



Summary of Actions of the 2021 National Congress of Family Medicine Residents

2021 Resolutions

Res. No.	Subject	Action of NCFMR	Referrals	Actions
R1-401 *similar to S1-105	National Advance Directive Database Substitute: <i>RESOLVED, That the American Academy of Family Physicians collaborate with other national medical specialty organizations and relevant state bodies to advocate for each state to have an advance directive database that can be accessible by physicians in any state to assist with end-of-life care.</i>	Substitute Adopted	Commission on Federal and State Policy	The Commission agreed to accept the resolution for information. The AAFP and AMA presently encourage the use of advance directives and health care powers of attorneys. The resolved clause is consistent with the AAFP's position to support efforts to create and maintain free and voluntary centralized registries that contain accurate and up-to-date documentation regarding a patient's wishes related to end-of-life treatment and allow members of the public to freely input their own wishes into such registries.
R1-402	Support Financial Literacy for Physicians Substitute: <i>RESOLVED, That the American Academy of Family Physicians support protected time for financial literacy education in undergraduate medical education (medical school) and graduate medical education (residency).</i>	Substitute Adopted	Commission on Education	The Commission agreed to accept the resolution for information. Personal financial literacy and health is vital for students and residents but advocating for protected time in medical school and residency is not the best way for the AAFP to support this goal.
R1-403	Gender-Affirming Care as a Core Competency in Residency Curriculum <i>RESOLVED, That the American Academy of Family Physicians support the integration of gender-affirming hormone therapy in core residency curricula, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians make an official curriculum recommendation that all Family Medicine Residencies ensure competency of trainees in gender-affirming hormone therapy, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians encourage</i>	Reaffirmed		Reaffirm as current policy

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	<i>the Accreditation Council for Graduate Medical Education to compile core competencies in gender-affirming care for family medicine residencies.</i>			
R1-404	<p>To Promote Local, State, and National Support for Community Hospitals RESOLVED, That the American Academy of Family Physicians create a committee to actively examine the role of community hospitals in family medicine training and the provision of equitable patient care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for policies at the local, state, and national level that support the continued role of community hospitals and provides adequate funding flow to these institutions.</p>	Reaffirmed		Reaffirm as current policy
R1-405	<p>Sexually Transmitted Infections (STIS) During Pregnancy RESOLVED, That the American Academy of Family Physicians study best practices for sexually transmitted infection screening during pregnancy and pitfalls that are leading to the increasing incidence of neonatal syphilis and other sexually transmitted infections during pregnancy, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians study best practices for expedited partner testing, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with appropriate parties to accumulate and provide educational materials regarding expedited partner therapy to medical students and residents as well as continuing medical education for family physicians</p>	Reaffirmed		Reaffirm as current policy
R2-501	<p>Development of a National Bureau for Gun Safety Substitute as Amended on the Floor: RESOLVED, That the American Academy of Family Physicians support the creation of a National Bureau for Gun Safety, to be run by relevant policy experts across disciplines working together in a transparent and nonpartisan organization to develop a comprehensive</p>	Adopted as Amended on the floor	Commission on Federal and State Policy	<p>The commission agreed to accept the resolution as current policy.</p> <p>AAFP has consistently advocated on gun safety issues through its prevention of gun safety policy, gun safety position paper, and supporting annual appropriations in support of public health research into firearm morbidity and mortality prevention</p>

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	<i>research and policy agenda to improve gun safety.</i>			
R2-502	<p>Recognizing Osteopathic Manual Therapy as a Treatment for Musculoskeletal Conditions</p> <p>Substitute: <i>RESOLVED, That the American Academy of Family Physicians recognize osteopathic manual therapy as a safe, evidence-based, non-pharmacologic treatment option for musculoskeletal conditions, especially acute low back pain, chronic low back pain, and pain and disability associated with pregnancy, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support continued research demonstrating osteopathic manipulative therapy as an effective modality in supporting the health and well-being of patients, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide additional continuing education regarding osteopathic manipulative therapy.</i></p>	Substitute Adopted	<p>1st & 2nd Resolved Clauses: Commission on Health of the Public and Science</p> <p>3rd Resolved Clause: Commission on Continuing Professional Development</p>	<p>1st & 2nd Resolved Clauses: The commission recommended, and the Board Chair approved, to accept the resolution as current policy.</p> <p>AAFP supports the use of acupuncture, spinal manipulation, and other nonpharmacologic therapies in the treatment of acute and chronic pain. Specifically, the AAFP has a joint guideline with ACP on acute musculoskeletal pain that recommends acupuncture as a nonpharmacologic option. https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinicalrecommendations/musculoskeletal-pain.html. Specific to low back pain, the AAFP endorsed the ACP guideline on low back pain that recommends spinal manipulation, acupuncture, massage, and other nonpharmacologic modalities. https://www.aafp.org/family-physician/patientcare/clinical-recommendations/all-clinical-recommendations/back-pain.html. The AAFP has an osteopathic manipulative medicine procedural course self-study package. FPM recently published an article on OMT coding. The AAFP also has in its 2021-22 operational plan a commitment to increase osteopathic education opportunities, led by the CPD division. FMX and Residency Leadership Summit meetings already include osteopathic-focused education, aimed at both MD and DO audiences. Articles about osteopathic medicine have been included in AFP. AAFP routinely advocates for coverage and access to non-pharmacologic therapies for the treatment of acute and chronic pain and has sent letters/responses to CMS in this regard. Other policies and resources related to chronic pain can be found at: https://www.aafp.org/family-physician/patient-care/care-resources/pain-management.html. The Chronic Pain toolkit reviews appropriate pain management options.</p> <p>3rd Resolved Clause: The commission agreed to accept the resolution for</p>

