



## Resident 2 Consent Calendar

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

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- 1 **RECOMMENDATION: The Resident 2 Reference Committee recommends the following**  
2 **consent calendar for adoption:**  
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4 **Item 1:** Not Adopt Resolution No. 501 on “Development of a National Bureau for Gun Safety.”  
5  
6 **Item 2:** Adopt Substitute Resolution No. 502 on “Recognizing Osteopathic Medical Therapy as a  
7 Treatment for Musculoskeletal Conditions” in lieu of Resolution No. 502.  
8  
9 **Item 3:** Adopt Substitute Resolution No. 503 on “Implementing Fairness to the 1650 Outpatient  
10 Visit Numbers” in lieu of Resolution No. 503.  
11  
12 **Item 4:** Not Adopt Resolution No. 504 on “Promoting Fairness to Family Medicine Resident  
13 Compensation.”  
14  
15 **Item 5:** Reaffirm Resolution No. 505 on “Integration of Health Care Systems Engineering  
16 Principles in Resident Education.”  
17  
18 **Item 6:** Adopt Resolution No. 506 on “To Support Anti-Racism Within Family Medicine.”



## Resident 2 Reference Committee Report

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National Conference of Family Medicine Residents and Medical Students  
July 29-31, 2021

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1 **The Resident 2 Reference Committee has considered each of the items referred to it and**  
2 **submits the following report. The committee's recommendations will be submitted as a**  
3 **consent calendar and voted on in one vote. Any item or items may be extracted for**  
4 **debate.**

5  
6 **ITEM NO. 1: RESOLUTION NO. 501: DEVELOPMENT OF A NATIONAL BUREAU FOR GUN**  
7 **SAFETY**

8  
9 RESOLVED, That the American Academy of Family Physicians support the creation of a  
10 National Bureau for Gun Safety, to be run by experts in public health, medicine,  
11 engineering, communications, and law enforcement working together in a transparent  
12 and nonpartisan organization, and be it further

13  
14 RESOLVED, That the American Academy of Family Physicians support the National  
15 Bureau for Gun Safety in developing a comprehensive research agenda investigating all  
16 options that could lead to improved gun safety.

17  
18 The reference committee heard testimony in support of the resolution from the author.  
19 Testimony emphasized the role of federal agencies like the National Highway Safety Board in  
20 identifying and promoting best practices for motor vehicle safety, resulting in improved rates of  
21 vehicle-related injury and death. Testimony encouraged the use of a similar approach through  
22 the creation of a National Bureau of Gun Safety to meter out best practices for gun safety, citing  
23 the urgency of firearm-related deaths, injuries, and violence as a significant public health  
24 problem.

25  
26 Although supportive of its intent, the reference committee believed the use of "support" in the  
27 second resolved clause was not specific enough regarding the requested action of the AAFP.  
28 The reference committee also noted that the second resolved clause was too dependent on the  
29 first resolved and could not stand on its own. Committee members believed that the language in  
30 the first resolved clause was too prescriptive about which professions should be involved in a  
31 national bureau of gun safety. Given these questions about the scope and potential redundancy  
32 with current AAFP policy supporting a research agenda for gun violence, the reference  
33 committee recommended that the resolution not be adopted.

34  
35 **RECOMMENDATION: The reference committee recommends that Resolution No. 501 not**  
36 **be adopted.**

37  
38

39 **ITEM NO. 2: RESOLUTION No. 502: RECOGNIZING OSTEOPATHIC MANUAL THERAPY**  
40 **AS A TREATMENT FOR MUSCULOSKELETAL CONDITIONS**

41  
42 RESOLVED, That the American Academy of Family Physicians  
43 recognize osteopathic manual therapy as a safe, evidence-based, non-pharmacologic  
44 treatment option for musculoskeletal conditions, especially acute low back pain, chronic  
45 low back pain, and pain and disability associated with pregnancy, and be it further

46  
47 RESOLVED, That the American Academy of Family Physicians seek to advocate to their  
48 partners for inclusion of the osteopathic manipulative therapy as a treatment for  
49 musculoskeletal conditions into medical school and resident curricula, and be it further

50  
51 RESOLVED, That the American Academy of Family Physicians work to promote  
52 continued research demonstrating osteopathic manipulative therapy as an effective  
53 modality in supporting the health and well-being of our patients, and be it further

54  
55 RESOLVED, That the American Academy of Family Physicians strive to endorse the  
56 continued education of non-manual medicine trained colleagues, including allopathic  
57 physicians, nurse practitioners, physician assistants, and our allied health partners as to  
58 the potential benefit of osteopathic manipulative therapy as a low-cost, high-value  
59 adjunctive treatment, and be it further

60  
61 RESOLVED, That the American Academy of Family Physicians support efforts to reduce  
62 barriers to care for patients who are seeking manual medicine as therapy.

