



# Student 1 Agenda and Resolutions

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National Conference of Family Medicine Residents and Medical Students  
July 30 - August 1, 2015 – Kansas City, MO

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1. Resolution No. S1-101                      Continued National Conference Presentations of Alternative Primary Care Models
2. Resolution No. S1-102                      Direct Primary Care Rotation Site List
3. Resolution No. S1-103                      Direct Primary Care Career Link
4. Resolution No. S1-104                      Latino Medical Student Association-American Academy of Family Physicians
5. Resolution No. S1-105                      Support of Electronic Submission of Resolution at National Conference 2016
6. Resolution No. S1-106                      Increasing American Academy of Family Physicians Leadership Pipelines
7. Resolution No. S1-107                      Adopt LGBT as a Standardized Acronym
8. Resolution No. S1-108                      Advocacy in Support of Safe Anti-Infective Drug Development
9. Resolution No. S1-109                      Policy in Support of Safe Anti-Infective Drug Development
10. Resolution No. S1-110                      Student Liaison to the Latino Medical Student Association

1 **RESOLUTION NO. S1-101**

2

3 **Continued National Conference Presentations of Alternative Primary Care Models**

4

5 Introduced by: Alan Bordon, MD, Belleville, IL  
6 Benjamin Willford, Harrogate, TN  
7 Dana Gross, Seattle, WA  
8 Troy Russell, Washington, DC  
9 Justin Kappel, Atlanta, GA  
10 Charles Willnaver, MD, Lubbock, TX

11

12 WHEREAS, There is growth and interest in alternative models of providing primary care  
13 (i.e. direct primary care), now, therefore, be it

14

15 RESOLVED, The American Academy of Family Physicians continue to present new,  
16 innovative, and alternative primary care provider practice models at the National  
17 Conference of Family Medicine Residents and Medical Students.

1 **Resolution No. S1-102**

2 **Direct Primary Care Rotation Site List**

3 Introduced by: Charles Wilnauer, MD, Lubbock, TX  
4 Dana Gross, Seattle, WA

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6 Alan Bordon, MD, Belleville, IL  
7 Benjamin Willford, Harrogate, TN  
8 Justin Kappel, Atlanta, GA  
9 Troy Russell, MD, Washington, DC

10  
11 WHEREAS, There is a growing interest among residents and students concerning direct  
12 primary care, and

13  
14 WHEREAS, there is no list of direct primary care clinic sites willing to allow residents  
15 and students to rotate on site, now, therefore, be it

16  
17 RESOLVED, That the American Academy of Family Physicians create an online list of  
18 direct primary care clinics and physicians who are willing to allow residents and  
19 students to rotate on site.

1 **RESOLUTION NO. S1-103**

2

3 **Direct Primary Care Career Link**

4

5 Introduced by: Charles Willnauer, MD Lubbock, TX  
6 Troy Russell, MD, Washington, DC  
7 . Alan Bordan, MD, Belleville, IL  
8 Dana Gross, Seattle WA  
9 Justin Kappel, Atlanta, GA  
10 Benjamin Willford, Harrogate, TN

11

12 WHEREAS, Direct primary care is a unique, new, and small grassroots business  
13 movement, and

14

15 WHEREAS, there are no job-posting organizations specifically directed towards direct  
16 primary care, now, therefore, be it

17

18 RESOLVED, That the American Academy of Family Physicians include a category on  
19 Career Link specifically designated for direct primary care job opportunities.

1 **RESOLUTION NO. S1-104**

2

3 **Latino Medical Student Association-American Academy of Family Physicians**  
4 **Liaison**

5

6 Introduced by: Allen Rodriquez, Los Angeles, CA

7

8 WHEREAS, There is a shortage of Latino and Spanish-speaking physicians in the  
9 United States primary care workforce, and

10

11 WHEREAS, the Latino Medical Student Association (LMSA) represents a large and  
12 growing minority of medical students in U.S. medical programs, and

13

14 WHEREAS, the American Academy of Family Physicians (AAFP) resolved in 2013 to  
15 explore the creations of a LMSA-AAFP liaison, and

16

17 WHEREAS, the AAFP resolved in 2013 to explore collaboration between medical  
18 school Family Medicine Interest Groups and the LMSA chapters in community  
19 development activities, now therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) and provide to  
22 its membership the status of the potential collaboration between Latino Medical Student  
23 Association (LMSA) and family medicine interest groups and the creation of a LMSA-  
24 AAFP liaison.

