



AAFP

Summary of Actions: 2014 National Congress of Family Medicine Residents

August 7–9, 2014 – 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.

Res. No.	Title and Resolved	Referral(s)	Action <i>Options: Accept for Information, Reaffirm, Agree, or Agree with Modification</i>
R1-101	Fellowship Start Date	Not Adopted	
R1-102	<p>Direct Primary Care Training</p> <p>RESOLVED, that the American Academy of Family Physicians explore the establishment of curricular experiences in the direct primary care practice setting for residents and medical students, and be it further</p> <p>RESOLVED, that the American Academy of Family Physicians explore the establishment of family medicine residency programs sponsored by direct primary care practices that would be self-funded, not requiring the use of federal funding, and thus offer an option for increasing family medicine residency spots absent federal legislative action.</p>	Commission on Education (COE)	<p>Reaffirm</p> <p>The intent of this resolution has been covered by multiple other resolutions related to direct primary care. There was broad sentiment that reaffirmation of both resolved clauses was appropriate because a wider interpretation acknowledges AAFP's ability to support and promote existing curricula, including web-based resources and existing elective opportunities structured by others.</p>
R1-103	Degree of Fellow	Not Adopted	
R1-104	<p>Honoring the Contributions of Perry Pugno, MD, to Family Medicine</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) recognize and commend Dr. Perry Pugno for his many years of service to the AAFP, its members, and family medicine.</p> <p>RESOLVED, That the American Academy of Family Physicians create the "Dr. Perry Pugno Exemplary Young Leader Award" in honor of Dr. Perry Pugno to recognize one resident and one student each year at the National Conference of Family Medicine Residents and Medical Students who exemplify dedication to leadership in family medicine education.</p>	Executive Vice President (EVP)	<p>Agree with Modification</p> <p>An enduring fund in the name of Dr. Perry Pugno will be established through the AAFP Foundation. It was noted that \$50,000 in donations was needed to get it started.</p>
R1-105	Improving Support for Rural Health Care in Medical Education	Not Adopted	

Summary of Actions of the 2014 NCFMR, continued

R1-106	Promoting Rural Family Physician Mentorship for Premedical and Medical Students	Moved to Reaffirmation Calendar	
R1-107	<p>A Procedural Tracking System as an AAFP Member Benefit</p> <p>RESOLVED, That the American Academy of Family Physicians provide its members with a standardized tool for tracking clinical competencies and procedures over the member's career, similar to the continuing medical education tracking system.</p> <p>The modified resolved clause states:</p> <p>RESOLVED, That the American Academy of Family Physicians provide its members with <u>investigate</u> a standardized tool for tracking minimum clinical competencies and procedures over members' careers, similar to the continuing medical education tracking system.</p>	Commission on Membership and Member Services (CMMS)	<p>Agree with Modification</p> <p>The commission modified the language of the resolved clause to match resolution S1-403 A Procedural Tracking System as an AAFP Member Benefit.</p> <p>The commission was in agreement that staff should research this potential new service, including investigating if existing AAFP infrastructure (CME reporting service and learning management system) could be modified to accommodate tracking procedures/competencies or if the AAFP could contract with a vendor to license this service for members.</p> <p>Staff explored the development of a procedural tracking log and believes that existing AAFP infrastructure that supports the CME reporting service could be expanded to accommodate this new service. A technology project request to develop this service was submitted to senior leadership for approval and prioritization. To date, the project has not yet been approved.</p>
R1-108	<p>Maintaining Accredited Training for Post-Graduate Medical Practice</p> <p>RESOLVED, That the American Academy of Family Physicians develop a policy statement opposing special licensing pathways which are not associated with accredited United States (U.S.) post-graduate medical training programs for medical school graduates who are not currently enrolled in Accreditation Council for Graduate Medical Education or American Osteopathic Association residency programs or have not completed at least one year of accredited training.</p>	Commission on Education (COE)	<p>Accept for Information</p> <p>The AAFP supports the position that in order to practice safely as a physician, learners need to complete a residency and achieve competency to practice independently. Accepted standards of competency have long been established by residency accreditation and physician certification bodies. Anything less than affirmed competency in a physician puts patients at risk. A path to licensure which bypasses residency training and/or physician certification would risk substandard care. To claim that such licensure serves to meet the needs of any particular population would suggest that substandard care is "good enough" for that population group. The AAFP has a current policy, "Rural Health Care, Access To," which supports the elimination of disparities to access to quality care for all populations. The AAFP is opposed to these alternative pathways to licensure and is actively monitoring any such actions.</p>
R1-109	<p>Rural and International Experiences in Residency Training Requirements</p> <p>RESOLVED, That the American Academy of Family Physicians work with other family medicine organizations to identify best practices and disseminate information on how best to financially support residency programs that send residents on away rural and international experiences.</p>	Commission on Education (COE)	<p>Reaffirm</p> <p>There are three entities involved in determining a program's ability to support rural and international experiences for residents: the ABFM, the ACGME, and the CMMS, thus making this a very complicated issue. The COE reviewed the various information and tools already available to residency programs interested in providing rural and international experiences for residents, such as the AAFP Center for Global Health Initiatives, the AAFP Medical Education Division, AFMRD, and STFM.</p>

