



Student 2 Consent Calendar

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

- 1 **RECOMMENDATION: The Student 2 Reference Committee recommends the following**
2 **consent calendar for adoption:**
3
4 **Item 1:** Adopt Substitute Resolution No. S2-201 “Firearm Safety Education” in lieu of Resolution
5 No. S2-201
6
7 **Item 2:** Reaffirm Resolved Clauses 1 and 2; Not Adopt Resolved Clause 3, Resolution No. S2-
8 202 “Increasing PrEP Access and Affordability Through Promoting Generic production and
9 Improving Cost-Sharing Programs”
10
11 **Item 3:** Not Adopt Resolution No. S2-203 “A Single Ideal Diet”
12
13 **Item 4:** Adopt Resolution No. S2-204 “Improving Training, Networking and Dissemination of the
14 EveryONE Project”
15
16 **Item 5:** Not Adopt Resolution No. S2-205 “Supreme Court Nominee Statement”
17
18 **Item 6:** Reaffirm Resolution No. S2-206 “Maintaining and Advancing Obstetrical Care Within
19 Family Medicine”
20
21 **Item 7:** Adopt Resolution No. S2-207 “Inclusion of Harm Reduction Principles Into Medical
22 School Curriculum”
23
24 **Item 8:** Not Adopt Resolution No. S2-208 “Supervised Injection Facilities as Harm Reduction to
25 Address Opioid Crisis”
26
27 **Item 9:** Adopt Substitute Resolution No. S2-209 “In Support of Synthetic Cannabinoid
28 Treatment Strategies and Research” in lieu of Resolution No. S2-209
29
30 **Item 10:** Adopt Substitute Resolution No. S2-210 “Nutrition Education” in lieu of Resolution No.
31 S2-210



Student 2 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
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1 **The Student 2 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. S2-201: FIREARM SAFETY EDUCATION**

7
8 RESOLVED, That the American Academy of Family Physicians develop centralized
9 resources for the purpose of training residents and medical students on screening and
10 discussing gun safety, and be it further

11
12 RESOLVED, That the American Academy of Family Physicians encourage residencies
13 to incorporate gun safety screening and firearm injury prevention training in their
14 curriculum, and be it further

15
16 RESOLVED, That the American Academy of Family Physicians develop centralized
17 resources for the purpose of training residents and medical students on screening and
18 discussing gun safety.

19
20 The reference committee heard supportive testimony on the resolution. Discussion noted that
21 residents and students are not provided information on firearm injury and prevention training
22 and that having access to centralized resources would increase training, screening and
23 discussion of gun safety. The speakers acknowledged the AAFP's Gun Violence Position Paper
24 but wanted to expand this effort to create materials, avenues of dissemination and on-line
25 resources for students and residents.

26
27 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
28 **No. S2-201 be adopted in lieu of Resolution No. S2-201, which reads as follows:**

29
30 **RESOLVED, That the American Academy of Family Physicians develop centralized**
31 **resources for the purpose of training residents and medical students on**
32 **screening and discussing gun safety.**

33
34 **ITEM NO. 2: RESOLUTION NO. S2-202: INCREASING PrEP ACCESS AND**
35 **AFFORDABILITY THROUGH PROMOTING GENERIC PRODUCTION AND IMPROVING**
36 **COST-SHARING PROGRAMS**

37

38 RESOLVED, That the American Academy of Family Physicians develop a statement in
39 support of the renewal and procedural simplification of co-pay coupon programs that
40 seek to improve the affordability and accessibility of name brand Pre-Exposure
41 Prophylaxis, and be it further
42

43 RESOLVED, That the American Academy of Family Physicians communicate with the
44 appropriate federal authority to intervene in the apparent pay-for-delay agreement
45 postponing generic Pre-Exposure Prophylaxis production, and be it further
46

47 RESOLVED, That the American Academy of Family Physicians advocate for specific
48 research funding to increase the number of U.S. Food and Drug Administration
49 approved Pre-Exposure Prophylaxis medications and formulations.
50

51 The reference committee heard supportive testimony on the resolution. A speaker remarked
52 that this is a social issue rather than a clinical one. The committee noted that the first two
53 resolved clauses are in line with AAFP policy. The AAFP is currently recommending PrEP as a
54 clinical practice tool and advocates for improved patient access to medication and formulations.
55 The committee appreciated the intent of the third resolved clause but believes the focus should
56 be on overall patient access to medication.
57

58 **RECOMMENDATION: The reference committee recommends that Resolved Clauses 1**
59 **and 2 be Reaffirmed as current policy; and Resolved Clause 3 of Resolution No. S2-202**
60 **not be adopted.**
61

