available to all family medicine residency programs. Nutrition information also is available in AAFP clinical resources and journals.
<b>R2-508</b>	<b>Resolution on Police Violence, Structural Racism and Public Health</b>  RESOLVED, That the American Academy of Family Physicians (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 be it further  RESOLVED, That the American Academy of Family Physicians (AAFP) assign AAFP representatives to collaborate with development and implementation of the recommendations of the president's Task Force on 21st Century Policing, and be it further	1 <sup>st</sup> - 3 <sup>rd</sup> Resolved Clauses: Commission on Health of the Public and Science	Accept for Information  The commission will develop policy on discriminatory policing as a public health issue. This action will be taken in response to this resolution, the 2015 Congress of Delegates Adopted Resolution No. 406, "Discriminatory Policing is a Public Health Concern," and 2015 National Conference of Constituency Leaders Resolution No. 3014, "Inconsistent Policing and Law Enforcement Standards as a Social Determinant of Health."

**Summary of Actions of the 2015 NCFMR, continued**

<b>RESOLUTIONS</b>			
	<p>RESOLVED, That the American Academy of Family Physicians (AAFP) write a letter to Surgeon General Vivek Murthy and Attorney General Loretta Lynch citing the AAFP's current policy titled "Violence as a Public Health Concern" and position paper titled "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 be it further</p> <p>RESOLVED, That the American Academy of Family Physicians direct its delegation and members sections' delegates to the American Medical Association (AMA) 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 for the 2015 Interim Meeting, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians' American Medical Association (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.</p>	4 <sup>th</sup> & 5 <sup>th</sup> Resolved Clauses: Health of the Public and Science	
<b>R2-509</b>	<p><b>Developing a Residency Curriculum Guide for Point of Care Ultrasound</b></p> <p>RESOLVED, That the American Academy of Family Physicians create a comprehensive residency curriculum guideline on the Point of Care Ultrasound for the broad spectrum needs of the family medicine resident.</p>	Commission on Education	<p>Agree</p> <p>This task will be started on the April 2016 COE Subcommittee on Graduate Curriculum conference call and will be completed by the 2017 Winter Cluster meetings.</p>
<b>R2-510</b>	<p><b>Support of Miscarriage Managements Training in Family Medicine Residencies</b></p> <p>RESOLVED, That the American Academy of Family Physicians 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 be it further</p>	Commission on Education	<p>Agree with Modification</p> <p>COE agreed that this topic would be added to the list of "suggested topics" provided to potential presenters, but did not feel it was appropriate to agree to a certain type of session (i.e., hands-on).</p> <p>RESOLVED, That the AAFP consider the inclusion of miscarriage management as a workshop at the National Conference of Family Medicine Residents and Medical Students.</p>

## Summary of Actions of the 2015 NCFMR, continued

<b>RESOLUTIONS</b>			
	RESOLVED, That the American Academy of Family Physicians 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 AAFP website.	2 <sup>nd</sup> clause not referred due to similarity to Congress of Delegates Resolution 605	Not referred, due to similarity to Congress of Delegates (COD) Resolution 605 (below), which was reaffirmed as current policy by the COD.  RESOLVED, That the American Academy of Family Physicians support the integration of comprehensive miscarriage management training into family medicine residencies.
<b>R2-511</b>	<p><b>Climate Change</b></p> <p>RESOLVED, That the American Academy of Family Physicians support climate change mitigation and adaptation strategies, including, but not limited to, (1) endorsing federal legislation and regulations to curb greenhouse gas 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 be it further</p> <p>RESOLVED, That the American Academy of Family Physicians develop an advocacy toolkit to support member engagement in state, national, and international advocacy efforts on climate change and health.</p>	Commission on Health of the Public and Science	Not yet addressed.
<b>R2-512</b>	<b>Support of Promoting Health in Trade Agreements</b>	Not Adopted	
<b>R2-513</b>	<p><b>Expanded Use of Naloxone</b></p> <p>RESOLVED, That the American Academy of Family Physicians support the implementation of programs which allow first responders and non-medical personnel to possess and administer naloxone in emergency situations, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support 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 be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the implementation of legislation which protects any individuals who administer naloxone from prosecution for practicing medicine without a license.</p>	<p>Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 501 was referred to the Commission on Governmental Advocacy</p> <p>Action taken on the COD resolution will be reported to the Resident and/or Student Congresses. (See next column.)</p>	<p>COD Resolution 501 – Substitute Adopted</p> <p><b>Expanded Use of Naloxone</b></p> <p>RESOLVED, That the American Academy of Family Physicians support the implementation of programs which allow first responders and non-medical personnel to possess and administer naloxone in emergency situations, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the implementation of policies which allow licensed providers to prescribe naloxone to patients using opioids or other individuals in close contact with those patients, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the implementation of legislation which protects any individuals who administer naloxone from prosecution for practicing medicine without a license.</p> <p>Action: The Board of Directors approved at its May 2016 meeting, a recommendation that the AAFP in support of this resolution take the following actions:</p>