1 **RESOLUTION NO. S1-105**

2  
3 **Support of Electronic Submission of Resolution at National Conference 2016**

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5 Introduced by: Stewart Decker, MD, Klamath Falls, OR  
6 Elizabeth Wiley, MD, JD, MPH, Baltimore, MD  
7 Naomi Gorfinkle, Baltimore, MD  
8

9 WHEREAS, The National Congress of Family Medicine adopted a resolution in support  
10 of electronic submission of resolutions, and

11  
12 WHEREAS, the American Academy of Family Physicians Congress of Delegates (COD)  
13 allows electronic submission from chapters of resolutions, and

14  
15 WHEREAS, paper continues to make up 33% of the municipal solid waste, nearing  
16 almost 600 pounds of paper wasted per person in the United States alone, and

17  
18 WHEREAS, all student and resident resolutions submitted each year at the AAFP  
19 National Conference are still submitted in paper form despite last year's resolution –  
20 and then retyped and printed again by AAFP staff, often taking hours of unnecessary  
21 work, and

22  
23 WHEREAS, electronic submissions would save time and money and reduce our  
24 environment burden, now, therefore, be it

25  
26 RESOLVED, That the American Academy of Family Physicians National Conference  
27 utilize simple electronic submission forms on the member section of the aafp.org  
28 website for all resolutions that can then be made available electronically two weeks prior  
29 to National Conference 2016, and be it further

30  
31 RESOLVED, That the reference committee reports from the National Conference of  
32 Family Medical Residents and Medical Students be made available on the member  
33 section of the aafp.org website during National Conference.

1 **RESOLUTION NO. S1-106**

2  
3 **Increasing American Academy of Family Physicians Leadership Pipelines**

4  
5 Introduced by: Phillip So, Detroit, MI  
6 Chetan Patel, MD, Columbus, GA  
7

8 WHEREAS, Many students and residents may be interested in becoming more involved  
9 in the American Academy of Family Physicians (AAFP), but lack information about  
10 leadership opportunities and tracks within the AAFP, and  
11

12 WHEREAS, many students and residents are only initially exposed to the workings of  
13 the AAFP Congress of Delegates and leadership positions through direct participation  
14 as a delegate, and  
15

16 WHEREAS, delegates make up a very small number of the conference participants and  
17 are already likely to be involved in leadership, and  
18

19 WHEREAS, if general AAFP members were more aware of the leadership tracks and  
20 the role of participant voices in the organization, they would be more likely to seek  
21 further involvement, increasing the number of more active AAFP members, and  
22

23 WHEREAS, the AAFP seeks to promote increased diversity in its leadership roles in  
24 existing policy, now, therefore, be it  
25

26 RESOLVED, That the American Academy of Family Physicians offer a leadership  
27 workshop at its National Conference of Family Medicine Residents and Medical  
28 Students for students and residents interested in exploring leadership roles, and be it  
29 further  
30

31 RESOLVED, That the American Academy of Family Physicians increase the  
32 dissemination of publicity materials before the National Conference of Family Medicine  
33 Residents and Medical Students that promote student and resident members to join  
34 commissions, reference committees, and run for local delegate and national level  
35 positions, and be it further  
36

37 RESOLVED, That the American Academy of Family Physicians also offer a leadership  
38 workshop at its National Conference of Family Medicine Residents and Medical  
39 Students for under-represented populations.

1 **RESOLUTION NO. S1-107**

2

3 **Adopt LGBT as a Standardized Acronym**

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5 Introduced by: Anthony Markuson, Bozeman, MT  
6 Matt Peters, Eagle, ID  
7 Aaron Smith, Bozeman, MT

8

9 WHEREAS, The American Academy of Family Physicians largely uses the acronym  
10 'LGBT' to clearly and consistently represent the lesbian, gay, bisexual, and transgender  
11 community, and

12

13 WHEREAS, the National Conference of Constituency Leaders uses "GLBT" on some  
14 web published documents, and

15

16 WHEREAS, the AP style guide adopted 'LGBT' as a common acronym for lesbian, gay,  
17 bisexual, and transgender in 2014, now, therefore, be it

18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) shall adopt the  
20 unified terminology 'LGBT' as the abbreviation for the lesbian, gay, bisexual, and  
21 transgender community at all levels of the organization by updating all AAFP  
22 documents.



1 **RESOLUTION NO. S1-108**

2 **Advocacy in Support of Safe Anti-Infective Drug Development**

3 Introduced by: Joseph Brodine, Washington, DC  
4 Elizabeth Wiley, MD, JD, MPH, Baltimore, MD  
5 Alison Case, MD, East Lansing, MI  
6

7 WHEREAS, The Food and Drug Administration (FDA) is currently charged with  
8 ensuring the safety and efficacy of medical drug therapies, and  
9

10 WHEREAS, it is critical that novel drug therapies not be approved on the basis of  
11 uncontrolled case studies or clinical anecdotes as such approval could pose a threat to  
12 patient safety, and  
13

14 WHEREAS, strong FDA standards for the approval of new antibiotics and antifungals  
15 including superiority trials is necessary to avoid putting patients at risk of being treated  
16 with unsafe and/or ineffective drugs, and  
17

18 WHEREAS, family physicians have a critical role to play in preventing and mitigating the  
19 threat of unsafe and ineffective drugs, and  
20

21 WHEREAS, the American Academy of Family Physicians' (AAFP) strategic objectives  
22 include assuming a leadership role in advancing the health of the public and evidence-  
23 based medicine, and  
24

25 WHEREAS, the AAFP has no policy on the development and approval of antibiotics in  
26 an era when antibiotic-resistant organisms threaten public health, and  
27

