



Summary of Actions: 2016 National Congress of Student Members

July 26-28, 2016 – National Conference of Family Medicine Residents and Medical Students, Kansas City, MO

RESOLUTIONS

Note: Resolutions adopted by the National Congress of Family Medicine Residents are *not* AAFP policy. Based on recommendations from the AAFP Commission on Education, NCFMR 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. ***Pending outcome of resolution(s) before the Congress of Delegates**

Res. No.	Title and Resolved	Referral(s)	Action <i>Options: Accept for Information, Reaffirm, Agree, or Agree with Modification</i>
S1-101	<p>Eliminating the Gender Salary Wage Gap</p> <p>RESOLVED, That the American Academy of Family Physicians revise the third strategy of strategic objective 1 (Advocacy) which states “improve payment equity for family physicians by reducing the income gap between family physicians and subspecialties” to include improved payment equity within the specialty of family medicine, including gender.</p>	Board of Directors	Accept for Information
S1-102	<p>Increasing AAFP Promotion of Osteopath Student Membership and Involvement</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) encourage chapters to recruit osteopathic medical students to become members of the AAFP.</p>	Board of Directors	Accept for Information
S1-103	<p>Support of Lesbian, Gay, Transgender, Queer/Questioning Protection Laws (LGBTQ)</p>	Moved to Reaffirmation Calendar	
S1-104	<p>Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documents</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) support the inclusion of a patient’s biological sex, gender identity, sexual orientation, preferred gender pronoun(s), and (if applicable) surrogate identifications in medical documentation and related forms in a culturally sensitive manner, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for collection of patient data that is inclusive of sexual orientation/gender identity for the purposes of research into patient</p>	Commission on Quality and Practice	<p>Accept for Information</p> <p>The commission agreed to accept the 2016 NCFMR Resolution S1-104 for information on the bias that certification requirements will ensure technology has these capabilities in place. The commission addressed this issue similarly in 2015 NCCL Res. No. 5012, “Advocating for Non-Binary Gender Identification in the Electronic Medical Record”, which was accepted for information. The environment has not changed since that discussion. Since there are standards tied to 2015 Edition Certified EHR Technology that address requirements of technology to accept and place these data, and certification requirements will ensure technology has these capabilities in place. These data, which will be</p>

Summary of Actions of the 2016 NCSM, continued

RESOLUTIONS			
	health.		present within 2015 Edition Certified EHR Technology, will be available for the purposes of research in the same form and manner as any other data present within EHRs, and accessible by researchers who have obtained the appropriate permissions and IRB.
S1-105	<p>The Urgency of Minority Medical Student Support</p> <p>RESOLVED That the American Academy of Family Physicians investigate how more comprehensive support of minorities enrolled in medical education programs affects the educational outcomes, mental wellness, and burnout of medical students.</p>	Commission on Education	<p>Reaffirm</p> <p>SRSI/COE recognized there are unique challenges facing minority medical students, and discussed the AAFP's current efforts to promote wellness and prevent burnout. The newly created AAFP Center for Diversity and Health Equity could help address the issues brought forth by this resolution. Staff will ask the center to provide a report on its efforts regarding this resolution by the 2018 winter cluster.</p>
S1-106	<p>Reduce Food Waste at the American Academy of Family Physician Conference Events</p> <p>RESOLVED, That the American Academy of Family Physicians investigate ways to collaborate with vendors to adopt less wasteful practices, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage vendors to donate all donatable food products that would otherwise be discarded in accordance with local regulations, and be it further</p> <p>RESOLVED, That the planning committee for the National Conference of Family Medicine Residents and Medical Students include environmentally friendly efforts into its planning decisions, including repurposing food waste.</p>	Executive Vice President	<p>Accept for Information</p> <p>The Meetings team has implemented environmentally friendly efforts into their planning decisions as allowable and possible. Most paper handouts and programs onsite have been eliminated in lieu of apps, web pages and social media communications to inform attendees of meeting details. Recycling opportunities are always leveraged and we have preferred hotels that follow Green guidelines at their facilities. We have attempted to negotiate in the donation of food, but have not found hotels or caterers willing to participate in this practice due to food safety and liability issues. That said, we have take on the practice of requesting leftovers be offered to hotel staff, and have also become much more conservative in our estimations to endure there is less waste overall</p>
S1-106	<p>Reduce Food Waste at the American Academy of Family Physician Conference Events</p> <p>RESOLVED, That the American Academy of Family Physician (AAFP) will investigate how much food is discarded at AAFP conferences, and be it further</p> <p>RESOLVED, That the American Academy of Family Physician collaborate with and encourage vendors and caterers to adopt less wasteful practices, and be it further</p> <p>RESOLVED, That the American Academy of Family Physician encourage vendors to donate all donatable food products that would otherwise be discarded in accordance with local regulations.</p>	sub adopted instead	

