



2013 Consent Calendar for the Reference Committee on Education

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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

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

6
7 **Item 1:** Adopt Substitute Resolution No. 2001 “Educate Adolescents on Consensual Sex (Don’t
8 Rape)” in lieu of Resolution No. 2001 (p. 1).

9
10 **Item 2:** Adopt Substitute Resolution No. 2002 “Promotion of Forensic Sexual Assault & Child
11 Abuse Examination Training” in lieu of Resolution No. 2002 (pp. 1-2).

12
13 **Item 3:** Adopt Substitute Resolution No. 2003 “Enhancing the Training of Family Physicians in
14 Addiction Medicine” in lieu of Resolution No. 2003 (pp. 2-3).

15
16 **Item 4:** Not Adopt Resolution No 2006 “Educational Resources for Environmental Influences on
17 Health and Disease Processes” (p. 3).

18
19 **Item 5:** Adopt Resolution No. 2007 “Resident Training in Reproductive Options” (pp. 3-4).

20
21 **Item 6:** Not Adopt Resolution No. 2008 “Breastfeeding Education for Patients and Providers”
22 (p. 4).

23
24 **Item 7:** Adopt Substitute Resolution No. 2009 “Protected Time for Organized Medicine in
25 Residency Education” in lieu of Resolution No. 2009 (pp. 4-5).

26
27 **Item 8:** Not Adopt Resolution No. 2010 “Collaboration with Non-Physician Medical Providers”
28 (p. 5).

29
30 **Item 9:** Adopt Substitute Resolution No. 2011 “AAFP Advocates to American Board of Family
31 Medicine on Behalf of Those Holding Certificates of Added Qualifications” in lieu of Resolution
32 No. 2011 (pp. 5-6).

33
34 **Item 10:** Not Adopt Resolution No. 2012 “Partnership and Promotion of Family Medicine to
35 International Medical Graduate Residency Applicants” (p. 6).

36
37 **Item 11:** Adopt Resolution No. 2013 “Education to Combat Gender Inequality for Family
38 Medicine Physicians” (pp. 6-7).

39
40 **Reaffirmation Calendar:** Reaffirmation of Items A and B under the Reaffirmation Calendar (p.
41 7).



2013 Report of the Reference Committee on Education

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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

5
6 **ITEM NO. 1: RESOLUTION NO. 2001: EDUCATE ADOLESCENTS ON CONSENSUAL SEX**
7 **(DON'T RAPE)**

8
9 RESOLVED, That the American Academy of Family Physicians create an educational
10 toolkit for screening and prevention of sexual assault aimed at potential perpetrators.

11
12 The reference committee heard unanimous support in favor of this resolution. The reference
13 committee investigated current evidence presented on the U.S. Preventative Services Task
14 Force (USPSTF) as well as the Rape, Abuse and Incest National Network (RAINN) websites.
15 The absence of evidence and lack of a validated screening tool made it difficult to recommend a
16 position on screening or treatment for sexual assault perpetrators. The reference committee
17 would like the AAFP to explore the existing evidence more thoroughly before taking action.

18
19 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
20 **No. 2001 be adopted in lieu of Resolution No. 2001, which reads as follows:**

21
22 **RESOLVED, That the American Academy of Family Physicians (AAFP) review**
23 **existing evidence regarding the effectiveness of primary prevention efforts**
24 **directed at potential sexual assault perpetrators and, if the evidence is supportive,**
25 **then the AAFP explore creating an educational toolkit for the screening and**
26 **prevention of sexual assault aimed at potential perpetrators.**

27
28 **ITEM NO. 2: RESOLUTION NO. 2002: PROMOTION OF FORENSIC SEXUAL ASSAULT &**
29 **CHILD ABUSE EXAMINATION TRAINING**

30
31 RESOLVED, That the American Academy of Family Physicians identify and promote the
32 availability of existing training for the forensic exam of sexual assault and child abuse
33 survivors to its membership.

