2025 Resident 3
Consent Calendar and Report

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

RECOMMENDATION: The Resident 3 Reference Committee recommends the following consent calendar for adoption:

Item 1: Reaffirm Resolution No. R301 on "Expand Abortion Training Opportunities for Family Medicine Residency." EXTRACTED

Item 2: Adopt Substitute Resolution No. R302 in lieu of Resolution No. R302 on "Support for Implementation of Maternal RSV Vaccination in Rural Communities." EXTRACTED

Item 3: Adopt Substitute Resolution No. R303 in lieu of Resolution No. R303 on "Impact of Social Media."

Item 4: Reaffirm Resolution No. R304 on "Strengthening Access to Preconception and Prenatal Care in Rural Communities."

Item 5: Reaffirm Resolution No. R305 on "Formal Resident Education on Birth Control Methods and FDA-Approved Contraceptives in Family Medicine Residencies." EXTRACTED

Item 6: Reaffirm Resolution No. R306 on "Supporting Emotional and Psychosocial Care as Core Components of Family Medicine."

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The Resident 3 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. R301: Expand Abortion Training Opportunities for Family Medicine Residency

> RESOLVED, That the American Academy of Family Physicians provide resources for elective opportunities for abortion training across different states for family medicine residents who are interested in being trained in abortion procedure.

The reference committee heard testimony in support of this resolution. The author emphasized the importance of full-spectrum family medicine training and expressed concern about the increasing number of residency programs unable to provide abortion training due to legal restrictions. The resolution seeks to ensure equitable access to training for residents who wish to develop procedural abortion skills, regardless of the state in which they train.

The Accreditation Council for Graduate Medical Education requires at least 100 hours of formal family planning and contraception education for residents, including training in contraceptive counseling and initiation. While specific procedures are not mandated, programs must offer experience in all contraceptive methods as part of gynecologic care. The AAFP's residency guidelines emphasize that residents should develop advanced skills in women's health and gynecology for comprehensive patient care, should they be interested in practicing full spectrum gynecologic care.

The AAFP's clinical guidance webpage on reproductive health includes links to educational resources such as the Family Medicine Pregnancy Care Post-Dobbs CME activity and materials from the Reproductive Health Access Project (RHAP), which supports training in abortion and other reproductive health services. These resources are intended to support clinicians in accessing education even when state-level barriers exist.

The reference committee discussed the author's use of the term "elective" and whether they were referring to optional training for those expanding their scope or formal elective rotations within residency programs. Members noted that the AAFP may already have relevant resources or could curate existing tools, such as through a centralized listing similar to the AAFP's residency directory, potentially in collaboration with partners like the Society of Teachers of Family Medicine. Given the existing guidance and ongoing resource development, as well as the lack of clarity around the ask in the resolution, the reference committee ultimately recommended the resolution be reaffirmed.

RECOMMENDATION: The reference committee recommends that Resolution No. R301 be reaffirmed. **Extracted - Reaffirmed**

Item No. 2: Resolution No. R302: Support for Implementation of Maternal RSV Vaccination in Rural Communities

RESOLVED, That the American Academy of Family Physicians support expanded efforts to increase maternal Respiratory Syncytial Virus (RSV) vaccine access and education in rural communities, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for clinical infrastructure support, such as supply chain assistance, reimbursement models, and mobile outreach, to ensure the successful seasonal administration of the Respiratory Syncytial Virus (RSV) maternal vaccine in underserved settings.

The reference committee heard limited testimony only in support of the resolution. Those testifying referenced low vaccination rates in rural areas, stating that mobile outreach for at-risk populations has the potential to improve maternal RSV vaccine rates. In addition, noting advocacy around infrastructure support, reimbursement models and supply chain assistance would help accomplish this.

The AAFP recommends administration of the RSV vaccine to pregnant patients between 32 and 36 weeks of gestation and continues to advocate for robust clinical infrastructure support, including reimbursement mechanisms, for all vaccines. The reference committee unanimously recognized the critical need for the AAFP to effectively communicate and/or advocate for maternal RSV vaccination initiatives.

