2026 Joint Consent Calendar and Report

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

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

Item 1: Adopt Substitute Resolution No. J101 on Developing Primary Care Clinical Guidance for Wildfire Smoke Exposure in lieu of Resolution J101.

Item 2: Not adopt Resolution No. J102 on Improving Continuity of Care by Allowing Medicaid-Participating Clinics to Charge No-Show Fees.

Item 3: Not adopt Resolution No. J103 on Enhancing Educational Scholarship Resources for Family Medicine Residents. Extracted – Adopted as Amended

Item 4: Not Adopt Resolution No. J104 on Chief Resident Position. Extracted – Not Adopted

Item 5: Reaffirm Resolution No. J105 on Assessment of Medical Students' Decision to Not Pursue Family Medicine. Extracted - Adopted

Item 6: Adopt Substitute Resolution No. J106 on Promotion in Place in Family Medicine Residency in lieu of Resolution No. J106.

Item 7: Not Adopt Resolution No. J107 on Improving Initial Communication With Patients Experiencing Language Barriers. Extracted – Not Adopted

Item 8: Reaffirm Resolution No. J108 on Hormone Replacement Therapy in American Academy of Family Physicians Education and Resources. Extracted - Adopted

Item 9: Adopt Substitute Resolution No. J109 on Protected Educational Time for Resident Advocacy Participation in lieu of Resolution J109.

Item 10: Reaffirm Resolution No. J110 on Prioritizing American Academy of Family Physicians Advocacy for National Paid Parental Leave.

Item 11: Not adopt Resolution No. J111 on Safety and Efficacy of Wellness Peptides.

Item 12: Not adopt Resolution No. J112 on Promoting Community Involvement and Sideline Education Through Volunteer Family Physicians and Medical Trainees.

Item 13: Reaffirm Resolution No. J113 on Expanding Family Medicine Training Partnerships with the Indian Health Service and Tribal Health Facilities.

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The Joint 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. J101: Developing Primary Care Clinical Guidance for Wildfire Smoke Exposure

> RESOLVED, That the American Academy of Family Physicians develop and disseminate evidence-informed primary care clinical guidance addressing patient risk assessment, prevention strategies, counseling, and chronic disease management during wildfire smoke exposure events; and be it further
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> RESOLVED, That the American Academy of Family Physicians incorporate wildfire smoke exposure content, including considerations for children, older adults, pregnant patients, individuals with respiratory and cardiovascular disease, and other vulnerable populations, into existing educational resources and continuing medical education for family physicians; and be it further
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> RESOLVED, That the American Academy of Family Physicians disseminate wildfire smoke exposure educational resources relevant to family medicine residents and medical students through existing educational programs and partnerships.

The reference committee heard testimony exclusively in support of the resolution. Cited testimony noted the significant impact of wildfire smoke on individuals with chronic disease, such as COPD, as well as the unhoused community and those who work outdoors. Additional testimony highlighted higher rates of healthcare utilization during wildfire emergencies and readmissions due to incomplete or inadequate clinical guidance. First responders' health was also referenced as impacted, especially if they are not required to or inadequately utilize respiratory masks. The reference committee reviewed a handout provided by the author during the hearing. In executive session, the reference committee discussed the value of developing informational resources and education since existing resources do not address wildfire smoke exposure explicitly but were more broadly about disaster preparedness and climate change. The reference discussed certain feasibility concerns in the resolved clauses, such as limitations in adding to existing continuing medical education activities due to certification restraints; however, they agreed with the foundational ask of the resolution.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. J101 which reads as follows be adopted in lieu of Resolution No. J101:

> **RESOLVED, That the American Academy of Family Physicians develop and disseminate evidence-based tools, resources, and education that addresses patient risk assessment, prevention strategies, counseling, and chronic disease management for all patient populations affected by wildfire smoke exposure events.**

Item No. 2: Resolution No. J102: Improving Continuity of Care by Allowing Medicaid-Participating Clinics to Charge No-Show Fees

