



2025 Student 2 Consent Calendar and Report

National Congress of Student Members
July 31 - August 2, 2025

RECOMMENDATION: The Student 2 Reference Committee recommends the following consent calendar for adoption:

Item 1: Adopt Substitute Resolution No. S201 on “Identifying and Treating Female Sexual Dysfunction in Primary Care Setting” in lieu of Resolution No. S201.

Item 2: Adopt Substitute Resolution No. S202 on “Improving Member Access to AAFP Policies through Website Search Functionality” in lieu of Resolution No. S202.

Item 3: Reaffirm Resolution No. S203 on “Development of Clinical Guidance and Educational Resources on Artificial Intelligence in Family Medicine.”

Item 4: Adopt Substitute Resolution No. S204 on “Reframing AAFP Language on Global Health to Reflect Its Domestic Relevance and Promote Equity in Knowledge Exchange” in lieu of No. S204.

EXTRACTED

Item 5: Not Adopt Resolution No. S205 on “Promoting Artificial Intelligence (AI) Education in Medical Schools to Advance Family Medicine, Public Health, and Health Equity.” EXTRACTED

Item 6: Adopt Substitute Resolution No. S206 on “Furthering IMG Representation within the AAFP Resident and Student Congress” in lieu of Resolution No. S206.

Item 7: Adopt Resolution No. S207 on “Comprehensive Harm Reduction Strategies Including Safe Supply.”

The Student 2 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. S201: Identifying and Treating Female Sexual Dysfunction in Primary Care Setting

RESOLVED, That the American Academy of Family Physicians endorse the process of care (POC) established by the International Society for the Study of Women's Sexual Health to properly identify and treat patients experiencing female sexual dysfunction (FSD) in a primary care setting, and be it further

RESOLVED, That the American Academy of Family Physicians equip family physicians with further training options to address disorders of sexual dysfunction at the AAFP FUTURE conference and practicing physician CME conferences (FMX, Family Medicine Update), and be it further

RESOLVED, That the American Academy of Family Physicians advocate with the Accreditation Council for Graduate Medical Education (ACGME) to update current training requirements to include universal screening and assessment for female sexual dysfunction (FSD) in the primary care setting.

The reference committee did not receive testimony for the resolution. The reference committee was uncertain whether the authors were requesting a formal endorsement of the International Society for the Study of Women's Sexual Health process of care as a clinical guideline or simply recommending its use as a resource. Due to this ambiguity, the reference committee chose not to take action on this resolve to avoid misrepresenting the authors' intent. The reference committee recognized the second resolve as current policy based on current CME offerings and existing journal content which addresses female sexual dysfunction. The reference committee supported the third resolve, advocating for updated Accreditation Council for Graduate Medical Education training requirements to include universal screening and assessment for female sexual dysfunction, recognizing its importance in improving comprehensive care in family medicine.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S201 be adopted in lieu of Resolution No. S201 which reads as follows:

RESOLVED, That the American Academy of Family Physicians advocate with the Accreditation Council for Graduate Medical Education (ACGME) to update current training requirements to include universal screening and assessment for female sexual dysfunction (FSD) in the primary care setting.

Item No. 2: Resolution No. S202: Improving Member Access to AAFP Policies through Website Search Functionality

RESOLVED, That the American Academy of Family Physicians (AAFP) create and maintain a searchable, filterable, and user-friendly digital platform that allows members to easily access,

sort, and navigate the AAFP's active and archived policy statements by topic, date, and keyword.

The reference committee heard testimony both in support of and in opposition to the resolution. The author of the resolution expressed concern about the difficulty of navigating the current American Academy of Family Physicians (AAFP) policy page, noting that the alphabetical format creates a barrier to timely access without a designated search box. In contrast, another individual highlighted the existence of the Governance Information Center, which includes search functionality, though acknowledged it is not intuitive or user-friendly. The committee agreed that the current search functionality is challenging to use and that locating the search feature on the website is not straightforward. It was noted that AAFP is currently undergoing a website redesign, with improvements to overall searchability expected. The reference committee supported the intent of the resolution and recommended adoption of substitute language which acknowledged the ongoing work to enhance the website's usability.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S202 be adopted in lieu of Resolution No. S202 which reads as follows:

RESOLVED, That the American Academy of Family Physicians (AAFP) update and maintain a searchable, filterable, and user-friendly digital platform that allows members to easily access, sort, and navigate the AAFP's active and archived policy statements by topic, date, and keyword.

