



Summary of Actions: 2015 National Congress of Student Members

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

RESOLUTIONS

Note: Resolutions adopted by the National Congress of Student Members are *not* AAFP policy. Based on recommendations from the AAFP Commission on Education, NCSM resolutions are referred by the AAFP Board Chair to the appropriate Academy entity. This group then reviews the resolution and determines if further action is appropriate and if policy should be developed relating to the topic of the resolution.

Res. No.	Title and Resolved	Referral(s)	Action <i>Options: Accept for Information, Reaffirm, Agree, or Agree with Modification</i>
S1-101	Continued National Conference Presentations of Alternative Primary Care Models	Moved to Reaffirmation Calendar	
S1-102	Direct Primary Care Rotation Site List	Not Adopted	
S1-103	Direct Primary Care CareerLink RESOLVED, That the American Academy of Family Physicians explore the inclusion of a category on CareerLink specifically designated for direct primary care job opportunities.	Commission on Membership and Member Services	Agree The commission agreed with the resolution. Staff has consulted with YourMembership, the vendor who hosts AAFP's CareerLink platform. They agreed to add this category to the service. It is anticipated that this change will be live in the second quarter of 2016.
S1-104	Latino Medical Student Association-American Academy of Family Physicians Liaison	Moved to Reaffirmation Calendar	
S1-105	Support of Electronic Submission of Resolutions at National Conference 2016 RESOLVED, That the American Academy of Family Physicians utilize electronic submission methods for all resolutions submitted to the 2016 National Congress of Family Medicine Residents and National Congress of Student Members.	Commission on Education	Agree with Modification RESOLVED, That the American Academy of Family Physicians <u>develop a web-based solution for submission of</u> all resolutions to the National Congress of Family Medicine Residents and National Congress of Student Members.
S1-106	Increasing American Academy of Family Physicians Leadership Pipelines RESOLVED, That the American Academy of Family Physicians include information on leadership opportunities at the first-time attendee orientation for the National Conference of Family Medicine Residents and Medical Students.	Commission on Education	Agree The COE felt the addition of information on AAFP resident and student leadership opportunities available, especially those elected during the resident and student congresses, would not only support the promotion of these opportunities but would enhance the orientation session due to the fact that the resident and student chairs have had direct experience serving in a minimum of two leadership positions.
S1-107	Adopt LGBT as a Standardized Acronym RESOLVED, That the American Academy of Family Physicians (AAFP) use the terminology 'LGBTQ' as the abbreviation for the lesbian, gay, bisexual, transgender, and queer community at all levels of the organization.	Commission on Membership and Member Services	Agree

Summary of Actions of the 2015 NCSM, continued

RESOLUTIONS			
S1-108	Advocacy in Support of Safe Anti-Infective Drug Development	Not Adopted	
S1-109	<p>Policy in Support of Safe Anti-Infective Drug Development</p> <p>RESOLVED, That the American Academy of Family Physicians support ensuring strong Food and Drug Administration standards for approval of new antibiotic and antifungal agents including superiority trials, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians develop a policy that the Food and Drug Administration's antibiotic approval process rely upon the clinical outcomes of randomized controlled trials in humans demonstrating superiority of novel drugs versus comparator drugs rather than data obtained from non-inferiority trials or surrogate non-clinical endpoints.</p>	Commission on Health of the Public and Science	<p>Accept for Information</p> <p>The Commission on the Health of the Public and Science indicated the topic is important and should be studied in the future, however, there was not enough information available to appropriately address the resolution.</p>
S1-110	Student Liaison to the Latino Medical Student Association	Not Adopted	
S2-201	Pursue the Renewal of the Alliance of the Coca Cola Company (TCCC) and the AAFP	Not Adopted	
S2-202	Physician Dispensing Medications	Moved to Reaffirmation Calendar	
S2-203	<p>Updating Evidence-based Information About the Efficacy of Fertility Awareness-based Methods of Family Planning</p> <p>RESOLVED, That the American Academy of Family Physicians write a letter to the Centers for Disease Control and Prevention to encourage collaboration in updating the effectiveness rates quoted for fertility awareness-based methods in their "Effectiveness of Family Planning Methods" to reflect the highest quality of research currently available, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians update its patient education resource titled "Birth Control Options" to report failure rates based on current evidence for fertility awareness-based methods of family planning.</p>	Commission on Health of the Public and Science	<p>Agree: The first resolved clause was agreed with, and a letter was sent to the CDC.</p> <p>Accept for Information: The second resolved clause was accepted for information. Birth control failure rates are based on old studies and differing research techniques that underestimated effectiveness. The patient education site referred to in the resolution is being evaluated and may be changed.</p>
S2-204	<p>American Academy of Family Physicians Endorsement of Proposed Food and Drug Administration Nutrition Fact Label Modification to Include Percent Daily Value of Sugar</p> <p>RESOLVED, That the American Academy of Family Physicians send a letter to the United States Food and Drug Administration supporting the July 2015 proposed changes to nutrition fact labeling to include percent daily value of added sugar.</p>	Commission on Health of the Public and Science	<p>Accept for Information</p> <p>The FDA's deadline for public comment had expired prior to the commission's action on the resolution.</p>