RESOLVED, That the American Academy of Family Physicians support allowing Medicaid participating clinics to implement reasonable, transparent no show or missed appointment fees, provided such policies include hardship exemptions and do not restrict access to medically necessary care, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to federal and state Medicaid agencies to permit clinics to apply reasonable, transparent missed appointment fees consistent with policies used for other insured populations, while ensuring protections for patients experiencing financial or social hardship, and encourage Medicaid programs to adopt evidence based strategies to reduce no shows, including appointment reminders, transportation support, digital scheduling tools, and patient education alongside optional missed appointment fees, and be it further

RESOLVED, That the American Academy of Family Physicians provide guidance to chapters and members on developing equitable, patient centered no show policies that improve access, support clinic sustainability, and maintain continuity of care.

The reference committee heard mixed testimony on the resolution. Those in support emphasized that patient no-shows reduce continuity of care, limit appointment availability for other patients, and negatively impact resident education. Other individuals expressed concern that no-show fees would create additional financial barriers for Medicaid beneficiaries, potentially discourage patients from seeking care, and disproportionately affect vulnerable populations. The reference committee discussed the resolution's alignment with existing AAFP policy, noting concerns that the resolution could conflict with the Academy's commitment to health equity, access to care, and reduction of health disparities. The reference committee also discussed the lack of evidence supporting the effectiveness of no-show fees in improving appointment adherence among Medicaid populations, the administrative complexity of implementing hardship exemptions, and the significant variability in Medicaid policies across states.

RECOMMENDATION: The reference committee recommends that Resolution No. J102 not be adopted.

Item No. 3: Resolution No. J103: Enhancing Educational Scholarship Resources for Family Medicine Residents

~~RESOLVED, That the American Academy of Family Physicians identify, curate, and disseminate existing educational scholarship resources relevant to family medicine residents into an accessible collection, and be it further~~

~~RESOLVED, That the American Academy of Family Physicians identify opportunities to enhance voluntary educational resources supporting scholarly dissemination, educational innovation, quality improvement, and peer review where gaps are identified, 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 promote educational scholarship resources that support residents according to their educational interests, career goals, and practice environments.~~

RESOLVED, That the American Academy of Family Physicians identify and disseminate existing resources and opportunities supporting research, mentorship, quality improvement, educational innovation, peer review, and scholarly dissemination for family medicine residents through existing Academy channels; and be it further

RESOLVED, That the American Academy of Family Physicians identify gaps in access to scholarly development resources for family medicine residents and explore feasible opportunities to address identified gaps through existing Academy programs, partnerships, and educational resources.

The reference committee heard testimony from the author in support of the resolution. The author emphasized the importance of educational scholarship in advancing quality improvement and scientific inquiry. The author acknowledged existing resources provided by the AAFP and the STFM but stated that consolidating these resources into a central repository would provide value without creating a significant fiscal impact. The reference committee agreed with the spirit of the resolution but believed that the first resolved clause would be challenging to implement. Compiling resident scholarly activities from multiple organizations into a single repository would require substantial coordination and ongoing maintenance. The reference committee also noted that the work requested in the third resolved clause is already underway.

RECOMMENDATION: The reference committee recommends that Resolution No. J103 not be adopted. Extracted – Adopted as Amended

Item No. 4: Resolution No. J104: Chief Resident Position

RESOLVED, That the American Academy of Family Physicians propose that the Chief Resident Workshop explore the feasibility of implementing various organizational models for chief residents, and be it further

RESOLVED, That the American Academy of Family Physicians develop and disseminate organizational models for chief resident positions that may be adopted by residency programs, including models utilizing fourth-year chief residents or junior faculty physicians to promote resident wellbeing and foster leadership development.

The reference committee heard testimony from the author in support of the resolution. Burnout was cited as a catalyst for family medicine to consider alternative options, which have been explored by pediatric medicine and internal medicine. The author described models that use a fourth-year or junior physician in the chief resident role, citing opportunities for faculty development and reduced administrative burden. The reference committee expressed concern that extending a residency term may create unintended consequences for many residency programs or dissuade students from choosing family medicine. The reference committee was also concerned that teaching about residency program options is not in the purview of AAFP, nor is it an appropriate topic for the Chief Resident Workshop. The reference committee believed that it should be up to the residents and residency programs to have conversations about policies that do or do not work for their programs and choose the model that is appropriate for them.