Summary of Actions of the 2016 NCSM, continued

RESOLUTIONS			
S1-107	Discontinuation of Discriminating Native American Imagery	Not Adopted	
S1-108	<p>Improving Patient Education of Limited English Proficiency Patients</p> <p>RESOLVED, That the American Academy of Family Physicians explore providing more continuing medical education at such events as the Family Medicine Experience and National Conference of Family Residents and Medical Students that educate physicians on providing culturally competent care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians familydoctor.org website provide more patient information in more languages for physician and patient use.</p>	<p>1st Resolved Clause: Commission on Continuing Professional Development and Commission on Education (COCPD to take lead);</p> <p>2nd Resolved Clause: Health of the Public and Science</p>	<p>Accept for Information</p> <p>The AAFP provides information on a variety of topics. Creating additional patient education and translating that information into several languages requires the investment of time and funds. Many groups have already created patient education material in different languages, including the CDC and local health departments.</p>
S1-109	<p>Involving the Center for Global Health Initiatives in the Coordination and Planning of the National Conference</p> <p>RESOLVED, That the American Academy of Family Physicians consider involving the Center for Global Health Initiatives in the planning and coordination of global health related programming at the National Conference of Family Medicine of Residents and Medical Students, and be further</p> <p>RESOLVED, That the National Conference of Family Medicine of Residents and Medical Students consider increasing the number of global health related speakers and skills based workshops.</p>	Executive Vice President	<p>Agree with Modification</p> <p>The Board Chair approved a recommended modification to the second resolved to read: That the National Conference of Family Medicine Residents and Medical Students consider increasing the number of global health related speakers and skills based workshops. This was done as the resolutions cannot instruct/require actions by the National Conference Planning Committee.</p>
S1-110	<p>Increasing the Visibility of Global Health on the American Academy of Family Physicians Website</p> <p>RESOLVED, That the American Academy of Family Physicians work with the Center for Global Health Initiatives to streamline aafp.org to highlight and improve access to existing global health resources.</p>	Executive Vice President	<p>Accept for Information</p> <p>During May, multiple promotional messages ran for the Global Health Workshop and will continue to run into October which drives users into the content. In June, we have moved Global Health into the top header of the Patient Care section for easier viewing and access. In addition, we will be promoting the Global Health Mentorship Program to students and residents starting in July, which drives users into the content. Active promotion of our Global Health content and initiatives will begin running on the AAFP home page in August on an evergreen schedule to ensure content is appropriately highlighted ongoing.</p>