62 **ITEM NO. 3: RESOLUTION NO. S2-203: A SINGLE IDEAL DIET**

63
64 RESOLVED, That the American Academy of Family Physicians (AAFP) provide through
65 www.familydoctor.org a single comprehensive ideal diet consistent with AAFP's Diet's for
66 Health: Goals and Guidelines to aid in family physicians implementation of the AAFP
67 Management of Overweight and Obesity in Adults clinical guideline recommendation to
68 prescribe a diet.
69

70 The reference committee heard supportive testimony on the resolution. Speakers noted the
71 large variety of diets featured on familydoctor.org and subsequent confusion among medical
72 students and patients. There was the assumption that the problem was with familydoctor.org
73 and its supporting evidence-based nutritional materials. The committee noted the challenge of
74 determining the ideal diet for all patients; noting it is not feasible, nor realistic, to create one diet
75 for the general population. The reference committee agreed that taking the individual patient
76 into account is a key part of patient care. They also noted the presence of diabetes educators
77 and dietitians in the clinical setting.
78

79 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-203**
80 **not be adopted.**
81

82 **ITEM NO. 4: RESOLUTION NO. S2-204: IMPROVING TRAINING, NETWORKING, AND** 83 **DISSEMINATION OF THE EVERYONE PROJECT**

84
85 RESOLVED, That the American Academy of Family Physicians and its partners develop
86 biannual webinars, limited-seating office hours, or other web-based trainings focused on
87 the planning, implementation, and evaluation of the EveryONE Project, and be it further

88
89 RESOLVED, That the American Academy of Family Physicians disseminate a quarterly
90 newsletter featuring case studies of successful implementations of the EveryONE
91 Project, including, but not limited to, how the EveryONE Project has led to increased
92 non-medical referrals and partnerships, and be it further
93

94 RESOLVED, That the American Academy of Family Physicians develop regional
95 working groups focused on health equity, including, but not limited to, providers who are
96 currently implementing the EveryONE Project tools, and be it further
97

98 RESOLVED, That the American Academy of Family Physicians investigate the creation
99 of a data registry for EveryONE Project users, with the ultimate goal of using this data to
100 inform primary-care delivery, research, and other areas of health care policy, and be it
101 further
102

103 RESOLVED, That the American Academy of Family Physicians examine the possibility
104 of small seed funding for practice-based research projects focused on the
105 implementation of the EveryONE Project.
106

107 The reference committee heard supportive testimony of the EveryONE Project. The committee
108 recognized the AAFP’s progress, recognizing the initiatives and resources already developed.
109 The committee agreed that the resolution should be adopted to acknowledge this important
110 work. It was noted that the AAFP is in the process of creating a five-year strategic plan for its
111 Center for Diversity and Health Equity that will include a newsletter, webinars, regional working
112 groups, the Neighborhood Navigator and a speakers’ bureau.
113

114 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-204**
115 **be adopted.**
116

117 **ITEM NO. 5: RESOLUTION NO. S2-205: SUPREME COURT NOMINEE STATEMENT**
118

119 RESOLVED, That the American Academy of Family Physicians release a statement
120 calling for the U.S. Congress to only confirm Supreme Court nominees who have a
121 history of supporting the ACA and expansion of affordable access to health care, as well
122 as upholding reproductive rights under Roe v. Wade.
123

124 Supportive testimony was heard from participants. A speaker noted that FamMedPAC
125 contributes to candidates across the political spectrum and argued that some candidates may
126 not “reflect AAFP values.” The committee noted it is the AAFP’s responsibility to work on behalf
127 of family physicians in a non-partisan way. The reference committee appreciated the
128 enthusiasm of the speakers, their concern for patient care and advocacy regarding current
129 events.
130

131 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-205**
132 **not be adopted.**
133

134 **ITEM NO. 6: RESOLUTION NO. S2-206: MAINTAINING AND ADVANCING OBSTETRICAL**
135 **CARE WITHIN FAMILY MEDICINE**
136

137 RESOLVED, That the American Academy of Family Physicians support members
138 wanting to practice obstetrical care, including surgical obstetrics, and be it further

139
140 RESOLVED, That the American Academy of Family Physicians promote continued
141 obstetrical training by forming an AAFP committee to promote the expansion of
142 obstetrics within family medicine and obstetrical privileges for family physicians to help
143 fill the need in underserved communities, and be it further
144

145 RESOLVED, That the American Academy of Family Physicians contact the American
146 College of Obstetrics and Gynecology to consider collaboration to provide obstetrical
147 care in underserved communities.
148

149 Testimony reflected support for the resolution. The reference committee noted the need for
150 obstetrical services in underserved areas. Specifically, hospital privileges vary by states. They
151 recognized current AAFP efforts in this area, including the Rural Health Member Interest Group,
152 Reproductive Health Care Member Interest Group, "Rural Practice, Keeping Physicians In
153 (2014)" Position Paper and an upcoming report to the Board of Directors on this issue.
154