34
35 Limited testimony was heard by the reference committee supporting this resolution. The ability
36 to perform a forensic sexual assault or child abuse examination should not be limited to those
37 who only have obtained a specific certification. The February 15, 2010, edition of *American*
38 *Family Physician* includes an article on sexual assault of women, which outlines the elements of
39 a sexual exam and has resources identified. The reference committee advised that the AAFP
40 identify additional resources.

1 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
2 **No. 2002 be adopted in lieu of Resolution No. 2002, which reads as follows:**

3
4 **RESOLVED, That the American Academy of Family Physicians identify and make**
5 **existing resources for the forensic exam of sexual assault and child abuse**
6 **survivors available to its membership.**
7

8 **ITEM NO. 3: RESOLUTION NO. 2003: ENHANCING THE TRAINING OF FAMILY**
9 **PHYSICIANS IN ADDICTION MEDICINE**

10
11 RESOLVED, That the American Academy of Family Physicians (AAFP) develop specific
12 guidelines for the treatment of acute and chronic pain, emphasizing alternatives to
13 opioids, and be it further
14

15 RESOLVED, That the American Academy of Family Physicians (AAFP) offer an online
16 CME course for practicing physicians on the treatment of acute and chronic pain, and be
17 it further
18

19 RESOLVED, That the American Academy of Family Physicians' (AAFP) website include
20 a link to a list of physicians who are licensed to provide office-based treatment with
21 buprenorphine for opioid dependence, and be it further
22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) develop
24 guidelines and recommendations for diagnosis and treatment of addiction, and be it
25 further
26

27 RESOLVED, That the American Academy of Family Physicians (AAFP) include
28 addiction and substance abuse as a competency in the curriculum of training family
29 medicine residents, including education on medication-assisted treatment with
30 buprenorphine, and be it further
31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) partner with the
33 American Society of Addiction Medicine to recruit additional family physicians to treat
34 addiction and obtain board certification in addiction medicine, and be it further
35

36 RESOLVED, That the American Academy of Family Physicians (AAFP) continue to
37 support National All Schedules Prescription Electronic Reporting Act (NASPER) and
38 advocate for all states to develop a prescription drug monitoring system.
39

40 The author of the resolution provided the reference committee a series of suggested changes to
41 the resolved clauses. The reference committee considered each new resolved clause carefully
42 and determined that *AFP by Topic* has an online editor of the module on acute and chronic pain
43 that was last updated in September 2012. The committee believed that the AAFP does not need
44 to maintain a link to the Society of Addiction Medicine (SAMHSA) for buprenorphine prescribing
45 physicians. The reference committee felt someone interested in finding such a physician should
46 be able to access this information through an on-line search. The family medicine residency
47 requirements in the future will contain more general requirements allowing residencies flexibility
48 in designing curriculum and to encourage innovation in education, thus, the specific "ask" for
49 residents to be trained in the pharmacological treatment of addiction may not be included in the
50 future requirements. The reference committee affirmed that a family physician can prescribe
51 buprenorphine after appropriate available training and was concerned that support would imply

1 that to treat addiction you have to be an addiction specialist. The AAFP does currently support
2 the National All Schedules Prescription Electronic Reporting (NASPAR) Act.

3
4 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
5 **No. 2003 be adopted in lieu of Resolution No. 2003, which reads as follows:**

6
7 **RESOLVED, That the American Academy of Family Physicians endorse the**
8 **participation of family physicians in the pharmacologic management of addiction.**

9
10 **ITEM NO. 4: RESOLUTION NO. 2006: EDUCATIONAL RESOURCES FOR**
11 **ENVIRONMENTAL INFLUENCES ON HEALTH AND DISEASE PROCESSES**

12
13 RESOLVED, That the American Academy of Family Physicians (AAFP) develop
14 educational materials and continuing medical education (CME) presentations designed
15 to assist family physicians to make informed decisions about evidence-based and
16 effective environmental concerns to acute and chronic approaches to disease
17 management.

