2026 Resident Agenda and Resolutions

National Congress of Family Medicine Residents
July 30 - August 1, 2026

Item No.

1. Resolution No. R101: Expanding Financial Assistance for Family Medicine Residents Pursuing Initial Board Certification
2. Resolution No. R102: Promoting Evidence-Based Scheduling Practices to Reduce Resident Fatigue and Enhance Patient Safety
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Resolution No R101

Expanding Financial Assistance for Family Medicine Residents Pursuing Initial Board Certification

Introduced by: Christian Widder, MD

WHEREAS, Board certification demonstrates a family physician's commitment to lifelong learning, professional competence, and high-quality patient care, and

WHEREAS, the American Academy of Family Physicians supports board certification and advocates that continuing certification be relevant, evidence-based, affordable, and accessible to family physicians, and

WHEREAS, family medicine residents incur substantial educational debt while also facing significant expenses associated with board review courses, examination registration fees, study materials, travel, and lodging, and

WHEREAS, financial barriers may disproportionately affect residents training in rural, underserved, and community-based residency programs that have limited educational funding, and

WHEREAS, reducing financial barriers to initial board certification may improve physician well-being, facilitate successful certification, and strengthen recruitment and retention of family physicians in underserved communities, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for expanded financial assistance to family medicine residents pursuing initial board certification, including support for board review courses, examination fees, and educational resources, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with residency programs, state chapters, philanthropic organizations, and other stakeholders to identify and promote scholarship opportunities, grants, and innovative funding mechanisms that reduce financial barriers to board certification for family medicine residents.

RESOLUTION NO. R102

Promoting Evidence-Based Scheduling Practices to Reduce Resident Fatigue and Enhance Patient Safety

Introduced by: Sumaiyya Mohiuddin, MD

WHEREAS, Approximately 92.5% of resident physicians report experiencing significant fatigue during residency training, 86.6% report difficulty concentrating, and 68.7% report memory impairment associated with sleep deprivation and prolonged work hours, and

WHEREAS, sleep deprivation has been shown to impair executive function, decision-making, situational awareness, and psychomotor performance, all of which are essential for safe patient care, and

WHEREAS, following implementation of the 2011 Accreditation Council for Graduate Medical Education (ACGME) duty-hour standards limiting intern shifts to 16 hours, studies demonstrated a 24% reduction in motor vehicle crash risk, a greater than 40% reduction in percutaneous injury risk, and an 18% reduction in attentional failures among resident physicians, and

WHEREAS, family medicine residency programs across the United States utilize diverse scheduling models, and many programs have successfully implemented alternatives to traditional 24-hour call schedules while maintaining high-quality education and patient care, and

WHEREAS, continued evaluation of resident scheduling practices using current evidence may help improve physician well-being, patient safety, and educational outcomes while allowing flexibility for individual residency programs, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support evidence-based resident scheduling practices that reduce fatigue while maintaining educational quality, continuity of patient care, and resident preparedness for independent practice, and be it further

RESOLVED, That the American Academy of Family Physicians review current evidence regarding resident scheduling practices and develop best-practice recommendations and educational resources that promote resident well-being and patient safety across family medicine residency programs.

RESOLUTION NO. R103

Dissemination of Clinically Verified Outbreak Information by Family Medicine Clinics

Introduced by: Mridu Luray, MD

WHEREAS, Accurate public health information is essential for protecting patients and communities during outbreaks, and

WHEREAS, social media misinformation can lead to harmful beliefs and behaviors, undermining prevention, testing and protection, and

WHEREAS, family medicine clinics are trusted points in a community that can provide simplified, evidence-based guidance and care, and

WHEREAS, misinformation should be addressed through clear, transparent and authoritative members of the community, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians encourage family medicine clinics to adopt and distribute concise, evidence-based outbreak education pamphlets containing verified public health guidance, and be it further

RESOLVED, That the American Academy of Family Physicians develop pamphlets that are designed to serve as an accessible, reliable source of information that targets broad populations to better understand prevention, testing and treatment, and be it further

RESOLVED, That the American Academy of Family Physicians develop outbreak pamphlets that can be incorporated into routine primary care visits to encourage provider-patient care discussions regarding active infections, and be it further

RESOLVED, That the American Academy of Family Physicians encourage family medicine clinics to actively reinforce the use of verified medical information during patient encounters to address common health misinformation disseminated through social media.

