



Resident 3 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
August 2-4, 2018 – Kansas City, MO

- 1 **RECOMMENDATION: The Resident 1 Reference Committee recommends the following**
2 **consent calendar for adoption:**
3
4 **Item 1:** Adopt Resolution No. R3-601 “Oppose the Criminalization of Self-Induced Abortion”
5
6 **Item 2:** Adopt Substitute Resolution No. R3-602 “Add a Student and Resident Position to the
7 Family Medicine Political Action Committee Board” in lieu of Resolution No. R3-602
8
9 **Item 3:** Adopt Resolution No. R3-603 “Oppose Shackling in Labor”
10
11 **Item 4:** Adopt Substitute Resolution No. R3-604 “Electronic Medical Record Integration of
12 Prescription Drug” in lieu of Resolution No. R3-604
13
14 **Item 5:** Adopt Resolution No. R3-605 “Advocacy Education as a Requirement for Family
15 Medicine Residency Training”
16
17 **Item 6:** Adopt Resolution No. R3-606 “Universal Recognition of and Access to Menstrual
18 Hygiene Products as Medical Necessities in Correctional and Detention Facilities”
19
20 **Item 7:** Adopt Resolution No. R3-607 “Funding for Graduate Medical Education Positions in
21 Puerto Rico”
22
23 **Item 8:** Not Adopt Resolution No. R3-608 “The Plight of Unmatched Physicians”
24
25 **Item 9:** Adopt Substitute Resolution No. R3-609 “Residency and Patient Population Diversity” in
26 lieu of Resolution No. R3-609
27
28 **Item 10:** Not Adopt Resolution R3-610 “Increasing Transparency and Trainee Participation in
29 the FamMedPAC”



Resident 3 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
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1 **The Resident 3 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. R3-601 OPPOSE THE CRIMINALIZATION OF SELF-**
7 **INDUCED ABORTION**

8
9 RESOLVED, That the American Academy of Family Physicians lobby against legislative
10 efforts to criminalize self-induced abortion.

11
12 The reference committee heard testimony in favor of this resolution. Testimony included seeing
13 first-hand the importance for women to have the appropriate care that they need and that some
14 are unable to access abortion care in their own state, but should not be criminalized for taking
15 actions on their own. A nearly identical resolution has been submitted to the 2018 AAFP
16 Congress of Delegates. The reference committee noted that the American College of
17 Obstetricians and Gynecologists (ACOG) recently published a position statement on this topic.

18
19 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-601**
20 **be adopted.**

21
22 **ITEM NO. 2: RESOLUTION NO. R3-602 ADD A STUDENT AND RESIDENT POSITION TO**
23 **THE FAMILY MEDICINE POLITICAL ACTION COMMITTEE BOARD**

24
25 RESOLVED, That the American Academy of Family Physicians encourage the Family
26 Medicine Political Action Committee to create a student and resident position on its
27 board either as an appointed member or as an expansion of the student and resident
28 positions on the Commission for Governmental Advocacy.

29
30 Testimony heard was in favor of adding one student and one resident member to the
31 FamMedPAC Board of Directors. Students and residents are solicited by FamMedPAC for
32 donations and adding these seats to the board will ensure that the opinions of students and
33 residents are considered in FamMedPAC decisions. Expansion of the board will also allow more
34 leadership opportunities for students and residents and provide them with exposure to the
35 advocacy work of the AAFP.

36
37

38 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
39 **No. R3-602 be adopted in lieu of Resolution No. R3-602, which reads as follows:**

40
41 **Resolved, That the American Academy of Family Physicians create one resident**
42 **and one student seat on the FamMedPAC Board of Directors.**

43
44 **ITEM NO. 3: RESOLUTION NO. R3-603 OPPOSE SHACKLING IN LABOR**

45
46 RESOLVED, That the American Academy of Family Physicians develop a position paper
47 opposing the shackling of detained or incarcerated people who are pregnant or in the
48 postpartum period, defined as six weeks after delivery of the infant, and be it further

49
50 RESOLVED, That American Academy of Family Physicians (AAFP) educate its
51 members regarding American Medical Association model state legislation, entitled "Act
52 to Prohibit the Shackling of Pregnant Prisoners," specifically emailing AAFP chapter
53 leaders and members in states without policies concerning shackling in labor.

54
55 The reference committee heard testimony that supported this resolution. It was noted that both
56 the American Medical Association (AMA) and ACOG already have specific policies that oppose
57 shackling of incarcerated people while in labor. It is important for the AAFP, as a leader in
58 obstetric issues, to also have such a policy. It was noted that because many detention centers
59 are state run, the AAFP should direct its efforts to encouraging chapters to support legislation at
60 the state level that opposes shackling during labor.