18
19 The reference committee heard testimony solely from the authors who testified that research is
20 needed regarding the environmental effects on disease management. The reference committee
21 believed it is not within the scope of the AAFP to do original research. There are numerous links
22 to complementary and alternative medicine (CAM) resources listed on the AAFP website in the
23 public health section by searching “environmental health.” In addition, the Centers for Disease
24 Control and Prevention (CDC) has a National Environmental Public Health Tracking Network
25 and other resources available. The American Academy of Environmental Medicine (AAEM) also
26 has a number of links to websites of other organizations on complementary, alternative,
27 integrative, holistic, and functional medicine.

28
29 **RECOMMENDATION: The reference committee recommends that Resolution No. 2006**
30 **not be adopted.**

31
32 **ITEM NO. 5: RESOLUTION NO. 2007: RESIDENT TRAINING IN REPRODUCTIVE OPTIONS**

33
34 RESOLVED, That the American Academy of Family Physicians (AAFP) amend its policy
35 on Training in Reproductive Decisions as stated below:

36
37 The American Academy of Family Physicians supports the concept that no
38 physician or other health professional shall be required to perform any act which
39 violates personally held moral principles.

40
41 The AAFP recommends that medical students and family medicine residents be
42 trained in counseling and referral skills regarding all options available to pregnant
43 women.

44
45 ~~The AAFP supports current language in the Program Requirements for~~
46 ~~Residency Training in Family Practice of the Residency Review Committee for~~
47 ~~Family Medicine concerning the provision of opportunities for residents to learn~~
48 ~~procedural skills that they anticipate will be part of their future practices.~~

1 The AAFP strongly supports the provision of opportunities for residents to learn
2 about all contraceptive options and the opportunity to be trained in family
3 planning procedural skills that they anticipate will be part of their future practices.
4

5 The reference committee heard testimony from both the GLBT and the women's constituencies
6 who were in support of this resolution. The women's constituency suggested "opportunity to be
7 trained" as a friendly amendment to emphasize residents should have access to educational
8 resources necessary for learning family planning procedures.
9

10 **RECOMMENDATION: The reference committee recommends that Resolution No. 2007 be**
11 **adopted.**
12

13 **ITEM NO. 6: RESOLUTION NO. 2008: BREASTFEEDING EDUCATION FOR PATIENTS AND**
14 **PROVIDERS**
15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) make available
17 patient education materials on breastfeeding to include, but not limited to, the benefits of
18 breastfeeding, expectations in the process of breastfeeding, and insurance coverage of
19 equipment, and be it further
20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) support
22 breastfeeding education to family physicians using the AAFP website to highlight
23 evidence-based breastfeeding training modules (i.e. International Board of Lactation
24 Consultant Examiners (IBLCE), supporting the Baby-Friendly Hospital Initiative, and
25 providing breastfeeding educational resources for physicians.
26

27 The reference committee heard testimony in support of the resolution. In addition, a member
28 highlighted the current existing AAFP resources available regarding breastfeeding, including
29 familydoctor.org resources. The reference committee reviewed familydoctor.org and believed
30 that it offers good patient education materials on breastfeeding. Regarding the insurance
31 coverage, there is a large disparity in coverage by states and insurance plans. Resources on
32 insurance coverage would be extremely difficult to remain accurate and up to date. The
33 reference committee did not believe that it would be appropriate to highlight specific
34 breastfeeding training modules.
35

36 **RECOMMENDATION: The reference committee recommends that Resolution No. 2008**
37 **not be adopted.**
38

39 **ITEM NO. 7: RESOLUTION NO. 2009: PROTECTED TIME FOR ORGANIZED MEDICINE IN**
40 **RESIDENCY EDUCATION**
41

42 RESOLVED, That the American Academy of Family Physicians (AAFP) acknowledge
43 that involvement in organized medicine is a valuable component of residency education,
44 and be it further
45

46 RESOLVED, That the American Academy of Family Physicians (AAFP) create and
47 make available best practices for use in assisting programs in designing a leadership
48 track for use among family medicine residencies, and be it further
49