RECOMMENDATION: The reference committee recommends that Resolution No. J104 not be adopted. Extracted – Not Adopted

Item No. 5: Resolution No. J105: Assessment of Medical Students' Decision to Not Pursue Family Medicine

RESOLVED, That the American Academy of Family Physicians gather information to assess the reasons why medical students are not choosing to go into family medicine, and be it further

RESOLVED, That the American Academy of Family Physicians consider exposure, socioeconomic considerations (pay, loan repayment, debt), fellowship opportunities, burnout in making these assessments, and be it further

RESOLVED, That the American Academy of Family Physicians include (although not exclusively) medical students who were interested in family medicine at one point and decided to go into something else, and be it further

RESOLVED, That the American Academy of Family Physicians report the findings of the workforce, and in the future, develop solutions based on this report.

The reference committee heard testimony exclusively in support of the resolution. Those testifying cited published findings from the AAFP's Match data to support their retention concerns. Some individuals noted that while substantial attention is given to surveying medical students pursuing family medicine, less is known about why other students ultimately choose another specialty. One person providing testimony believed that additional survey data could provide useful insight into those decisions. The reference committee noted that the AAFP is already conducting work in this area, including with chapters that support advocacy in family medicine in their outreach and messaging to medical students and through the administration of an annual medical student survey. The committee agreed that continued assessment of medical student interest in family medicine and perceptions of the specialty is supported through existing efforts.

RECOMMENDATION: The reference committee recommends that Resolution No. J105 be reaffirmed. Extracted - Adopted

Item No. 6: Resolution No. J106: Promotion in Place in Family Medicine Residency

RESOLVED, That the American Academy of Family Physicians advocate to the Accreditation Council for Graduate Medical Education and the American Board Family Medicine for more research into promotion in place and other alternative models for residency programs and residents, and be it further

RESOLVED, That the American Academy of Family Physicians investigate if the promotion-in-place model is a safe and effective education model, and be it further

RESOLVED, That the American Academy of Family Physicians, after the investigation of the promotion-in-place model, write a policy on the promotion in place of residents that show advanced standing in residency.

The reference committee heard mixed testimony regarding the resolution. Those testifying in favor cited a model implemented by surgical residency programs that increased compensation for participants and encouraged the AAFP to explore a similar approach. Those expressing concerns questioned whether a similar model could result in subjective rather than objective measurements, particularly in light of the Accreditation Council for Graduate Medical Education changes related to competency-based medical education. The reference committee agreed that researching the model would be more appropriate than directing its implementation. The reference committee discussed the potential impact on residency programs that may not have the financial or operational resources to support such an approach. The reference committee also noted that implementation could create greater competition and accusations of favoritism among residents and unintentionally affect a residency program's culture.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. J106 which reads as follows be adopted in lieu of Resolution No. J106:

> **RESOLVED, That the American Academy of Family Physicians advocate to the Accreditation Council for Graduate Medical Education and the American Board Family Medicine for more research into promotion in place and other alternative models for residency programs and residents.**

Item No. 7: Resolution No. J107: Improving Initial Communication With Patients Experiencing Language Barriers

> RESOLVED, That the American Academy of Family Physicians develop or endorse educational resources containing standardized basic introductory communication phrases in American Sign Language and the top five predominant non-English language(s) (Spanish, Chinese, Tagalog, Vietnamese, Arabic) for use by medical students, residents, and practicing family physicians.

The reference committee heard testimony largely in favor of the resolution. Those testifying in favor shared that access to basic phrases could help clinicians build rapport and put patients at ease while awaiting the arrival of a qualified interpreter. Those expressing concerns cited the numerous free resources already widely available online and questioned whether developing and maintaining such resources falls within the AAFP's purview. The reference committee discussed the many components of providing culturally appropriate care and acknowledged that language access is an important consideration. However, the reference committee noted that differences in language, dialect, and cultural context could make it difficult to develop and maintain a basic repository that is sufficiently accurate and broadly applicable at a national scale. The reference committee also agreed that language resources are already widely available and questioned whether developing such resources would provide meaningful additional value.