Summary of Actions of the 2014 NCFMR, continued

R1-110	Develop Education for Students and Residents Concerning Rural Medicine	Moved to Reaffirmation Calendar	
R1-111	Allowing Electronic Submissions of Resolutions RESOLVED, That the National Conference of Family Medicine Residents and Medical Students continue to investigate the utilization of a simple electronic submission form on the member section of the aafp.org website for all resolutions that can then be made available electronically.	Executive Vice President (EVP)	Accept for Information After careful discussion of the recommendation which focused on the desire to allow for staff and attendee efficiencies, while maintaining the need to use the National Conference as a leadership training and development opportunity for residents and students in regards to resolution writing, and upon a motion duly made, seconded and carried, the Board approved the staff recommendation.
R1-112	Repeal of Lifetime Ban on Blood Donations from Men who have Sex with Men	Moved to Reaffirmation Calendar	
R1-113	Representation by Students and Residents on Rural Health Working Group	Not Adopted	
R2-201	Informed Consent from Residents RESOLVED, That the American Academy of Family Physicians advocate for informed consent to be formally obtained from all residents for participation in the ACGME resident survey and the Family Medicine Milestone Project , and be it further RESOLVED, That residents may opt out of participation in research studies without fear of repercussion.	Commission on Education (COE)	Accept for Information Information gathered from the ACGME resident survey is an important element in the program accreditation process. It affords residents an opportunity to respond to questions which may identify shortcomings for the training environment. Opting out of the survey would limit the information available for program assessment. The responses are not linked to any individual and are reported in aggregate to the program director and designated institution official. Currently, the ACGME is not sharing the data with the ABFM. There is uncertainty as to whether or not data is "discoverable" in legal situations. The AAFP will continue to monitor these issues.
R2-202	Recommendation of Parenting Classes RESOLVED, That the American Academy of Family Physicians recommend routine patient counseling regarding the availability and benefits of parenting classes, especially for first-time parents and individuals serving as primary caregivers.	Commission on Health of the Public and Science (CHPS)	Agree The intent of the resolution will be addressed as part of the call to action of the AAFP Position Paper on the Integration of Primary Care and Public Health.
R2-203	Pre-participation Physical Evaluation Forms and Practitioners RESOLVED, That the American Academy of Family Physicians (AAFP) advise that the pre-participation physical evaluation be performed only by physicians, nurse practitioners, or physician assistants.	Commission on Health of the Public and Science (CHPS)	Agree with Modification The CHPS recommended and the Board approved revising the AAFP policy statement, "Sports Medicine, Health and Fitness" to state that pre-participation physical exams should be performed only by physicians, nurse practitioners, or physician assistants.
R2-204	Direct Primary Care Practice Startup Toolkit and Workshops RESOLVED, That the American Academy of Family Physicians create a "Direct Primary Care (DPC) Practice Startup Toolkit" for family medicine residents interested in starting a DPC practice out of residency, and be it further	Executive Vice President (EVP)	Accept for Information The AAFP has developed a Direct Primary Care Toolkit - https://nf.aafp.org/Shop/practice-management-tools/dpc-toolkit . In addition, the AAFP hosted three Direct Primary Care Practice Development Workshops and co-hosted the Direct Primary Care Summit.