**Summary of Actions of the 2015 NCFMR, continued**

<b>RESOLUTIONS</b>			
			<p>1) Add the language from the resolution to the AAFP policy, "Substance Abuse and Addiction" under "Prevention of Overdose Deaths."</p> <p>2) Convey its support for the expanded use of naloxone to the White House Office of National Drug Control Policy, the Department of Health and Human Services, and federal legislators.</p> <p>The commission believed the substance of the resolution should be incorporated into current AAFP policy since it is likely to be a matter 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.</p>
<b>R2-514</b>	<p><b>Support of Naloxone Access and Training</b></p> <p>RESOLVED, That the American Academy of Family Physicians specifically include acute opioid overdose management and naloxone training in Recommended Curriculum Guidelines for Family Medicine Residents, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for price reductions and expanded rebate agreements for naloxone by writing a letter to its manufacturer, Amphastar, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians 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.</p>	<p>Commission on Education</p> <p>Commission on Health of the Public and Science</p> <p>Commission on Governmental Advocacy</p>	<p>Agree</p> <p>AAFP Reprint No. 277, Substance Use Disorders, was last reviewed in 2015 and is not scheduled for its next review until 2019. The current political and healthcare environment is focusing a great deal of attention on the use and abuse of opioids and the role of primary care physicians in prescribing them. In order to ensure the Substance Use Disorders Curriculum Guideline is up-to-date regarding overdose management and naloxone training, the next review should be accelerated. It will be added to the review/update calendar in 2016.</p> <p>Not yet addressed.</p> <p>Not yet addressed.</p>

**Summary of Actions of the 2015 NCFMR, continued**

<p><b>R3-601</b></p>	<p><b>Recommendation of Preventive Care for Social Service Assistance Recipients</b></p> <p>RESOLVED, That the American Academy of Family Physicians 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.</p>	<p>Commission on Health of the Public and Science</p>	<p>Accept for Information</p> <p>The 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.</p>
<p><b>R3-602</b></p>	<p><b>Standardization of Annual Group Home Physical Examinations</b></p> <p>RESOLVED, That the American Academy of Family Physicians develop a standardized physical examination form for group home residents, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the use of evidence-based screening guidelines for all patients including group home residents.</p>	<p>Commission on Health of the Public and Science</p>	<p>Reaffirm</p> <p>The AAFP already recommends evidence-based screening for all patients.</p>
<p><b>R3-603</b></p>	<p><b>Promoting Transparency in Medical Education and Access to Training in Settings Affiliated with Religious Health Care Organizations</b></p> <p>RESOLVED, That the American Academy of Family Physicians 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, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) include information on the religious affiliation of residency programs on the AAFP Family Medicine Residency Directory (<a href="https://nf.aafp.org/Directories/Residency/Search">https://nf.aafp.org/Directories/Residency/Search</a>), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommend to the American Medical Association that information on religious affiliation be listed in the Fellowship and Residency Electronic Interactive Database (FREIDA), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council on Graduate Medical Education (ACGME), Liaison</p>	<p>Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 603 was referred to the Board of Directors and assigned to the Commission on Education.</p> <p>Action taken on the COD resolution will be reported to the Resident and/or Student Congresses. (See next column.)</p>	<p>COD Resolution 603 – Referred to BOD</p> <p><b>Promoting Transparency in Medical Education and Access to Training in Settings Affiliated with Religious Health Care Organizations</b></p> <p>RESOLVED, That the American Academy of Family Physicians strongly encourage medical schools and graduate medical education training programs 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 their respective institutions, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommend that information on religious affiliation be listed in the Freida database, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that information on the religious affiliation of residency programs be included on the AAFP Family Medicine Residency Directory (<a href="https://nf.aafp.org/Directories/Residency/Search">https://nf.aafp.org/Directories/Residency/Search</a>), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council on Graduate Medical Education and other appropriate stakeholders to support transparency within medical education, recommending that medical schools and graduate medical education training programs communicate with current and prospective medical students, residents, fellows</p>

