



**Summary of Actions:
2025 National Congress of Family
Medicine Residents**

2025 Resolutions

<i>Res. No.</i>	<i>Title and Resolved</i>	<i>Action of NCFMR</i>	<i>Final Action</i>
R101	<p>Supporting H-1B Visa Sponsorship to Protect International Medical Graduate Pathways to Family Medicine Residency Substitute: <i>RESOLVED, That the American Academy of Family Physicians encourage family medicine residency programs to actively support and sponsor H-1B visas for eligible non-U.S. citizen IMGs, especially those from countries impacted by J-1 visa restrictions or partial travel bans, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for timely H-1B visa processing for non-U.S. citizen IMGs matched to family medicine programs, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians <u>advocate for policies ensuring that non-U.S. citizen IMGs who match into family medicine residency programs receive visa coverage for the full duration of their training with particular attention to those from countries affected by partial travel bans who may face interruptions in legal status, and that the AAFP work collaboratively with the IMG constituency and allied organizations, including the American Medical Association IMG Caucus, to identify and promote policy solutions that provide stability and support for IMGs throughout their training, and be it further</u></i></p> <p><i>RESOLVED, That the American Academy of Family Physicians <u>work closely with Council of Academic Family Medicine (CAFM) and other academic-focused family medicine organizations</u> to help family medicine residency programs navigate the H-1B sponsorship process, particularly its role in supporting long-term workforce retention and stability for non-U.S. citizen IMGs.</i></p>	Substitute Adopted	<p>Accept as current policy</p> <p>1st and 4th Resolved Clauses - Accept as current policy</p> <p>Both resolved clauses are being addressed in the Residency Selection Improvement Initiative where one of the priorities is providing resources and support to residency programs to invite more IMGs to interview and match with FM residency programs.</p> <p>2nd and 3rd Resolved Clauses - Accept as current policy</p> <p>The AAFP continues to advocate in support of IMGs, including extension of the Conrad 30 waiver program for J-1 recipients as well as a an exclusion from the new H-1B application fee.</p>
R102	Reducing Confusion and Restriction Regarding Competence-Based Assessment of	Not Adopted	N/A



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	<p>Family Medicine Resident Physicians <i>RESOLVED, That the American Academy of Family Physicians develop a consensus statement which defines "competency-based assessment" of family medicine resident physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians use evaluation by residency faculty members as criteria by which "competency" is defined, rather than number of patient encounters, hours spent in continuity clinic, or weeks spent in continuity clinic per academic year, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for the adoption of this consensus statement by both the American Board of Family Medicine and the Accreditation Council for Graduate Medical Education.</i></p>		
R103	<p>Advancing Pulmonology and Cardiology Training for Family Medicine Residents <i>RESOLVED, That the American Academy of Family Physicians review and update the "Recommended Curriculum Guidelines for Family Medicine Residents" to place a greater and more specific emphasis on training for both pulmonology and cardiology, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians, through its appropriate commissions, encourage family medicine residency programs to develop and implement specific educational experiences in both specialties, with the flexibility for programs to incorporate or replace existing rotations, and to promote formal didactic and practical training on the interpretation of key diagnostic studies, including spirometry, chest imaging, electrocardiograms and cardiac stress testing, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for increased hands-on training and competency assessment for residents in the use and instruction of pulmonary and cardiovascular therapies, such as inhaler techniques, nebulized treatments, continuous positive airway pressure, oxygen</i></p>	Not Adopted	N/A



