



2017 Agenda for the Reference Committee on Education

National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 2001	Proposal for New Search Options for Specific Residency Characteristics in the Residency Directory on the AAFP Website
2. Resolution No. 2002	AAFP Recognize Physician Wellness Activities for AAFP Elective Credits
3. Resolution No. 2003	Develop Residency Curriculum for Social Determinants of Health
4. Resolution No. 2004	Parental Leave During Residency Training
5. Resolution No. 2005	Reassessment of AAFP Educational Opportunities about Modern Evidence-Based Fertility Awareness Based Methods of Family Planning
6. Resolution No. 2006	Family Physician Education on Undesired and Nonviable Pregnancy
7. Resolution No. 2007	Improving Physician Education for Buprenorphine Treatment for Opioid Use Disorder
8. Resolution No. 2008	Social Determinants of Health Curriculum
9. Resolution No. 2009	Transgender Medicine Training in Family Medicine
10. Resolution No. 2010	Solving our Shortage of Primary Care Physicians by Eliminating All Medical School Debt
11. Resolution No. 2011	IMG Mentorship Program via AAFP
12. Resolution No. 2012	Live Continuing Medical Education on Comprehensive Treatment of Gender, Sexual and Romantic Minorities
13. Resolution No. 2013	Endorsement of NBPAS
14. Resolution No. 2014	Elimination of ABFM Board Re-Certification Exam

15. Resolution No. 2015 Family Physician Continuing Medical Education On Reproductive Healthcare
16. Resolution No. 2016 Enduring Continuing Medical Education on Comprehensive Treatment of Gender, Sexual and Romantic Minorities



Resolution No. 2001

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1 Proposal for New Search Options for Specific Residency Characteristics in the Residency Directory
2 on the AAFP website

3
4 Submitted by: Rishika Kaundal, MD, New Physicians
5 Martha Simmons, MD, Women (Alternate Delegate)
6 Tabatha Wells, MD, General Registrant
7 Lael Greenstein, MD, New Physicians
8 Nykki Boersma, MD, Women
9 Marie Ramas, MD, Minority

10
11 WHEREAS, The scope of family medicine is broad and the Member Interest Groups offer a unique
12 window into the many different practice styles and therefore the breadth of training that many
13 medical students seek out when looking for a residency program, and

14
15 WHEREAS, medical students depend on the American Academy of Family Physician (AAFP)
16 website to determine which residency programs to apply to, and

17
18 WHEREAS, the current search field of residency programs on the AAFP website does not reflect
19 the breadth of training offered at each residency program, now, therefore, be it

20
21 RESOLVED, That the American Academy of Family Physicians obtain input from each Member
22 Interest Group about at least one searchable feature to add to “Find Residency Programs” on the
23 AAFP website so that prospective residents would be able to search for procedures including, but
24 not limited to, “abortion,” “primary caesarian section”, “buprenorphine provision”, “hospitalist
25 training”, “ultrasound training”, “colonoscopy” and “high volume maternity care”, and be it further

26
27 RESOLVED, That the American Academy of Family Physicians reach out to family medicine
28 program directors to identify which search terms are appropriate for their programs.



Resolution No. 2002

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1 AAFP Recognize Physician Wellness Activities for AAFP Elective Credits

2

3 Submitted by: Bernard Richard, MD, Minority

4 LeeAnna Muzquiz, MD, Minority

5 Shadi Edalati, MD, New Physician

6 Stella King-Turner MD, Minority

7 Marie Ramos, MD, Minority

8 Jaime Klippert Fajardo, DO, New Physician

9

10 WHEREAS, Physician burnout affects at least 50% of practicing physicians, and

11

12 WHEREAS, burnout is associated with decreased productivity, negative mood states, attrition and
13 physician suicide, and

14

15 WHEREAS, burnout in physicians is associated with decreased physician engagement with their
16 patients resulting in more adverse patient outcomes, and

17

18 WHEREAS, physician wellness activities are a recognized preventative and therapeutic measure
19 and have been supported by and taught by our academy, now, therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians members be allowed to self-report
22 physician wellness activities for AAFP Elective credit up to a limit of 30 per year.