**Summary of Actions of the 2015 NCFMR, continued**

	<p>Council on Medical Education (LCME) and Association of American Medical Colleges (AAMC) 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.</p>		<p>and faculty about how affiliations and mergers among health care organizations may impact health care delivery, medical education and training opportunities.</p> <p>Action: Accept for Information</p> <p>The Commission on Education recommended and the Board of Directors approved at its July 2016 meeting, to accept this resolution for Information.</p> <p>The AAFP supports the concept of transparency in health care as stated in its policy on Transparency. "The AAFP believes that transparency in health care refers to reporting information that can easily be verified for accuracy (2007 and 2013 COD)." This should include open communication among students, residents, medical schools and residency programs. It was the opinion of the COE that the 1st and 4th resolved clauses represent current AAFP policy. Additionally, the COE believes that the 2nd and 3rd resolved clauses are consistent with the intent of current policy and, therefore, would be accepted for information. Residency programs must meet the requirements of the ACGME. If the institution does not support training to meet an ACGME requirement, the program must find another way to meet the requirement via training at another institution or setting. As for training beyond the basic ACGME requirements, an institution's religious affiliation does not necessarily indicate restrictions or limitations on specific training. For example, if a religious-based institution does not allow training for vasectomies, the residency program may set up rotations with a community urologist or at another hospital to provide the necessary training. Therefore, simply listing a religious affiliation in either FREIDA or the AAFP Residency Directory might prove to be very misleading to students seeking information about residency program opportunities.</p>
<p><b>R3-604</b></p>	<p><b>Addressing Burnout in Medical Training</b></p> <p>RESOLVED, That the American Academy of Family Physicians 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 be it further</p> <p>RESOLVED, That the American Academy of Family Physicians specifically target medical educators and those involved in medical training to model behaviors and attitudes that prevent burnout among medical trainees.</p>	<p>Commission on Education</p>	<p>Agree</p> <p>The COE supports the resolution and recommends the following action be included in the AAFP strategic efforts to address burnout and resiliency in family medicine: (1) Identify entities in the family medicine undergraduate and graduate medical education communities who already exhibit successful behaviors, governance structures, and practices that lead to increased resiliency among faculty and learners; (2) consider partnering with the family medicine graduate medical education community to prepare a Family Medicine Residency Physician and Learner Wellness Curriculum Guideline; (3) advocate for and partner with other academic family medicine medical societies such as the STFM to engage in leadership development and skill building for family medicine educators on the topic of physician wellness/burnout prevention/resiliency; and (4) identify, develop and disseminate wellness/resiliency materials to our constituency at all levels of physician training and practice.</p>

**Summary of Actions of the 2015 NCFMR, continued**

<p><b>R3-605</b></p>	<p><b>Expansion of Teaching Health Care Center Funding</b></p> <p>RESOLVED, That the American Academy of Family Physicians advocate for expansion of teaching health center funding, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for a permanent stream of teaching health center funding, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians' position be that the teaching health center model be the primary solution to graduate medical education funding reform, and be it further</p> <p>RESOLVED, That the AAFP write a letter to the Health Resources and Services Administration (HRSA) to urge immediate full allocation of teaching health center funding to all qualified programs under the Medicare Access and CHIP Reauthorization Act (MACRA) two-year extension, and be it further</p> <p>RESOLVED, That the AAFP consult with the American Association of Teaching Health Centers (AATHC) prior to making any future recommendations regarding teaching health center funding.</p>	<p>Commission on Governmental Advocacy</p>	<p>Reaffirm</p> <p>Current policy.</p>
<p><b>R3-606</b></p>	<p><b>Creating Self-Assessment Modules for Reproductive Health</b></p> <p>RESOLVED, That the American Academy of Family Physicians urge the American Board of Family Medicine (ABFM) to create Self-Assessment Modules (SAMs) on the topic of reproductive health, including but not limited to sexually transmitted infections, contraception, and miscarriage management.</p>	<p>Executive Vice President</p>	<p>Agree with Modification</p> <p>A letter was sent to ABFM.</p>
<p><b>R3-607</b></p>	<p><b>Improved Access to Medical Student Loans</b></p> <p>RESOLVED, That the American Academy of Family Physicians support that medical students with similar education, training, and qualifications should not face disparate barriers to accessing financial aid and loan repayment resources, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians 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.</p>	<p>1<sup>st</sup> &amp; 2<sup>nd</sup> Resolved Clauses: Commission on Education</p>	<p>Agree with Modification</p> <p>RESOLVED, That the AAFP create a policy stating that medical students with similar education, training, and qualifications, including but not limited to students who have received Deferred Action for Childhood Arrivals (DACA), should not face disparate barriers to accessing financial aid, loan repayment, and pathways to licensure, and be it further</p> <p>RESOLVED, That the AAFP write a letter to the AMA undergraduate education committee to ask to collaborate legislatively to ensure federal and state policies for student loans, and a pathway to obtain a medical license for Deferred Action for Childhood Arrivals (DACA) students, and be it further</p>