RECOMMENDATION: The reference committee recommends that Resolution No. J107 not be adopted. Extracted – Not Adopted

Item No. 8: Resolution No. J108: Hormone Replacement Therapy in American Academy of Family Physicians Education and Resources

> RESOLVED, That the American Academy of Family Physicians update its recommended curriculum guidelines to incorporate screening, evaluation, and treatment options for menopause including hormone replacement therapy, and be it further

RESOLVED, That the American Academy of Family Physicians expand educational offerings and resources for resident and physician members regarding the use of menopausal hormone therapy for the treatment of symptoms associated with menopause.

The reference committee heard testimony exclusively in support of this resolution. The author cited data indicating that relatively few medical students and residents receive adequate education about menopause or feel prepared to care for patients experiencing menopause-related symptoms. Testimony also included concerns that some attending physicians were educated during a period marked by significant fear and resistance surrounding hormone replacement therapy and may carry those perspectives into their teaching. The reference committee acknowledged residual fear and resistance related to menopause, perimenopause, and hormone replacement therapy. The reference committee also noted that the AAFP currently offers continuing medical education activities on these topics and that American Family Physician has published several relevant articles.

RECOMMENDATION: The reference committee recommends that Resolution No. J108 be reaffirmed. Extracted - Adopted

Item No. 9: Resolution No. J109: Protected Educational Time for Resident Advocacy Participation

RESOLVED, That the American Academy of Family Physicians advocate for resident participation in organized physician advocacy activities to be recognized as educational experiences that are eligible for protected educational time during residency, and be it further

RESOLVED, That the American Academy of Family Physicians advocate that participation in approved advocacy and legislative events not routinely require residents to use vacation or personal leave and, when possible, be accommodated through educational or professional development leave, and be it further

RESOLVED, That the American Academy of Family Physicians encourage family medicine residency programs to establish protected time for resident participation in advocacy education and legislative engagement, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Family Medicine (ABFM), and other relevant organizations to explore incorporation of advocacy education as a recognized component of family medicine residency training with appropriate protected scheduling.

The reference committee heard testimony exclusively in support of the resolution. One speaker described the value of advocacy experiences during residency and the challenges residents face when they must use vacation or personal leave to participate. The reference committee agreed with the spirit of the resolution and recognized the importance of advocacy as a component of physician leadership development. The reference committee noted that advocacy is already incorporated into the ACGME Family Medicine Milestones framework and is generally understood to qualify as educational activity. The reference committee also recognized that decisions regarding protected educational time are made at the individual residency program level and felt that the resolution should support advocacy as an educational activity rather than advocate for requirements related to protected educational time. The

reference committee also determined that the fourth resolved clause was unnecessary because the intent was already addressed through the other resolved clauses and existing AAFP activities.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. J109 which reads as follows be adopted in lieu of Resolution No. J109:

> **RESOLVED, That the American Academy of Family Physicians support resident participation in organized physician advocacy activities to be recognized as educational experiences that are eligible for protected educational time during residency, and be it further**
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> **RESOLVED, That the American Academy of Family Physicians support participation in approved advocacy and legislative events and not routinely require residents to use vacation or personal leave and, when possible, be accommodated through educational or professional development leave, and be it further**
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> **RESOLVED, That the American Academy of Family Physicians encourage family medicine residency programs to establish protected time for resident participation in advocacy education and legislative engagement,**

Item No. 10: Resolution No. J110: Prioritizing American Academy of Family Physicians Advocacy for National Paid Parental Leave

> RESOLVED, That the American Academy of Family Physicians make paid parental leave for the public a priority policy, and be it further
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> RESOLVED, That the American Academy of Family Physicians collaborate with other medical, public health, and family advocacy organizations to support the passage of paid parental leave legislation at the state and federal levels.