Resolution No. 2003

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1 Develop Residency Curriculum for Social Determinants of Health

2

3 Submitted by: Kelly Ussery-Kronhaus, MD, FAAFP, Women

4 Jacqueline Ysique, MD, New Physician

5 Roshan Najafi, MD, Minority

6

7 WHEREAS, the American Academy of Family Physicians (AAFP) has established the Center for
8 Diversity and Health Equity, and

9

10 WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) requires training
11 and evaluation of residents in diversity and health equity, and

12

13 WHEREAS, social determinants of health affect the health of patients and their future health
14 outcomes, and

15

16 WHEREAS, the AAFP provides access to resources and forums for family medicine residents and
17 physicians to advocate for diverse patient populations, now, therefore, be it

18

19 RESOLVED, That the American Academy of Family Physicians develop a residency curriculum
20 guideline in alignment with Accreditation Council for Graduate Medical Education (ACGME)
21 competencies, on the topic of healthcare disparities and social determinants of health.



Resolution No. 2004

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1 Parental Leave During Residency Training

2

3 Submitted by: Katherine Jacobson, MD, FAAFP, New Physician

4 Stuti Nagpal, MD, Women

5 Janey Wang, MD, New Physician

6

7 WHEREAS, The American Academy of Family Physicians (AAFP) recommends residents taking
8 parental leave must be able to return to the residency within a reasonable period of time without
9 loss of residency training status which is at odds with the American Board of Family Medicine
10 (ABFM) established requirements with respect to the amount of time a resident may be absent
11 from his or her training, and

12

13 WHEREAS, the Family Medical Leave Act only allows 12 weeks of leave, which starts when the
14 resident first misses work, which is not necessarily at the same time as delivery, and

15

16 WHEREAS, residents are at increased risk of complications including preterm labor, which could
17 require the resident to be absent to work prior to delivery, now, therefore, be it

18

19 RESOLVED, That the American Academy of Family Physicians lobby the American Board of
20 Family Medicine to amend its continuity of care requirement to afford parental leave for 12 weeks
21 following delivery and independent of absence prior to delivery.



Resolution No. 2005

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1 Reassessment of American Academy of Family Physicians Educational Opportunities About
2 Modern Evidence-based Fertility Awareness Based Methods of Family Planning

3
4 Submitted by: Amaryllis Sanchez Wohlever, MD, General Registrant
5 Luis Garcia, MD, Minority
6 Danielle Carter, MD, FAAFP, Women

7
8 WHEREAS, All women deserve the most up-to-date evidence-based information to make decisions
9 regarding their reproductive health, and

10
11 WHEREAS, physicians need to provide the most accurate, up-to-date, evidence-based information
12 about family planning options, and

13
14 WHEREAS, all modern fertility awareness based methods have high Strength of Recommendation
15 Taxonomy (SORT)-rated evidence behind their use in family planning as well as to monitor
16 reproductive health and fertility, and

17
18 WHEREAS, up to 61% of women would be interested in learning fertility awareness based
19 methods if they received information about them from their physicians, and

20
21 WHEREAS, studies show only 3-6% of physicians are familiar with and knowledgeable about
22 modern fertility awareness based methods, and

23
24 WHEREAS, the American Academy of Family Physicians (AAFP) Board of Directors supported a
25 resolution that the “AAFP explore ways to assure that family physicians have comprehensive and
26 current information on reproductive health options based on clinically relevant scientific evidence,”
27 and

28
29 WHEREAS, since the Board of Directors action on Resolution No. 607 in May 2012, there remains
30 a need to further educate physicians about these methods with up-to-date, accurate effectiveness
31 rates and information, now, therefore, be it

32
33 RESOLVED, That the American Academy of Family Physicians offer updated continuing medical
34 education opportunities for members to learn about fertility awareness based methods, including a
35 presentation at the Family Medicine Experience conference, and be it further

36
37 RESOLVED, That the American Academy of Family Physicians (AAFP) ensure the *American*
38 *Family Physician* journal and all AAFP-sponsored/offered education cite fertility awareness based
39 methods’ effectiveness rates based on the highest quality research available.