RESOLUTION NO. R104

Recognition and Reimbursement of Physician In-Basket Management

Introduced by: Disha Bhargava, MD
Dayaan Ghani, MD

WHEREAS, Family physicians increasingly deliver longitudinal care through electronic health record (EHR) in-basket management, including diagnostic interpretation, medication management, chronic disease management, referral decisions, and care coordination, requiring physician-level judgment and constituting direct patient care, and

WHEREAS, family physicians bear the highest in-basket burden of any specialty, averaging 1.2 hours of inbox work per 8 hours of scheduled patient care, roughly 50% above the physician average, as portal messaging increasingly displaces office visits without proportional compensation, and

WHEREAS, higher in-basket volume is independently associated with physician burnout, emotional exhaustion, and after-hours work, and

WHEREAS, existing reimbursement mechanisms, including current digital evaluation management codes, recognize only a limited subset of asynchronous care and fail to account for routine medical decision-making performed through in-basket management, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate that Centers for Medicare & Medicaid Services and other public and private payers recognize and reimburse physician in-basket management as direct patient care, regardless of whether it occurs during a face-to-face encounter, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with relevant organizations to develop payment policy recognizing asynchronous physician decision-making as a sustainably reimbursed component of primary care.

RESOLUTION NO. R105

Promoting Evidence-Based Residency Eligibility Criteria by Eliminating Arbitrary Time-Since-Graduation Cutoffs

Introduced by: Olga Pudovka Gross, MD

WHEREAS, Many residency programs use an arbitrary “years since medical school graduation” cutoff, often three to five years, as a screening criterion for applicants, and

WHEREAS, this requirement disproportionately excludes International Medical Graduates (IMGs) who experience unavoidable delays related to visa processing, mandatory service obligations, international credentialing timelines, or extended United States Medical Licensing Examination (USMLE) preparation, and

WHEREAS, time since graduation is not an evidence-based predictor of residency performance, competency, professionalism, or patient care outcomes, and

WHEREAS, eliminating this cutoff would expand the family medicine applicant pool, strengthen the primary care workforce, and improve access to care in rural and underserved communities that rely heavily on IMGs, and

WHEREAS, equitable, competency-based evaluation aligns with the American Academy of Family Physicians’ commitment to diversity, fairness, and workforce sustainability, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for residency programs to eliminate arbitrary “years since medical school graduation” eligibility cutoffs and instead evaluate applicants, especially international medical graduates, based on demonstrated competency, training history, and readiness for residency, and be it further

RESOLVED, That the American Academy of Family Physicians support national guidance encouraging residency programs to adopt transparent, evidence-based applicant criteria that does not disadvantage qualified international medical graduates who experience delays related to visa processing, mandatory service obligations, or international credentialing requirements.

RESOLUTION NO. R106

Reimbursement for Postpartum Depression Prevention

Introduced by: Dayaan Ghani, MD
Disha Bhargava, MD

WHEREAS, The Centers for Disease Control and Prevention (CDC) reports that more than one in eight women with a recent live birth experience postpartum depression, and

WHEREAS, untreated mood and anxiety disorders among pregnant women and new mothers cost approximately $14.2 billion over five years, with more than half of costs occurring within the first year due to pregnancy and birth complications, and

WHEREAS, the U.S. Preventive Services Task Force (USPSTF) recommends prevention of depression in pregnant and postpartum women by a wide range of providers in standard prenatal care settings, with a grade of B, and Section 2713 of the Affordable Care Act requires private insurers to cover preventive services with a USPSTF grade of A or B at no cost-sharing, and

WHEREAS, the USPSTF recommends two evidence-based postpartum depression prevention programs — the Reach Out, Stay Strong, Essentials for Mothers of Newborns (ROSE) Program and the Mothers & Babies (MB) Program — shown to reduce the odds of developing postpartum depression by 53% and 50%, respectively, and

