



## Student 3 Consent Calendar

---

National Conference of Family Medicine Residents and Medical Students  
July 28-30, 2016 - Kansas City, MO

---

1 **RECOMMENDATION: The Student 3 Reference Committee recommends the**  
2 **following consent calendar for adoption:**

3  
4 **Item 1:** Not Adopt Resolution No. S3-301 “Support a Study on Minimum Competencies  
5 and Scope of Medical Scribe Utilizations” (p. 1).

6  
7 **Item 2:** Not Adopt Resolution No. S3-302 “Support of the Research of the Efficacy of  
8 Situational Judgment Testing (SJT)/Computer-Based Assessment for Sampling Personal  
9 Characteristics (CASPer) in the Evaluation of Medical School Applicants” (pp. 1-2).

10  
11 **Item 3:** Not Adopt Resolution No. S3-303 “Evaluation of The Healer’s Art Course in  
12 Building Compassion in Medical Students” (p. 2).

13  
14 **Item 4:** Not Adopt Resolution No. S3-304 “Transparency of Procedural Expectations  
15 and Conscience Policies in the Residency Application Process” (pp. 2-3).

16  
17 **Item 5:** Adopt Substitute Resolution No. S3-305 “A Virtual Platform for Wellness and  
18 Burnout Prevention” (pp. 3-4).

19  
20 **Item 6:** Adopt Substitute Resolution No. S3-306 “Enhanced Understanding of MACRA,  
21 Medicare Access and CHIP Reauthorization Act of 2015, for Resident and Student  
22 AAFP Members” (p. 4).

23  
24 **Item 7:** Adopt Substitute Resolution No. S3-307 “Talking Explicitly About Impact Bias”  
25 (p. 5).

26  
27 **Item 8:** Adopt Resolution No. S3-308 “Lobby to End Step 2 CS and Level PE” (pp. 5-6).

28  
29 **Item 9:** Adopt Substitute Resolution No. S3-309 “Partnerships in Developing a Rural  
30 Training Database” (p. 6).

31  
32 **Item 10:** Not Adopt Resolution No. S3-310 “Recycling at National Conference” (pp. 6-7).

33  
34 **Item 11:** Not Adopt Resolution No. S3-311 “The American Academy of Family  
35 Physicians to Support Accreditation Council for Graduate Medical Education Accredited  
36 Residencies in Obtaining Osteopathic Recognition” (p. 7).

37

- 38 **Item 12:** Not Adopt Resolution No. S3-312 “Student Debt Reform” (pp. 7-8).  
39
- 40 **Item 13:** Not Adopt Resolution No. S3-314 “Supporting Medicare Drug Negotiating  
41 Powers” (pp. 8-9).  
42
- 43 **Item 14:** Adopt Substitute Resolution No. S3-315 “Protecting Rural Family Medicine  
44 Training Programs During the AOA/ACGME Merger” (pp. 9-10).  
45
- 46 **Item 15:** Not Adopt Resolution No. S3-316 “Promoting the Resident and Student  
47 Discussion Forum” (p. 10).  
48
- 49 **Item 16:** Adopt Substitute Resolution No. S3-317 “Promoting Cross-Cultural and  
50 Linguistic Education for Residents and Medical Students About Hispanic and Latino  
51 Populations to Improve Health Care Communications” (pp. 10-11).  
52
- 53 **REAFFIRMATION CALENDAR:**  
54 (A) Resolution No. S3-313 “Offering Guidance to the ABFM Regarding the  
55 Maintenance of Certification Family Practice (MC-FP)” (pp. 11-12).



## Student 3 Reference Committee Report

---

National Conference of Family Medicine Residents and Medical Students  
July 28-30, 2016 - Kansas City, MO

---

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

5  
6 **ITEM NO. 1: RESOLUTION S3-301: SUPPORT A STUDY ON MINIMUM COMPETENCIES**  
7 **AND SCOPE OF MEDICAL SCRIBE UTILIZATIONS**

8  
9 RESOLVED, That the American Academy of Family Physicians partner with The Joint  
10 Commission and other stakeholders to study the minimum skills and competencies  
11 required of a medical scribe regarding documentation performance and clinical  
12 boundaries of medical scribes utilization.