Resolution No. 2006

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1 Family Physician Education on Undesired and Nonviable Pregnancy

2

3 Submitted by: Julie Johnston, MD, FAAFP, Women

4 Tabatha Wells, MD, General Registrant

5 Lael Greenstein, MD, New Physician

6 Syeachia Dennis, MD, Minority

7

8 WHEREAS, One in four women experience an early pregnancy loss in their lifetime and half of all
9 pregnancies are unplanned, and

10

11 WHEREAS, the scope of practice for family physicians includes the care of women experiencing a
12 nonviable pregnancy and undesired pregnancies, and

13

14 WHEREAS, the American Academy of Family Physicians (AAFP) supports a woman's access to
15 reproductive health services and opposes non-evidence-based restrictions on medical care and
16 the provision of such services, and

17

18 WHEREAS, the AAFP has long recognized the importance of supporting family medicine's broad
19 scope of practice, now, therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians encourage family medicine
22 residency programs to include care and counseling for women experiencing nonviable and
23 undesired pregnancies beyond that which is required by the Accreditation Council for Graduate
24 Medical Education by providing teaching materials, and be it further

25

26 RESOLVED, That the American Academy of Family Physicians dedicate a *FP Essentials* issue to
27 the care of women with undesired and nonviable pregnancies, and be it further

28

29 RESOLVED, That the American Academy of Family Physicians offer enduring continuing medical
30 education programs including a session at least every three years at the Family Medicine
31 Experience, the National Conference of Family Medicine Residents and Medical Students, and the
32 Program Directors Workshop on the counseling and management of nonviable and undesired
33 pregnancies.



Resolution No. 2007

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1 Improving Physician Education for Buprenorphine Treatment for Opioid Use Disorder

2

3 Submitted by: Alex Langley, MD, LGBT
4 Kevin Wang, MD, FAAFP, LGBT
5 Dave Goodman, MD, LGBT

6

7 WHEREAS, An estimated 2.5 million Americans have opiate related substance use disorder, and

8

9 WHEREAS, there were over 33,000 opiate overdose deaths in 2015, and

10

11 WHEREAS, only 3.6% of family physicians have buprenorphine waivers, and

12

13 WHEREAS, only 46.6% of US counties have a physician who can prescribe Suboxone and

14

15 WHEREAS, the distribution of buprenorphine waived physicians varies markedly by region, now,
16 therefore, be it

17

18 RESOLVED, That the American Academy of Family Physicians (AAFP) co-sponsor addiction
19 medicine continuing medical education training on opioid agonist therapy including buprenorphine
20 waiver training with the American Society of Addiction Medicine and other relevant organizations,
21 and be it further

22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) coordinate with the
24 American Society of Addiction Medicine and other relevant organizations to disseminate
25 information on existing addiction medicine continuing medical education to AAFP members.



Resolution No. 2008

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Social Determinants of Health Curriculum

2

3 Submitted by: Lisa Casey, MD, Women

4 Gail Guerrero-Tucker, MD, FAAFP, Minority

5 Vincent Shaw, MD, Minority

6

7 WHEREAS, Health equity is a strategic objective of the American Academy of Family Physicians,
8 and

9

10 WHEREAS, the Accreditation Council for Graduate Medical Education requires residency
11 programs to train residents to be well-versed in recognizing, understanding and addressing social
12 determinants of health and health inequities in their communities, and

13

14 WHEREAS, family medicine faculty are inconsistently trained and have limited resources in this
15 area, now, therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians provide training programs with a
18 standardized social determinants of health, health inequities, community needs assessment
19 curriculum.



