2026 Resident Consent Calendar and Report

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

RECOMMENDATION: The Resident Reference Committee recommends the following consent calendar for adoption:

Item 1: Not Adopt Resolution No. R101 on Expanding Financial Assistance for Family Medicine Residents Pursuing Initial Board Certification.

Item 2: Reaffirm Resolution No. R102 on Promoting Evidence-Based Scheduling Practices to Reduce Resident Fatigue and Enhance Patient Safety.

Item 3: Not Adopt Resolution No. R103 on Dissemination of Clinically Verified Outbreak Information by Family Medicine Clinics.

Item 4: Reaffirm Resolution No. R104 on Recognition and Reimbursement of Physician In-Basket Management. Extracted – Adopted as Amended

Item 5: Not Adopt Resolution No. R105 on Promoting Evidence-Based Residency Eligibility Criteria by Eliminating Arbitrary Time-Since-Graduation Cutoffs.

Item 6: Not Adopt Resolution No. R106 on Reimbursement for Postpartum Depression Prevention. Extracted – Adopted as Amended

Item 7: Reaffirm Resolution No. R107 on Supporting Competency-Based Privileging to Preserve Full-Scope Rural Family Medicine. Extracted – Adopted as Amended

Item 8: Adopt Substitute Resolution No. R108 on Regional Representation in Rural Health in lieu of Resolution No. R108.

Item 9: Adopt Substitute Resolution No. R109 on Waiving Fee for Delegates of AAFP FUTURE Conference in lieu of Resolution No. R109.

Item 10: Not Adopt Resolution No. R110 on Promotion of Fatherhood Engagement in Family Medicine. Extracted - Adopted

Item 11: Reaffirm Resolution No. R111 on Establishment of an AAFP Family Medicine Innovation Incubator.

Item 12: Reaffirm Resolution No. R112 on Updating Evidence-Informed Educational Guidance for Point-of-Care Ultrasound in Family Medicine Residency.

Item 13: Adopt Resolution No. R113 on Request for AAFP to Advocate Disclaimer for Large Language Models.

Item 14: Adopt Resolution No. R114 on Development of an AAFP Family Medicine Residency Curriculum Guideline on Breastfeeding and Lactation Medicine.

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The Resident Reference Committee has considered each of the items referred to it and submits the following report. The committee's recommendations will be submitted as a consent calendar and voted on in one vote. Any item or items may be extracted for debate.

Item No. 1: Resolution No. R101: Expanding Financial Assistance for Family Medicine Residents Pursuing Initial Board Certification

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.

The reference committee heard testimony only from the resolution author. The reference committee reviewed and discussed the resolution and noted that the first resolved clause lacked clarity regarding the specific advocacy being requested and the financial aid to be expanded. The reference committee also reviewed information provided by staff regarding financial support for board certification, including the role of residency programs and sponsoring institutions in determining available support, residency accountability for board certification outcomes, and existing AAFP resources that guide family physicians in evaluating funding for board certification in employment contracts. Based on this information, the reference committee concluded that the requested actions were insufficiently defined and that current support structures and resources already address many of the concerns raised in the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. R101 not be adopted.

Item No. 2: Resolution No. R102: Promoting Evidence-Based Scheduling Practices to Reduce Resident Fatigue and Enhance Patient Safety

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.

The reference committee heard testimony only from the resolution author. The reference committee reviewed the current AAFP policy, "Resident Work Hours," and discussed how the policy addresses the concerns raised in the resolution. The reference committee also considered information provided by staff regarding ongoing work on this issue across several

organizations, including the AAFP, Society of Teachers of Family Medicine, Association of Family Medicine Residency Directors, and Accreditation Council for Graduate Medical Education. Based on its review, the reference committee concluded that the issues raised in the resolution are already being addressed through existing AAFP policy and ongoing collaborative efforts.

RECOMMENDATION: The reference committee recommends that Resolution No. R102 be reaffirmed.