WHEREAS, prenatal health care providers currently must submit a mental health diagnosis code to bill for postpartum depression prevention, meaning primary prevention delivered before diagnosis does not qualify for reimbursement, despite relevant Current Procedural Terminology (CPT) codes (including but not limited to 98960-98962) existing for standardized-curriculum patient education services, and

WHEREAS, California currently is the only state that reimburses for these services, and administration of postpartum depression prevention interventions by nurses, health educators, community health workers, and other paraprofessionals has been shown to be non-inferior to licensed mental health providers in reducing rates of postpartum depression, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for state Medicaid programs and other public and private payers to reimburse applicable Current Procedural Terminology (CPT) codes for postpartum depression prevention delivered by a broad range of health workers, consistent with services already covered under the Affordable Care Act, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for a billing pathway allowing qualified health care professionals to use a "pregnancy" diagnosis code to bill for perinatal and postnatal mental health preventive interventions, removing the current requirement for a mental health diagnosis code, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for state Medicaid programs to reimburse nurses, doulas, community health workers, and health educators trained in evidence-based prevention programs when delivering these services as part of

physician-led health care teams, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for states, payers, and health systems to establish evidence-based postpartum depression prevention as the standard of care and to adjust bundled payments accordingly.

RESOLUTION NO. R107

Supporting Competency-Based Privileging to Preserve Full-Scope Rural Family Medicine

Introduced by: Christian Widder, MD

WHEREAS, Rural communities continue to experience physician shortages and increasing closures of hospitals and maternity services, resulting in reduced access to comprehensive health care, and

WHEREAS, family physicians practicing in rural communities often provide comprehensive care including outpatient medicine, inpatient medicine, obstetrical care, newborn care, emergency medicine, procedural care, and nursing home care, and

WHEREAS, the American Academy of Family Physicians supports family physicians practicing to the full extent of their education, training, and demonstrated competency, and

WHEREAS, hospital credentialing processes, health system employment models, and restrictive privileging policies may unnecessarily limit the scope of practice of qualified family physicians, thereby reducing access to care in rural communities, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for credentialing and privileging policies that recognize demonstrated competency rather than specialty designation when determining clinical privileges for family physicians practicing in rural and underserved communities.

RESOLUTION NO. R108

Regional Representation in Rural Health

Introduced by: Connor Belcher

WHEREAS, The American Academy of Family Physicians (AAFP) has consistently reaffirmed improving healthcare outcomes in rural areas, and

WHEREAS, 66 million Americans (~18-20% of the United States Population) live in rural areas, and

WHEREAS, the AAFP recently established a Rural Healthcare Working Group to determine the existing gaps in healthcare, and

WHEREAS, rural inhabitants and their cultural, geographic, and ethnic barriers differ widely by their location, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians add both one student and resident member to the Rural Healthcare Working Group committee, and be it further

RESOLVED, That the American Academy of Family Physicians ensure that the Rural Healthcare Working Group findings are further stratified by the defined rural regions of the United States per National Center for Higher Education Management Systems definitions (Appalachia, The Mississippi Delta, The Northern Border, The Colonias), with the addition of other distinct regions as the Working Group deems necessary.

RESOLUTION NO. R109

Waiving Fee for Delegates of AAFP FUTURE Conference

Introduced by: Grace Joseph
Fatima Khan, MBBS

WHEREAS, The Student and Resident Congresses are robust leadership bodies essential for the support, future, and creativity of the American Academy of Family Physicians (AAFP) mission, vision and strategic plan, and

WHEREAS, the Student and Resident Congresses run concurrently with the majority of the educational sessions and practical skill classes, and

WHEREAS, the Student and Resident Congresses must pay registration for the AAFP FUTURE conference whilst being unable to attend most functions of the conference, and

WHEREAS, the Student and Resident Congresses are groups often inflicted by paucity of funds, and

WHEREAS, the Student and Resident Congresses depend on students and residents enthusiastically participating in large numbers to have a robust body of delegates, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) waive the fee for the student and resident delegates and one alternate delegate per state for the AAFP FUTURE conference to maintain a robust body and providing equity to all states and elected delegates, and be it further

RESOLVED, That the American Academy of Family Physicians waiving the fee to attend the entirety of the Student and Resident Congress of Delegates proceedings would infer mandatory attendance to all congress sessions.