Summary of Actions of the 2016 NCSM, continued

RESOLUTIONS			
S1-111	<p>Feasibility of Virtual Resolution Meetings</p> <p>RESOLVED, That the American Academy of Family Physicians investigate the use of virtual meetings (via video chat, social media, discussion forums, etc.) to provide a means for dialogue with residents and students in order to result in improved resolution development prior to the National Conference of Family Medicine Residents and Medical Students.</p>	Commission on Education	<p>Agree</p> <p>Staff investigatrf the mechanics and potential costs for meetings in the future. Board Chair approved 4.17.17 recommendations for changes to the NC Rules of Order, which will revise the resolution submission process.</p>
S1-112	<p>Support for Sexual Orientation and Gender Expression Nondiscrimination</p> <p>RESOLVED, That the American Academy of Family Physicians write a letter to the United States Congress advocating for the passage of the currently proposed Equality Act in both the Senate and House of Representatives.</p>	Commission on Governmental Advocacy	<p>Agree</p> <p>The commission voted to agree with the resolution and recommend to the Board that AAFP release a letter in support of the Equality Act as consistent with AAFP policy.</p>
S1-113	<p>Establishing a Relationship Between the American Academy of Family Physicians and the American Psychiatric Association</p>	Not Adopted	
S1-114	<p>Advocacy for a Federal Ban on Reparative Therapy</p> <p>RESOLVED, That the American Academy of Family Physicians actively encourage the United States Congress to place a federal ban on “reparative therapy” practiced by licensed professionals on minors and recognize this practice as harmful under federal law.</p>	Not Adopted	
S1-115	<p>Repurposing Food Waste</p>	Not Adopted	
S1-116	<p>Public Facility Use and Transphobia</p> <p>RESOLVED, That the American Academy of Family Physicians endorse laws protecting people from discrimination based on gender expression and identity and oppose laws that compromise the safety and health of transgender people.</p>	Resolutions from Congress on Delegates (COD) on same topic takes precedence. COD Resolution No. 508 was referred to the Commission on Governmental Advocacy.	<p>COD Resolution 508--Adopted</p> <p>RESOLVED, That the American Academy of Family Physicians support state and federal laws that protect people from discrimination based on gender expression and identity, and oppose laws that compromise the safety and health of transgender people by failing to provide this protection, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the ability of transgender people to use the public facilities of the gender with which they identify and oppose any legislation which would infringe upon that ability.</p>

Summary of Actions of the 2016 NCSM, continued

S1-117	Asking Gender Identity and the Clinic Experience of Transgender Patients	Not Adopted	
S2-201	Incorporating Health Policy Education Into Medical Schools and Residency Programs	Not Adopted	
S2-202	Policy Recommendations on Men Who Have Had Sex With Men (MSM) Blood Donation RESOLVED, That the American Academy of Family Physicians (AAFP) advocate, including providing timely comments prior to November 25, 2016, for the Food and Drug Administration (FDA) to adopt blood-donation policies that protect the safety of blood donation while avoiding discrimination towards presumed risk groups such as men who have had sex with men.	Commission on Health of the Public and Science	Reaffirm In 2016, the commission acted on a similar resolution from the 2015 NCCL that called for the AAFP to send a letter to the FDA in support of modification of the lifetime ban on blood and tissue donation for men who have sex with men. The commission agreed with the resolution and a letter was sent to the FDA.
S2-203	Importance of Oral Health in Medical Practice RESOLVED, That the American Academy of Family Physicians recognize the importance of managing oral health as part of overall patient care, and be it further RESOLVED, That the American Academy of Family Physicians support efforts to educate physicians on oral condition screening and management, as well as the consequences of poor oral hygiene on overall health, and be it further RESOLVED, That the American Academy of Family Physicians encourage closer collaboration of physicians with dental providers to provide comprehensive medical care.	Commission on Health of the Public and Science	Agree with Modification The commission has developed a policy statement on the importance of oral health for the Board to consider at its July 2017 meeting.
S2-204	Investigating Supplemental Nutrition Assistance Program Block Grants RESOLVED, That the American Academy of Family Physicians (AAFP) research the effects of block grants for Supplemental Nutrition Assistance Programs on patient health.	Commission on Health of the Public and Science	Agree with Modification The commission recommended updating the policy statement on healthy foods and the board approved it in April 2017. The commission will send a letter to the United States Department of Agriculture asking that it consider restricting the ability to buy sugary beverages and other non-nutritive foods for individuals participating in the Supplemental Nutrition Assistance Program.
S2-205	Increase in Supplemental Nutrition Assistance Program (SNAP) Funding RESOLVED, That the American Academy of Family Physicians (AAFP) lobby to maintain current Supplemental Nutrition Assistance Program (SNAP) funding, and be it further RESOLVED, That the American Academy of Family Physicians (AAFP) lobby to increase future Supplemental Nutrition Assistance Program (SNAP) funding.	Commission on Governmental Advocacy	Reaffirm The commission voted to reaffirm this as advocating for adequate SNAP funding aligns with the AAFP's advocacy on Social Determinants of Health.