13  
14 The reference committee heard testimony from the author that training for scribes is not  
15 standardized and sometimes insufficient. The reference committee discussed that a similar  
16 resolution which was adopted at the American Medical Association (AMA) shows other  
17 organizations supportive of this concept. There is no current AAFP policy on medical scribes,  
18 and they are not eligible for AAFP membership. The committee also discussed that The Joint  
19 Commission deals solely with hospitals, which would not apply to a significant portion of family  
20 physicians who employ scribes in the outpatient setting. One committee member suggested  
21 making the request more general to include any partner – not just The Joint Commission. Other  
22 committee members recommended not adopting because the AMA already is working on this,  
23 though they did acknowledge the possible benefit of developing an AAFP policy regarding  
24 scribes in the future. The committee expressed concern that this resolution may not benefit a  
25 significant portion of AAFP members. The committee suggests the AAFP encourage its student  
26 members who work with the AMA to support related action in that organization.

27  
28 **RECOMMENDATION: The reference committee recommends that Resolution No.**  
29 **S3-301 not be adopted.**

30  
31 **ITEM NO. 2: RESOLUTION S3-302: SUPPORT OF THE RESEARCH OF THE EFFICACY**  
32 **OF SITUATIONAL JUDGMENT TESTING (SJT) /COMPUTER-BASED ASSESSMENT FOR**  
33 **SAMPLING PERSONAL CHARACTERISTICS (CASPER) IN THE EVALUATION OF**  
34 **MEDICAL SCHOOL APPLICANTS**

35  
36 RESOLVED, That the American Academy of Family Physicians encourage partner  
37 organizations, such as the Association of American Medical Colleges, to research the

38 efficacy of Situational Judgment Testing/Computer-Based Assessment for Sampling  
39 Personal Characteristics with regards to medical school admissions.  
40

41 The reference committee heard testimony only from the author of this resolution, reflecting  
42 concern in the limited number of medical schools that have tested these admissions' practices.  
43 The Association of American Medical Colleges (AAMC) reports on its website that it is  
44 conducting a series of research phases designed to help it learn more about the feasibility of  
45 implementing Situational Judgment Testing.  
46

47 The reference committee acknowledges that there may be concerns over the validity and impact  
48 of this test, and questions about whether sufficient data exists to confidently use these tools in  
49 admissions' processes. The reference committee acknowledged that the AAFP's policy entitled  
50 "Incentives for Increasing Student Choice of Family Medicine" states that medical school  
51 admissions' policies should "recognize and value attributes found in successful primary care  
52 physicians." The committee discussed the lack of clarity about whether and what impact these  
53 admissions' practices have on matriculating students with a higher likelihood of choosing family  
54 medicine, and felt the AAFP's role in addressing this issue would be related to the impact of  
55 family medicine. Although the group thought this is an important issue and the AAFP should  
56 continue to monitor it, the committee members felt that the AAMC already is researching the  
57 tool, and further encouragement is not necessary.  
58

59 **RECOMMENDATION: The reference committee recommends that Resolution No.**  
60 **S3-302 not be adopted.**

61  
62 **ITEM NO. 3: RESOLUTION S3-303: EVALUATION OF THE HEALER'S ART COURSE IN**  
63 **BUILDING COMPASSION IN MEDICAL STUDENTS**

64  
65 RESOLVED, That the American Academy of Family Physicians (AAFP) evaluate The  
66 Healer's Art course as a valid opportunity for students to build compassion and self-care  
67 in medical education.  
68

69 The reference committee heard testimony that certain language in the resolution was unclear.  
70 The author provided testimony that the intent of the resolution was to ask the AAFP to explore  
71 whether existing research is valid and whether it could be supported by the AAFP. The  
72 committee discussed the reach of this program and whether there is a fee associated with  
73 "Healer's Art" or similar curriculum. The committee was unsure of what specifically the  
74 resolution was asking for, and recommended students write a similar resolution in the future  
75 with more general language about curriculum pertaining to student wellness (i.e., not specifically  
76 "Healer's Art").  
77

78 **RECOMMENDATION: The reference committee recommends that Resolution No.**  
79 **S3-303 not be adopted.**

80  
81 **ITEM NO. 4: RESOLUTION S3-304: TRANSPARENCY OF PROCEDURAL**  
82 **EXPECTATIONS AND CONSCIENCE POLICIES IN THE RESIDENCY APPLICATION**  
83 **PROCESS**

84  
85 RESOLVED, That the American Academy of Family Physicians endorse a policy of  
86 transparency in the residency application process by writing a letter to the Association of

87 Family Medicine Residency Directors encouraging residency programs to a) list the  
88 procedural expectations of the residency program and b) list the conscience policies of  
89 the residency program in a way that is easily accessible to residency applicants.  
90