Accordingly, the reference committee elected to adopt a substitute resolution, refining the language to broaden the scope by emphasizing the exploration of opportunities. This approach enables the AAFP to ascertain and implement the most effective strategies to address maternal RSV vaccination in underserved communities.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R302 be adopted in lieu of Resolution No. R302 which reads as follows:

RESOLVED, That the American Academy of Family Physicians explore opportunities to advocate for clinical infrastructure support, such as supply chain assistance, reimbursement models, and mobile outreach, to ensure the ~~successful~~ seasonal administration of the Respiratory Syncytial Virus (RSV) maternal vaccine in underserved settings. **Extracted – Adopted as Amended on the Floor**

Item No. 3: Resolution No. R303: Impact of Social Media

RESOLVED, That the American Academy of Family Physicians create and disseminate clinical toolkits in collaboration with the American Academy of Pediatrics—including screening instruments, anticipatory guidance frameworks, and evidence-informed counseling strategies—to strengthen family physicians' ability to assess and address the mental health effects of social media use in children and adolescents, and be it further

RESOLVED, That the American Academy of Family Physicians create a policy supporting evidence-based interventions in schools to limit the harmful effects of social media.

The reference committee heard testimony only in support of the resolution. The author emphasized increasing concern about the harms of social media and the growing impact on adolescent mental

health. Testimony noted the desire for clinical resources to support family physicians in providing meaningful guidance and interventions for affected patients. One physician shared a clinical example where attention deficit hyperactivity disorder-like symptoms in youth were traced back to excessive social media use, with symptoms improving following targeted interventions. There was also support for broader school-based and policy efforts to reduce risks associated with youth social media exposure. The reference committee discussed the content and recommendations of the newly developed AAFP discussion paper Impact of Social Media on Youth Mental Health, which was approved in early 2024. This paper was developed in response to a 2019 Congress of Delegates resolution and includes a comprehensive review of research and policy related to adolescent social media use. In discussing the first resolved clause, the reference committee agreed with the intent to support clinical practice but noted the importance of not prescribing collaboration with specific peer organizations, such as the American Academy of Pediatrics (AAP). The reference committee acknowledged that AAP has existing resources and encouraged exploring opportunities to review and share relevant tools with AAFP members. The reference committee emphasized flexibility in how and with whom the AAFP engages on this issue.

For the second resolved clause, the reference committee expressed concern about feasibility and scope. Members agreed that systemic change is important but clarified that the AAFP is not positioned to influence individual school systems directly. They also noted that the current evidence base may not yet be sufficient to support broad policy recommendations, but that this work could be revisited as stronger research emerges.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R303 be adopted in lieu of Resolution No. R303 which reads as follows:

> **RESOLVED, That the American Academy of Family Physicians support and disseminate resources – including but not limited to screening instruments, anticipatory guidance frameworks, and evidence-informed counseling strategies – to strengthen family physicians' ability to assess and address the mental health effects of social media use in children and adolescents.**

Item No. 4: Resolution No. R304: Strengthening Access to Preconception and Prenatal Care in Rural Communities

> RESOLVED, That the American Academy of Family Physicians support expanded policy and funding for rural preconception and early prenatal outreach services, including the use of mobile clinics, community health workers, and telehealth models, and be it further
>
> RESOLVED, That the American Academy of Family Physicians develop or promote clinical guidelines and implementation toolkits to help family physicians identify and support individuals in rural areas during the preconception and first trimester periods.

Testimony presented was uniformly in support of the resolution, underscoring the increasing concern regarding inequities in access to preconception and prenatal care within rural communities. The committee further noted that existing AAFP policies and position statements—such as the Keeping Physicians in Rural Family Practice Position Paper and the Pregnancy, Perinatal, and Newborn Care by Family Physicians policy—demonstrate the Academy's ongoing alignment with the intent and objectives of the resolution. While existing policies broadly endorse telehealth, team-based care models, and

maternal health equity, the resolution calls for more focused advocacy and resource development specific to the rural preconception and early prenatal period.