Item No. 3: Resolution No. S203: Development of Clinical Guidance and Educational Resources on Artificial Intelligence in Family Medicine

RESOLVED, That the American Academy of Family Physicians develop clinical guidance and educational resources for family physicians that outline best practices and risk mitigation strategies related to the use of artificial intelligence in patient care.

The reference committee received no testimony on the resolution. The reference committee discussed current American Academy of Family Physicians (AAFP) resources on artificial intelligence (AI). The reference committee acknowledged that AAFP has the policy on Ethical Application of Artificial Intelligence in Family Medicine which addresses risk mitigation. Additionally, the AAFP website hosts a centralized hub offering educational materials and resources on AI in family medicine, including a link to a free curriculum developed by the Society of Teachers of Family Medicine (STFM). Based on this review, the reference committee reaffirmed that the resolution reflects current policy.

RECOMMENDATION: The reference committee recommends that Resolution No. S203 be reaffirmed.

Item No. 4: Resolution No. S204: Reframing AAFP Language on Global Health to Reflect Its Domestic Relevance and Promote Equity in Knowledge Exchange

RESOLVED, That the American Academy of Family Physicians revise its language in public-facing materials to emphasize that global health education and international clinical experiences offer relevant and applicable insights for improving the domestic health equity, public health infrastructure and primary care delivery within the United States, and be it further

RESOLVED, That the American Academy of Family Physicians evaluate, acknowledge and promote the reciprocal value of global health education and international clinical experiences, including the ways that healthcare systems, physicians and innovations from other countries can inform family practice and public health efforts within the United States, and be it further

RESOLVED, That the American Academy of Family Physicians work with WACA to work toward decolonizing global health narratives by recognizing the mutuality and shared benefit of international collaboration, and be it further

RESOLVED, That the American Academy of Family Physicians encourage student and resident research and communication on the positive impacts and reciprocal value of global health education and international clinical experiences.

No testimony was heard on the resolution. The American Academy of Family Physicians (AAFP) is actively aligning its global health efforts with equity and domestic relevance, as guided by internal conversations and resources. The Center for Diversity, Equity and Inclusiveness in Family Medicine (CDEI-FM) plans to gather member input at the 2025 Global Health Summit to help shape future strategy, with sessions on equity, decolonizing global health, and sustainability. Additionally, a new member survey is being developed to inform AAFP's global health direction. Web content updates highlighting domestic relevance of global health, reciprocal learning with low- and middle-income countries (LMICs), and tools for addressing inequities via the Center for Diversity and Health Equity are a part of future engagement plans. The reference committee agreed that AAFP is reframing global health as both domestically relevant and grounded in equity-focused collaboration which meets the request of the first and second resolved. The reference committee adopted a substitute resolution that encourages student and resident research and communication on the positive impacts and reciprocal value of global education and international clinical experiences be considered in the Center's ongoing efforts.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S204 be adopted in lieu of Resolution No. S204 which reads as follows:

RESOLVED, That the American Academy of Family Physicians encourage student and resident research and communication on the positive impacts, the domestic relevance, and reciprocal value of global health education and international clinical experiences.

Extracted - Adopted as Amended.

Item No. 5: Resolution No. S205: Promoting Artificial Intelligence (AI) Education in Medical Schools to Advance Family Medicine, Public Health, and Health Equity

RESOLVED, That the American Academy of Family Physicians advocate for the incorporation of Artificial Intelligence (AI) education into undergraduate medical education with a focus on its application in primary care, public health, and community-based medicine, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with academic institutions and accrediting bodies to support the development of curricular standards and resources that equip medical students with a foundational understanding of Artificial Intelligence (AI) ethics, equity, applications, and limitations, and be it further

RESOLVED, That the American Academy of Family Physicians support the creation of a two-week, in-person clinical skills bootcamp designed to train medical students in Artificial Intelligence (AI) integrated point-of-care ultrasound (POCUS), and in the use of AI as a tool for health education and chronic disease self-management in underserved communities, and be it further

RESOLVED, That the American Academy of Family Physicians promote research, innovation, and student involvement in Artificial Intelligence (AI) driven public health strategies as part of its broader commitment to advancing health equity and preparing future leaders in family medicine.