91 The reference committee heard testimony from the author and one other medical student in  
92 support of the resolution. Testimony captured the challenge medical students feel they face in  
93 accessing information about residency programs' clinical offerings as they relate to opportunities  
94 for procedures training, in particular training for procedures that are considered socially  
95 controversial. Though the resolution language, nor the authors, specifically mentioned the  
96 procedures' training they were most concerned about, the reference committee interpreted the  
97 purpose of this resolution to be related to procedures including contraception and abortion  
98 services. The reference committee struggled with what it felt was vague and not standard  
99 language used in the resolution. The reference committee acknowledged the issue students  
100 have in accessing information about residency opportunities in these areas without significant  
101 and direct conversation with faculty and residents from the program. The group acknowledged  
102 the AAFP's effort would be merely a suggestion and couldn't require the Association of Family  
103 Medicine Residency Directors (AFMRD) to take action, nor can AFMRD impose any directives  
104 on residency programs related to this topic.  
105

106 **RECOMMENDATION: The reference committee recommends that Resolution No.**  
107 **S3-304 not be adopted.**  
108

109 **ITEM NO. 5: RESOLUTION S3-305: A VIRTUAL PLATFORM FOR WELLNESS AND**  
110 **BURNOUT PREVENTION**  
111

112 RESOLVED, That the American Academy of Family Physicians (AAFP) create a  
113 comprehensive online platform for medical students, residents, and attending faculty to  
114 enter into an open forum for discussion and prevention of burnout, and be it further  
115

116 RESOLVED, That an online platform for medical students, residents, and attending  
117 faculty to enter into an open forum for discussion and prevention and burnout offer  
118 resources, discussion blogs, and webinars to address burnout prevention and wellness  
119 promotion, and be it further  
120

121 RESOLVED, That an online platform for medical students, residents, and attending  
122 faculty to enter into an open forum for discussion and prevention and burnout, provide a  
123 platform for conducting research that aims to elucidate effective interventions for  
124 preventing burnout and promoting resilience among medical students, residents, and  
125 attending faculty.  
126

127 The reference committee heard testimony from the author that a forum to share experiences  
128 and gather data about student burnout is needed. The committee acknowledged that the FMIG  
129 Network recently launched online communities, which include discussion-thread functionality,  
130 could serve this purpose. The committee agreed that conducting research mentioned in the third  
131 resolved clause is not feasible through the proposed method.  
132

133 **RECOMMENDATION: The reference committee recommends that Substitute**  
134 **Resolution No. S3-305 be adopted in lieu of Resolution S3-305, which reads as**  
135 **follows:**  
136

137 **RESOLVED, That the American Academy of Family Physicians explore**  
138 **online platforms for discussion and dissemination of resources to combat**  
139 **medical student and resident burnout.**  
140

141 **ITEM NO. 6: RESOLUTION S3-306: ENHANCED UNDERSTANDING OF MACRA,**  
142 **MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015, FOR RESIDENT AND**  
143 **STUDENT AAFP MEMBERS**  
144

145 RESOLVED, That the American Academy of Family Physicians (AAFP) create an online  
146 module, handout, or webinar addressing Medicare Access and CHIP Reauthorization  
147 Act of 2015 and its quality payment programs (QPP), merit-based payment system  
148 (MIPS) and alternative payment programs (APMs), at the appropriate level and context  
149 for family medicine residents and medical students on the AAFP website as well as on  
150 the Family Medicine Interest Group (FMIG) Network, and be it further  
151

152 RESOLVED That the American Academy of Family Physicians offer Medicare Access  
153 and CHIP Reauthorization Act of 2015 based informative lectures for family medicine  
154 residents and medical students at the National Conference for Family Medicine  
155 Residents and Medical Students.  
156

157 No testimony was given on this resolution. The reference committee acknowledged the level of  
158 impact the Medical Access and CHIP Reauthorization Act of 2015 (MACRA) will have on the  
159 way physicians will be paid and practices will be run in the near and far future, and the  
160 reference committee also acknowledged and the importance for family medicine residents and  
161 medical students to be aware of this system-changing legislation and how it will change their  
162 future practices. The AAFP has robust online modules, handouts, and other resources on  
163 MACRA already on its website; however, it does not have any resources currently  
164 contextualized to residents and students. Members acknowledged that due to the newness of  
165 the legislation and the need to prepare active physicians for changing practices, as well as to  
166 give feedback and impact the regulations of MACRA initiatives, the AAFP is rightfully prioritizing  
167 use of its resources in those areas. The reference committee believed that the AAFP's resident  
168 and student initiatives, including its FMIG Network and National Conference, could create an  
169 effort to increase awareness and understanding of MACRA through its existing channels, and  
170 suggests modifying the resolution language to allow for more flexibility in the National  
171 Conference programming.  
172