63  
64 The reference committee heard testimony in support of the resolution. Those testifying cited the  
65 benefits of osteopathic manipulative therapy (OMT) including increases in patient satisfaction,  
66 decreases in prescription of opioids, and the reduction in unnecessary imaging. Testimony also  
67 highlighted that currently OMT is not required in all student or resident educational curriculum.  
68 The reference committee discussed the testimony and recognized that OMT is taught in  
69 osteopathic educational settings and that there are benefits for its use in pain management.  
70 While the AAFP supports the use of acupressure, spinal manipulation, and other  
71 nonpharmacologic therapies in the treatment of [acute](#) and [chronic low back pain](#), they are not  
72 listed as first-line treatments given the lower level of evidence. Additional studies are needed for  
73 these therapies to fully understand the benefits and harms compared to other more widely  
74 studied pharmacologic options. Given the gap in clinical evidence, the reference committee also  
75 agreed that additional research on OMT would be valuable. The AAFP provides some  
76 continuing education on osteopathic manipulative medicine and musculoskeletal medicine, but  
77 additional sessions specific for OMT are needed. Therefore, the reference committee agreed on  
78 revisions to the resolved clauses to better reflect specific actions the AAFP could undertake to  
79 provide education and support for OMT.

80  
81 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
82 **No. 502 be adopted in lieu of Resolution No. 502 which reads as follows:**

83  
84 **RESOLVED, That the American Academy of Family Physicians**  
85 **recognize osteopathic manual therapy as a safe, evidence-based, non-**  
86 **pharmacologic treatment option for musculoskeletal conditions, especially acute**  
87 **low back pain, chronic low back pain, and pain and disability associated with**  
88 **pregnancy, and be it further**

90 **RESOLVED, That the American Academy of Family Physicians support continued**  
91 **research demonstrating osteopathic manipulative therapy as an effective modality**  
92 **in supporting the health and well-being of patients, and be it further**  
93

94 **RESOLVED, That the American Academy of Family Physicians provide additional**  
95 **continuing education regarding osteopathic manipulative therapy.**  
96

97 **ITEM NO. 3: RESOLUTION No. 503: IMPLEMENTING FAIRNESS TO THE 1650**  
98 **OUTPATIENT VISIT NUMBERS**  
99

100 RESOLVED, That the American Academy of Family Physicians advocate to the  
101 Accreditation Council of Graduate Medical Education and the American Board  
102 of Family Medicine that any and all telephone visits, e-visits, group visits, and patient-  
103 peer education sessions count toward the 1,650 patient encounter minimum until the  
104 pandemic has been declared over.  
105

106 The reference committee heard testimony in support of the resolution. Those testifying provided  
107 anecdotal evidence about some kinds of telemedicine/telehealth encounters not being accepted  
108 toward the 1,650-hour graduation clinic encounter requirement. They also expressed concerns  
109 about programs continuing to depend on telemedicine visits during the COVID-19 pandemic  
110 which may impede the ability of residents to accrue sufficient encounter hours. Some  
111 amendments were proposed during testimony for improved clarity of the resolution including  
112 telemedicine visits being allowed to count towards the requirement permanently given the  
113 continued importance of telemedicine after the pandemic.  
114

115 The reference committee considered amendments proposed during testimony and had a robust  
116 discussion about the use of the word “advocate,” including what a practical application of the  
117 term might include. The reference committee also expressed concerns about the clarity of the  
118 resolution’s request and how it might be strengthened. The reference committee ultimately  
119 decided the most appropriate action was to adopt a substitute resolution. The substitute  
120 resolution modifies the resolved clause to request that the AAFP advocate to the ABFM and  
121 ACGME to accept all forms of telemedicine visits toward the ACGME graduation clinic  
122 encounter requirement.  
123

124 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
125 **No. 503 be adopted in lieu of Resolution No. 503 which reads as follows:**  
126

127 **RESOLVED, That the American Academy of Family Physicians advocate to the**  
128 **American Board of Family Medicine and Accreditation Council of Graduate Medical**  
129 **Education (ACGME) that they include telemedicine visits, in all forms, in the**  
130 **ACGME graduation clinic encounter requirement.**  
131

132  
133 **ITEM NO. 4: RESOLUTION No. 504: PROMOTING FAIRNESS TO FAMILY MEDICINE**  
134 **RESIDENT COMPENSATION**  
135

136 RESOLVED, That the American Academy of Family Physicians advocate for higher  
137 salaries for resident family physicians, and be it further  
138

139 RESOLVED, That the American Academy of Family Physicians advocate that similarly  
140 credentialed peers bearing significantly less debt are not paid more, and be it further  
141

142 RESOLVED, That the American Academy of Family Physicians advocate that resident  
143 family physicians be paid like physician assistants while working under an attending  
144 physician's supervision.  
145

146 The reference committee heard testimony in support of the resolution. Those testifying cited the  
147 lower salaries of family medicine resident physicians compared to other clinicians such as  
148 physician assistants and nurse practitioners who perform similar duties and functions. They also  
149 cited that family medicine resident physicians had more years of training and higher levels of  
150 school debt. Members of the reference committee agreed with the spirit of the resolution in that  
151 family medicine resident physicians should receive higher compensation than currently allowed.  
152 However, they acknowledged that resident salaries are set based on funding from the Centers  
153 for Medicare and Medicaid Services (CMS) and that all residents, regardless of specialty, are  
154 paid at the same rate. The reference committee acknowledged that residents are still  
155 considered to be in training and therefore may potentially make lower salaries. They also had  
156 concerns about making comparisons to other advanced care clinicians given that some  
157 physician assistants and nurse practitioners do not require oversight by an attending physician  
158 in certain states and may have more autonomy and responsibility. Therefore, the reference  
159 committee recommended the resolution not be adopted.  
160

