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**AMERICAN MEDICAL STUDENT ASSOCIATION  
HOUSE OF DELEGATES 2016  
RESOLUTION: A13**

INTRODUCED BY:	Michael Sparks, International Trustee; Perry Tsai, Vice President for Programming Development; Kelly Thibert, National President-Elect
SCHOOL:	Ross University School of Medicine; University of North Carolina at Chapel Hill School of Medicine; Nova Southeastern University College of Osteopathic Medicine
SUBJECT:	Principles Regarding Family Medicine Residency Training Programs
TYPE:	Resolution of Principles

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1 WHEREAS there are two types of Family Medicine Training Programs each with their own strengths, and;

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3 WHEREAS at an opposed family medicine residency training program, there also exists residency training programs in  
4 other specialties, and;

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6 WHEREAS at an unopposed family medicine residency training program, there are no other medical residency training  
7 programs, and;

8  
9 WHEREAS “family medicine residents working in opposed programs sometimes report being treated as second-class  
10 citizens, [but] they also appreciate the greater diversity of academic content and opportunities to interact regularly with  
11 residents in other specialties,” [1] and;

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13 WHEREAS “residency in an unopposed, busy urban setting can expose residents to the greatest possible variety of  
14 patients, cases, clinical diagnoses, and procedures in preparation for practicing in [rural areas]” [1]

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16 **THEREFORE BE IT RESOLVED** that the Principles Regarding Primary Care and Family Medicine (p. 31-32) be  
17 AMENDED to state:

18  
19 8. Regarding Family Medicine Residency Training Programs:

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21 **G. RECOGNIZES** the difference between opposed and unopposed family medicine residency training programs  
22 and **RECOGNIZES** the potential benefits of unopposed programs in training residents for careers in rural or  
23 medically underserved areas.  
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26 Fiscal note: None  
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**REPORT OF REFERENCE COMMITTEE A  
DISCUSSION**

**BOT:**Vote 10-0-0; recommends to adopt with amendments. These members agree that there is a difference between  
between these careers, however they feel that these differences are not only limited to rural/underserved areas.

[1] New England Journal of Medicine Knowledge+ Family Medicine Residency Programs.  
<http://knowledgeplus.nejm.org/family-medicine-residency-programs-choosing-the-right-one-for-you/>

**BRD: \*\*\***

**PRD: \*\*\***

**IRD: Vote 2-0-1; Adopt as written**

**ACTE: \*\*\***

**Premedical Caucus: \*\*\***

### **SUMMARY OF DISCUSSION**

**PROS:** No proposition testimony provided

**CONS:** The members agree these differences in training programs, however, they believe that they are not limited to the rural and underserved areas.

### **REFERENCE COMMITTEE COMMENTS**

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### **REFERENCE COMMITTEE RECOMMENDATION**

**Adopt as amended:**

**RECOGNIZES** the difference between opposed and unopposed family medicine residency training programs and **RECOGNIZES** the potential benefits of unopposed programs in training residents ~~for careers in rural or medically underserved areas.~~

[1] New England Journal of Medicine Knowledge+ Family Medicine Residency Programs.  
<http://knowledgeplus.nejm.org/family-medicine-residency-programs-choosing-the-right-one-for-you/>