61
62 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-603**
63 **be adopted.**

64
65 **ITEM NO. 4: RESOLUTION NO. R3-604 ELECTRONIC MEDICAL RECORD INTEGRATION**
66 **OF PRESCRIPTION DRUG**

67
68 RESOLVED, That the American Academy of Family Physicians collaborate with the
69 American Medical Association, electronic health record (EHR) suppliers, primary care
70 physician groups, and other stakeholders in order to integrate EHR point-of-care clinical
71 decision support tools that provide estimated out-of-pocket prescription costs into the
72 EHR to reduce prescription expenses.

73
74 The reference committee heard testimony in support of this resolution, in particular noting that
75 cost of medication is a barrier for patients to comply with treatment recommendations from their
76 doctors. Testimony also included that family physicians are interested in knowing how much
77 prescriptions cost so as to avoid prescribing more expensive medications over cheaper
78 alternatives. One individual noted that there is evidence showing knowledge of prices does not
79 change clinician prescribing behavior.

80
81 **RECOMMENDATION: The reference committee recommends that that Substitute**
82 **Resolution No. R3-604 be adopted in lieu of Resolution No. R3-604, which reads as**
83 **follows:**

84
85 **RESOLVED, That the American Academy of Family Physicians collaborate with**
86 **other medical associations, electronic health record (EHR) suppliers, and other**
87 **stakeholders in order to integrate EHR point-of-care clinical decision support**

88 tools that provide estimated out-of-pocket prescription costs into the EHR to
89 reduce prescription expenses.

90
91 **ITEM NO. 5: RESOLUTION NO. R3-605 ADVOCACY EDUCATION AS A REQUIREMENT**
92 **FOR FAMILY MEDICINE RESIDENCY TRAINING**

93
94 RESOLVED, That the American Academy of Family Physicians urge the Accreditation
95 Council for Graduate Medical Education to establish a milestone that specifically
96 requires advocacy education in medical training.

97
98 Testimony presented indicated that residents need to receive training during residency to
99 position themselves to advocate on behalf of their patients in their communities, state
100 legislatures, and nationally as well. To effectively take on this role, residents need protected
101 time for advocacy training within their residency programs. There was agreement that the
102 Accreditation Council for Graduate Medical Education should develop milestones that require
103 this training in all family medicine residencies.

104
105 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-605**
106 **be adopted.**

107
108 **ITEM NO. 6: RESOLUTION NO. R3-606 UNIVERSAL RECOGNITION OF AND ACCESS TO**
109 **MENSTRUAL HYGIENE PRODUCTS AS MEDICAL NECESSITIES IN CORRECTIONAL AND**
110 **DETENTION FACILITIES**

111
112 RESOLVED, That the American Academy of Family Physicians support the recognition
113 of menstrual hygiene products as medical necessities, and be it further

114
115 RESOLVED, That the American Academy of Family Physicians encourage chapters to
116 advocate for people capable of menstruation who are incarcerated or detained to have
117 access to unlimited, free menstrual hygiene products, including pads, tampons and
118 clean underwear.

119
120 Testimony heard highlighted that denying basic access to hygiene products for menstruating
121 individuals can be considered a human right violation. The U.S. has the highest rate of
122 incarceration, and while legislation requiring free access to a range of these products is present
123 at a federal level, there is a lack of policy at a state level. Without free access, incarcerated
124 people are expected to use their commissary funds for this purpose. A question was presented
125 about the financial burden to tax payers.

126
127 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-606**
128 **be adopted.**

129
130 **ITEM NO. 7: RESOLUTION NO. R3-607 FUNDING FOR GRADUATE MEDICAL EDUCATION**
131 **POSITIONS IN PUERTO RICO**

132
133
134 RESOLVED, That the American Academy of Family Physicians write a letter to Centers
135 for Medicare & Medicaid Services advocating to increase Medicare Graduate Medical
136 Education funding for current and new residency and fellowship positions in Puerto Rico
137 to address the current shortage of primary care physicians, and, be it further

139 RESOLVED, That the American Academy of Family Physicians work in collaboration
140 with the AAFP Puerto Rico chapter and Puerto Rico's local government to aid in the
141 growth of family medicine residencies and fellowship programs.
142

143 The reference committee heard testimony in support of the resolution for funding of GME
144 positions in Puerto Rico. The lack of sufficient family medicine residency and fellowship
145 programs in Puerto Rico results in new medical school graduates and local physicians moving
146 to the U.S. for those opportunities. It was acknowledged that people often stay in the areas
147 where they do their residency. Puerto Rico is in desperate need for primary care, and they need
148 people to come from the states to train in Puerto Rico and hopefully remain there to practice.
149

