



Resident 2 Agenda and Resolutions

National Conference of Family Medicine Residents and Medical Students
July 29-31, 2021 – Kansas City, MO

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 501	Development of a National Bureau for Gun Safety
2. Resolution No. 502	Recognizing Osteopathic Medical Theory Annual Therapy as a Treatment for Musculoskeletal Conditions
3. Resolution No. 503	Implementing Fairness to the 1650 Outpatient Visit Numbers
4. Resolution No. 504	Promoting Fairness to Family Medicine Resident Compensation
5. Resolution No. 505	Integration of Health Care Systems Engineering Principles in Resident Education
6. Resolution No. 506	To Support Anti-Racism Within Family Medicine

1 **Resident RESOLUTION NO. 501**

2
3 **Development of a National Bureau for Gun Safety**

4
5 Introduced by: Eric Sullivan, MD

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7 WHEREAS, Despite persistent efforts to reduce firearm injury and death over the past twenty
8 years, deaths from firearm injuries have increased by over 20% and compared to other wealthy
9 countries, the rate of gun deaths per capita in the United States is over 25 times higher, and

10
11 WHEREAS, doctors can be encouraged to address firearm injury and death with the same tools
12 used successfully to confront other public health concerns such as motor vehicle safety, and

13
14 WHEREAS, the National Highway Safety Bureau addressed the problem of motor vehicle death
15 by systematically using a public health approach, promoting and implementing safety
16 technology, supporting research into causes and contributing factors and fostering public
17 awareness of seat belt use, resulting in a motor vehicle death rate which has fallen dramatically,
18 and

19
20 WHEREAS, health professionals have actively participated in the effort to reduce firearm injury
21 by speaking out against “gag laws” and restrictions on firearm injury research funding, but
22 coordination at the federal level is essential to provide a unified, coherent response, and

23
24 WHEREAS, the American Academy of Family Physicians has previously identified the
25 prevention of gun violence as a public health issue in need of a systematic response, now,
26 therefore be it

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28 RESOLVED, That the American Academy of Family Physicians support the creation of a
29 National Bureau for Gun Safety, to be run by experts in public health, medicine, engineering,
30 communications, and law enforcement working together in a transparent and nonpartisan
31 organization, and be it further

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33 RESOLVED, That the American Academy of Family Physicians support the National Bureau for
34 Gun Safety in developing a comprehensive research agenda investigating all options that could
35 lead to improved gun safety.

1 **Resident RESOLUTION NO. 502**

2
3 **Recognizing Osteopathic Medical Theory Annual Therapy as a Treatment for**
4 **Musculoskeletal Conditions**

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6 Introduced by: Emma York, DO
7 Rock Vomer, DO, DPTT
8 Eli Eisman, DO, PhD
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10 WHEREAS, Musculoskeletal disorders are estimated to affect 126.6 million American adults
11 and result in \$874 billion in annual treatment cost, lost wages and healthcare visits and
12 musculoskeletal conditions account for more than 50% of disabling conditions reported by
13 Americans and remain among the primary reasons that individuals visit healthcare providers in
14 the United States accounting for approximately 20% of visits to emergency departments and
15 primary care clinics, and
16

17 WHEREAS, only 2% of current medical school curricula is dedicated to musculoskeletal
18 education, as few as only 15% of allopathic schools have required musculoskeletal clinical
19 instruction, and musculoskeletal selective rotations were only offered at 34% of medical
20 schools, and
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22 WHEREAS, one in four graduates of medical schools in the United States are graduates of
23 osteopathic medical schools and 40,084 applicants applied to the National Resident Match
24 Program in 2020, of which 10,034, including osteopathic and allopathic students, matched into
25 primary care specialties including family medicine, internal medicine and pediatrics, and
26

27 WHEREAS, spinal manipulation, a form of Osteopathic Medical Therapy (OMT), is now a
28 recommended first-line treatment modality for low back pain by both the American Academy of
29 Family Physicians and American College Physicians and when OMT effects on low back pain
30 during pregnancy has been studied, OMT has been found to be a safe, effective adjunctive
31 therapy to usual care and superior to usual care only for both low back pain and function, and
32

33 WHEREAS, recognizing the validity of OMT as a treatment for musculoskeletal conditions and
34 encouraging training today's physicians about its uses would increase the understanding of
35 what OMT is and increase allopathic physicians understanding of their osteopathic colleagues'
36 training, now, therefore be it
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38 RESOLVED, That the American Academy of Family Physicians recognize osteopathic manual
39 therapy as a safe, evidence-based, non-pharmacologic first-line treatment for musculoskeletal
40 conditions, especially acute low back pain, chronic low back pain, and pain and disability
41 associated with pregnancy, and be it further
42

43 RESOLVED, That the American Academy of Family Physicians seek to advocate to their
44 partners for inclusion of the osteopathic manipulative therapy as a treatment for musculoskeletal
45 conditions into medical school and resident curricula, and be it further
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47 RESOLVED, That the American Academy of Family Physicians work to promote continued
48 research demonstrating osteopathic manipulative therapy as an effective modality in supporting
49 the health and well-being of our patients, and be it further
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51 RESOLVED, That the American Academy of Family Physicians strive to endorse the continued
52 education of non-manual medicine trained colleagues, including allopathic physicians, nurse
53 practitioners, physician assistants, and our allied health partners as to the potential benefit of
54 osteopathic manipulative therapy as a low-cost, high-value adjunctive treatment, and be it
55 further

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57 RESOLVED, That the American Academy of Family Physicians support efforts to reduce
58 barriers to care for patients who are seeking manual medicine as therapy.

