



2025 Resident 1 Consent Calendar and Report

National Congress of Family Medicine Residents
July 31 - August 2, 2025

**RECOMMENDATION: The Resident 1 Reference Committee recommends the following
consent calendar for adoption:**

Item 1: Adopt Substitute Resolution No. R101 on “Supporting H-1B Visa Sponsorship to Protect International Medical Graduate Pathways to Family Medicine Residency.”

Item 2: Not Adopt Resolution No. R102 on “Reducing Confusion and Restriction Regarding Competence-Based Assessment of Family Medicine Resident Physicians.”

Item 3: Not Adopt Resolution No. R103 on “Advancing Pulmonology and Cardiology Training for Family Medicine Residents.”

Item 4: Not Adopt Resolution No. R104 on “Equipping Multilingual Residents and Medical Students with Translation Certification.” [EXTRACTED](#)

Item 5: Not Adopt Resolution No. R105 on “Enhancing Advocacy Training and Leadership Development in Family Medicine Education and Practice.”

Item 6: Not Adopt Resolution No. R106 on “Increasing Delegate Representation at Resident and Student Congresses.”



2025 Resident 1 Consent Calendar and Report

The Resident 1 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: Supporting H-1B Visa Sponsorship to Protect International Medical Graduate Pathways to Family Medicine Residency

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

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

RESOLVED, That the American Academy of Family Physicians 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

RESOLVED, That the American Academy of Family Physicians develop and disseminate clear educational resources and best-practice guidance 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.

The reference committee heard testimony emphasizing the vital role of International Medical Graduates (IMG) in the U.S. healthcare system, particularly in underserved and rural areas. Additional testimony highlighted the instability caused by J-1 visa restrictions and underscored the need for H-1B sponsorship to ensure continuity in training. Support was also expressed for maintaining both visa pathways to reduce barriers and enhance diversity in the physician workforce. The reference committee acknowledged the urgency of the issue, especially considering the June 2025 Presidential Proclamation that imposed visa suspensions affecting many IMGs. While concerns were raised about the administrative burden on residency programs, the reference committee recommended adopting a substitute resolution focused on collaboration with Council of Academic Family Medicine (CAFM) and other academic organizations to support residency programs in navigating H-1B sponsorship.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R101 be adopted in lieu of Resolution No. R101 which reads as follows:

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

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

RESOLVED, That the American Academy of Family Physicians 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

RESOLVED, That the American Academy of Family Physicians work closely with Council of Academic Family Medicine (CAFM) and other academic-focused family medicine organizations 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.

Item No. 2: Resolution No. R102: Reducing Confusion and Restriction Regarding Competence-Based Assessment of Family Medicine Resident Physicians

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

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

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.

No testimony was given. The reference committee acknowledged the resolution's intent to empower faculty-driven assessments and reduce reliance on numerical thresholds but noted that many of the requirements cited are set by external accrediting and certifying bodies, such as the Accreditation Council for Graduate Medical Education (ACGME) and American Board of Family Medicine (ABFM) and are beyond the scope of the American Academy of Family Physicians (AAFP). The Society of Teachers of Family Medicine (STFM) has developed extensive Competency-Based Medical Education (CBME) resources for residency programs. Furthermore, the AAFP already contributes to ongoing collaborative efforts with these organizations and supports CBME through existing partnerships and resources.

RECOMMENDATION: The reference committee recommends that Resolution No. R102: not be adopted.

Item No. 3: Resolution No. R103: Advancing Pulmonology and Cardiology Training for Family Medicine Residents

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

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

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 delivery systems and blood pressure monitoring, and be it further

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.

The reference committee heard only testimony in support of the resolution. Testimonies emphasized that while many family medicine residency programs offer pulmonology and cardiology as electives, these areas are essential for residents—particularly those pursuing hospital medicine—and should be integrated into the core curriculum. It was noted that conditions like heart failure and chronic obstructive pulmonary disease (COPD) are common in hospital settings, and some residents feel compelled to pursue fellowships to gain adequate training in these areas. The reference committee acknowledged the value of strengthening cardiology and pulmonology training, especially for programs in rural areas with potentially fewer specialty cases but noted that programs can access appropriate resources from pulmonology and cardiology organizations in addition to the American Academy of Family Physicians.