28 WHEREAS, federal lawmakers continue to propose legislation intended to accelerate  
29 anti-infective drug development but may result in compromising the integrity of the drug  
30 approval process, now, therefore, be it  
31

32 RESOLVED, That the American Academy of Family Physicians support ensuring strong  
33 Food and Drug Administration standards for approval of new antibiotic and antifungal  
34 agents including superiority trials, and be it further  
35

36 RESOLVED, That the American Academy of Family Physicians lobby federal legislators  
37 to oppose the passage of any bill or elements of a bill that would induce the Food and  
38 Drug Administration to alter its anti-infective drug approval process so that it relies upon  
39 data obtained from non-inferiority trials or surrogate non-clinical endpoints rather than  
40 clinical outcomes of randomized controlled trials in humans demonstrating superiority of  
41 novel drugs versus comparator drugs.

1 **RESOLUTION NO. S1-109**

2  
3 **Policy in Support of Safe Anti-Infective Drug Development**

4  
5 Introduced by: Joseph Brodine, Washington, DC  
6 Elizabeth Wiley, MD, JD, MPH, Baltimore, MD  
7 Alison Case, MD East Lansing, MI  
8

9 WHEREAS, the Food and Drug Administration (FDA) is currently charged with ensuring  
10 the safety and efficacy of medical drug therapies, and

11  
12 WHEREAS, it is critical that novel drug therapies not be approved on the basis of  
13 uncontrolled case studies or clinical anecdotes as such approval could pose a threat to  
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16 WHEREAS, strong FDA standards for the approval of new antibiotics and antifungals  
17 including superiority trials is necessary to avoid putting patients at risk of being treated  
18 with unsafe and/or ineffective drugs, and

19  
20 WHEREAS, family physicians have a critical role to play in preventing and mitigating the  
21 threat of unsafe and ineffective drugs, and

22  
23 WHEREAS, the American Academy of Family Physicians (AAFP) strategic objectives  
24 include assuming a leadership role in advancing the health of the public and evidence-  
25 based medicine, and

26  
27 WHEREAS, the AAFP currently has no policy on the development and approval of  
28 antibiotics in an era when antibiotic resistant organisms threaten public health, and

29  
30 WHEREAS, federal lawmakers continue to propose legislation intended to accelerate  
31 anti-infective drug development, but may result in compromising the integrity of the drug  
32 approval process, now therefore, be it

33  
34 RESOLVED, That the American Academy of Family Physicians support ensuring strong  
35 Food and Drug Administration standards for approval of new antibiotic and antifungal  
36 agents including superiority trials, and be it further

37  
38 RESOLVED, That the American Academy of Family Physicians develop a policy that  
39 the Food and Drug Administration's antibiotic approval process rely upon the clinical  
40 outcomes of randomized controlled trails in humans demonstrating superiority of novel  
41 drugs versus comparator drugs rather than data obtained from non-inferiority trials or  
42 surrogate non-clinical endpoints.

1 **RESOLUTION NO. S1-110**

2  
3 **Student Liaison to the Latino Medical Student Association**

4  
5 Introduced by: Orlando I. Sola, MD, MPH, New York, New York  
6 Luis Rivera, MD, Chicago, IL  
7 Joseph Brodine, Washington, DC  
8 Joshua Hollabaugh, Eagle Point, OR  
9

10 WHEREAS, The American Academy of Family Physicians (AAFP) mission is to  
11 “improve the health of patients, families, and communities”, and yet the AAFP has no  
12 official ties with organizational representatives of the Latino advocacy communities, and  
13

14 WHEREAS, Latinos are the fastest growing ethnic-minority community in the United  
15 States, currently composed of 17% of the U.S. population, a number which will grow to  
16 30% of the U.S. population by 2060, and  
17

18 WHEREAS, despite recent health care reform Latino communities continue to suffer  
19 disproportionately from chronic diseases such as diabetes and obesity, and  
20

21 WHEREAS, to ensure the growing Latino patient population receives culturally sensitive  
22 primary health care, primary care advocacy groups will need to make inroads into  
23 organizations that support the development of physicians trained in Latino health care,  
24 and  
25

26 WHEREAS, the Latino Medical Student Association (LMSA) exists to support the  
27 professional growth of Latino medical students and to advocate for Latino patient  
28 communities and their providers, and  
29

30 WHEREAS, LMSA has recently created a resolution-based policy development process  
31 that address issues also addressed by the National Conference of Constituency  
32 Leaders such as: immigration in medicine, international medical graduates, LBGTQ  
33 health care, and  
34

35 WHEREAS, attempts to engender a relationship of collaboration between LMSA and  
36 the AAFP has been hindered by the lack of infrastructure designed to improve the  
37 communication between the two organizations, now, therefore, be it  
38

39 RESOLVED, That the American Academy of Family Physicians create an elected  
40 position titled “Student Liaison to the Latino Medical Student Association” with the same  
41 duties and responsibilities as the Student Liaison to the Student National Medical  
42 Association.