1 **Resident RESOLUTION NO. 503**

2

3 **Implementing Fairness to the 1650 Outpatient Visit Numbers**

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5 Introduced by: Asna Tasleem, MD

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7 WHEREAS, The American Board of Family Medicine (ABFM) and the Accreditation Council of
8 Graduate Medical Education (ACGME) are committed to family physicians obtaining and
9 maintaining their ABFM certification while weathering the extraordinary patient care pressures
10 associated with the ongoing pandemic, and

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12 WHEREAS, ACGME requirements state that residents must provide care for a minimum of
13 1,650 in-person patient encounters in the family medicine practice (FMP) site, and

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15 WHEREAS, ABFM states that the majority of these visits must occur in the resident's primary
16 FMP site, and

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18 WHEREAS, it is also noted by the ABFM that residents' patient encounters should include
19 telephone visits, e-visits, group visits, and patient-peer education sessions, there is a lack of
20 clarity about how many e-visits can count towards the 1,650 in-person patient encounters, now,
21 therefore be it

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23 RESOLVED, That the American Academy of Family Physicians advocate to the Accreditation
24 Council of Graduate Medical Education and the American Board of Family Medicine that any
25 and all telephone visits, e-visits, group visits, and patient-peer education sessions count toward
26 the 1,650 patient encounter minimum until the pandemic has been declared over.

1 **Resident RESOLUTION NO. 504**

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3 **Promoting Fairness to Family Medicine Resident Compensation**

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5 Introduced by: Asna Tasleem, MD

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7 WHEREAS, The Accreditation Council for Graduate Medical Education (ACGME) advocates for
8 the wellness and well-being of all resident physicians across the United States, and

9
10 WHEREAS, the American Academy of Family Physicians (AAFP) fully supports the wellness
11 and well-being of resident physicians in as much as advocated for by the ACGME, and

12
13 WHEREAS, the wellness and well-being of resident physicians depends on the psychological,
14 social, financial, and physical aspects of life, and

15
16 WHEREAS, family medicine resident physicians provide patient care for an average of eighty
17 hours per week and are compensated by a yearly average salary of \$57,400, and

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19 WHEREAS, the average medical school debt of a PGY-1 resident physician is \$200,000, and,
20 compared to the average starting salary of physician assistants at \$81,000, resident family
21 physicians are paid significantly less, and the indebtedness of resident family physicians
22 compounded by the pay gap between them and their starting physician assistant counterparts,
23 affects their wellbeing, now be it therefore,

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25 RESOLVED, That the American Academy of Family Physicians advocate for higher salaries for
26 resident family physicians, and be it further

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28 RESOLVED, That the American Academy of Family Physicians advocate that similarly
29 credentialed peers bearing significantly less debt are not paid more, and be it further

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31 RESOLVED, That the American Academy of Family Physicians advocate that resident family
32 physicians be paid like physician assistants while working under an attending physician's
33 supervision.

1 **Resident RESOLUTION NO. 505**

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3 **Integration of Health Care Systems Engineering Principles in Resident Education**

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5 Introduced by: Jerry Bradley, MD

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7 WHEREAS, Health care systems engineering is a comprehensive and interdisciplinary
8 approach to improve the quality, safety, and efficiency of health care delivery which has been
9 widely recognized for its ability to achieve targeted and sustainable solutions (National
10 Academies of Science Engineering and Medicine (NASEM) and Institute of Medicine
11 Committee on Engineering and the Health Care System), and

12
13 WHEREAS, the NASEM 2021 Implementing High-Quality Primary Care: Rebuilding the
14 Foundation of Health Care report has recognized primary care as the foundation of the US
15 health care system and has urged the development and implementation of high-quality primary
16 care to promote a better, more equitable, and fully integrated system that targets the whole-
17 person, family, and community, and

18
19 WHEREAS, health care systems engineering education, training, and application are often
20 limited within residency programs with few existing opportunities for collaboration between
21 engineers and physicians, and

22
23 WHEREAS, the American Academy of Family Physicians (AAFP) supports the use of system
24 engineering principles through its primary care innovation fellowship and recognizes the need
25 for a “newly designed system that invests in ‘health’ care and values an integrated approach
26 that is coordinated through primary care”, now, therefore be it

27
28 RESOLVED, That the American Academy of Family Physicians encourages the teaching,
29 training, and application of health care systems engineering principles during residency training
30 to better equip family physicians to be innovative leaders in transforming the future of primary
31 care.

1 **Resident RESOLUTION NO. 506**

2

3 **To Support Anti-Racism Within Family Medicine**

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5 Introduced by: Shannon Hogan, MD

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7 WHEREAS, The American Academy of Family Physicians (AAFP) acknowledges that racism is
8 systemic and institutionalized within medicine, and

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10 WHEREAS, racism has a direct impact on health outcomes for patients of all ages and across
11 socioeconomic lines, and

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13 WHEREAS, the AAFP is already dedicated to developing a diverse workforce; studies show
14 that patient satisfaction and health outcomes are improved when health providers and their
15 patients have a concordance in their racial, ethnic, and language backgrounds, now, therefore
16 be it

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18 RESOLVED, That the American Academy of Family Physicians prioritize having representation
19 through Black, Indigenous, People of Color (BIPOC) voices on the board and in every
20 committee, and be it further

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22 RESOLVED, That the American Academy of Family Physicians (AAFP) support the creation of
23 an AAFP Anti-Racism Committee comprised of physicians, patients and other stakeholders to
24 address racism in communities and on a national level.