Summary of Actions of the 2014 NCFMR, continued

	RESOLVED, That the American Academy of Family Physicians create regional Direct Primary Care (DPC) workshops for those interested in starting (not transitioning) a DPC.		
R2-205	Identification and Promotion of Best Practices for International Family Medicine Experiences	Not Adopted	
R2-206	Expansion of Resources for Full Spectrum Family Physicians	Not Adopted	
R2-207	Research Access to Health Care in Underserved Areas After the Implementation of Patient Protection and Affordable Care Act	Not Adopted	
R2-208	Support of Diversity in National Conference Programming	Moved to Reaffirmation Calendar	
R2-209	<p>Support of the Institute of Medicine's GME Recommendations</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the Family Medicine for America's Health Tactical Team on Workforce and Training and the communications team to develop a strategy to advance the Institute of Medicine report, "Graduate Medical Education That Meets the Nation's Health Needs," recommendations, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians incorporate the Institute of Medicine's report "Graduate Medical Education That Meets the Nation's Health Needs" into its federal graduate medical education advocacy strategy.</p>	Board of Directors (BOD)	<p>Reaffirm</p> <p>The AAFP Board of Directors felt the action in the resolution is current policy.</p>
R2-210	Increasing Long Acting Reversible Contraceptives (LARC) Usage Amongst United States Adolescent Females	Not Adopted	
R2-211	Support of Promoting Health in Trade Agreements	Not Adopted	
R2-212	<p>Support of Access to Essential Health Benefits Including Contraception</p> <p>RESOLVED, That the American Academy of Family Physicians support Congressional action to ensure that employees' access to essential health services is not subject to employers' religious beliefs including, but not limited to, the Protect Women's Health from Corporate Interference Act, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians oppose measures which shift the cost of contraception to insurers because these are not an acceptable alternative to coverage of an essential health benefit including the full spectrum of contraception.</p>	Commission on Governmental Advocacy (CGA)	<p>The AAFP Board of Directors will during its July meeting consider the CGA recommendation to accept this resolution for information.</p> <p>It is anticipated that the outcome will be available by the time of the 2015 National Congress of Family Medicine Residents.</p>