Item No. 3: Resolution No. R103: Dissemination of Clinically Verified Outbreak Information by Family Medicine Clinics

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.

The reference committee heard testimony in support of the resolution. Testimony highlighted the value of patient education pamphlets as accessible, reliable resources that can improve patient knowledge and support behavior change. The reference committee acknowledged the importance of providing educational materials to patients but expressed concerns that the scope of the resolution extends beyond the AAFP's core mission and could create additional burdens for family physicians. The reference committee also noted that numerous public health, specialty, and governmental organizations already develop and maintain patient education resources related to disease outbreaks and prevention. In addition, because disease prevalence, public health needs, and available resources vary significantly across states and regions, the reference committee believed that state and local authorities are better positioned to develop timely, population-specific educational materials. The reference committee further noted that the intent of the fourth resolved clause is already addressed by existing AAFP policy. Based on these considerations, the reference committee determined that the resolution should not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. R103 not be adopted.

Item No. 4: Resolution No. R104: Recognition and Reimbursement of Physician In-Basket Management

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, and be it further.

RESOLVED, That the American Academy of Family Physicians develop a central location to disseminate practice management toolkits and workflow models – including staffing, triage, and scheduling frameworks – to help family medicine practices convert clinically complex in-basket messages into billable encounters and reduce uncompensated physician burden.

Testimony in support of the resolution emphasized the substantial amount of unreimbursed work family physicians perform outside of office visits, including managing patient messages, medication refills, test results, and other clinical communications. Testimony argued that recognizing and compensating this work could help reduce administrative burden and better reflect the complexity of primary care. However, the reference committee noted concerns about implementation and potential unintended consequences, while recognizing that existing AAFP policy already supports payment models that account for care coordination, technology-enabled services, and non-face-to-face work performed by physicians. Therefore, the reference committee concluded that the resolution's intent is largely addressed by current policy and recommended acceptance as current policy.

RECOMMENDATION: The reference committee recommends that Resolution No. R104 be reaffirmed. Extracted – Adopted as Amended

Item No. 5: Resolution No. R105: Promoting Evidence-Based Residency Eligibility Criteria by Eliminating Arbitrary Time-Since-Graduation Cutoffs

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.

Testimony supported the resolution, with the author noting that application deadlines and cut-off requirements may disproportionately disadvantage international medical graduates whose visa processing timelines can extend beyond program-imposed deadlines. The reference committee recognized the concerns raised and noted that the AAFP is already advancing the intent of both resolved clauses through its Residency Selection Improvement Initiative and ongoing work to improve the residency selection process. The reference committee also noted that residency applicant evaluation ultimately rests with individual residency programs and that some form of applicant assessment framework remains necessary. Because the resolved clauses prescribe overly specific

approaches to residency selection and the underlying issues are already being addressed through existing efforts, the reference committee recommended that the resolution not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. R105 not be adopted.

Item No. 6: Resolution No. R106: Reimbursement for Postpartum Depression Prevention

> 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
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> 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
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> RESOLVED, That the American Academy of Family Physicians advocate for state Medicaid programs to reimburse physician-led healthcare teams for services in partnership with 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
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> 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.

The reference committee heard testimony in support of the resolution. Testimony emphasized that preventive interventions for perinatal depression can improve maternal and infant outcomes but are often difficult to sustain because there is no clear reimbursement pathway for many of the services provided. The reference committee recognized the importance of supporting prevention and early intervention efforts; however, it was concerned that the resolution could be interpreted as advocating for direct payment to non-physician professional, which raises scope-of-practice considerations and could require legislative changes as well. The reference committee also noted that existing AAFP policy supports physician-led, team-based care and appropriate payment models that recognize services furnished by members of the physician-led care team. Based on these considerations, the reference committee determined that the resolution should not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. R106 not be adopted. Extracted – Adopted as Amended

Item No. 7: Resolution No. R107: Supporting Competency-Based Privileging to Preserve Full-Scope Rural Family Medicine

~~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.~~

RESOLVED, That the American Academy of Family Physicians collaborate with The Joint Commission, the Centers for Medicare & Medicaid Services, the American Hospital Association, and other relevant stakeholders to develop, promote, and advocate for structured competency-based privileging policies that preserve access to comprehensive family medicine services in rural and underserved communities.