Resolution No. 2009

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1 Transgender Medicine Training in Family Medicine

2

3 Submitted by: Patrick Simpson, MD, LGBT

4 Megan Vigil, MD, LGBT

5

6 WHEREAS, Current American Academy of Family Physicians (AAFP) policy supports education on
7 the care and support of transgender and gender-nonconforming youth and adults, and

8

9 WHEREAS, the AAFP supports equipping members with the data, knowledge, competencies and
10 skills to provide high quality, evidence-based, safe care to their patients, and

11

12 WHEREAS, the AAFP and Association of American Medical Colleges have published education
13 guidelines for transgender medicine, and

14

15 WHEREAS, transgender patients remain at risk for health disparities due in part to limited access
16 to primary care physicians trained in transgender medicine, now, therefore, be it

17

18 RESOLVED, That the American Academy of Family Physicians write a letter to the Accreditation
19 Council for Graduate Medical Education encouraging transgender medicine be a training
20 competency within family medicine education.



Resolution No. 2010

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1 Solving Our Shortage of Primary Care Physicians By Eliminating All Medical School Debt

2

3 Submitted by: Harold Phillips, MD, Minority

4 Kevin Wong, MD, FAAFP, Minority

5

6 WHEREAS, We currently have a shortage of primary care physicians and an aging primary care
7 physician population, and

8

9 WHEREAS, unless measures are taken to increase interest in family medicine as a nation, we will
10 not be able to meet the preventative needs of our medical community, and

11

12 WHEREAS, the current high cost of medical education limits medical school students' interest in
13 family medicine and encourages specializing in order to pay for large debts, and

14

15 WHEREAS, given that family medicine has a lower salary compared to other specialties,
16 eliminating the financial burden of medical school would make primary care a viable option for
17 more students, and

18

19 WHEREAS, other countries have used a similar model to meet their primary care shortages by
20 making medical school training free and requiring a mandatory two year primary care service
21 before possibly going on to specialty training, now, therefore, be it

22

23 RESOLVED, That the American Academy of Family Physicians investigate providing “free medical
24 school education” by requiring a two year mandatory service prior to the possibility of specializing.



Resolution No. 2011

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1 IMG Mentorship program via the American Academy of Family Physicians

2

3 Submitted by: Edwin Rodriguez, MD, General Registrant
4 Marcela Serrano, MD, FAAFP, General Registrant
5 Valentine Ugwu, MD, General Registrant
6 Pei-Chi Fu, MD, IMG
7 Rebekah Ayodele, MD, IMG
8 Grace Chiu, MD, IMG

9

10 WHEREAS, The American Academy of Family Physicians grants elective continuing medical
11 education credit for the teaching of health professional learners, and

12

13 WHEREAS, this activity credit has traditionally focused on the training of medical students,
14 residents and allied health professionals, and

15

16 WHEREAS, the provision of education and training to international medical graduates is consistent
17 with this requirement, now, therefore, be it

18

19 RESOLVED, That the American Academy of Family Physicians promote the availability of elective
20 continuing medical education teaching credits for the provision of direct training and mentorship to
21 international medical graduates.



Resolution No. 2012

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Live Continuing Medical Education on Comprehensive Treatment of Gender, Sexual and Romantic
2 Minorities

3

4 Submitted by: Kristi VanDerKolk, MD, LGBT
5 Megan Vigil, MD, LGBT
6 Shannon Connolly, MD, FAAFP, General Registrant
7 Santina Wheat, MD, LGBT

8

9 WHEREAS, the American Academy of Family Physicians (AAFP) supports the assertion that
10 physicians need to be able to identify and support the social determinants of health in order to
11 support good health outcomes and the social determinants of health policy indicates factors that
12 influence health and health outcomes include gender and sexual identification, and

13

14 WHEREAS, current AAFP policy supports education on the care and support of transgender and
15 gender-nonconforming youth and adults, and

16

17 WHEREAS, access to primary healthcare and hormone therapy is an essential service for
18 transgender and gender-nonconforming patients, and

19

20 WHEREAS, the AAFP supports equipping members with the data, knowledge, competencies and
21 skills to provide high quality, evidence-based, safe care to their patients, and

22

23 WHEREAS, the April 2017 *Fresh Perspectives* article “Family Physicians Can Lead in Treating
24 Transgender Patients with Respect” indicates our role in transgender care, now, therefore, be it

25

26 RESOLVED, That the American Academy of Family Physicians offer continuing medical education
27 at the 2018 Family Medicine Experience on hormone therapy for transgender patients.