Summary of Actions of the 2014 NCFMR, continued

R2-213	<p>Support Global LGBT Nondiscrimination</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the World Organization of Family Doctors (WONCA) to adopt a policy in support of LGBT nondiscrimination and adoption of a lesbian, gay, bisexual, and transgender (LGBT) nondiscrimination agenda item by the World Health Organization Executive Board and the World Health Assembly.</p>	Executive Vice President (EVP)	<p>Agree</p> <p>A letter was sent to WONCA by the AAFP Board Chair. A response was received from WONCA assuring the AAFP of WONCA's full support for the sentiments contained in the letter and assuring him of WONCA's ongoing activities to support LGBT Issues and non-discrimination.</p>
R2-214	<p>Support of Emergency Contraception Training and Counseling</p>	Not Adopted	
R2-215	<p>Improved Recognition of Global Health by the American Academy of Family Physicians</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) develop a global health site linked to the AAFP main web page which emphasizes the AAFP's dedication to family medicine as an ideal specialty for global health.</p>	Commission on Education (COE)	<p>Reaffirm</p> <p>The Global Health website has been active since September 2014.</p> <p>http://www.aafp.org/about/initiatives/global-health-initiatives.html</p> <p>It was concluded that the resolution is being addressed through current activities.</p>
R3-301	<p>Maintenance of Certification and Competency Based Resident Promotion</p>	Not Adopted	
R3-302	<p>Loan Interest Rates and Proposed Cap on Public Service Loan Forgiving (PSLF)</p> <p>RESOLVED, That the American Academy of Family oppose any cap on the loan balance forgiven under Public Service Loan Forgiveness (PSLF) Program for primary care providers, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage lowering Graduate Direct Loan interest rates to levels at or below 4%.</p>	Commission on Governmental Advocacy (CGA)	<p>The AAFP Board of Directors will during its July meeting consider the CGA recommendation to reaffirm this resolution.</p> <p>It is anticipated that the outcome will be available by the time of the 2015 National Congress of Family Medicine Residents.</p>
R3-303	<p>Direct Primary Care Education in Medical School and Residency</p> <p>RESOLVED, That the American Academy of Family Physicians provide education activities and seminars on Direct Primary Care at the next National Conference of Family Medicine Residents and Medical Students, and be it further</p> <p>RESOLVED, That the AAFP Commission on Education consider including direct primary care education in existing AAFP practice management materials for residents.</p>	Commission on Education (COE)	<p>Agree</p> <p>A workshop on direct primary care is planned for the 2015 National Conference, which addresses the first resolved. To address the second resolved clause, the COE acknowledged that resident members have access to all existing resources on direct primary care, and many of these resources contain information and tools residents would be interested in. Some resources that carry a cost are not targeted at residents and are priced higher than is easily accessible by residents. The COE provided feedback to staff regarding ideas to modify existing resources for residents and consider price breaks on products for residency programs or residents. The AAFP has allocated funding to support student and resident attendance at the July 2015 DPC Summit, and included a student advocate in its programming.</p>

Summary of Actions of the 2014 NCFMR, continued

R3-304	Assessing and Promoting Ways to Pay for Medical School	Not Adopted	
R3-305	Expanding Primary Care-Based Treatment for Opioid Addiction	Not Adopted	
R3-306	Support for Increasing the Minimum Wage	Not Adopted	
R3-307	Addressing the Threat of Medical School Debt to Family Medicine	Moved to Reaffirmation Calendar	
R3-308	<p>Establish Best Practices in Encounter Tracking to Prevent Unnecessary Resident Administrative Burden</p> <p>RESOLVED, That the AAFP in collaboration with the Society of Teachers of Family Medicine and other relevant organizations seek to establish best practices in patient encounter tracking, including, but not limited to: (1) guidelines for HIPAA-compliant patient tracking to minimize unnecessary administrative burden on residents; and (2) electronic or online instruments/tools to assist faculty and residents in documenting patient encounters.</p>	Commission on Education (COE)	<p>Accept for Information</p> <p>It was noted by the COE that there currently are many software options for tracking procedures and patient encounters, but decisions for the means of data collection usually are made at the institutional level. Optimal solutions would include improved functions of EHRs to report data that residents have to enter as part of patient care, thus relieving them of having to reenter the same data in a separate system. These functions are dependent on the particular EHR and the technological resources of the institution. It is not feasible to create one instrument that will interact with the variety of EHRs. Best practices are unique to each system used and the resources available at that institution.</p>
R3-309	<p>Support of Single Payer</p> <p>RESOLVED, That the American Academy of Family Physicians encourage chapters to investigate state-based, single-payer payment models as one possible route toward achieving economically beneficial, universal coverage for their states.</p>	Board of Directors (BOD)	<p>Accept for Information</p> <p>The Board expressed the opinion that the Board of Directors has debated a single payer system several times over. The issue is affordable health care for all, not eliminating the competitive marketplace of payers. The AAFP Plan calls for a broad based system with multiple partners. The Board has advocated for a Health Care for All plan, which does not exclude a single payer system but includes it with other options.</p> <p>Although educating members on potential single party payer systems may be helpful, advocating for them would not be consistent with AAFP policy.</p> <p>Caution needs to be taken about directing chapters to pursue a policy not in line with national policy.</p>
R3-310	<p>Support of Clinical Trial Data Transparency</p> <p>RESOLVED, That the American Academy of Family Physicians sign on to the AllTrials campaign which calls for the registration of all clinical trial data and reporting of all clinical trial results.</p>	Commission on Health of the Public and Science (CHPS)	<p>The AAFP Board of Directors will during its July meeting consider the CHPS recommendation to agree with this resolution through a recommendation that the AAFP sign onto the AllTrials campaign.</p> <p>It is anticipated that the outcome will be available by the time of the 2015 National Congress of Family Medicine Residents.</p>
R3-311	Oppose Capping the Public Service Loan Forgiveness (PSLF) Program	Considered with R3-302	