173 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
174 **No. S3-306 be adopted in lieu of Resolution S3-306, which reads as follows:**  
175

176 **RESOLVED, That the American Academy of Family Physicians (AAFP) create an**  
177 **online module, handout, or webinar addressing Medicare Access and CHIP**  
178 **Reauthorization Act of 2015 (MACRA) and its quality payment programs (QPP),**  
179 **merit-based payment system (MIPS) and alternative payment programs (APMs), at**  
180 **the appropriate level and context for family medicine residents and medical**  
181 **students on the AAFP website as well as on the Family Medicine Interest Group**  
182 **(FMIG) Network, and be it further**  
183

184 **RESOLVED That the American Academy of Family Physicians consider Medicare**  
185 **Access and CHIP Reauthorization Act of 2015 (MACRA)-based programming at the**  
186 **AAFP National Conference on Family Medicine Residents and Medical Students.**

187 **ITEM NO. 7: RESOLUTION S3-307: TALKING EXPLICITLY ABOUT IMPACT BIAS**

188  
189 RESOLVED, That the American Academy of Family Physicians publish a position paper  
190 on the impact of implicit bias in health care, and be it further

191  
192 RESOLVED, That the American Academy of Family Physicians prioritize research on  
193 the impact of implicit bias and effective interventions for reducing implicit bias in health  
194 care, and be it further

195  
196 RESOLVED, That American Academy of Family Physicians develop a model implicit  
197 bias curriculum that medical schools and residency training programs can use to teach  
198 students and residents, and be it further

199  
200 RESOLVED, That the American Academy of Family Physicians (AAFP) ask the  
201 Accreditation Council for Graduate Medical Education to consider using AAFP's model  
202 curriculum on implicit bias in health care as part of their accreditation guidelines for  
203 family medicine residency programs, and be it further

204  
205 RESOLVED, That the American Academy of Family Physicians (AAFP) ask the Liaison  
206 Committee on Medical Education and Commission on Osteopathic College Accreditation  
207 to consider using the AAFP's model curriculum on implicit bias in health care as part of  
208 their accreditation guidelines for medical schools.

209  
210 The reference committee heard testimony from an individual who thought that implicit bias  
211 training would be valuable. The committee pointed out that the fourth resolved clause refers to a  
212 model curriculum that does not exist. The AAFP currently does not have any public-facing policy  
213 on implicit bias. Also, requiring a curriculum on implicit bias would be beyond the scope of the  
214 Accreditation Council for Graduate Medical Education. Although the reference committee  
215 believes that recognizing and reducing implicit bias is essential to ensure quality patient care, it  
216 believes the specific requests put forth in this resolution are not the appropriate strategies to  
217 address the issue.

218  
219 **RECOMMENDATION: The reference committee recommends that Substitute**  
220 **Resolution No. S3-307 be adopted in lieu of Resolution S3-307, which reads as**  
221 **follows:**

222  
223 **RESOLVED, That the American Academy of Family Physicians develop a policy**  
224 **statement reflecting the role implicit bias has on health outcomes, and the**  
225 **importance of family physicians being aware of their own implicit bias and taking**  
226 **steps to reduce its impact in patient care.**

227  
228 **ITEM NO. 8: RESOLUTION S3-308: LOBBY TO END STEP 2 CS AND LEVEL PE**

229  
230 RESOLVED, That the American Academy of Family Physicians lobby the Federation of  
231 State Medical Boards and their member licensing boards to advocate for elimination of  
232 the United States Medical Licensing Examination (USMLE) Step 2 CS and the COMLEX  
233 Level 2 PE as a requirement for Liaison Committee on Medical Education accredited  
234 and Commission on Osteopathic College Accreditation accredited medical school  
235 graduates who have passed a school-administered clinical skills examination.

237 The reference committee heard testimony only in support of the resolution, including from the  
238 president of the American Medical Student Association (AMSA), which is also working to  
239 eliminate the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills  
240 requirement for graduates of U.S. medical schools. The reference committee feels that this test  
241 puts undue financial burden on U.S. medical students, and that financial burden may impact  
242 student specialty choice. The committee believes that supporting the elimination of this  
243 examination will strengthen the efforts of AMSA and other student organizations, including the  
244 American Medical Association Medical Student Section, on this cause.