RESOLUTION NO. R110

Promotion of Fatherhood Engagement in Family Medicine

Introduced by: Thomas Rubino, MD
Nanjobi Kiboigo, MD

WHEREAS, Engaged fathers improve their children's physical, emotional, developmental, and behavioral well-being from conception through adolescence, and

WHEREAS, the United States has high rates of paternal absence, associated with increased risk of emotional distress, persistent depression, behavioral challenges, and academic instability in children, and

WHEREAS, existing healthcare systems often overlook the role of biological and adoptive fathers, stepfathers, grandfathers, and other father figures, missing the benefits that engagement, support, and screening provide, and

WHEREAS, the American Academy of Family Physicians (AAFP) is committed to promoting the health of the entire family unit within the family-centered medical home, and

WHEREAS, family physicians are uniquely positioned to bridge this gap through direct clinical engagement, screening, and policy advocacy; now, therefore, be it,

RESOLVED, That the American Academy of Family Physicians develop, within a reasonable timeframe, a position paper regarding the clinical importance of paternal engagement and evidence-based strategies for screening and integrating fathers into prenatal, perinatal, and well-child care, and be it further

RESOLVED, That the American Academy of Family Physicians develop a digital toolkit to support family physicians in implementing father-inclusive practices in prenatal, perinatal, and well-child care, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for federal legislation expanding maternity leave into parental leave, making both parents eligible to take time to care for their newborn or young children, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for federal grant funding, such as through existing United States Department of Health and Human Services (HHS) fatherhood program initiatives, to support community-based fatherhood programs.

RESOLUTION NO. R111

Establishment of an AAFP Family Medicine Innovation Incubator

Introduced by: Abdul Mohammed, MD

WHEREAS, Family physicians develop innovative approaches to improve patient care, education, and practice efficiency, and

WHEREAS, many successful innovations remain limited to individual practices because physicians lack mentorship, funding, and dissemination opportunities, and

WHEREAS, the American Academy of Family Physicians (AAFP) is uniquely positioned to support physician-led innovation through collaboration and national networking, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians evaluate the feasibility of establishing a family medicine innovation incubator to identify, mentor, pilot, evaluate, and disseminate member-developed innovations that improve patient care, physician well-being, medical education, and practice efficiency; and be it further,

RESOLVED, That the American Academy of Family Physicians (AAFP) report its findings and recommendations to the AAFP Congress of Delegates or Resident Congress within one year.

RESOLUTION NO. R112

Updating Evidence-Informed Educational Guidance for Point-of-Care Ultrasound in Family Medicine Residency

Introduced by: Rupalakshmi Vijayan, MD

WHEREAS, Point-of-care ultrasound (POCUS) has become an increasingly valuable diagnostic and procedural tool that enhances bedside clinical decision-making across a broad range of family medicine practice settings, and

WHEREAS, family physicians utilize POCUS in diverse clinical environments, including outpatient, inpatient, emergency, rural, obstetric, musculoskeletal, procedural, and acute care settings, and

WHEREAS, the American Academy of Family Physicians (AAFP) published Recommended Curriculum Guidelines for Family Medicine Residents: Point-of-Care Ultrasound (AAFP Reprint No. 290D), providing educational guidance while allowing residency programs flexibility in local curricular implementation, and

WHEREAS, existing curriculum guidance does not specifically address approaches to resident assessment in POCUS, and educational approaches to competency evaluation continue to evolve, and

WHEREAS, family medicine residency programs demonstrate variability in POCUS education because of differences in faculty expertise, institutional resources, equipment availability, and clinical practice environments, and would benefit from periodically updated educational guidance reflecting evolving evidence and Accreditation Council for Graduate Medical Education (ACGME) program requirements, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians periodically review and update, as appropriate, its Recommended Curriculum Guidelines for Family Medicine Residents: Point-of-Care Ultrasound (AAFP Reprint No. 290D) to reflect evolving evidence-informed best practices and current Accreditation Council for Graduate Medical Education program requirements, and be it further