Summary of Actions of the 2014 NCFMR, continued

<p>R3-312</p>	<p>End the AAFP Alliance with Coca-Cola</p> <p>RESOLVED, That the American Academy of Family Physicians dissolve financial ties to Coca-Cola, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians re-establish an ethics committee to evaluate new alliances and general practices of the professional organization, in an attempt to preserve integrity and avoid conflicts of interest.</p>	<p>Board of Directors (BOD)</p>	<p>Accept for Information</p> <p>The Consumer Alliance Program (CAP) aligns the AAFP with companies that share the common goal of informing consumers, as well as medical professionals, about new advances in product science, dietary guidelines, and best practices for good health. The CAP, and subsequently partnerships like that in which AAFP shares with The Coca-Cola Company (TCCC), enables the AAFP to further respond to one of its strategic objectives: health of the public, while also continuing to diversify its streams of non-dues revenue.</p> <p>The Consumer Alliance Program is also an opportunity for the AAFP to present the family physician perspective in forums where AAFP wouldn't otherwise have access if it weren't for the types of partnerships made possible through this program. The AAFP has the unique opportunity to take the lead in partnering with companies like TCCC in order to open dialog and hopefully, over time, have significant influence in the continued development of healthier, more nutritious products and consumer marketing practices. The AAFP is proud - to work with TCCC in its efforts to counter obesity and help consumers make healthier choices.</p> <p>With particular respect to the CAP, AAFP follows current policies on working with the business community in consumer alliances and standards for consumer funding support.</p>
<p>R3-313</p>	<p>Advancement of Student Opportunities in the Family Medicine Policy Legislative Process</p>	<p>Not Adopted</p>	
<p>R3-314</p>	<p>Equal Standards of Care for All Individuals Regardless of Immigration Status</p> <p>RESOLVED, That the AAFP amend its policy "Access to Comprehensive Care" that states, "The AAFP supports the concept of access to essential health care to all peoples regardless of social and economic status," so that it reads, "The AAFP supports the concept of access to comprehensive health care to all peoples regardless of social, economic and federal immigration status," and be it further</p> <p>RESOLVED, That the AAFP encourage chapters to address gaps in coverage for immigrant individuals.</p>	<p>Commission on Governmental Advocacy (CGA)</p>	<p>The AAFP Board of Directors will during its July meeting consider the CGA recommendation to accept this resolution for information.</p> <p>It is anticipated that the outcome will be available by the time of the 2015 National Congress of Family Medicine Residents.</p>
<p>R3-315</p>	<p>Expanded Advocacy for Student Debt Relief</p>	<p>Not Adopted</p>	
<p>R3-316</p>	<p>Continuation and Expansion of Public Service Loan Forgiveness</p>	<p>Considered with R3-302</p>	