245  
246 **RECOMMENDATION: The reference committee recommends that Resolution No.**  
247 **S3-308 be adopted.**  
248

249 **ITEM NO. 9: RESOLUTION S3-309: PARTNERSHIPS IN DEVELOPING A RURAL**  
250 **TRAINING DATABASE**

251  
252 RESOLVED, That the American Academy of Family Physicians collaborate with the  
253 Rural Training Track Collaborative and National Rural Health Association to help  
254 develop a database of rural training opportunities for family physicians, residents, and  
255 medical students.  
256

257 The reference committee heard testimony from the author in support of the resolution. The  
258 current AAFP clerkship directory includes all clerkships but does not identify “rural” training  
259 opportunities. Although there are efforts to increase the number of rural training opportunities,  
260 there is no effective resource for identifying these opportunities (including the AAFP clerkship  
261 directory). The committee recognized this effort would include a fiscal note and substantial effort  
262 to maintain. The AAFP does, however, have a Member Interest Group on Rural Health that  
263 connects members, including students and residents, to rural family physicians and rural  
264 training opportunities. The committee agreed it would be worthwhile to explore collaborative  
265 opportunities with these organizations including, but not limited to, development of a database.  
266

267 **RECOMMENDATION: The reference committee recommends that Substitute**  
268 **Resolution No. S3-309 be adopted in lieu of Resolution S3-309, which reads as**  
269 **follows:**

270  
271 **RESOLVED, That the American Academy of Family Physicians collaborate**  
272 **with the Rural Training Track Collaborative and National Rural Health**  
273 **Association to explore the development of a resource such as a database**  
274 **of rural training opportunities for family physicians, residents, and medical**  
275 **students.**  
276

277 **ITEM NO. 10: RESOLUTION S3-310: RECYCLING AT NATIONAL CONFERENCE**

278  
279 RESOLVED, That the American Academy of Family Physicians work to implement a  
280 recycling program at National Conference of Family Medicine Residents and Medical  
281 Students, and be it further  
282

283 RESOLVED, That the goal of the recycling program be to produce a recycling rate of  
284 greater than 40% during the AAFP National Conference of Family Medicine Residents  
285 and Medical Students, and be it further



286  
287  
288  
289  
290  
291  
292  
293  
294  
295  
296  
297  
298  
299  
300  
301  
302  
303  
304  
305  
306  
307  
308  
309  
310  
311  
312  
313  
314  
315  
316  
317  
318  
319  
320  
321  
322  
323  
324  
325  
326  
327  
328  
329  
330  
331  
332  
333  
334

RESOLVED, That a recycling program at the National Conference of Family Medicine Residents and Medical Students be in place and achieve its goal by 2020.

The reference committee heard testimony only from the author on this resolution. It feels that the extensive and specific asks included in this resolution would take a significant level of effort, and that the AAFP student member constituency it represents is not the correct expert body to make specific recommendations related to conference contracting. The committee also believes that, though environmental issues do impact health, the requests of this resolution should not be a significant AAFP priority as it prioritizes strategies that directly improve its mission to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity.

**RECOMMENDATION: The reference committee recommends that Resolution No. S3-310 not be adopted.**

**ITEM NO. 11: RESOLUTION S3-311: THE AMERICAN ACADEMY OF FAMILY PHYSICIANS TO SUPPORT ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION ACCREDITED RESIDENCIES IN OBTAINING OSTEOPATHIC RECOGNITION**

RESOLVED, That the American Academy of Family Physician (AAFP) create a statement of support regarding residency programs seeking to obtain osteopathic recognition, and be it further

RESOLVED, That the American Academy of Family Physician create and make available a “How to Guide” on how to achieve osteopathic recognition for residency programs and list mentors available to serve as a resource in the process.

The reference committee heard testimony in support of the resolution. The committee acknowledged the AAFP’s ongoing support of residency programs seeking osteopathic recognition, including availability of consults from the Residency Program Solutions consultation services to help programs with this issue. The committee acknowledges the AAFP is not the accrediting body that provides this recognition. Therefore, it is not appropriate for the AAFP to create the how-to guide for this recognition, the ACGME should make the steps to recognition clear and accessible. The committee believes the American College of Osteopathic Family Physicians might be a more appropriate organization to promote resources and guidance for osteopathic programs related to both the stated support requested by this resolution, as well as pursuit of osteopathic recognition. The reference committee feels the AAFP has limited influence on osteopathic programs related to this issue, and it already is exercising the influence it has, and that further efforts by the AAFP on this topic are not warranted.