1 RESOLVED, That the American Academy of Family Physicians (AAFP) endorse
2 protected time for residents to participate in organized medicine, exclusive of vacation
3 and other time allotted for continuing medical education, to all family medicine programs.
4

5 The reference committee heard unanimous testimony in favor of this resolution. One speaker
6 noted that the American Board of Family Medicine (ABFM) limits residents to 30 days away
7 from residency training per year. Some program directors have developed creative ways to
8 structure a longitudinal elective experience for residents to allow participation in organized
9 medicine and advocacy. The committee also heard testimony indicating that some residency
10 program directors appear to lack an understanding of how such elective experiences can be
11 executed.
12

13 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
14 **No. 2009 be adopted in lieu of Resolution No. 2009, which reads as follows:**
15

16 **RESOLVED, That the American Academy of Family Physicians communicate with**
17 **the Association of Family Medicine Residency Directors (AFMRD) to inform them**
18 **of the concern that residents should have opportunities to participate in organized**
19 **medicine. In addition, the AAFP should encourage AFMRD to identify and to**
20 **disseminate best practices that allow residents time away from training to allow**
21 **participation in organized medicine activities.**
22

23 **ITEM NO. 8: RESOLUTION NO. 2010: COLLABORATION WITH NON-PHYSICIAN MEDICAL**
24 **PROVIDERS**
25

26 RESOLVED, That the American Academy of Family Physicians increase guidance on
27 establishing and enhancing collaboration with non-physician medical providers by
28 providing a central website with links to state-specific information concerning physician
29 roles with regards to non-physician medical practice, and be it further
30

31 RESOLVED, That the American Academy of Family Physicians collaborate with the
32 Accreditation Council for Graduate Medical Education for inclusion of non-physician
33 medical provider collaboration in residency training.
34

35 Limited testimony was heard by the reference committee. A repository for supervision
36 requirements of non-physician medical providers is often determined on a state and local basis.
37 The creation and maintenance of such a repository is extremely resource intensive and beyond
38 the capabilities of the AAFP. There are existing resources providing guidance on the
39 collaboration of physicians with non-physician medical providers such as the AAFP position
40 statement entitled "Primary Care for the 21st Century" (September 18, 2012), and the proposed
41 Review Committee for Family Medicine (RC-FM) program requirements.
42

43 **RECOMMENDATION: The reference committee recommends that Resolution No. 2010**
44 **not be adopted.**
45

46 **ITEM NO. 9: RESOLUTION NO. 2011: AAFP ADVOCATES TO AMERICAN BOARD OF**
47 **FAMILY MEDICINE ON BEHALF OF THOSE HOLDING CERTIFICATES OF ADDED**
48 **QUALIFICATIONS**
49

50 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to the
51 American Board of Family Medicine (ABFM) on behalf of physicians who maintain

1 current Certificates of Added Qualifications to tailor the maintenance of certification
2 process and ABFM examination to highlight the areas of expertise and practice of those
3 physicians.
4

5 The reference committee heard extensive testimony supporting the spirit of this resolution. One
6 speaker recommended that the AAFP develop additional Maintenance of Certification (MOC)
7 resources that are focused in nature, and would be of benefit to those with a limited scope of
8 practice. The committee recognized that the ABFM determines the content of the certification
9 exam and the individual MOC components. The reference committee also believed that the
10 examination and MOC should continue to promote a broad scope of practice. In addition, the
11 reference committee believed there are opportunities to create and provide other resources for
12 the examination and MOC process for its members.
13

14 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
15 **No. 2011 be adopted in lieu of Resolution No. 2011.**
16

17 **RESOLVED, That the American Academy of Family Physicians explore and**
18 **develop resources for its members for Maintenance of Certification (MOC) that**
19 **support a broad spectrum of practice styles and areas of concentration.**
20

21 **ITEM NO. 10: RESOLUTION NO. 2012: PARTNERSHIP AND PROMOTION OF FAMILY**
22 **MEDICINE TO INTERNATIONAL MEDICAL GRADUATE RESIDENCY APPLICANTS**
23