Summary of Actions of the 2016 NCSM, continued

<p>S2-206</p>	<p>Climate Change Policy Adjustments</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) update their climate change and air pollution policy to specifically include language about “greenhouse emissions from human activities,” i.e. “In recognition of the numerous and serious health consequences resulting from pollution, greenhouse emissions from human activities, climate change, and ozone layer depletion, the American Academy of Family Physicians (AAFP) recommends strong action on all public and private levels to limit and correct the pollution of our land, atmosphere and water.”</p>	<p>Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 404 was referred to the Commission on Health of the Public and Science</p>	<p>Agree with Modification</p> <p>The commission recommended revising the climate change policy statement based on the CoD resolution and it was approved by the board in April 2017.</p>
<p>S2-207</p>	<p>Physician Suicide Prevention</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) provide evidence-based resources for medical students, residents, and practicing physicians for suicide prevention.</p>	<p>Commission on Health of the Public and Science</p>	<p>The commission is reviewing this resolution to determine what evidence-based resources are available for consideration.</p>
<p>S2-208</p>	<p>A Shot in the Dark: The Lack of Gun Violence Research is a Public Health Issue</p>	<p>Moved to Reaffirmation Calendar</p>	
<p>S2-209</p>	<p>Supporting Common Sense Gun Legislation</p>	<p>Not Adopted</p>	
<p>S2-210</p>	<p>Improving Mental Health Care in the Primary Care Setting</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) explore opportunities for collaboration and education regarding mental health care, possibly including additional mental health programming at the National Conference of Family Medicine Residents and Medical Students.</p>	<p>Commission on Education</p>	<p>Reaffirm</p> <p>The referenced topic already listed on the suggested workshop topics list that is shared with potential spakers and considered for inclusion at National Conference.</p>
<p>S2-211</p>	<p>No Child Lead Behind – Improving Awareness, Detection and Prevention of Lead Contamination</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) develop a position paper as a tool for advocacy and action on the topic of lead poisoning awareness, detection and prevention of lead contamination.</p>	<p>Commission on Health of the Public and Science</p>	<p>Accept for Information</p> <p>AAFP clinical recommendations state there is insufficient evidence to support routine screening for elevated blood lead levels in asymptomatic children aged 1 to 5 years who are at increased risk. The AAFP recommends against routine screening for elevated blood lead levels in asymptomatic children aged 1 to 5 years who are at average risk and for asymptomatic pregnant women. There is insufficient or poor evidence to support the effectiveness of regulatory, environmental, or educational interventions on human health.</p>

Summary of Actions of the 2016 NCSM, continued

<p>S2-212</p>	<p>Climate Change Advocacy</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) endorse U.S. efforts to develop and implement national policies that facilitate U.S. compliance with the 2015 United Nations Framework Convention on Climate Change international agreement reached by over 190 countries in Paris, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) recommend to medical schools, National Board of Medical Examiners (NBME), the Liaison Committee on Medical Education (LCME), the Accreditation Council for Graduate Medical Education (ACGME), and the American Board of Family Medicine (ABFM) that medical education curricula, core competencies and/or milestones should include the effects of climate change on human health, including on the social determinants of health, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) support local and national climate change mitigation and adaptation strategies which seek to realize the United States' Nationally Determined Contribution by (1) endorsing state and federal legislation and regulations to curb greenhouse gas emissions and (2) collaborating with other health professional and environmental organizations to promote ambitious national and international action on climate change, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) provide education to its members on methods for achieving environmental sustainability of medical workplaces (e.g. reducing energy use, increasing energy efficiency, etc.), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) express to appropriate entities in writing its support for the prioritization of epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment.</p>	<p>Resolution from Congress of Delegates (COD) on same topic takes precedence on 1st, 2nd, 4th and 5th Resolved Clauses. COD Resolution No. 403 1st Resolved Clause was referred to Commission on Continuing Professional Development and Commission on Health of</p>	<p>Accept for Information</p> <p>The commission recommended revising the policy statement according to the CoD resolution and it was approved by the board in April 2017.</p>
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Summary of Actions of the 2016 NCSM, continued