Moreover, AAFP staff informed the reference committee that the Commission on Health of the Public and Science is in the process of updating the position paper entitled "Striving for Birth Equity: Family Medicine's Role in Overcoming Disparities in Maternal Morbidity and Mortality." It was confirmed that the forthcoming 2025 revision will specifically address the role of family physicians in mitigating the maternal morbidity and mortality crisis, with particular attention to rural access challenges. In addition, staff noted that the scheduled five-year review of the Preconception Care Position Paper will occur in 2026, which will present an opportunity to further expand and refine relevant language.

RECOMMENDATION: The reference committee recommends that Resolution No. R304 be reaffirmed.

Item No. 5: Resolution No. R305: Formal Resident Education on Birth Control Methods and FDA-Approved Contraceptives in Family Medicine Residencies

> RESOLVED, That the American Academy of Family Physicians recommend to the Accreditation Council for Graduate Medical Education that all family medicine residency programs be required to provide residents with formal education on birth control methods and Food and Drug Administration-approved contraceptive medications.

The reference committee heard testimony only in support of the resolution. The author noted difficulty locating clear requirements for contraception education in family medicine residency programs, particularly those affiliated with religious institutions that may restrict access to reproductive health training. Testimony emphasized the importance of comprehensive, standardized training in contraception so that residents are prepared to prescribe and counsel effectively in future practice. Others noted that while contraception education is already a required component of family medicine training, it remains valuable for the AAFP to reinforce its importance.

The reference committee reviewed current ACGME requirements, which mandate at least 100 hours of structured education in family planning and contraception as part of core residency training. While ACGME does not require procedural competencies such as IUD or implant placement, it does require that residents receive clinical experience in all contraceptive methods. The AAFP supports this through formal curricular guidelines submitted to ACGME, which outline key learning objectives, although these guidelines are non-binding. Current AAFP policy also calls for comprehensive training in reproductive decision-making and supports insurance coverage and patient counseling for all FDA-approved contraceptive methods.

The reference committee also noted the Academy's past advocacy in support of reproductive health training, including testimony before the Senate HELP Committee and the House Oversight and Reform Committee. During discussion, the reference committee strongly supported the intent of the resolution and reiterated the importance of standardized training across programs. However, members also acknowledged the AAFP cannot mandate curriculum requirements for residency programs and that its influence lies in providing clear expectations and strong recommendations. The reference committee discussed opportunities to continue working with other educational partners such as the Society of Teachers of Family Medicine to ensure consistent training across programs.

RECOMMENDATION: The reference committee recommends that Resolution No. R305 be reaffirmed. **Extracted - Reaffirmed**

Item No. 6: Resolution No. R306: Supporting Emotional and Psychosocial Care as Core Components of Family Medicine

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

The reference committee heard testimony in strong support of the resolution. The author emphasized the role of family physicians as the first or only point of contact for patients experiencing emotional and social stressors and called for formal recognition of emotional and psychosocial care as a core competency of family medicine. Another speaker shared that robust behavioral health support in some residency programs can limit direct experience with providing psychosocial care, highlighting the value of ensuring all family physicians are equipped to deliver this care, particularly in resource-limited settings.

The reference committee noted that current AAFP policies, including the position paper Mental and Behavioral Health Care Services by Family Physicians, already affirm the essential role of family physicians in providing mental and behavioral health care. The AAFP's Recommended Curriculum Guidelines for Family Medicine Residents also include trauma-informed care and integrate communication and relational skills throughout.

AAFP staff shared that the Academy currently offers educational resources that address related topics such as implicit bias, inclusive language, and trauma-informed care – although these are often framed through a health equity lens rather than explicitly emotional or psychosocial. Reference committee members discussed the need for better visibility and dissemination of existing materials. The reference committee also noted the AAFP is actively working to improve navigation and accessibility of its clinical content through a reorganized website structure that includes centralized clinical "hubs," one of several initiatives underway to enhance access to relevant resources.

RECOMMENDATION: The reference committee recommends that Resolution No. R306 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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