24 RESOLVED, That the American Academy of Family Physicians promote the existing
25 material including informational videos and other resources, about family medicine, the
26 scope of practice of family physicians, and the training curriculum, to international
27 medical graduates who already are involved in the residency application process in
28 order to make family medicine residency more attractive and to increase the number and
29 quality of applicants to family medicine, and be it further
30

31 RESOLVED, That the American Academy of Family Physicians (AAFP) create
32 partnerships with other organizations that are already assisting international medical
33 graduates to match in family medicine in the United States, such as the University of
34 California, Los Angeles International Medical Graduates Program.
35

36 The reference committee heard testimony in support of this resolution. The reference committee
37 recognized that there may be many qualified candidates from international medical schools and
38 from many countries that do not have the specialty of family medicine. However, due to the
39 number of countries and international medical schools, it is not feasible to promote the
40 requested information beyond our current web resources. A wide-spread promotional campaign
41 could be costly.
42

43 **RECOMMENDATION: The reference committee recommends that Resolution No. 2012**
44 **not be adopted.**
45

46 **ITEM NO. 11: RESOLUTION NO. 2013: EDUCATION TO COMBAT GENDER INEQUALITY**
47 **FOR FAMILY MEDICINE PHYSICIANS**
48

49 RESOLVED, That the American Academy of Family Physicians (AAFP) create
50 educational opportunities around negotiation skills, specifically targeted toward women,

1 to be presented at National Conference for Family Medicine Residents and Students,
2 and be it further

3
4 RESOLVED, That educational opportunities around negotiation skills, specifically
5 targeted toward women, be available to the general membership in venues such as
6 Scientific Assembly, online, workshops, etc.

7
8 The reference committee heard widespread support for this resolution. After discussion, the
9 committee agreed.

10
11 **RECOMMENDATION: The reference committee recommends that Resolution No. 2013 be**
12 **adopted.**

13
14
15 **REAFFIRMATION CALENDAR**

16
17 **The following items A and B, lines 25-38, page 7, are presented by the reference**
18 **committee on the reaffirmation calendar. Testimony in the reference committee hearing**
19 **and discussion by the reference committee in executive session concurred that the**
20 **resolutions presented in items A and B are current policy or are already addressed in**
21 **current projects. At the request of the NCSC, any item may be taken off the reaffirmation**
22 **calendar for an individual vote on that item. Otherwise, the committee will request**
23 **approval of the reaffirmation calendar in a single vote.**

24
25 (A) Resolution No. 2004 entitled, "Curriculum for End-of-Life Care," the resolved portion of
26 which reads as printed below:

27
28 RESOLVED, That the American Academy of Family Physicians create a formalized
29 curriculum that addresses end-of-life issues that can be used by physicians and
30 residents for self-directed learning.

31
32 (B) Resolution No. 2005 entitled, "Educational Resources for Non-Pharmacologic
33 Approaches to Chronic Disease", the resolved portion of which reads as printed below:

34
35 RESOLVED, That the American Academy of Family Physicians (AAFP) develop
36 educational materials and continuing medical education presentations designed to assist
37 family physicians in making informed decisions about evidence-based and effective
38 complementary and non-pharmacological approaches to chronic disease management.

39
40 **RECOMMENDATION: The reference committee recommends that items A and B on the**
41 **reaffirmation calendar be approved as current policy or as already being addressed in**
42 **current projects.**

43
44 **I wish to thank those who appeared before the reference committee to give testimony**
45 **and the reference committee members for their invaluable assistance. I also wish to**
46 **commend the AAFP staff for their help in the preparation of this report.**

1 Respectfully Submitted,
2
3
4
5

 Kelly Gabler, MD, Chair
6
7 Rachel Franklin, MD
8 David Hoelting, MD
9 Carlos Latorre, MD
10 Oritsetsemaye Otubu, MD
11 Irina Todorov, MD
12 Brea Bond, MD (Observer)