**RECOMMENDATION: The reference committee recommends that Resolution No. S3-311 not be adopted.**

**ITEM NO. 12: RESOLUTION S3-312: STUDENT DEBT REFORM**

RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to support legislation that reduces the debt burden of past and current student borrowers, and be it further

335  
336 RESOLVED, That the American Academy of Family Physicians use its legislative  
337 advocacy to influence the U.S. Congress to enact policies that would curb the growth of  
338 tuition, and be it further

339  
340 RESOLVED, That the American Academy of Family Physicians use its legislative  
341 advocacy to influence the U.S. Congress to increase the funding to student loans at a  
342 discounted interest rate for medical students who commit to specializing in family  
343 medicine, and be it further

344  
345 RESOLVED, That the American Academy of Family Physicians use its legislative  
346 advocacy and lobbying efforts to support legislation that reduces the interest rate of  
347 student loans, and be it further

348  
349 RESOLVED, That the American Academy of Family Physicians use its legislative  
350 advocacy and lobbying efforts to support legislation that removes the adjusted gross  
351 income cap to qualify for student loan interest payment tax deduction.

352  
353 The reference committee heard testimony in support of the resolution citing the significant and  
354 continually rising level of debt that impacts medical students' financial health and, according to  
355 some studies, specialty choice. The committee considered current AAFP policy statements  
356 "Medical Student Debt" and "Medical Student Debt Relief," which capture the AAFP's strong  
357 support of programs and policies that reduce medical student debt. The reference committee  
358 reviewed recent actions of the AAFP Government Relations Division to support proposed  
359 federal and state legislation to this effect. The committee feels that the vast majority of the  
360 specific requests in this resolution are being done already by the AAFP on a regular and  
361 continual basis. However, there were elements of this resolution that currently are not used in  
362 AAFP lobbying efforts. Those elements include advocating for policies that curb the growth of  
363 tuition, in particular as tuition rates are tied to medical student loan allowances set at the federal  
364 level. The resolution also called for the AAFP to influence the enactment of policies; however,  
365 reference committee members agree with current AAFP legislative strategy that supports  
366 proposed legislation, but does not propose its own legislation, as student loan issues at the  
367 federal level are representative of all categories of students, not just those in graduate  
368 education or medicine. The committee feels that the resolution, while on a vital and important  
369 topic, captures only strategies that the AAFP already is employing or priorities it should not take.

370  
371 **RECOMMENDATION: The reference committee recommends that Resolution No.**  
372 **S3-312 not be adopted.**

373  
374 **ITEM NO. 13: RESOLUTION S3-314: SUPPORTING MEDICARE DRUG NEGOTIATING**  
375 **POWERS**

376  
377 RESOLVED, That the American Academy of Family Physicians create policy in support  
378 of allowing Medicare Part D to negotiate for drug prices, and be it further

379  
380 RESOLVED, That the American Academy of Family Physicians write a letter to the  
381 appropriate senators, and representatives, encouraging them to support legislation that  
382 would allow Medicare Part D to negotiate for drug prices.

383

384 The reference committee heard testimony from the author and one other person in support of  
385 the resolution. Testimony captured that Medicare Part D allows too much spending on  
386 prescription drugs, and that the United States is one of few countries that does not allow for its  
387 government to negotiate cost with pharmaceutical companies. The reference committee  
388 reviewed existing efforts of the AAFP Government Relations Division to reduce the cost of  
389 prescription drugs to patients that are covered by Medicare. In particular, it referenced a March  
390 2016 letter from AAFP Board Chair Robert Wergin, MD, to Acting Administrator Andy Slavitt of  
391 the Centers for Medicare and Medicaid Services, on the issue of Medicare Part D and  
392 prescription drug prices. The committee considered information from AAFP lobbyists, and citing  
393 Congressional Budget Office economists capturing that an action to allow the government to  
394 negotiate lower drug prices does not directly reduce drug prices. The committee also  
395 considered input from the AAFP Practice Advancement Division staff explaining the multiple  
396 steps, governance issues, and intricacies that impact this issue. The reference committee feels  
397 the AAFP's current advocacy approach to this issue is appropriately strategized.  
398