<p>S2-213</p>	<p>Addressing Misinformation and Access to Health Services for Pregnant Women</p> <p>RESOLVED, That the American Academy of Family Physicians oppose funding of "crisis pregnancy centers" at the national level and other organizations that mislead patients to further a political or religious agenda, or to delay them from getting adequate reproductive care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians oppose legislation that requires women to attend crisis pregnancy centers prior to obtaining an abortion or requires physicians to provide information about crisis pregnancy centers, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage all healthcare providers and crisis pregnancy centers to provide evidence-based accurate information to patients regarding reproductive care.</p>	<p>Commission on Governmental Advocacy</p>	<p>Reaffirm</p> <p>The commission voted to reaffirm as AAFP works to support women's right to access health services and to defend the integrity of the doctor-patient relationship.</p>
<p>S2-214</p>	<p>Ending Direct Consumer Advertising</p> <p>RESOLVED, The American Academy of Family Physicians (AAFP) change its policy to support a ban on and/or limitations on direct-to-consumer advertising of prescription drugs and medical devices, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) reach out to the American Medical Association (AMA) to coordinate on efforts to advocate in support of a ban on and/or limitation on direct-to-consumer advertising.</p>	<p>Commission on Governmental Advocacy</p>	<p>Accept for Information</p> <p>The commission voted to accept for information since 2016 COD Resolution 302 is under review by the Board.</p>
<p>S2-215</p>	<p>Improving Medical Care in Immigrant Detention</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate through appropriate channels for detained immigrants to receive healthcare to meet or exceed National Commission on Correctional Health Care standards for prison and jail healthcare, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate through appropriate channels to reduce immigrant detention by releasing people with serious medical and mental health needs, particularly when individuals require higher-level care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate channels to shift current funding for detention to community based</p>	<p>Commission on Health of the Public and Science</p>	<p>Accept for Information</p> <p>The commission determined that whether or not immigrant detainees have medical care that is equal to that of the National Commission on Correctional Health Care for prisons and jails is beyond the scope of the AAFP's current strategic priorities. In addition, it would require significant time to determine which standards of immigrant detainee medical care do or do not align with those of the National Commission on Correctional Health Care. The commission recognizes the importance of this issue as it has the potential to impact even more people.</p>

Summary of Actions of the 2016 NCSM, continued

	<p>alternatives which will allow people to seek medical attention and receive support from family, legal counsel and community, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to remove supervision of medical care in immigrant detention centers from Immigration and Customs Enforcement to maintain clinical independence, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to ensure that inspections of medical care at immigrant detention centers provide meaningful oversight.</p>		
S2-216	Improving Anal Cancer Care	Moved to Reaffirmation Calendar	
S2-217	Revisiting the Creation of an Electronic Health Record by the American Academy of Family Physicians	Not Adopted	
S3-301	Support a Study on Minimum Competencies and Scope of Medical Scribe Utilizations	Not Adopted	
S3-302	Support of the Research of the Efficacy of Situational Judgment Testing (SJT)/Computer-Based Assessment for Sampling Personal Characteristics (CASPer) in the Evaluation of Medical School Applicants	Not Adopted	
S3-303	Evaluation of The Healer’s Art Course in Building Compassion in Medical Students	Not Adopted	
S3-304	<p>Transparency of Procedural Expectations and Conscience Policies in the Residency Application Process</p> <p>RESOLVED, That the American Academy of Family Physicians endorse a policy of transparency in the residency application process by writing a letter to the Association of Family Medicine Residency Directors encouraging residency programs to a) list the procedural expectations of the residency program and b) list the conscience policies of the residency program in a way that is easily accessible to residency applicants.</p>	Commission on Education	<p>Accept for Information</p> <p>It is not a reasonable expectation for programs to provide a comprehensive list of their procedural expectations, since they may vary some among residents. It is also not a reasonable expectation for programs to list the components of a conscience policy given the complexity of the involved issues and multitude of possible scenarios for which it might apply.</p>