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

Item No. 4: Resolution No. R104: Equipping Multilingual Residents and Medical Students with Translation Certification

~~RESOLVED, That the American Academy of Family Physicians encourage medical schools and residencies to provide medical language training and medical interpreter certification to multilingual trainees.~~

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.

RESOLVED, That the American Academy of Family Physicians develop educational resources or guidance to assist multilingual family physicians in navigating medical interpretation certification options.

Testimony was given in support of the resolution. The reference committee also received recommendations for additions to the resolution after the hearing and considered all information in its deliberations. The reference committee received input emphasizing the communication barriers faced by non-English-speaking patients and the administrative burden placed on multilingual physicians who are required to use certified interpreters despite their fluency. Concerns were raised about the financial burden and lack of standardization across certification programs. The reference committee acknowledged the importance of language-concordant care and recognized the potential for this initiative to promote diversity, equity, and inclusion, aligning with the American Academy Family Physician's (AAFP) commitment to health equity. Nonetheless, the reference committee noted that interpreter certification requirements are typically determined by the community need and at the health system level, not by AAFP, and that direct influence on medical schools falls outside the AAFP's purview. Additionally, the variability of financial and logistical resources across programs presents implementation challenges. While the reference committee supported the intent of the resolution, it concluded that the proposed actions were too broad and not actionable at this time.

RECOMMENDATION: The reference committee recommends that Resolution No. R104: not be adopted. Extracted - Adopted as Amended on the Floor

Item No. 5: Resolution No. R105: Enhancing Advocacy Training and Leadership Development in Family Medicine Education and Practice

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

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

RESOLVED, That the American Academy of Family Physicians advocate for the inclusion of advocacy education as a core competency in national family medicine accreditation and board certification standards, and be it further

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.

Testimony was heard in support of the resolution, emphasizing the importance of standardized advocacy training, with a participant stating that only one-third of family medicine residency programs

currently offer formal curricula and highlighting how advocacy and leadership training can empower residents to take on community roles. The reference committee acknowledged the alignment of the resolution with the American Academy of Family Physicians' (AAFP) mission and noted that advocacy is already embedded in the Accreditation Council for Graduate Medical Education (ACGME) family medicine program requirements and Milestones, particularly within professionalism, systems-based practice, and community health domains. The committee also recognized existing efforts such as the Family Medicine Advocacy Summit (FMAS), Robert Graham Center's health policy fellowship, and Society of Teachers of Family Medicine's (STFM) curriculum resources. However, concerns were raised about the feasibility and specificity of the third resolved clause, which lacked actionable direction and clarity. The other resolved clauses are being addressed by current policy and staff.

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

Item No. 6: Resolution No. R106: Increasing Delegate Representation at Resident and Student Congresses

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

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

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.

Testimony was heard in support of the resolution, including the importance of delegate representation in the resident and student congresses. No testimony was presented in opposition. It was noted by a participant that approximately 60% of resident delegate positions were still unfilled during the first session of this year's Resident Congress, which negatively impacts the leadership pipeline and policy-making process. The reference committee acknowledged the concern and recognized that American Academy of Family Physicians (AAFP) staff are already actively working with chapters to address this issue. Several initiatives are underway, including upcoming meetings and outreach efforts. The reference committee believed that these activities should be allowed time to take effect before implementing additional structural changes. While the intent of the resolution aligns with AAFP's goals, the reference committee determined that the proposed actions are either already in progress or premature for formal adoption.

RECOMMENDATION: The reference committee recommends that Resolution No. R106 not be adopted.



2025 Resident 1 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,

Samantha Driscoll, MD, Chair

Garrett Kneese, MD
Bismah Arif Hasan, MD
Charles Adedara, MD
John Das, MD
Muhammad Reza Chaudhry, MD