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	<p>delivery systems and blood pressure monitoring, and be it further</p> <p><i>RESOLVED, That the American Academy of Family Physicians establish a workgroup or task force to explore collaborative opportunities with relevant professional organizations, such as the American College of Chest Physicians and the American College of Cardiology, to develop and disseminate evidence-based resources for enhancing pulmonology and cardiology education within family medicine residency programs.</i></p>		
R104	<p>Equipping Multilingual Residents and Medical Students with Translation Certification</p> <p><i>RESOLVED, That the American Academy of Family Physicians identify and promote existing pathways for multilingual trainees to pursue recognized medical interpreter certification, and explore partnerships to support language-concordant care by family physicians.</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop educational resources or guidance to assist multilingual family physicians in navigating medical interpretation certification options.</i></p>	Adopted as amended on the floor	<p>Accept for information</p> <p>Language-concordant care is recognized as an important initiative that promotes diversity, equity, and inclusion, aligning with the American Academy of Family Physicians' (AAFP) commitment to health equity. Interpreter certification requirements are typically determined by community needs and health systems, rather than by AAFP, and direct influence on medical schools is outside AAFP's scope. Implementation may be challenged by differences in financial and logistical resources across programs.</p>
R105	<p>Enhancing Advocacy Training and Leadership Development in Family Medicine Education and Practice</p> <p><i>RESOLVED, That the American Academy of Family Physicians support the development and dissemination of standardized, longitudinal advocacy curricula for family medicine residency programs, including model modules, faculty development, and evaluation tools, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians create or support regional and national advocacy leadership fellowships or mentorship programs for early-career family physicians with interest in health policy, equity, and systems change, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for the inclusion of advocacy education as a core competency in</i></p>	Not Adopted	N/A



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	<p><i>national family medicine accreditation and board certification standards, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians explore funding mechanisms—through grants, partnerships, or internal resources—to sustain leadership development programs and policy training opportunities for members at all stages of their careers.</i></p>		
R106	<p>Increasing Delegate Representation at Resident and Student Congresses</p> <p><i>RESOLVED, That there be the creation of a focus group within the American Academy of Family Physicians and their chapters to highlight barriers to sending delegates and brainstorm innovative routes to expand marketing of these positions, and be it further</i></p> <p><i>RESOLVED, That the focus group establish best practices and protocol to ensure that delegate positions are filled prior to attending FUTURE resident and student congresses, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians take action to direct staff to establish an annual report to be shared publicly about resident and student participation or lack thereof within the congresses.</i></p>	Not Adopted	N/A
R201	<p>Mandating Education on Billing, Insurance Navigation, and Payment Systems in Family Medicine Residency Training and Continuing Medical Education</p> <p><i>RESOLVED, The American Academy of Family Physicians endorse the incorporation of comprehensive instruction on billing, insurance navigation, and healthcare payment systems as a mandatory part of the family medicine residency education curriculum, and be it further</i></p> <p><i>RESOLVED, The American Academy of Family Physicians advocate for the inclusion of education on coding and reimbursement practices as a standard component of continuing medical education (CME) for family physicians at all stages of their careers, and be it further</i></p>	Reaffirmed as current policy	N/A