150 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-607**
151 **be adopted.**
152

153 **ITEM NO. 8: RESOLUTION NO. R3-608 THE PLIGHT OF UNMATCHED PHYSICIANS**
154

155 RESOLVED, That the American Academy of Family Physicians maintain their opposition
156 to the practice of medicine without completing a residency program, and be it further
157

158 RESOLVED, That the American Academy of Family Physicans establish a programmatic
159 initiative to support the preparation for the continued training of unmatched residency
160 applicants in lieu of the "Assistant Physician" role.
161

162 The reference committee heard testimony in support of the resolution. Discussion included the
163 question of patient safety in allowing individuals to practice without adequate residency training.
164 However, it was noted that unmatched residency applicants should have opportunities to
165 continue developing their clinical skills. Unmatched residency applicants also serve as a
166 potential pool of family medicine clinicians and providing programs that offer additional training
167 to these individuals is an opportunity to interest them in family medicine and expand the primary
168 care workforce.
169

170 The reference committee recommends not adopting the resolution for the following reasons.
171 The first resolved cause stating that the AAFP opposes the practice of medicine without
172 completing a residency program is untrue; the AAFP does not have a position on this issue as it
173 is an individual state-by-state issue relating to licensing of clinicians. The second resolved
174 clause is unclear on how the establishment of a programmatic initiative relates to the Assistant
175 Physician role, what sort of continued training this initiative might involve, and what purpose the
176 continued training for unmatched residency applicants would achieve.
177

178 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-608**
179 **not be adopted.**
180

181 **ITEM NO. 9: RESOLUTION NO. R3-609 RESIDENCY AND PATIENT POPULATION**
182 **DIVERSITY**
183

184 RESOLVED, That the American Academy of Family Physicians support residency
185 programs in diversifying their residency physicians to mirror the diversity of their serviced
186 patient population, and be it further
187

188 RESOLVED, That the American Academy of Family Physicians develop and implement
189 an educational tool for residency program directors to use as a more holistic method of
190 evaluating program applicants.

191
192 Those testifying provided information on studies that demonstrate better patient outcomes and a
193 stronger physician-patient relationship when patients see themselves as similar to their
194 physician. Residency programs need resources to assist them in ensuring the physicians
195 accepted in their program match the diversity of the patients served.

196
197 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
198 **No. R3-609 be adopted in lieu of Resolution No. R3-609, which reads as follows:**

199
200 **RESOLVED, That the American Academy of Family Physicians support residency**
201 **programs in diversifying their residency physicians to mirror the diversity of their**
202 **serviced patient population, and be it further**

203
204 **RESOLVED, That the American Academy of Family Physicans develop and make**
205 **available resources to assist residency program directors in implementing a more**
206 **holistic method of evaluating program applicants.**

207
208 **ITEM NO. 10: RESOLUTION NO. R3-610 INCREASING TRANSPARENCY AND TRAINEE**
209 **PARTICIPATION IN THE FAMMEDPAC**

210
211 RESOLVED, That the American Academy of Family Physicans (AAFP) ensure the
212 publication of the minutes of the proceedings of the FamMedPAC on their website to be
213 available for all AAFP members, and be it further

214
215 RESOLVED, That the American Academy of Family Physicans request that
216 FamMedPAC outline their rationale for providing or withholding funds to candidates,
217 politicians, and committees, and be it further

218
219 RESOLVED, That the American Academy of Family Physicans call for a resident and
220 student seat on the FamMedPAC Board of Directors.

221
222 The reference committee understood the spirit of this resolution and discussed that
223 FamMedPAC takes several steps to be as transparent as is appropriate of Political Action
224 Committees (PACs) in general. FamMedPAC goals and objectives are available to all AAFP
225 members and the public and the FamMedPAC website provides the criteria used by
226 FamMedPAC to make donation decisions that align with the strategic priorities of the AAFP. It
227 was noted that establishing a public scorecard may be strategically and operationally ill-
228 advised. In addition, FamMedPAC publishes an annual report to the AAFP Congress of
229 Delegates that summarizes and outlines their work and the distribution of dollars. The work of
230 the board and decisions they make are presented in that report. The report is published on the
231 AAFP website and available for AAFP members to view.

232
233 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-610**
234 **not be adopted.**

235

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

239
240 Respectfully submitted,

241
242
243

244 _____
Vivian Jiang, MD Chair

245
246 Michelle Bryne, MD
247 Cybill Oragwu, MD
248 Veer Vedala, MD
249 Elena Roumaya, MD
250 Mansi Shah, MD
251 Molly Warren, MD