The reference committee heard testimony, all in support of the resolution. The reference committee discussed the importance of this issue to the future of family medicine as a specialty, while recognizing the challenges of direct advocacy by a national organization on matters that are determined at the hospital level. The reference committee considered current AAFP policy on this topic, including "AAFP-ACOG Joint Statement on Cooperative Practice and Hospital Privileges" and "Privileging, Family Medicine". The reference committee also reviewed information provided by staff regarding the breadth of AAFP resources on credentialing and privileging (Hospital privileges and credentialing support), including guidance on obtaining privileges and credentials and managing disputes, along with continuing medical education opportunities and an FM-OB self-advocacy guide. Based on its review, the reference committee concluded that the requests outlined in the resolution are already being addressed through existing AAFP resources and support for members.

RECOMMENDATION: The reference committee recommends that Resolution No. R107 be reaffirmed. Extracted- Adopted as Amended

Item No. 8: Resolution No. R108: Regional Representation in Rural Health

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.

The reference committee heard testimony only from the resolution author, who discussed the diverse needs and challenges facing rural communities across different regions of the country. The reference committee also reviewed information provided by staff regarding the formation and anticipated work of the Rural Health Advisory Committee. The reference committee learned that the working group will be charged with advising the AAFP on issues affecting rural health but will not be responsible for issuing findings. As a result, the reference committee determined that the request contained in the second resolved clause is not aligned with the planned work of the group. The reference committee therefore developed substitute language that retains the intent of the first resolved clause while removing the second resolved clause.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R108 be adopted in lieu of Resolution No. R108 which reads as follows:

RESOLVED, That the American Academy of Family Physicians add both one student and resident member to the Rural Health Advisory Committee.

Item No. 9: Resolution No. R109: Waiving Fee for Delegates of AAFP FUTURE Conference

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.

The reference committee heard limited testimony, all in support of the resolution. The reference committee discussed the financial barriers that may affect participation by student and resident delegates and alternative delegates in the National Congress of Family Medicine Students and Residents. The reference committee also reviewed currently available sources of financial support, including funding provided by residency programs, chapters, the AAFP, and the AAFP Foundation. The reference committee determined that the resolution prescribes a specific solution without first confirming the underlying causes of participation challenges. As a result, the reference committee developed substitute language directing the AAFP to investigate barriers to participation and explore potential solutions to increase attendance.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R109 be adopted in lieu of Resolution No. R109 which reads as follows:

RESOLVED, That the American Academy of Family Physicians investigate financial barriers to participation by student and resident delegates and alternative delegates in the National Congress of Family Medicine Students and Residents and explore solutions to increase attendance.

Item No. 10: Resolution No. R110: Promotion of Fatherhood Engagement in Family Medicine

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.

The reference committee heard testimony in support of the resolution. Testimony highlighted the important role fathers and other partners can play in maternal and child health, including supporting newborn care, recognizing postpartum depression, and promoting positive family outcomes. Supporters noted that many physicians receive limited training on engaging fathers and expressed interest in educational resources and toolkits to help family physicians incorporate fathers and other caregivers into patient care. Testimony also emphasized that increased father engagement aligns with family-centered care principles and can be particularly beneficial in underserved communities. The reference committee acknowledged the value of promoting caregiver involvement but noted that the resolution's focus on fathers may not fully reflect the diversity of modern family structures. The reference committee further discussed the importance of ensuring that any future efforts are inclusive of mothers, guardians, and other caregivers, consistent with existing AAFP policy and advocacy related to family-centered care and parental leave. Additionally, the committee determined that some requested actions extend beyond the Academy's appropriate scope. Based on these considerations, the reference committee recommended that the resolution not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. R110 not be adopted. Extracted - Adopted

Item No. 11: Resolution No. R111: Establishment of an AAFP Family Medicine Innovation Incubator

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.