Resolution No. 2013

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1 Endorsement of National Board of Physicians and Surgeons

2

3 Submitted by: Preston Thomas, MD, Minority

4 Khalil Alleyne, MD, Minority

5 Drea Jones, MD, Minority

6

7 WHEREAS, The American Board of Family Medicine (ABFM) is the only certifying board for family
8 physicians, and

9

10 WHEREAS, there is no evidence that Maintenance of Certification (now known as Family Medicine
11 Certification) recertification or self-study computer modules improve patient outcomes, and

12

13 WHEREAS, a recent study from Mayo Clinic showed only 14.8% of physicians agreed with the
14 phrase "MOC is worth the time and effort required of me," and

15

16 WHEREAS, National Board of Physicians and Surgeons (NBPAS) is committed to providing
17 certification that ensures physician compliance with national standards and promotes lifelong
18 learning, and

19

20 WHEREAS, NBPAS's recertification criteria requires previous ABFM certification, a valid
21 unrestricted license in at least one U.S. state, a minimum of 50 accredited continuing medical
22 education (CME) within the past 24 months or 100 CME for lapsed certification and no
23 examination, and

24

25 WHEREAS, NBPAS' cost of certification is significantly less at \$169 every two years and does not
26 require maintenance of certification, as opposed to \$3,000+ for a 10 year recertification process
27 including Family Medicine Certification by the ABFM, now, therefore, be it

28

29 RESOLVED, That the American Academy of Family Physicians recognize and endorse the
30 National Board of Physicians and Surgeons as a viable board certifying entity for family physicians,
31 and be it further

32

33 RESOLVED, That the American Academy of Family Physicians support the use of continuing
34 medical education to fulfill life-long learning requirements without redundant activities, as is the
35 focus of National Board of Physicians and Surgeons.



Resolution No. 2014

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Elimination of American Board of Family Medicine Board Re-Certification Exam

2

3 Submitted by: Trupti K. Patel, MD, FAAFP, IMG
4 Amber Cheema, MD, FAAFP, IMG
5 Iman Bastawros, MD, General Registrant
6 Kevin Bernstein, MD, New Physician
7 Tabatha Well, MD, General Registrant
8 Mariolga Mercado, DO, FAAFP, Minority

9

10 WHEREAS, The initial board certification examination is a valuable tool for consolidating clinical
11 knowledge and the ongoing maintenance of certification enhances that process, and

12

13 WHEREAS, taking the re-certification exam is not an accurate reflection of a family physician's
14 knowledge base, nor does it enhance a physician's ability to practice medicine, and

15

16 WHEREAS, by completing the modules and the Continuous Knowledge Self-Assessment (CKSA),
17 the physician improves patient outcomes and implements evidence-based medicine into clinical
18 practice, now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians advocate on behalf of its members
21 to the American Board of Family Medicine for elimination of the re-certification board exam.



Resolution No. 2015

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Family Physician Continuing Medical Education On Reproductive Healthcare

2
3 Submitted by: Carrie Pierce, MD, Women
4 Vivienne Rose, MD, Minority
5 David Goodman, MD, LGBT
6 Marian Allen, MD, LGBT
7 Tabatha Well, MD, General Registrant
8 Patricia Chico, MD, General Registrant
9

10 WHEREAS, It is within the scope of practice for family medicine physicians to care for women
11 throughout their life span, and
12

13 WHEREAS, the American Academy of Family Physicians (AAFP) supports a woman's access to
14 reproductive health services and opposes non-evidence-based restrictions on medical care and
15 the provision of such services, and
16