399 **RECOMMENDATION: The reference committee recommends that Resolution No.**  
400 **S3-314 not be adopted.**

401  
402 **ITEM NO. 14: RESOLUTION S3-315: PROTECTING RURAL FAMILY MEDICINE**  
403 **TRAINING PROGRAMS DURING THE AOA/ACGME MERGER**

404  
405 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for  
406 continued viability of traditionally osteopathic family medicine residencies throughout the  
407 United States, especially in the rural areas, and be it further  
408

409 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for  
410 expansion of Centers of Medicare and Medicaid Services (CMS) resident caps to allow  
411 funding for the full, four-resident class required by the Accreditation Council of Graduate  
412 Medical Education (ACGME), and be it further  
413

414 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with  
415 interested organizations such as the American Osteopathic Association (AOA),  
416 Association of Family Medicine Residency Directors (AFMRD), and the American  
417 College of Osteopathic Family Physicians (ACOF) to expand existing resources for  
418 financially accessible consultative services for traditionally osteopathic programs to help  
419 understand and achieve requirements set by the ACGME for accreditation, and be it  
420 further  
421

422 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with  
423 organizations such as the Rural Training Track Collaborative and National Rural Health  
424 Association (NRHA) to facilitate interested rural family medicine programs in adapting to  
425 become rural training tracts of existing larger urban programs.  
426

427 The reference committee heard testimony from the author and one other in support of the  
428 resolution, citing the risk to rural osteopathic family medicine residencies to close because of  
429 barriers to accreditation by the Accreditation Council of Graduate Medical Education (ACGME).  
430 The reference committee agrees with the critical nature of this issue. Committee members  
431 reviewed current efforts by the AAFP to advocate for continued viability of traditional osteopathic  
432 family medicine residencies, advocate for expansion of Centers for Medicare and Medicaid  
433 Services resident caps, and to provide consultation services for traditionally osteopathic

434 programs to achieve requirements set by the ACGME for accreditation. These include efforts by  
435 the AAFP, the Association of Family Medicine Residency Directors, and the Council of Graduate  
436 Medical Education, and these efforts are a high priority and extensive at this time. Therefore,  
437 the reference committee feels the requests of the first three resolved clauses are being  
438 adequately addressed. The committee feels that the AAFP does have opportunities to further  
439 impact this vital issue by potential partnership with the Rural Training Track Collaborative and  
440 the National Rural Health Association, in particular to help small, rural, traditionally osteopathic  
441 programs connect with larger, established ACGME-accredited programs to become rural  
442 training tracks of their programs, preserving residency slots and rural training opportunities. The  
443 AAFP already is considering work in this area in particular by leveraging its Health Landscape  
444 mapping tools, but could realize more opportunities by the collaborations suggested in the  
445 resolution.

446  
447 **RECOMMENDATION: The reference committee recommends that Substitute**  
448 **Resolution No. S3-315 be adopted in lieu of Resolution S3-315, which reads as**  
449 **follows:**

450  
451 **RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate**  
452 **with organizations such as the Rural Training Track Collaborative and National**  
453 **Rural Health Association (NRHA) to facilitate interested rural osteopathic family**  
454 **medicine programs in adapting to become rural training tracts of existing larger**  
455 **urban programs.**

456  
457 **ITEM NO. 15: RESOLUTION S3-316: PROMOTING THE RESIDENT AND STUDENT**  
458 **DISCUSSION FORUM**

459  
460 RESOLVED, That the American Academy of Family Physicians work with chapters,  
461 residency programs and medical schools to increase awareness and promote the  
462 American Academy of Family Physicians resident and student discussion group to  
463 exchange ideas and information.

464  
465 No testimony was provided for this resolution. The reference committee felt the request for  
466 action in this resolution was unclear, as was the mention of an unspecified resident and student  
467 discussion group. Resolution language was very limited. In the absence of clarifying testimony,  
468 the reference committee could not determine the issue that the resolution was trying to address,  
469 nor the recommended strategy.

