



Student 1 Consent Calendar

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

- 1 **RECOMMENDATION: The Student 1 Reference Committee recommends the following**
2 **consent calendar for adoption:**
3
4 **Item 1:** Not Adopt Resolution No. 101 on “Promotion of Inclusion Within the Family Medicine
5 Clerkship.”
6
7 **Item 2:** Adopt Substitute Resolution No. 102 on “Reducing Barriers to Accessing Medication
8 Assisted Treatment for Substance Use.”
9
10 **Item 3:** Adopt Substitute Resolution No. 103 on “Gender-Affirming Care as A Core Competency
11 in Family Medicine Residency Training and Undergraduate Medical Education.”
12
13 **Item 4:** Not Adopt Resolution No. 104 on “Increasing Access to Quality Pre-Kindergarten.”
14
15 **Item 5:** Not Adopt Resolution No. 105 on “National Advance Directive Database”



Student 1 Reference Committee Report

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

1 **The Student 1 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. 101: PROMOTION OF INCLUSION WITHIN THE FAMILY**
7 **MEDICINE CLERKSHIP**

8
9 RESOLVED, That the American Academy of Family Physicians (AAFP) amend its policy
10 regarding family medicine's role in undergraduate medical education to include #6 noted
11 below:

12 The AAFP specifically recommends that all medical schools provide the following
13 evidence-based components of a mandatory family medicine clerkship:

- 14 1. Completion by the end of the third year,
- 15 2. Length of at least four weeks but preferably greater than six weeks,
- 16 3. Exposure to the broad scope of family medicine,
- 17 4. Longitudinal continuity with preceptors from preclinical throughout clinical years,
18 and
- 19 5. Promotion of family medicine as a calling.
- 20 6. **Provision of information at the start of the clerkship that the student will be**
21 **guaranteed their right of conscience and will not be penalized or**
22 **discriminated against if put in a position where the individual feels**
23 **compelled to utilize this right.**

24
25 The reference committee heard testimony from an author in support of the resolution. The
26 reference committee reviewed the policy suggested for modification and noted that its purpose
27 is to cite evidence-based practices that increase student choice of family medicine careers. The
28 reference committee also reviewed current AAFP policy and policies of other medical
29 organizations and regulators on the topic of physician right and exercise of conscience.
30 Reference committee members acknowledged the complexity of the issue and potential
31 unintended consequences of disparities in care. The reference committee was concerned that
32 there is no evidence of widespread issues of students put into situations where they are
33 discriminated against based on moral principles or right of conscience and was concerned that
34 this specific resolution is based on anecdotal experience. The reference committee was also
35 concerned that the policy language suggested is too vague and would be open to wide
36 interpretation. The reference committee was supportive of a medical student's rights regarding
37 discrimination and harassment and noted an active effort of the AAFP Commission on

38 Education to develop a policy statement on harassment and discrimination in undergraduate
39 medical education.

40
41 **RECOMMENDATION: The reference committee recommends that Resolution No. 101 not**
42 **be adopted.**

43
44 **ITEM NO. 2: RESOLUTION NO. 102: REDUCING BARRIERS TO ACCESSING MEDICATION**
45 **ASSISTED TREATMENT FOR SUBSTANCE USE**

46
47 RESOLVED, That the American Academy of Family Physicians advocates to end the X
48 Waiver requirements set forth by the Controlled Substance Act, and be it further

49
50 RESOLVED, That the American Academy of Family Physicians promotes more
51 equitable reimbursement for substance use treatment between private and public payors
52 and advocates to reduce barriers such as prior authorizations to enable more providers
53 to provide comprehensive treatment for substance use disorders, and be it further

54
55 RESOLVED, That the American Academy of Family Physicians supports curricular
56 reform at the undergraduate medical education level aimed at reducing stigma against
57 people who use drugs and increasing provider comfort with evidence-based treatment
58 modalities.