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	<p><i>RESOLVED, The American Academy of Family Physicians collaborate with the Accreditation Council for Graduate Medical Education (ACGME), the Association of Family Medicine Residency Directors (AFMRD), and other pertinent organizations to develop and disseminate uniform curricular standards and tools to aid in the effective delivery of this education nationally.</i></p>		
R202	<p>Increasing Efforts to Educate the Family Physicians on Chiropractic Techniques Substitute: <i>RESOLVED, That the American Academy of Family Physicians expand efforts to educate members about chiropractic techniques and scope to best advise patients.</i></p>	Substitute Adopted	<p>Accept for information</p> <p>While acknowledging the limited knowledge and education many family physicians have regarding the merits and drawbacks of chiropractic techniques, the AAFP also recognizes the challenges associated with educating members about chiropractic techniques and scope since the scope of practice for chiropractors varies by state.</p>
R203	<p>AAFP Policy on Intellectual and/ or Developmental Disability Care in Primary Care Setting Substitute: <i>RESOLVED, That the American Academy of Family Physicians (AAFP) encourage intellectual and developmental disability training within residency and fellowship programs through creation of an Adult Developmental Medicine/Disability Medicine search category in the AAFP fellowship index, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians promote inclusive, team-based clinical care for the Intellectual and/or Developmental Disability community by updating existing policy to affirm the role of family physicians in addressing disparities faced by individuals living with developmental disabilities, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians engage with stakeholders to amplify and disseminate existing resources in disability medicine for family physicians.</i></p>	Substitute Adopted	<p>Accept for information</p> <p>A 2022 COD resolution led to the 2023 adopted policy, End Ableism in Family Medicine, which already encourages organizational policies and educational curricula that are inclusive of people with all abilities (End Ableism in Family Medicine). AAFP has an existing team-based care policy and a history of creating resources to support such models, also available on the website in CME courses, journal articles, and additional supporting resources. The AAFP already uses its stance on team-based care and the evidence that supports its impact on health as a basis for delivery of primary care including for those with disabilities. An additional existing policy used to support our work is the policy Diversity in the Workforce (Diversity in the Workforce), which also encourages this work as we include ability/disability as a part of our larger DEI approach. AAFP currently has a 2020 COD adopted policy Sensitivity to Diversity and Cultural Proficiency in AAFP Education (Sensitivity to Diversity and Cultural Proficiency in AAFP Education) which addresses education support resources.</p> <p>While AAFP does not draft medical school, residency or fellowship curricula, and the organizations that do that work appear to have policies already in place that encourage diversity topics, inclusive of ability. AAFP currently maintains a directory of family medicine residency programs to support the residency selection process. In more</p>



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			<p>recent years, some limited information about fellowship opportunities has been included. While the AAFP appreciates the suggestion about including disability fellowship training programs in the resource, it would be a significant undertaking to research, create, and maintain such a resource for a small number of programs (not all of them accept FM physicians). Currently, the FREIDA database appears to have access to this information, which is already widely available to students and residents. We have shared this feedback with our Residency Selection Improvement Initiative project team to consider as they think about potential future resources to support career exploration in students/residents.</p> <p>AAFP is already actively working with partners (we try to avoid the use of the word stakeholders as it is not the preferred term per the AMA Language Guide) and educating our leadership around this area. For example, all board and commission members completed their annual DEI training on disability in 2024. We invited a member specializing in this work who also has lived experience to a recent CDEIFM meeting to help inform our future work. The Center continues to engage with national partners in the disability and ability space including patient-facing groups to support updating content available on Trusted Health Education from Family Physicians familydoctor.org . The AAFP is also actively working on caregiver resources. Not mentioned in this resolution but also underway is exploring what members living with disabilities need from AAFP, which was launched with a national survey a few years ago and increased attention to meeting identified needs and gaps.</p>
R204	<p>Address the Primary Care Physician Shortage <i>RESOLVED, That the American Academy of Family Physicians advocate for funding for an agency to implement recommendations to identify and project shortages in primary care across all states over the next decade, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for expansion of the Medical Student Education Program to all 50 states with funding adjusted based on existing</i></p>	Reaffirmed as current policy	N/A