Summary of Actions of the 2015 NCSM, continued

<p>S2-205</p>	<p>Protecting Pregnant Women from Criminal Penalties Due to Substance Abuse</p> <p>RESOLVED, That the American Academy of Family Physicians educate chapters about its policy opposing legislation that results in imprisonment or other criminal sanctions of pregnant women solely for substance abuse during pregnancy.</p>	<p>Executive Vice President</p>	<p>Accept for Information</p> <p>The issue is emerging as part of policy discussions, but there is not a strong enough literature/evidence base for us to recommend the AAFP moving forward with such policy at this time.</p>
<p>S2-206</p>	<p>Protection of the Public from Secondhand Electronic Cigarette Exposure</p>	<p>Moved to Reaffirmation Calendar</p>	
<p>S2-207</p>	<p>Support of Drug Pricing Transparency</p> <p>RESOLVED, That the American Academy of Family Physicians support federal and state legislation to require pharmaceutical manufacturers to disclose development and production costs as well as profits in order to negotiate more affordable drug prices for patients.</p>	<p>Commission on Governmental Advocacy</p>	
<p>S2-208</p>	<p>Clinical Tools to Assess a Patient's Social Determinants of Health</p>	<p>Moved to Reaffirmation Calendar</p>	
<p>S2-209</p>	<p>Support of Naloxone Access and Training</p> <p>RESOLVED, That the American Academy of Family Physicians specifically include acute opioid overdose management and naloxone training in Recommended Curriculum Guidelines for Family Medicine Residents.</p>	<p>Commission on Education</p>	<p>Agree</p> <p>AAFP Reprint No. 277, Substance Use Disorders, was last reviewed in 2015 and is not scheduled for its next review until 2019. The current political and healthcare environment is focusing a great deal of attention on the use and abuse of opioids and the role of primary care physicians in prescribing them. In order to ensure the Substance Use Disorders Curriculum Guideline is up-to-date regarding overdose management and naloxone training, the next review should be accelerated. It will be added to the review/update calendar in 2016.</p>
<p>S2-210</p>	<p>Expanded Use of Naloxone</p> <p>RESOLVED, That the American Academy of Family Physicians support the implementation of programs which allow first responders and non-medical personnel to possess and administer naloxone in emergency situations, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the implementation of policies which allow licensed providers to prescribe naloxone to patients using opioids or other individuals in close contact with those patients, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the implementation of legislation which protects any individuals who administer naloxone from prosecution for practicing medicine without a license.</p>	<p>Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 501 was referred to the Commission on Governmental Advocacy</p> <p>Action taken on the COD resolution will be reported to the Resident and/or Student Congresses. (See next column.)</p>	<p>COD Resolution 501 – Substitute Adopted</p> <p>Expanded Use of Naloxone</p> <p>RESOLVED, That the American Academy of Family Physicians support the implementation of programs which allow first responders and non-medical personnel to possess and administer naloxone in emergency situations, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the implementation of policies which allow licensed providers to prescribe naloxone to patients using opioids or other individuals in close contact with those patients, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the implementation of legislation which protects any individuals who administer naloxone from prosecution for practicing medicine without a license.</p>