**Summary of Actions of the 2015 NCFMR, continued**

	<p>RESOLVED, That the American Academy of Family Physicians ask the Robert Graham Center to study the potential impact of Delayed Action for Childhood Arrivals (DACA) and other unauthorized immigrant medical students on the primary care shortage in the United States.</p>	<p>3<sup>rd</sup> Resolved Clause</p>	<p>The COE believes the issue raised in this resolution — the dichotomy of allowed access to medical training for students covered by the Deferred Action for Childhood Arrivals (DACA), but the lack of access to financial support to pursue medical education — is an important issue that could negatively impact the choice of family medicine for a cohort of medical students. The COE also was compelled by AAMC's recent declaration that it is a problem worth addressing and this is an opportunity to collaborate with the AAMC on an issue of common interest. Letters were sent to the AMA and AAMC on 5.31.16 regarding improved access for training for Deferred Action for Childhood Arrivals (DACA) students.</p> <p>Accept for Information (official action)</p> <p>Through discussion SRSI, via COE, offered a possible modification to the 3<sup>rd</sup> Resolved Clause.</p> <p>RESOLVED, That the AAFP write a letter to the AAMC asking to collaborate on admission policies and advocacy to develop pathways to licensure that ensure a diverse workforce, which will include Deferred Action for Childhood Arrivals (DACA) students.</p>
<p><b>R3-608</b></p>	<p><b>Student Liaison to the Latino Medical Student Association</b></p> <p>RESOLVED, That the American Academy of Family Physicians create an elected position titled "Student Liaison to the Latino Medical Student Association" with the same duties and responsibilities as the Student Liaison to the Student National Medical Association.</p>	<p>Commission on Education</p>	<p>Agree with Modification</p> <p>The AAFP sponsored and participated in the LMSA National Conference in 2015 and 2016. At the April 2016 conference, AAFP staff met with several LMSA student leaders who were very interested in establishing a more formal partnership with the AAFP. Staff was able to identify LMSA's mission and policy priorities, the majority of which align with the AAFP's mission and policies. The Latino population is the fastest growing U.S. population, and health outcomes are better when the health care provider population is more reflective of the patient population. This fiscal note creates a position and supports its involvement in both AAFP and LMSA annual events.</p> <p>RESOLVED, That the AAFP create an appointed position titled "Student Liaison to the Latino Medical Student Association" with similar duties and responsibilities as the Student Liaison to the Student National Medical Association.</p>

## Summary of Actions of the 2015 NCFMR, continued

<p><b>R3-609</b></p>	<p><b>Increasing American Academy of Family Physicians Leadership Pipelines</b></p> <p>RESOLVED, That the American Academy of Family Physicians 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 be it further</p> <p>RESOLVED, That the American Academy of Family Physicians increase the dissemination of publicity materials before the National Conference of Family Medicine Residents and Medical Students that promote student and resident members to join commissions, reference committees, and run for local delegate and national level positions.</p>	<p>Commission on Education</p>	<p>Agree with Modification</p> <p>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.</p> <p>RESOLVED, That the American Academy of Family Physicians explore how best to offer information on leadership opportunities, including for under-represented populations, at its National Conference of Family Medicine Residents and Medical Students for students and residents interested in exploring leadership roles, and be it further</p> <p>RESOLVED, That the AAFP increase, as deemed appropriate by the Subcommittee on National Conference Planning, the dissemination of publicity materials before the National Conference of Family Medicine Residents and Medical Students that promote student and resident members to join commissions, reference committees, and run for local delegate and national level positions.</p>
<p><b>R3-610</b></p>	<p><b>Clinical Tools to Assess a Patient's Social Determinants of Health</b></p> <p>RESOLVED, That the American Academy of Family Physicians (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.</p>	<p>Commission on Health of the Public and Science</p>	<p>Agree</p> <p>The commission plans to develop a web page for members that will provide links to primary care and public health integration resources.</p>
<p><b>R3-611</b></p>	<p><b>Support of Electronic Submission of Resolutions at National Conference 2016</b></p>	<p>Not considered due to time limit</p>	<p style="background-color: #cccccc;"> </p>
<p><b>R3-612</b></p>	<p><b>Ethics of Family Physicians in the Media</b></p> <p>RESOLVED, That the American Academy of Family Physicians 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.</p>	<p>Executive Vice President</p>	<p>Accept for Information</p> <p>This was referred to the AMA Council on Ethical and Judicial Affairs, and a report will come back to the House of Delegates at the Interim Meeting in November 2016. Staff will bring this to the attention of the AAFP AMA Delegation at that time for their consideration.</p>