The reference committee heard testimony in support of the resolution. Testimony highlighted a need for a centralized platform where family physicians can share innovative practice models, successful strategies, and resources with colleagues. Supporters noted that physicians often rely on social media to exchange ideas, but those discussions can be fragmented, difficult to locate, and disconnected from broader implementation efforts. Testimony also emphasized that while AAFP Member Interest Groups provide valuable opportunities for discussion and networking, they are not designed to serve as a comprehensive repository for practice innovation resources or peer mentorship. Proponents believed that a centralized resource would enhance awareness of diverse practice models, support physician ownership and innovation, and facilitate collaboration across the specialty. The reference committee reviewed and discussed current AAFP initiatives, including Family Medicine Champions, and the current pilot Pathfinder program, and the forthcoming Primary Care Innovation Network (PCIN), which are intended to support peer learning, collaboration, and dissemination of successful practice strategies. Based on these existing and planned efforts, the reference committee concluded that the intent of the resolution is substantially addressed by current Academy activities and recommended acceptance as current policy.

RECOMMENDATION: The reference committee recommends that Resolution No. R111 be reaffirmed.

Item No. 12: Resolution No. R112: Updating Evidence-Informed Educational Guidance for Point-of-Care Ultrasound in Family Medicine Residency

> 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
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> 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
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> 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.

The reference committee heard testimony in support of the resolution. Testimony emphasized the importance of point-of-care ultrasound (POCUS) training during medical education and encouraged residency programs to recognize and build upon POCUS competencies acquired by medical students prior to graduation. The reference committee reviewed current AAFP efforts and noted that new POCUS Curriculum Guidelines are currently under development, with review anticipated in Fall 2026 and publication on the AAFP website in late 2026 or early 2027. The committee further noted that Curriculum Guidelines are regularly reviewed and updated, as needed, and are supplemented by educational resources shared with residency directors through the AAFP website and the Residency Leadership Summit. Given the Academy's ongoing work in this area and existing mechanisms to support residency education and curriculum development, the reference committee concluded that the intent of the resolution is already being addressed and recommended that the resolution be reaffirmed as current policy.

RECOMMENDATION: The reference committee recommends that Resolution No. R112 be reaffirmed.

Item No. 13: Resolution No. R113: Request for AAFP to Advocate Disclaimer for Large Language Models

> 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.

The reference committee heard testimony in support of the resolution. Testimony emphasized that patients increasingly seek health information from artificial intelligence and other online sources,

creating a need for greater transparency regarding the limitations of AI-generated content. Supporters noted that not all large language model platforms clearly disclose that the information provided is not medical advice and advocated for prominent disclaimers encouraging patients to consult a qualified health care professional. The reference committee reviewed the AAFP's policy statement, "Ethical Use of Artificial Intelligence" which advocates for transparency. The reference committee agreed that AI-generated health information has the potential to be misleading or harmful if presented without appropriate context and believed that clear disclosures can help patients better understand the limitations of these tools. Based on the testimony received and the Academy's existing work on ethical AI, the reference committee recommended adoption of the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. R113 be adopted.

Item No. 14: Resolution No. R114: Development of an AAFP Family Medicine Residency Curriculum Guideline on Breastfeeding and Lactation Medicine

> 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.

The reference committee heard testimony, all in support of the resolution. The reference committee reviewed the current AAFP policy, "Breastfeeding, Family Physicians Supporting (Position Paper)," and discussed the role of the AAFP in the development of residency curriculum guidelines. The reference committee agreed that the resolution is consistent with the AAFP's existing support for breastfeeding and would strengthen efforts to promote breastfeeding education and training in family medicine residency programs. Based on its review, the reference committee supported adoption of the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. R114 be adopted.

2026 Resident Consent Calendar and Report

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

Respectfully submitted,

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