161 **RECOMMENDATION: The reference committee recommends that Resolution No. 504 not**  
162 **be adopted.**  
163

164  
165 **ITEM NO. 5: RESOLUTION No. 505: INTEGRATION OF HEALTH CARE SYSTEMS**  
166 **ENGINEERING PRINCIPLES IN RESIDENT EDUCATION**  
167

168 RESOLVED, That the American Academy of Family Physicians encourages the  
169 teaching, training, and application of health care systems engineering principles during  
170 residency training to better equip family physicians to be innovative leaders in  
171 transforming the future of primary care.  
172

173 The reference committee heard testimony from the author in favor of the resolution. The author  
174 testified that it is crucial to achieve sustainable solutions in family medicine and that health care  
175 systems engineering is a potential framework for achieving those solutions. The author  
176 acknowledged that integration of engineering principles for workflow and agile systems has  
177 been limited to date and encourages integration of these concepts into medical training. The  
178 reference committee discussed the testimony and highlighted that many of the concepts put  
179 forth are already included in quality improvement activities that are embedded in residency  
180 training programs. It was unclear to the reference committee what additional engineering  
181 principles would be needed to address the resolution. The AAFP is already working on  
182 identifying and promoting advances and innovations in healthcare delivery systems through the  
183 AAFP Innovation Lab at the Family Medicine Experience (FMX) and the work of the AAFP's  
184 Alliance for eHealth Innovation. Given that quality improvement is already a key component of  
185 residency training, the reference committee recommended the resolution be reaffirmed.  
186

187 **RECOMMENDATION: The reference committee recommends that Resolution No. 505 be**  
188 **reaffirmed.**

189  
190  
191 **ITEM NO. 6: RESOLUTION No. 506: TO SUPPORT ANTI-RACISM WITHIN FAMILY**  
192 **MEDICINE**

193  
194 RESOLVED, That the American Academy of Family Physicians prioritize having  
195 representation through Black, Indigenous, People of Color (BIPOC) voices on the board  
196 and in every committee, and be it further

197  
198 RESOLVED, That the American Academy of Family Physicians (AAFP) support the  
199 creation of an AAFP Anti-Racism Committee comprised of physicians, patients and other  
200 stakeholders to address racism in communities and on a national level.

201  
202 The reference committee heard testimony in support of the resolution. Those testifying cited the  
203 large impact that racism has on the medical field impacting clinicians, patients, and  
204 communities. While all testimony was in support of the spirit of the resolution, there were calls  
205 for more specific and actionable language in how these actions would address the root cause of  
206 racism. The reference committee reviewed the testimony as well as current activities being  
207 undertaken by the AAFP to address racism including the release of [public statements](#)  
208 condemning all forms of racism and supporting federal legislation, such as the [Anti-Racism in](#)  
209 [Public Health Act](#), declaring racism itself a public health crisis. Additionally, the AAFP has  
210 adopted a policy on [Institutional Racism in the Health Care System](#), which states that “the AAFP  
211 opposes all forms of institutional racism and supports family physicians to actively work to  
212 dismantle racist and discriminatory practices and policies in their organizations and  
213 communities.” The AAFP’s policy on [Implicit Bias](#) recommends educating physicians about  
214 implicit bias and strategies to address it to support culturally appropriate, patient-centered care  
215 and reduce health disparities. Since 2020, all AAFP commission members and members of the  
216 Board of Directors have been required to attend annual antiracism and implicit bias training as  
217 part of their service. The AAFP has an ongoing organizational assessment and strategic  
218 planning process around diversity, equity, and inclusion (DEI). The reference committee agreed  
219 with the spirit of the resolution and testimony provided in support of creation of a committee to  
220 address racism. The reference committee acknowledged the ongoing work of AAFP around DEI  
221 but felt that these activities did not adequately address the resolution. Therefore, they  
222 recommended that the resolution be adopted as written.

223  
224 **RECOMMENDATION: The reference committee recommends that Resolution No. 506 be**  
225 **adopted.**

226  
227 **I wish to thank those who appeared before the reference committee to give testimony**  
228 **and the reference committee members for their invaluable assistance. I also wish to**  
229 **commend the AAFP staff for their help in the preparation of this report.**

230  
231 Respectfully submitted,  
232  
233

234  
235 Margaret Miller, MD, MPH, Chair  
236  
237 Elana Curry, MD  
238 Jennifer Nordhauser, MD, MPH  
239 Kreena Patel, MD, MPH  
240 Christopher Skok, DO  
241 Kento Sonoda, MD, AAHIVS  
242 Chandler Stisher, MD, MPH