Summary of Actions of the 2015 NCSM, continued

			<p>Action: The Board of Directors approved at its May 2016 meeting, a recommendation that the AAFP in support of this resolution take the following actions:</p> <p>1) Add the language from the resolution to the AAFP policy, "Substance Abuse and Addiction" under "Prevention of Overdose Deaths."</p> <p>2) Convey its support for the expanded use of naloxone to the White House Office of National Drug Control Policy, the Department of Health and Human Services, and federal legislators.</p> <p>The commission believed the substance of the resolution should be incorporated into current AAFP policy since it is likely to be a matter debate for several years. Since opioid overdose has been recognized as a serious problem, the AAFP has several entities working on this issue. Having a clear policy statement would help guide the deliberations of these entities. It was also noted there is interest in the President's initiative asking for more funds to provide naloxone to first responders and to research treatments for substance abuse. Some of the addicted patients do not consider themselves to be at-risk, which raises an issue as to whether to prescribe naloxone; family physicians are the ones who are seeing patients that are substance abusers.</p>
<p>S3-301</p>	<p>Promoting Transparency in Medical Education and Access to Training in Settings Affiliated with Religious Health Care Organizations</p> <p>RESOLVED, That the American Academy of Family Physicians strongly encourage medical schools and graduate medical education training programs in all states to communicate with current and prospective medical students, residents, and fellows how affiliations and mergers among health care organizations may impact health care delivery, medical education, and training opportunities at the respective institutions, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council on Graduate Medical Education and other appropriate stakeholders to support transparency with medical education, recommending that medical schools and graduate medical education training programs communicate with current and prospective medical students, resident fellows, and faculty about how affiliations and mergers among health care organizations may impact health care delivery, medical education, and training opportunities.</p>	<p>Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 603 was referred to the Board of Directors and assigned to the Commission on Education.</p> <p>Action taken on the COD resolution will be reported to the Resident and/or Student Congresses. (See next column.)</p>	<p>COD Resolution 603 – Referred to BOD</p> <p>Promoting Transparency in Medical Education and Access to Training in Settings Affiliated with Religious Health Care Organizations</p> <p>RESOLVED, That the American Academy of Family Physicians strongly encourage medical schools and graduate medical education training programs to communicate with current and prospective medical students, residents, and fellows how affiliations and mergers among health care organizations may impact health care delivery, medical education, and training opportunities at their respective institutions, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommend that information on religious affiliation be listed in the Freida database, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that information on the religious affiliation of residency programs be included on the AAFP Family Medicine Residency Directory (https://nf.aafp.org/Directories/Residency/Search), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council on Graduate Medical Education and other appropriate stakeholders to support transparency within medical education, recommending that</p>

Summary of Actions of the 2015 NCSM, continued

			<p>medical schools and graduate medical education training programs communicate with current and prospective medical students, residents, fellows and faculty about how affiliations and mergers among health care organizations may impact health care delivery, medical education and training opportunities.</p> <p>Action: Accept for Information</p> <p>The Commission on Education recommended and the Board of Directors approved at its July 2016 meeting, to accept this resolution for Information.</p> <p>The AAFP supports the concept of transparency in health care as stated in its policy on Transparency. "The AAFP believes that transparency in health care refers to reporting information that can easily be verified for accuracy (2007 and 2013 COD)." This should include open communication among students, residents, medical schools and residency programs. It was the opinion of the COE that the 1st and 4th resolved clauses represent current AAFP policy. Additionally, the COE believes that the 2nd and 3rd resolved clauses are consistent with the intent of current policy and, therefore, would be accepted for information. Residency programs must meet the requirements of the ACGME. If the institution does not support training to meet an ACGME requirement, the program must find another way to meet the requirement via training at another institution or setting. As for training beyond the basic ACGME requirements, an institution's religious affiliation does not necessarily indicate restrictions or limitations on specific training. For example, if a religious-based institution does not allow training for vasectomies, the residency program may set up rotations with a community urologist or at another hospital to provide the necessary training. Therefore, simply listing a religious affiliation in either FREIDA or the AAFP Residency Directory might prove to be very misleading to students seeking information about residency program opportunities.</p>
<p>S3-302</p>	<p>Investigating the Impact of Medical School Student Wellness Programs</p> <p>RESOLVED, That the American Academy of Family Physicians explore avenues and partnerships with interested constituents, such as the Association of American Medical Colleges, for evidence-based investigation of medical school student wellness programs in order to evaluate the impact of these wellness programs on student perceptions of, and professional decisions related to, primary care.</p>	<p>Commission on Education</p>	<p>Agree with Modification</p> <p>The COE believes that student wellness and resiliency is an emerging issue for which there is limited data to document its impact on specialty choice. It recognizes that the AAFP is not in a position to engage in primary research on the topic though it could be influential in encouraging the workforce research community to study the issues.</p> <p>RESOLVED, That the AAFP reach out to the workforce research community to encourage deliberate study to examine if there is any association between medical student burnout and choice of primary care.</p>