59
60 The reference committee heard testimony from an author in favor of the resolution emphasizing
61 that training during undergraduate medical education should prepare medical students to treat
62 individuals with substance use disorders. Currently, the eight- or 24-hour X-waiver training is not
63 available to medical students. The author underscored the need for family physicians to treat
64 individuals suffering a substance use disorder as a vulnerable population, and the importance of
65 training beginning in medical school to contribute to that end. The committee acknowledged that
66 the regulatory issues related to the X Waiver have been considered at length and in depth by
67 the 2020 AAFP Congress of Delegates, the AAFP Board of Directors, and the AAFP
68 Commission on Federal and State Policy and that the AAFP is actively advocating for the
69 removal all barriers to treatment for substance use disorder. The committee determined the
70 AAFP should be doing more to support medical student access to education and recommended
71 modifications to the original resolution to include more objective terms.

72
73 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
74 **No. 102 be adopted in lieu of Resolution No. 102 which reads as follows:**

75
76 **RESOLVED, That the American Academy of Family Physicians support curricular**
77 **reform at the undergraduate medical education level aimed at increasing student**
78 **awareness and education of evidence-based treatment modalities for substance**
79 **use disorder and reducing stigma against people who use drugs.**

80
81 **ITEM NO. 3: RESOLUTION NO. 103: GENDER-AFFIRMING CARE AS A CORE**
82 **COMPETENCY IN FAMILY MEDICINE RESIDENCY TRAINING AND UNDERGRADUATE**
83 **MEDICAL EDUCATION**

84
85 RESOLVED, That the American Academy of Family Physicians support the further
86 integration of gender-affirming care into core family medicine residency curricula and
87 into undergraduate medical curricula, and be it further

88
89 RESOLVED, That the American Academy of Family Physicians encourage the
90 Accreditation Council for Graduate Medical Education (ACGME) to acknowledge the
91 existence of gender-diversity beyond the gender binary and the necessity of competency
92 in gender-affirming care in family medicine, and be it further

93
94 RESOLVED, That the American Academy of Family Physicians make curriculum
95 guideline recommendations that family medicine residency graduates are competent in
96 prescribing hormone replacement therapy for gender-diverse patients of all ages, and be
97 it further

98
99 RESOLVED, That the American Academy of Family Physicians make the
100 recommendation that medical students receive a thorough introduction to gender
101 diversity and gender-affirming care, including hormone replacement therapy, and be it
102 further

103
104 RESOLVED, That the American Academy of Family Physicians support LGBTQ+
105 community partnerships between family medicine residencies and medical schools in the
106 development of gender-affirming curricula.

107
108 The reference committee heard mixed testimony addressing the need to recognize gender-
109 affirming care as a core competency in family medicine residency training and undergraduate
110 medical education. Those testifying in support of the resolution noted gender-affirming care
111 could help address higher risk for depression and suicide for gender diverse individuals.
112 Supporters testified that many family physicians are unsure how to meet the needs of gender-
113 diverse patients. Data was mentioned that indicates many transgender and non-binary patients
114 report having to educate health professionals, or even go without care out of fear that their
115 physicians will not understand their needs or be unfamiliar with how to care for them. They also
116 cited usage of the term 'both genders' in the Accreditation Council for Graduate Medical
117 Education's Program Requirements for Graduate Medical Education in Family Medicine and
118 advocated for language change to be inclusive of other genders. Testimony in opposition to the
119 resolution mentioned that AAFP already has a policy stating support of gender-affirming care,
120 "Care for the Transgender and Gender Nonbinary Patient." Testimony also suggested that
121 mandating family medicine residents care for patients with gender dysphoria violates existing
122 AAFP policy, "Physician and Patient Relationships, Professional Responsibility," which states
123 that, "no physician shall be compelled to prescribe any treatment or perform any act which
124 violates his/her good judgment or personally held moral principles." The reference committee
125 agreed that the AAFP already supports gender-affirming care and offers a Recommended
126 Curriculum Guideline for Family Medicine Residents entitled, "Lesbian, Gay, Bisexual,
127 Transgender, Queer/Questioning, and Asexual Health," that addresses many of the requests in
128 this resolution. The AAFP also provides members, including students and family medicine
129 residents, with toolkits, resources, webinars, and continuing medical education opportunities on
130 this topic. The reference committee agreed that the AAFP should be doing more to support
131 medical student access to education on gender-affirming care and noted that specific policy
132 would be the appropriate place to start.