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	<i>and projected primary care shortages within each state.</i>		
R205	<p>Evaluating Direct-to-Consumer Telehealth Prescribing Systems <i>RESOLVED, That the American Academy of Family Physicians evaluate and publicize the benefits and risks of patients obtaining prescription medications through Direct-to-Consumer Telehealth Prescribing Systems.</i></p>	Adopted	<p>Accept for information</p> <p>AAFP policy emphasizes that telehealth should operate within the boundaries of an established physician-patient relationship. Direct-to-consumer systems may offer advantages, particularly for patients facing difficulties obtaining prescription medications due to insurance challenges.</p>
R206	<p>Artificial Intelligence (AI) in Family Medicine Residency Training <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians provide a framework for residency programs to adopt emerging technologies in preparation for the primary care workforce.</i></p>	Substitute Adopted	<p>Accept for information</p> <p>The AAFP recognizes the need to educate family physician residents on the uses of AI-enabled technologies in primary care, particularly given the benefits of incorporating AI into physician workflows and the risks associated with misuse. Several family physicians, in conjunction with the Society of Teachers of Family Medicine and the American Board of Family Medicine, have developed an artificial intelligence and machine learning curriculum for primary care for medical students, primary care residents, and practicing primary care clinicians.</p>
R301	<p>Expand Abortion Training Opportunities for Family Medicine Residency <i>RESOLVED, That the American Academy of Family Physicians provide resources for elective opportunities for abortion training across different states for family medicine residents who are interested in being trained in abortion procedure.</i></p>	Reaffirmed as current policy	N/A
R302	<p>Support for Implementation of Maternal RSV Vaccination in Rural Communities <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians explore opportunities to advocate for clinical infrastructure support, such as supply chain assistance, reimbursement models, and mobile outreach, to ensure the seasonal administration of the Respiratory Syncytial Virus (RSV) maternal vaccine in underserved settings.</i></p>	Substitute Adopted as amended on the floor	<p>Accept for information</p> <p>The AAFP already engages extensively in rural health advocacy, physician support, and immunization education, aligning well with the intent of this resolution. Ongoing updates to the <i>Keeping Family Physicians in Rural Practice</i> position paper, along with existing Rural Health Care policies, demonstrate AAFP’s support for financially stable, well-resourced care delivery in underserved areas. Current rural health initiatives, robust advocacy efforts—including reimbursement reform, Medicaid and telehealth expansion, and GME support—and comprehensive vaccine education resources on AAFP.org and familydoctor.org reflect continued investment in strengthening clinical</p>



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			infrastructure. Additionally, national partnerships and public-facing immunization campaigns promote vaccine confidence and uptake, while AAFP policies and advocacy on immunization coverage and payment—including resources on RSV vaccine coding—further reinforce the organization’s commitment to supporting members in delivering evidence-based immunizations.
R303	<p>Impact of Social Media <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians support and disseminate resources – including but not limited to screening instruments, anticipatory guidance frameworks, and evidence-informed counseling strategies – to strengthen family physicians’ ability to assess and address the mental health effects of social media use in children and adolescents.</i></p>	Substitute Adopted	<p>Accept for information</p> <p>The AAFP updated its discussion paper “Impact of Social Media on Youth Mental Health” in 2024. The reference committee expressed concern about feasibility and scope. The current evidence base may not yet be sufficient to support the development of such resources, but this work could be revisited as stronger research emerges.</p>
R304	<p>Strengthening Access to Preconception and Prenatal Care in Rural Communities <i>RESOLVED, That the American Academy of Family Physicians support expanded policy and funding for rural preconception and early prenatal outreach services, including the use of mobile clinics, community health workers, and telehealth models, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop or promote clinical guidelines and implementation toolkits to help family physicians identify and support individuals in rural areas during the preconception and first trimester periods.</i></p>	Reaffirmed as current policy	N/A
R305	<p>Formal Resident Education on Birth Control Methods and FDA-Approved Contraceptives in Family Medicine Residencies <i>RESOLVED, That the American Academy of Family Physicians recommend to the Accreditation Council for Graduate Medical Education that all family medicine residency programs be required to provide residents with formal education on birth control methods and Food and Drug Administration-approved contraceptive medications.</i></p>	Reaffirmed as current policy	N/A



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R306	<p>Supporting Emotional and Psychosocial Care as Core Components of Family Medicine</p> <p><i>RESOLVED, That the American Academy of Family Physicians affirm that the provision of emotional, relational, and psychosocial care is a core component of comprehensive Family Medicine, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians compile and publish currently available best practices, resources, and educational materials that enable family physicians to address psychosocial issues within the constraints of real-world practice, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians promote the inclusion of emotional intelligence, relational skills, trauma-informed care, and compassionate communication as formal elements of continuing medical education and family medicine residency training.</i></p>	Reaffirmed as current policy	N/A
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