Summary of Actions of the 2015 NCSM, continued

<p>S3-303</p>	<p>Addressing Burnout in Medical Training</p> <p>RESOLVED, That the American Academy of Family Physicians prioritize the unique aspects of medical training in their efforts related to burnout prevention on a systems level, including addressing a culture of dehumanization within medical training, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians specifically target medical educators and those involved in medical training to model behaviors and attitudes that prevent burnout among medical trainees.</p>	<p>Commission on Education</p>	<p>Agree</p> <p>The COE supports the resolution and recommends the following action be included in the AAFP strategic efforts to address burnout and resiliency in family medicine: (1) Identify entities in the family medicine undergraduate and graduate medical education communities who already exhibit successful behaviors, governance structures, and practices that lead to increased resiliency among faculty and learners; (2) consider partnering with the family medicine graduate medical education community to prepare a Family Medicine Residency Physician and Learner Wellness Curriculum Guideline; (3) advocate for and partner with other academic family medicine medical societies such as the STFM to engage in leadership development and skill building for family medicine educators on the topic of physician wellness/burnout prevention/resiliency; and (4) identify, develop and disseminate wellness/resiliency materials to our constituency at all levels of physician training and practice.</p>
<p>S3-304</p>	<p>Endorsement of the Advancing Care for Exceptional Kids Act of 2015</p> <p>RESOLVED, That the American Academy of Family Physicians endorse the Advancing Care for Exceptional Kids Act of 2015.</p>	<p>Commission on Governmental Advocacy</p>	<p>Accept for Information</p> <p>While the AAFP, as a practice, does not "endorse" specific legislation since it can't easily change in the legislative process, the AAFP already supports the intentions and principles of the named bill and has informed the sponsors.</p>
<p>S3-305</p>	<p>Support of Miscarriage Management Training in Family Medicine Residencies</p> <p>RESOLVED, That the American Academy of Family Physicians consider the inclusion of miscarriage management as a hands-on, skill-building workshop emphasizing procedural skills in uterine aspiration with manual aspiration at the National Conference of Family Medicine Residents and Medical Students, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the integration of comprehensive miscarriage management training, including uterine aspiration with manual vacuum aspiration, into family medicine residencies.</p>	<p>Commission on Education</p> <p>2nd clause not referred due to similarity to Congress of Delegates Resolution 605</p>	<p>1st Resolved Clause: Agree with Modification</p> <p>The COE agreed this topic would be added to the list of "suggested topics" provided to potential presenters, but did not feel it was appropriate to agree to a certain type of session (i.e., hands-on).</p> <p>RESOLVED: That the AAFP consider the inclusion of miscarriage management as a workshop at the National Conference of Family Medicine Residents and Medical Students.</p> <p>2nd Resolved Clause: Reaffirmed as current policy by the COD.</p> <p>RESOLVED, That the American Academy of Family Physicians support the integration of comprehensive miscarriage management training into family medicine residencies.</p>
<p>S3-306</p>	<p>Improved Access to Medical Student Loans</p> <p>RESOLVED, That the American Academy of Family Physicians support that medical students with similar education, training, and qualifications should not face disparate barriers to accessing financial aid and loan repayment resources, and be it further</p> <p>RESOLVED, That the American Academy</p>	<p>1st & 2nd Resolved Clauses: Commission on Education</p>	<p>Agree with Modification</p> <p>RESOLVED, That the AAFP create a policy stating that medical students with similar education, training, and qualifications, including but not limited to students who have received Deferred Action for Childhood Arrivals (DACA), should not face disparate barriers to accessing financial aid, loan repayment, and pathways to licensure, and be it further</p>