The reference committee heard testimony exclusively in support of the resolution. Testimony emphasized that paid parental leave aligns with the values of family medicine and cited evidence demonstrating improved maternal, infant, and family health outcomes associated with paid leave policies. The reference committee reviewed existing AAFP policy and noted that the Academy has previously adopted policy supporting paid parental leave and continues to advocate for this issue through its governmental relations efforts. The reference committee determined that the intent of the resolution was already reflected in existing Academy policy and advocacy efforts.

RECOMMENDATION: The reference committee recommends that Resolution No. J110 be reaffirmed.

Item No. 11: Resolution No. J111: Safety and Efficacy of Wellness Peptides

> RESOLVED, That the American Academy of Family Physicians should do an evidence-based review on the efficacy and safety of wellness peptides that are not currently Food and Drug Administration approved and develop policy, and be it further

RESOLVED, That the American Academy of Family Physicians make an interim statement about the safety and efficacy of wellness peptides that are not currently Food and Drug Administration approved, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to the Robert Graham Center to conduct research to understand safety and efficacy of wellness peptides.

The reference committee heard testimony from the authors in support of the resolution. The authors cited the increasing amount of information and promotion of peptides to patients as evidence of the need for reliable, evidence-based guidance and resources. They also referenced a recent recommendation from the FDA advisory committee to add six peptides to the bulk list. During the hearing, a representative of the Robert Graham Center clarified that the center conducts population health research and not research on clinical topics, therefore resolved clause three would be out of their scope. The reference committee discussed the limited evidence currently available and questioned whether it would be appropriate for the AAFP to conduct independent clinical research or develop guidance while federal regulatory review remains underway. The reference committee determined that additional evidence and regulatory clarity are needed before the AAFP develops a clinical statement or related resources on this topic.

RECOMMENDATION: The reference committee recommends that Resolution No. J111 not be adopted.

Item No. 12: Resolution No. J112: Promoting Community Involvement and Sideline Education Through Volunteer Family Physicians and Medical Trainees

RESOLVED, That the American Academy of Family Physicians advocate for appropriate civil liability protections for physicians who voluntarily provide medical coverage for K–12 school athletic events while preserving accountability for gross negligence or willful misconduct, and be it further

RESOLVED, That the American Academy of Family Physicians support and promote supervised sports medicine and sideline medical education experiences for medical students and family medicine residents as a means of fostering community engagement, preparing future volunteer team physicians, and improving access to physician-led care for student-athletes.

The reference committee heard testimony from the author in support of the resolution. The author cited the lack of laws to protect physicians in certain circumstances and that Good Samaritan laws do not cover this scenario. The author expressed concern that liability protections may discourage physicians from volunteering at community athletic events, limiting opportunities for learners to gain sideline medicine experience. The reference committee discussed limitations in implementing the first resolved clause, noting that laws vary by state. The reference committee also noted that physicians should likely already be covered by their liability insurance. In addition, sideline experiences are already covered broadly by the ACGME guidelines, which may include sideline experiences. Since implementation is up to each institution, the reference committee questioned the feasibility of the second resolved clause.

RECOMMENDATION: The reference committee recommends that Resolution No. J112 not be adopted.

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Item No. 13: Resolution No. J113: Expanding Family Medicine Training Partnerships with the Indian Health Service and Tribal Health Facilities

> RESOLVED, That the American Academy of Family Physicians support sustained federal investment in primary care infrastructure and workforce within the Indian Health Service.

The reference committee heard testimony exclusively in support of the resolution. Those testifying shared that greater engagement with tribal communities increased their understanding of these communities' needs. Testimony also cited student Resolution S103, "Expansion of Student Liaison Positions to National Medical Student Organizations," as complementary to the proposed work. The reference committee agreed with the intent of the resolution and discussed related work already underway. The reference committee considered Resolution No. 208, "Promoting Health Equity for American Indian and Alaska Native Populations," which was adopted by the 2025 Congress of Delegates. The reference committee determined that the existing policy and resulting work already addresses the intent of the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. J113 be reaffirmed.

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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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