470  
471 **RECOMMENDATION: The reference committee recommends that Resolution No.**  
472 **S3-316 not be adopted.**

473  
474 **ITEM NO. 16: RESOLUTION S3-317: PROMOTING CROSS-CULTURAL AND**  
475 **LINGUISTIC EDUCATION FOR RESIDENTS AND MEDICAL STUDENTS ABOUT HISPANIC**  
476 **AND LATINO POPULATIONS TO IMPROVE HEALTH CARE COMMUNICATIONS**

477  
478 RESOLVED, That the American Academy of Family Physicians (AAFP) provide a  
479 focused cross-cultural and linguistic educational session at AAFP national conferences  
480 to improve communication between physicians and Hispanic and Latino population with  
481 limited English proficiency, and be it further  
482

483 RESOLVED, That the American Academy of Family Physicians disseminate cross-  
484 cultural and linguistic education resources to Family Medicine Interest Groups across the  
485 country to improve communication between physicians and Hispanic and Latino  
486 populations with limited English proficiency.

487  
488 The reference committee heard testimony from the author in support of the resolution, citing the  
489 need for Spanish-speaking patients to have providers who are culturally sensitive and have  
490 linguistic skills to effectively communicate. The reference committee agreed with the authors  
491 that this is an important issue, and that primary care providers in particular have a responsibility  
492 and opportunity to impact culturally sensitive care in this area. The committee acknowledges  
493 that the AAFP has existing patient engagement and education resources in this area, and the  
494 AAFP has a direct role and vehicle for this content through its National Conference of Family  
495 Medicine Residents and Medical Students and Family Medicine Interest Group Network. The  
496 committee feels that the language should be modified slightly to reflect all patients with a  
497 Spanish-language related barrier, and to give more flexibility to the exact type of program that  
498 should be considered for National Conference.

499  
500 **RECOMMENDATION: The reference committee recommends that Substitute**  
501 **Resolution No. S3-317 be adopted in lieu of Resolution S3-317, which reads as**  
502 **follows:**

503  
504 **RESOLVED, That the American Academy of Family Physicians (AAFP) consider**  
505 **programming at the AAFP National Conference of Family Medicine Residents and**  
506 **Medical Students to improve communication between physicians and the**  
507 **Spanish-speaking population with limited English proficiency, and be it further**

508  
509 **RESOLVED, That the American Academy of Family Physicians disseminate cross-**  
510 **cultural and linguistic education resources to Family Medicine Interest Groups**  
511 **across the country to improve communication between physicians and the**  
512 **Spanish-speaking population with limited English proficiency.**

513  
514  
515 **REAFFIRMATION CALENDAR**

516 **The following item A is presented by the Reference Committee on the Reaffirmation**  
517 **Calendar. Testimony in the Reference Committee hearing and discussion by the**  
518 **Reference Committee in Executive Session concurred that the resolution presented in**  
519 **Item is current policy or is already addressed in current projects. At the request of the**  
520 **National Congress of Family Medicine Residents, any item may be taken off the**  
521 **Reaffirmation Calendar for an individual vote on that item. Otherwise, the Committee**  
522 **will request approval of the Reaffirmation Calendar in single vote.**

523  
524 (A) Resolution S3-313 entitled "Offering Guidance to the ABFM Regarding the  
525 Maintenance of Certification Family Practice (MC-FP)," which reads as printed  
526 below:

527  
528 RESOLVED, That the American Academy of Family Physicians recommend the  
529 American Board of Family Medicine reevaluate Maintenance of Certification  
530 requirements to be more succinct while utilizing current evidence on adult learning  
531 modalities and catering to multiple learning preferences, and be it further

532  
533 RESOLVED, That the American Academy of Family Physicians recommend that the  
534 American Board of Family Medicine allow the AAFP credit system to certify continuing  
535 medical education (CME) events as meeting Maintenance of Certification requirements  
536 provided they meet mutually agreed upon standards.

537 The reference committee heard testimony from the author in support of the resolution, who  
538 stated that the AAFP should continue its current efforts on this topic. The committee concluded  
539 that the AAFP is already taking the actions requested in the resolution.

540  
541 **RECOMMENDATION: The Reference Committee recommends that Item A on the**  
542 **Reaffirmation Calendar be approved as current policy or as already being**  
543 **addressed in current projects.**

544  
545 **I wish to thank those who appeared before the reference committee to give**  
546 **testimony and the reference committee members for their invaluable assistance. I**  
547 **also wish to commend the AAFP staff for their help in the preparation of this**  
548 **report.**

549  
550 Respectfully submitted,

551  
552  
553  
554 \_\_\_\_\_  
555 Lauren Abdul-Majeed, Chair

556 Jacqueline Gallo  
557 Joey Krakowiak  
558 Howard Lanney  
559 Yeri Park  
560 Rebecca Proctor  
561 Allen Rodriguez  
562 Madison Skogsberg