17 WHEREAS, the AAFP has long recognized the importance of supporting family medicine's broad
18 scope of practice, now, therefore, be it
19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) offer enduring continuing
21 medical education (CME) programs including sessions annually at the Family Medicine
22 Experience, the National Conference of Family Medicine Residents and Medical Students, and
23 other CME opportunities in person and online covering topics of reproductive healthcare, including
24 but not limited to, contraception counseling and management (beginner and advanced sessions),
25 long-acting reversible contraceptives (LARC) workshops, Ob/gyn ultrasound workshops,
26 miscarriage management, abortion management, prenatal and pregnancy related care, infertility
27 care, sexuality, Lesbian, Gay, Bisexual Transgender care, sexual dysfunction, sexually transmitted
28 infections, trauma-informed exams, and assessing and treating for violence and abuse, and be it
29 further
30

31 RESOLVED, That the American Academy of Family Physicians encourage chapters to offer
32 members enduring continuing medical education (CME) programs including sessions annually at
33 the Family Medicine Experience, the National Conference of Family Medicine Residents and
34 Medical Students and other CME opportunities in person and online covering topics of reproductive
35 healthcare, including but not limited to, contraception counseling and management (beginner and
36 advanced sessions), long-acting reversible contraceptives (LARC) workshops, Ob/gyn ultrasound
37 workshops, miscarriage management, abortion management, prenatal and pregnancy related care,
38 infertility care, sexuality, sexual dysfunction, sexually transmitted infections, trauma informed
39 exams, and assessing and treating for violence and abuse.



Resolution No. 2016

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Enduring Continuing Medical Education on Comprehensive Treatment of Gender, Sexual and
2 Romantic Minorities

3
4 Submitted by: Kristi VanDerKolk, MD, LGBT
5 Megan Vigil, MD, LGBT
6 Shannon Connolly, MD, FAAFP, Women
7 Santina Wheat, MD, LGBT
8

9 WHEREAS, The American Academy of Family Physicians (AAFP) supports the assertion that
10 physicians need to be able to identify and support the social determinants of health in order to
11 support good health outcomes, and

12
13 WHEREAS, the Social Determinants of Health policy indicates factors that influence health and
14 health outcomes include gender and sexual identification, and

15
16 WHEREAS, current AAFP policy supports education on the care and support of transgender and
17 gender-nonconforming youth and adults, and

18
19 WHEREAS, access to primary healthcare and hormone therapy is an essential service for
20 transgender and gender-nonconforming patients, and

21
22 WHEREAS, the AAFP supports equipping members with the data, knowledge, competencies and
23 skills to provide high quality, evidence-based, safe care to their patients, and

24
25 WHEREAS, the April 2017 *Fresh Perspectives* article, “Family Physicians Can Lead in Treating
26 Transgender Patients with Respect,” indicates our role in transgender care, and

27
28 WHEREAS, a number of specific resources, such as Fenway Health’s ‘The Medical Care of
29 Transgender Persons,’ and Callen-Lorde’s ‘Protocols for the Provision of Hormone Therapy,’ for
30 up-to-date care and treatment of Gender, Sexual and Romantic Minorities (GSRM) exist, now,
31 therefore, be it

32
33 RESOLVED, That the American Academy of Family Physicians develop free and enduring
34 continuing medical education on comprehensive Gender, Sexual and Romantic Minorities (GSRM)
35 care, including transgender hormone therapy, for its members, and be it further

36
37 RESOLVED, That the American Academy of Family Physicians (AAFP) compile these resources in
38 an easily identifiable location on the AAFP website under the title “LGBT Health” in “CME by
39 Topic” or “Patient Care,” and be it further

40
41 RESOLVED, That the American Academy of Family Physicians update its online list of transgender
42 resources, and be it further
43

44 RESOLVED, That the American Academy of Family Physicians make *FP Essentials* 449 Gender
45 and Sexual Health October 2016 Bulletin free to all members.