RESOLVED, That the American Academy of Family Physicians develop and disseminate evidence-informed supplemental guidance describing approaches to assessment of resident competency in point-of-care ultrasound training while preserving flexibility for local implementation, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with family medicine educators, the Society of Teachers of Family Medicine, and other relevant stakeholders to identify and disseminate evidence-informed best practices for point-of-care ultrasound education and resident assessment in family medicine residency.

RESOLUTION NO. R113

Request for AAFP to Advocate Disclaimer for Large Language Models

Introduced by: Maria Paula Castro Reales, MD
Sarah Costello, MD

WHEREAS, Large language models are becoming a major search engine for general public and patients can input basic or complex medical questions to large language models, and

WHEREAS, generative artificial intelligence (AI) systems may provide useful general health information, but their outputs may be inaccurate, incomplete, outdated, biased, or inappropriate for an individual user's clinical circumstances, and

WHEREAS, users/patients may interpret information provided as medical advice or as a substitute for evaluation by a qualified health care professional, and

WHEREAS, all large language models have policies regarding their inability to provide medical advice but these policies do not have to be disclosed to user unless directly asked, and

WHEREAS, the American Academy of Family Physicians policy on ethical application of AI in family medicine recommends that AI or machine learning (ML) solutions must provide transparency to the physician and other users and companies should provide clear, understandable information describing how AI/ML solution makes predictions, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate that developers of consumer facing generative large language models include a disclaimer informing that health-related responses are general knowledge and should not be taken as medical advice, while encouraging users to seek answers from healthcare professionals.

RESOLUTION NO. R114

Development of an AAFP Family Medicine Residency Curriculum Guideline on Breastfeeding and Lactation Medicine

Introduced by: Sarah Costello, MD
Jayden Amsler, MD

WHEREAS, Breastfeeding has many well-documented health benefits for both infants and birthing parents, including reduced risk of acute otitis media, gastrointestinal and lower respiratory infections, sudden infant death syndrome, obesity, and type 1 diabetes in infants, and reduced risk of breast cancer, ovarian cancer, type 2 diabetes, and hypertension in birthing parents, and

WHEREAS, according to the Centers for Disease Control and Prevention, among United States (U.S.) infants born in 2022, 85.7% initiated breastfeeding, but only 27.9% were exclusively breastfed through six months, demonstrating an opportunity for improved physician education and support to help families meet their infant feeding goals, and

WHEREAS, family physicians provide comprehensive care across the prenatal, intrapartum, postpartum, newborn, infant, and longitudinal primary care settings, making competency in breastfeeding and lactation medicine an essential component of family medicine training, and

WHEREAS, a 2020 national survey of family medicine residency program directors found that residency programs with more comprehensive breastfeeding education reported greater resident competence in breastfeeding support, particularly when education included clinical experience with lactation consultants and direct observation of breastfeeding counseling, and

WHEREAS, the American Academy of Family Physicians (AAFP) position paper on "Breastfeeding, Family Physicians Supporting" states that medical schools and family medicine residency programs should include appropriate curricula in lactation physiology and breastfeeding management and that breastfeeding education should be integrated longitudinally throughout residency, and

WHEREAS, the Physician Education and Training on Breastfeeding Action Plan, developed with participation from the AAFP and other national medical organizations, recognizes that physicians often receive inadequate education and training in breastfeeding and lactation medicine and identifies improved education as necessary to increase physician knowledge, confidence, and clinical competence in breastfeeding support, and

WHEREAS, the current AAFP Family Medicine Residency Curriculum Guidelines do not include a dedicated curriculum guideline addressing breastfeeding and lactation medicine, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) develop and incorporate a breastfeeding and lactation medicine curriculum guideline within the AAFP Family Medicine Residency Curriculum Guidelines to support standardized, longitudinal resident competency in breastfeeding and lactation medicine.