155 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-206**
156 **be reaffirmed as current policy.**
157

158 **ITEM NO. 7: RESOLUTION NO. S2-207: INCLUSION OF HARM REDUCTION PRINCIPLES**
159 **INTO MEDICAL SCHOOL CURRICULUM**
160

161 RESOLVED, That the American Academy of Family Physicians draft a letter to the
162 Liaison Committee on Medical Education supporting the inclusion of broad-scope harm
163 reduction principles in medical school curriculum, and be it further
164

165 RESOLVED, That the American Academy of Family Physicians develop educational
166 content as a resource for members to provide information on harm reduction principles
167 and their application in medicine and community health.
168

169 Several speakers testified in support of the resolution. It was noted that medical student
170 knowledge of harm-reduction principles may serve as a nidus to increase awareness of harm-
171 reduction strategies and their application in health care settings that have remained skeptical of
172 broad application. Speakers mentioned that there are harm-reduction programs occurring
173 across many communities within the U.S. The reference committee discussed the absence of
174 this issue in current AAFP policy as well as educational resources.
175

176 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-207**
177 **be adopted.**
178

179 **ITEM NO. 8: RESOLUTION NO. S2-208: SUPERVISED INJECTION FACILITIES AS HARM**
180 **REDUCTION TO ADDRESS OPIOID CRISIS**
181

182 RESOLVED, That the American Academy of Family Physicians develop policy in
183 support of the creation of facilities that provide a supervised framework and enhanced
184 aseptic conditions for the injection of self-provided illegal substances with medical
185 monitoring, with legal and liability protections for persons working or volunteering in such
186 facilities and without risk of criminal penalties for recipients of such services.
187

188 Speakers supported the resolution and noted that some state legislatures are considering the
189 concept. The reference committee agreed that this is best addressed at the state or county

190 level, and there is not enough evidence-based research about its efficacy in the U.S. to support
191 nationwide policy development.

192
193 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-208**
194 **not be adopted.**

195
196 **ITEM NO. 9: RESOLUTION NO. S2-209: IN SUPPORT OF SYNTHETIC CANNABINOID**
197 **TREATMENT STRATEGIES AND RESEARCH**

198
199 RESOLVED, That the American Academy of Family Physicians support evidence-based
200 strategies to help treat synthetic cannabinoid overdose and reduce synthetic
201 cannabinoid use, and be it further

202
203 RESOLVED, That the American Academy of Family Physicians advocate for research
204 on the prevalence, effects, and implications of synthetic cannabinoid use to better inform
205 providers on how to clinically manage synthetic cannabinoid usage.

206
207 The author testified in favor of the resolution, noting that the AAFP does not have current policy
208 on this issue. The committee agreed that the topic deserves additional research and should be
209 included in current AAFP substance abuse policy.

210
211 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
212 **No. S2-209 be adopted in lieu of Resolution No. S2-209, which reads as follows:**

213
214 **RESOLVED, That the American Academy of Family Physicians advocate for**
215 **research on the prevalence, effects, and implications of synthetic cannabinoid use**
216 **to better inform providers on how to clinically manage synthetic cannabinoid**
217 **usage.**

218
219 **ITEM NO. 10: RESOLUTION NO. S2-210: NUTRITION EDUCATION**

220
221 RESOLVED, That the American Academy of Family Physicians provide more
222 educational opportunities through conference lectures and/or online education
223 material/modules for medical students, residents, and physicians focusing on nutrition.

224
225 Testimony was supportive of the resolution, noting a significant deficit of nutrition education in
226 the medical school curriculum. One speaker noted the importance of nutrition education, which
227 may reduce or eliminate certain diseases. The reference committee agrees that this is an
228 important part of a medical school education. They believe that the AAFP National Conference
229 of Family Medicine Residents and Medical Students is an excellent venue to offer additional
230 sessions on nutrition, and to focus on student learning given testimony heard. They noted the
231 first wellness conference sponsored in April by the AAFP was well attended.

232
233 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
234 **No. S2-210 be adopted in lieu of Resolution No. S2-210, which reads as follows:**

235
236
237 **RESOLVED, That the American Academy of Family Physicians provide more**
238 **educational opportunities at the AAFP National Conference of Family Medicine**
239 **Residents and Medical Students and/or online education material/modules for**
240 **medical students, residents, and physicians focusing on nutrition.**

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

244
245 Respectfully submitted,

246
247

248
249 _____
249 Anthony Markuson, Chair

250
251 Megan Gibson
252 Claire Gleadhill
253 Michael Keller
254 Charlotte (C.C.) Linder
255 Ches Murphy
256 Jene Carter
257 Agnes Nyeck (Observer)