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

RECOMMENDATION: The Reference Committee on Education recommends the following consent calendar for adoption:

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

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

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

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

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

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

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

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

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

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

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

Reaffirmation Calendar: Reaffirmation of Items A and B under the Reaffirmation Calendar (p. 7).
The Reference Committee on Education has considered each of the items referred to it and submits the following report. The committee’s recommendations will be submitted as a consent calendar and voted on in one vote. Any item or items may be extracted for debate.

ITEM NO. 1: RESOLUTION NO. 2001: EDUCATE ADOLESCENTS ON CONSENSUAL SEX (DON’T RAPE)

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

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

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

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

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

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

Limited testimony was heard by the reference committee supporting this resolution. The ability to perform a forensic sexual assault or child abuse examination should not be limited to those who only have obtained a specific certification. The February 15, 2010, edition of American Family Physician includes an article on sexual assault of women, which outlines the elements of a sexual exam and has resources identified. The reference committee advised that the AAFP identify additional resources.
RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2002 be adopted in lieu of Resolution No. 2002, which reads as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RECOMMENDATION: The reference committee recommends that Resolution No. 2006
not be adopted.

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

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

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

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

The AAFP supports current language in the Program Requirements for
Residency Training in Family Practice of the Residency Review Committee for
Family Medicine concerning the provision of opportunities for residents to learn
procedural skills that they anticipate will be part of their future practices.
The AAFP strongly supports the provision of opportunities for residents to learn about all contraceptive options and the opportunity to be trained in family planning procedural skills that they anticipate will be part of their future practices.

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

RECOMMENDATION: The reference committee recommends that Resolution No. 2007 be adopted.

ITEM NO. 6: RESOLUTION NO. 2008: BREASTFEEDING EDUCATION FOR PATIENTS AND PROVIDERS

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

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

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

RECOMMENDATION: The reference committee recommends that Resolution No. 2008 not be adopted.

ITEM NO. 7: RESOLUTION NO. 2009: PROTECTED TIME FOR ORGANIZED MEDICINE IN RESIDENCY EDUCATION

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

RESOLVED, That the American Academy of Family Physicians (AAFP) create and make available best practices for use in assisting programs in designing a leadership track for use among family medicine residencies, and be it further
RESOLVED, That the American Academy of Family Physicians (AAFP) endorse protected time for residents to participate in organized medicine, exclusive of vacation and other time allotted for continuing medical education, to all family medicine programs.

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

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

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

ITEM NO. 8: RESOLUTION NO. 2010: COLLABORATION WITH NON-PHYSICIAN MEDICAL PROVIDERS

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

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

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

RECOMMENDATION: The reference committee recommends that Resolution No. 2010 not be adopted.

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

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to the American Board of Family Medicine (ABFM) on behalf of physicians who maintain
current Certificates of Added Qualifications to tailor the maintenance of certification process and ABFM examination to highlight the areas of expertise and practice of those physicians.

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

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

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

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

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

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

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

RECOMMENDATION: The reference committee recommends that Resolution No. 2012 not be adopted.

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

RESOLVED, That the American Academy of Family Physicians (AAFP) create educational opportunities around negotiation skills, specifically targeted toward women,
to be presented at National Conference for Family Medicine Residents and Students, 
and be it further 

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

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

RECOMMENDATION: The reference committee recommends that Resolution No. 2013 be 
adopted.

REAFFIRMATION CALENDAR 

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

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

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

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

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

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

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

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Kelly Gabler, MD, Chair

Rachel Franklin, MD
David Hoelting, MD
Carlos Latorre, MD
Oritsetsemaye Otubu, MD
Irina Todorov, MD
Brea Bond, MD (Observer)