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				<p>information.</p> <p>The AAFP has offered osteopathic manipulation education since 2015.</p> <p>2022 (total credits TBD) The 2022 call-for-proposals (CFP) for 2022 national live courses and FMX will include osteopathic manual manipulation therapy (OMT) topics.</p> <ul style="list-style-type: none"> • Including plans to continue with seeking AOA Category 1 CME credit for the 2022 Musculoskeletal course, just as we did for 2021 <p>2021 Activities that include sessions on OMT (25.5 credits)</p> <ul style="list-style-type: none"> • Neurology and Behavioral Health (Nov) • Musculoskeletal Medicine (Oct, moved to Feb 2022) • The Osteopathic Approach: FMX Preconference Workshop (Sep) – this course was specifically designed for AOA Category 1 CME credit (10 total credits) • FMX (Sep), • Residency Leadership Summit (Mar) • Osteopathic Manipulative Medicine Edition 1.2 (offered as enduring self-study package) <p>2020 (32.5 credits)</p> <ul style="list-style-type: none"> • FMX (Oct) • Musculoskeletal and Sports Care (Sep) • Family Centered Maternity Care (Jul)
R2-503	<p>Implementing Fairness to the 1650 Outpatient Visit Numbers</p> <p>Substitute: <i>RESOLVED, That the American Academy of Family Physicians advocate to the American Board of Family Medicine and Accreditation Council of Graduate Medical Education (ACGME) that they include telemedicine visits, in all forms, in the ACGME graduation clinic encounter requirement.</i></p>	Substitute Adopted	Commission on Education	<p>The commission agreed to accept as Current Policy.</p> <p>Staff included comments in the AAFP statement to RC-FM on the proposed residency requirement revisions.</p>
R2-504	<p>Promoting Fairness to Family Medicine Resident Compensation</p>	Not Adopted		Not Adopted
R2-505	<p>Integration of Health Care Systems Engineering Principles in Resident Education</p> <p><i>RESOLVED, That the American Academy of Family Physicians encourages the teaching, training, and application of health care systems engineering principles during residency training to better equip family physicians</i></p>	Reaffirmed		Reaffirm as current policy

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	<i>to be innovative leaders in transforming the future of primary care.</i>			
R2-506	<p>To Support Anti-Racism within Family Medicine <i>RESOLVED, That the American Academy of Family Physicians prioritize having representation through Black, Indigenous, People of Color (BIPOC) voices on the board and in every committee, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) support the creation of an AAFP Anti-Racism Committee comprised of physicians, patients and other stakeholders to address racism in communities and on a national level.</i></p>	Adopted	Executive Vice President	<p>The 2021 AAFP National Conference Congress of Delegates referred Resolution R2-506 – To Support Anti-Racism within Family Medicine – to the AAFP Board of Directors.</p> <p>As part of its three-year strategic plan, the AAFP is prioritizing the inclusion of diverse representation within our leadership and governance functions. To accelerate this work, the Board of Directors established the Commission on Diversity, Equity and Inclusiveness in Family Medicine (CDEI-FM). To ensure that our commitment to this work is shared across the AAFP commission structure, a CDEI-FM representative will serve as a liaison to the other commissions. In addition, the AAFP convenes the Family Medicine Leadership Consortium (FMLC) Family Medicine Committee on Antiracism or FM-CAR. This group is a collaboration between family medicine organizations focused on issues of diversity, inclusiveness and antiracism.</p> <p>The AAFP continues to pursue the inclusion of diverse voices in all family medicine elected positions both at the federal and state levels. We host the National Conference of Constituency Leaders (NCCL) annually and other leadership development programming throughout the year to provide opportunities for individual family physicians to develop their leadership skills and better prepare them for future representation positions within the AAFP and our chapters.</p>