Summary of Actions of the 2015 NCSM, continued

	<p>of Family Physicians identify and work with stakeholders to advocate for the eligibility of undocumented medical students for federal loan programs for medical students enrolled in any accredited medical school, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians ask the Robert Graham Center to study the potential impact of Delayed Action for Childhood Arrivals (DACA) and other unauthorized immigrant medical students on the primary care shortage in the United States.</p>	<p>3rd Resolved Clause</p>	<p>RESOLVED, That the AAFP write a letter to the AMA undergraduate education committee to ask to collaborate legislatively to ensure federal and state policies for student loans, and a pathway to obtain a medical license for Deferred Action for Childhood Arrivals (DACA) students, and be it further</p> <p>The COE believes the issue raised in this resolution — the dichotomy of allowed access to medical training for students covered by the Deferred Action for Childhood Arrivals (DACA), but the lack of access to financial support to pursue medical education — is an important issue that could negatively impact the choice of family medicine for a cohort of medical students. The COE also was compelled by AAMC's recent declaration that it is a problem worth addressing and this is an opportunity to collaborate with the AAMC on an issue of common interest. Letters were sent to the AMA and AAMC on 5.31.16 regarding improved access for training for DACA students.</p> <p>3rd Resolved Clause: Accept for Information (official action)</p> <p>During it's discussion SRSI, via COE, offered a possible modification to the 3rd Resolved Clause.</p> <p>RESOLVED, That the AAFP write a letter to the AAMC asking to collaborate on admission policies and advocacy to develop pathways to licensure that ensure a diverse workforce, which will include Deferred Action for Childhood Arrivals (DACA) students.</p>
<p>S3-307</p>	<p>Increase Endogenous Residency Program Funding</p> <p>RESOLVED, That the American Academy of Family Physicians ensure educational resources on billing and coding be made available to residency programs so they may adapt to the changing financial environment of medicine by increasing revenue and sustainability of clinics.</p>	<p>Commission on Education</p>	<p>Accept for Information</p> <p>Residency programs are under financial pressure to operate efficiently which requires residents to understand effective billing and coding practices. The AAFP does not create curriculum but provides many resources to support teaching these skills in residency. Residency programs are required by the ACGME to provide residents with regular reports of practice productivity, financial performance, and clinical quality. The AAFP has extensive information on MACRA available online and through journals, Practice Management has resources for Payment for Chronic Care Management Services, as well as many other resources around billing and coding.</p>
<p>S3-308</p>	<p>Transparency in Medical School Tuition</p> <p>RESOLVED, That the American Academy of Family Physicians write a letter to the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine encouraging accredited American medical schools to publicize annually and release to students the breakdown of how student tuition and fees are used.</p>	<p>Commission on Education</p>	<p>Accept for Information</p> <p>Members discussed that a letter to the AAMC and the AACOM would likely have a minimal or nonexistent impact but believes that it is an important issue, and one for which the AAFP should express its support. Staff was asked to explore partnerships to advocate for transparency in medical school tuition and fees.</p>

Summary of Actions of the 2015 NCSM, continued

<p>S3-309</p>	<p>Providing Student Loan Repayment Information and Options on the American Academy of Family Physicians Website for Students, Residents, and Practicing Family Physicians</p> <p>RESOLVED, That the American Academy of Family Physicians investigate the creation and implementation of an addition to its website that provides resources which will help students, residents, and practicing family physicians to effectively manage their student loan finances and debt.</p>	<p>Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 608 was referred to the Commission on Health of the Public and Science (1st and 2nd Resolved Clauses) and the Commission Governmental Advocacy (3rd Resolved Clause).</p> <p>Action taken on the COD resolution will be reported to the Resident and/or Student Congresses. (See next column.)</p>	<p>COD Resolution 608 - Adopted</p> <p>Providing Resources for Debt Relief on the AAFP Website</p> <p>To COE RESOLVED, That the American Academy of Family Physicians (AAFP) provide a description of, and links to, national resources available for practicing physicians to decrease debt burden on the AAFP's website, including but not limited to the National Health Service Corps, Income-Base Loan Repayment, and Primary Care Service Loans, and be it further</p> <p>To COE RESOLVED, That as existing programs available for practicing physicians to decrease debt burden change and as new national programs emerge, that the American Academy of Physicians website be updated to include this new information, and be it further</p> <p>Action: The Commission on Education recommended and the Board of Directors approved at its July 2016 meeting, to approve the 1st and 2nd Resolved Clauses.</p> <p>The AAFP will increase family physician awareness of practices and programs that reduce debt burden including loan repayment, scholarship and loan consolidation opportunities available to students, residents, and practicing physicians. This will be accomplished in part by repurposing the existing www.aafp.org content for medical students on debt management, loan repayment and scholarships to reach active physician members. Additional content will be developed that specifically addresses opportunities for physicians to decrease their loan burden and improve their personal finance habits, including financial management and planning. This will include information about the AAFP Member Advantage Program with SoFi for loan consolidation. The AAFP will develop a communication plan to reach members with this content.</p> <p>To CGA RESOLVED, That the American Academy of Family Physicians provide information and assistance to chapters to advocate for effective state-level debt relief programs that are present in other states.</p> <p>Action: The Commission on Governmental Advocacy recommended and the Board of Directors approved at its May 2016 meeting, that in support of this resolution, the AAFP collaborate with the chapters to research and disseminate state examples of proposed and implemented state debt relief programs for primary care providers.</p>
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