133
134 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
135 **No. 103 be adopted in lieu of Resolution No. 103 which reads as follows:**

136

137 **RESOLVED, That the American Academy of Family Physicians encourage the**
138 **Accreditation Council for Graduate Medical Education’s (ACGME) Review**
139 **Committee for Family Medicine (RC-FM) in creation of the next family medicine**
140 **residency program requirements to acknowledge the full spectrum of gender**
141 **diversity and be it further,**
142

143 **RESOLVED, That the American Academy of Family Physicians develop policy**
144 **recommending that medical students receive education on gender diversity and**
145 **gender-affirming care.**
146

147 **ITEM NO. 4: RESOLUTION NO. 104: INCREASING ACCESS TO QUALITY PRE-**
148 **KINDERGARTEN**
149

150 RESOLVED, That the American Academy of Family Physicians write a position paper in
151 favor of increasing access to quality pre-kindergarten.
152

153 The reference committee heard testimony from the co-authors in support of the resolution. The
154 co-authors shared some of the short-term and long-term implications to having access to quality
155 pre-kindergarten education. Excerpts of the United Nations Convention Rights of the Child and
156 sharing the Biden administration’s positive stance on this issue were cited. The reference
157 committee agreed that early childhood education is a vital social determinant of health and
158 considered existing AAFP policy, “Promoting Early Literacy Development,” and “Early Childhood
159 Literacy.” The reference committee concluded that AAFP position papers cover issues for which
160 the AAFP and its members have specific and deep expertise and concluded that the AAFP does
161 not have unique expertise on this issue to contribute beyond its already stated position.
162

163 **RECOMMENDATION: The reference committee recommends that Resolution No. 104 not**
164 **be adopted.**
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166 **ITEM NO. 5: RESOLUTION NO. 105: NATIONAL ADVANCE DIRECTIVE DATABASE**
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168 RESOLVED, That the American Academy of Family Physicians collaborate with other
169 relevant bodies to advocate for a national advance directive database to assist with care
170 planning.
171

172 The reference committee heard testimony from the author calling for a system that would help
173 alleviate stress for families during a difficult time when their loved one is unable to advocate for
174 their own care. The reference committee discussed this resolution at length and reviewed
175 existing AAFP policy, “Ethics and Advance Planning for End-of-Life Care,” as well as a multitude
176 of resources from organizations, such as The Conversation Project from the Institute for
177 Healthcare Improvement and the United States (U.S.) Advance Care Plan Registry powered by
178 the U.S. Living Will Registry. The reference committee discussed disparities in access to
179 resources and supported creation of living wills and care planning documents for patients during
180 times of health and the important role family physicians can play in encouraging patients to be
181 prepared. The reference committee discussed the importance of frequent conversations
182 regarding advanced care planning and frequent updates. The reference committee discussed
183 the lack of specificity in the resolved clause and that it could be interpreted to reference a
184 database of resources rather than a database of individual patient advance directives. The
185 reference committee also discussed the intense complexity of developing prescription drug

186 monitoring programs and integrated electronic health records. The reference committee also
187 considered the funding that goes into a national database system.

188
189 **RECOMMENDATION: The reference committee recommends that Resolution No. 105 not**
190 **be adopted.**

191
192 **I wish to thank those who appeared before the reference committee to give testimony**
193 **and the reference committee members for their invaluable assistance. I also wish to**
194 **commend the AAFP staff for their help in the preparation of this report.**

195
196 Respectfully submitted,

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198
199 _____
200 Hannah C. Smith, M.D., Chair

201
202 Krishna Teja Challa
203 Stephen "Alex" Crockett
204 Jessi Litman
205 Rebecca Stoll