The reference committee did not receive any testimony on the resolution. During its discussion, the reference committee acknowledged the broad and evolving applications of artificial intelligence (AI) in medicine. While medical schools have flexibility in designing their curricula, the American Academy of Family Physicians (AAFP) cannot prescribe specific content within the medical school curricula such as AI in primary care education. The reference committee found the first and second resolved to be overly prescriptive. The third resolve, which proposed a specific timeline for implementing an AI training program, was considered potentially burdensome for attendees. Additionally, the reference committee noted that the fourth resolve reflects work already underway, as AAFP currently provides resources and guidance on AI through existing policy and educational materials.

RECOMMENDATION: The reference committee recommends that Resolution No. S205 not be adopted. [Extracted - Adopted.](#)

Item No. 6: Resolution No. S206: Furthering IMG Representation within the AAFP Resident and Student Congress

RESOLVED, That the American Academy of Family Physicians include an international medical graduate/student (IMG) delegate to the Resident and Student Congresses, and be it further

RESOLVED, That the American Academy of Family Physicians create an international medical graduate/student (IMG) member interest group, and be it further

RESOLVED, That the American Academy of Family Physicians determine the selection process for the international medical graduate/student (IMG) delegate to the Resident and Student Congresses.

The reference committee heard testimony in support of the resolution, calling for incorporation of equity at the Resident and Student Congress. According to current bylaws it is out order for the Student Congress to instruct the Resident Congress. Currently, there is an online community for International Medical Graduates (IMGs) and a member constituency. According to the Member Interest Group (MIG) Manual, as approved by the Board of Directors, a new MIG cannot be created if it mirrors a constituency. The reference committee adopted a substitute resolution for the creation of delegate seat at Student Congress. This delegate seat would create space for an international medical student to speak and vote on behalf of this body at the congress.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S206 be adopted in lieu of Resolution No. S206 which reads as follows:



2025 Student 2

Consent Calendar and Report

RESOLVED, That the American Academy of Family Physicians include an international medical student delegate to the Student Congress.

Item No. 7: Resolution No. S207: Support for Comprehensive Harm Reduction Strategies Including Safe Supply

RESOLVED, That the American Academy of Family Physicians include in the policy on Substance Use Disorder section on Harm Reduction the explicit naming of needle-syringe exchange, safe injection sites, and safe supply programs as the effective harm reduction strategies that are supported, but that this is not an exhaustive list of such strategies, and be it further

RESOLVED, That the American Academy of Family Physicians include in the policy on Substance Use Disorder section on Harm Reduction that these harm reduction strategies reduce the number of publicly discarded syringes, improve public safety, and increase the likelihood that individuals will access primary care, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to the Review Committee for Family Medicine (RRC-FM) to include harm reduction in residency training for family medicine.

The reference committee heard support of the resolution centered around substance abuse and harm reduction as practical inclusion in guidelines. The American Academy of Family Physicians (AAFP) Substance Abuse Disorder policy is currently under review. Additional edits to the policy as requested in the first and second resolved can be incorporated and considered by the Commission on the Health of the Public and Science. The reference committee agreed that the AAFP cannot instruct other entities such as the Review Committee for Family Medicine (RRC-FM), on their guidelines, but can advocate on behalf of members as appropriate. The AAFP Family Medicine Residency Curriculum Guidelines are aligned with educational competencies as defined by the Accreditation Council for Graduate Medical Education (ACGME). The Substance Use Disorder guideline does include trauma care information. The reference committee agreed to adopt the resolution in support of including updates to current policy and advocating through appropriate means with the RRC-FM.

RECOMMENDATION: The reference committee recommends that Resolution No. S207 be adopted.



2025 Student 2 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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