Summary of Actions of the 2016 NCSM, continued

<p>S3-305</p>	<p>A Virtual Platform for Wellness and Burnout Prevention</p> <p>RESOLVED, That the American Academy of Family Physicians explore online platforms for discussion and dissemination of resources to combat medical student and resident burnout.</p>	<p>Executive Vice President</p>	<p>Accept for Information</p> <p>This resolution has been included in the ongoing efforts on Family Physician Well Being and Burnout. A web based portal on family physician well-being will be launched in 2017. The web portal will be available to all categories of members including residents and students.</p>
<p>S3-306</p>	<p>Enhanced Understanding of MACRA, Medicare Access and CHIP Reauthorization Act of 2015, for Resident and Student AAFP Members</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) create an online module, handout, or webinar addressing Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and its quality payment programs (QPP), merit-based payment system (MIPS) and alternative payment programs (APMs), at the appropriate level and context for family medicine residents and medical students on the AAFP website as well as on the Family Medicine Interest Group (FMIG) Network, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians consider Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)-based programming at the AAFP National Conference on Family Medicine Residents and Medical Students.</p>	<p>Commission on Quality and Practice and Commission on Education (CQP to take lead)</p>	<p>Agree (CQP)</p> <p>The commission recommended to the Board of Directors that the AAFP to implement resolutions R3-607 and S3-306 as follows:</p> <p>Practice Advancement staff will work with medical education staff to cross-promote on the FMIG website the MACRA online educational modules, frequently asked questions, timeline, and the AAFP MACRA supplement that features the pathway graphic. All of the resources are at an appropriate level for residents and student and prevents having two levels of resources that would require editing at least twice a year with the release of the MACRA proposed and final rules.</p> <p>Practice Advancement staff continues to with medical education staff to secure educational sessions at the National Conference around MACRA in the future.</p> <p>Agree with Modification (COE)</p> <p>SRSI/COE recommends that Practice Advancement and Medical Education staff work together to leverage existing resources and materials on MACRA for residents and students at an appropriate level of information, and contextualized to their needs and interests. SRSI/COE reviewed the online content on MACRA already developed by the AAFP and considered it to be robust and informative. SRSI/COE are sharing feedback with CQP on additional content and resources as well. CQP is the lead on this resolution.</p>
<p>S3-307</p>	<p>Talking Explicitly About Impact Bias</p> <p>RESOLVED, That the American Academy of Family Physicians develop a policy statement reflecting the role implicit bias has on health outcomes, and the importance of family physicians being aware of their own implicit bias and taking steps to reduce its impact in patient care.</p>	<p>Commission on Health of the Public and Science</p>	<p>Agree</p> <p>The commission will develop a policy statement on implicit bias then submit it to the Board of Directors for approval.</p>

Summary of Actions of the 2016 NCSM, continued

<p>S3-308</p>	<p>Lobby to End Step 2 CS and Level PE</p> <p>RESOLVED, That the American Academy of Family Physicians lobby the Federation of State Medical Boards and their member licensing boards to advocate for elimination of the United States Medical Licensing Examination (USMLE) Step 2 CS and the COMLEX Level 2 PE as a requirement for Liaison Committee on Medical Education accredited and Commission on Osteopathic College Accreditation accredited medical school graduates who have passed a school-administered clinical skills examination.</p>	<p>Commission on Education</p>	<p>Agree with Modification</p> <p>RESOLVED, That the AAFP encourage and support options to waive the USMLE Step 2 CS and the COMLEX Level 2 PE as a requirement for LCME accredited and COCA accredited medical school graduates who have otherwise proven competency.</p>
<p>S3-309</p>	<p>Partnerships in Developing a Rural Training Database</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with the Rural Training Track Collaborative and National Rural Health Association to explore the development of a resource such as a database of rural training opportunities for family physicians, residents, and medical students.</p>	<p>Commission on Education</p>	<p>Agree with Modification</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with the Rural Training Track Collaborative and National Rural Health Association to explore new ways to increase medical student exposure to rural training opportunities and grow the rural physician workforce.</p>
<p>S3-310</p>	<p>Recycling at National Conference</p>	<p>Not Adopted</p>	<p style="background-color: #cccccc;"></p>
<p>S3-311</p>	<p>The American Academy of Family Physicians to Support Accreditation Council for Graduate Medical Education Accredited Residencies in Obtaining Osteopathic Recognition</p> <p>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</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the ACGME, by form of a letter, to create and make available a "How to Guide" on how to achieve osteopathic recognition for residency programs.</p>	<p>Executive Vice President</p>	<p>Reaffirm</p> <p>The COE Executive Committee reaffirmed this resolution and noted that the AAFP is supportive of the ACGME recognition.</p>
<p>S3-312</p>	<p>Student Debt Reform</p> <p>RESOLVED, That the American Academy of Family Physicians use its legislative advocacy to influence the U.S. Congress to enact policies that would curb the growth of tuition.</p>	<p>Commission on Governmental Advocacy</p>	<p>Accept for Information</p> <p>The commission voted to accept for information as it does not propose an actionable policy intervention to hold medical school tuition rates steady and does not align with AAFP's current strategic priorities.</p>

Summary of Actions of the 2016 NCSM, continued

<p>S3-313</p>	<p>Offering Guidance to the ABFM Regarding the Maintenance of Certification Family Practice (MC-FP)</p> <p>RESOLVED, That the American Academy of Family Physicians recommend the American Board of Family Medicine reevaluate Maintenance of Certification requirements to be more succinct while utilizing current evidence on adult learning modalities and catering to multiple learning preferences, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommend that the American Board of Family Medicine allow the AAFP credit system to certify continuing medical education (CME) events as meeting Maintenance of Certification requirements provided they meet mutually agreed upon standards.</p>	<p>Moved to Reaffirmation Calendar</p>	
<p>S3-314</p>	<p>Supporting Medicare Drug Negotiating Powers</p>	<p>Not Adopted</p>	
<p>S3-315</p>	<p>Protecting Rural Family Medicine Training Programs During the AOA/ACGME Merger</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with organizations such as the Rural Training Track Collaborative and National Rural Health Association (NRHA) to facilitate interested rural osteopathic family medicine programs in adapting to become rural training tracts of existing larger urban programs.</p>	<p>Commission on Education</p>	<p>Reaffirm</p> <p>The preservation of training positions during the migration to the Single Accreditation System by 2020 is a high strategic priority for the AAFP. Multiple tactics exist under consideration to achieve this aim. Among the tactics are: technical resources via consultation and specific conference programming by RPS; creation of geospatial mapping of existing AOA-only accredited and ACGME-accredited family medicine residency programs and planned communication to encourage new collaborations/mergers/affiliations that may assist under-resourced AOA programs (particularly in rural areas); and collaboration with the Robert Graham Center to produce advocacy materials targeted toward small rural AOA programs that may be at risk. The Rural Training Track Collaborative and the National Rural Health Association are certainly potential partners for collaboration.</p>
<p>S3-316</p>	<p>Promoting the Resident and Student Discussion Forum</p>	<p>Not Adopted</p>	
<p>S3-317</p>	<p>Promoting Cross-Cultural and Linguistic Education for Residents and Medical Students About Hispanic and Latino Populations to Improve Health Care Communications</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) consider programming at the AAFP National Conference of Family Medicine Residents and Medical Students to improve communication between physicians and the Spanish-speaking population with limited English proficiency, and be it further</p>	<p>Commission on Education</p>	<p>Reaffirm</p> <p>Reaffirmed 1st resolved clause: Programming at the National Conference to improve communication between physicians and the Spanish-speaking population with limited English proficiency, as well as disseminating cross-cultural and linguistic education resources to FMIGs to improve this communication will be added to the suggested workshop topics list that is shared with potential speakers and considered for inclusion at National Conference.</p> <p>Agree</p>

Summary of Actions of the 2016 NCSM, continued

	<p>RESOLVED, That the American Academy of Family Physicians disseminate cross-cultural and linguistic education resources to Family Medicine Interest Groups across the country to improve communication between physicians and the Spanish-speaking population with limited English proficiency.</p>		
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