



# 2024 Agenda for the Reference Committee on Education

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National Conference of Constituency Leaders

**Item No.**

**Resolution Title**

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|-------------------------|--|
| 1. Resolution No. 2001  | Creating a Foreign IMG Toolkit   |
| 2. Resolution No. 2002  | International Medical Graduate (IMG) Navigation Toolkit  |
| 3. Resolution No. 2003  | UME and GME Practice Management Curriculum   |
| 4. Resolution No. 2004  | Enhancing Recognition of LGBTQ Health in Medical Education   |
| 5. Resolution No. 2005  | Together, We Learn MORE LGBTQ+ Medicine  |
| 6. Resolution No. 2006  | AAFP to Provide Training and Education Resources to IMG Applicants and Family Residency Programs on J1 Sponsorship Application Process |
| 7. Resolution No. 2007  | Improving Awareness and Training for Family Medicine Physicians Serving First Responders   |
| 8. Resolution No. 2008  | Enhancing Leadership Skills Training for Women Physicians  |
| 9. Resolution No. 2009  | Support for Assistive Reproductive Care in Graduate Medical Education  |
| 10. Resolution No. 2010 | Improving Access to Reproductive Health Training Information   |
| 11. Resolution No. 2011 | AAFP to Advocate to the ABFM to Recognize LGBTQ+ Medicine as a Subspecialty  |
| 12. Resolution No. 2012 | Promote Prevention of Noise-Induced Hearing Loss   |

## **RESOLUTION NO. 2001**

### **Creating a Foreign IMG Toolkit**

Introduced by:           Kento Sonoda, MD, IMG  
                              Tahera Azharuddin, MD, IMG  
                              Dalia Youssef, MD, IMG  
                              Sarah Terronez, DO, New Physician  
                              Oanh Truong, MD, MPH, LGBTQ+

WHEREAS, Currently International Medical Graduates (IMGs) are 20% of the total American Academy of Family Physicians (AAFP) membership, and

WHEREAS, 706 foreign international medical graduates were matched into Family Medicine Residency in 2024, and

WHEREAS, residents who apply to J-1 waiver programs need to start looking for employers to support their visa earlier than American Medical Graduates and U.S. IMG residents, and

WHEREAS, foreign IMG residents can miss their opportunity to stay and contribute to addressing the primary care physician shortage in the United States, and

WHEREAS, the AAFP already has IMG resources under the Students and Residents, however, it lacks practical information, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) create and promote an online toolkit as a part of the AAFP website to describe more detailed information to help navigate applying to the J-1 waiver, including a timeline and major requirements.

## **RESOLUTION NO. 2002**

### **International Medical Graduates (IMG) Navigation Toolkit**

Introduced by:           Oksana Marroquin, MD, General Registrant  
                                  Tahera Azharuddin, MD,FAAFP, IMG  
                                  Subathra Selvaraj, MD, General Registrant  
                                  Kento Sonoda, MD, IMG

WHEREAS, International Medical Graduates (IMG) are unfamiliar with the United States (U.S.) Healthcare system, and

WHEREAS, there is no existing document to guide IMGs through the process of becoming a resident in the U.S., now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create a toolkit with guidelines for how IMG physicians become family medicine residents in the United States.

## **RESOLUTION NO. 2003**

### **UME and GME Practice Management Curriculum**

Introduced by:           Tambetta Ojong, MD, New Physician  
                                  Katherine Haga, DO, Women  
                                  Michelle Hoadley, DO, New Physician  
                                  Amy Galiano, MD, New Physician  
                                  Aisha Harris, MD, New Physician  
                                  Macy McNair, MD, New Physician  
                                  Stephen Foster, MD, New Physician

WHEREAS, Medicine in the United States is a business, and

WHEREAS, the trend in family medicine practice has moved toward employed practices, and

WHEREAS, family physicians face burnout often times from a lack of preparedness to face the business aspects of family medicine, and

WHEREAS, understanding the business aspects of medicine allows us to better self-advocate, and

WHEREAS, having autonomy contributes towards physician well-being, and

WHEREAS, new physicians often times don't understand the full breadth of employment options available to them, and

WHEREAS, medical students and residents don't currently have a standardized curriculum for business in medicine, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop an Undergraduate Medical Education and Graduate Medical Education formal practice management curriculum/toolkit that will allow new physicians to better understand the business aspect of medicine, and be it further

RESOLVED, That the American Academy of Family Physicians provide this resource free of charge.

## **RESOLUTION NO. 2004**

### **Enhancing Recognition of LGBTQ Health in Medical Education**

Introduced by:           Kari Watts, DO, LGBTQ+  
                                  Jacqueline Huynh, MD, LGBTQ+

WHEREAS, Over half of adults identifying as a gender or sexual minority have reported discrimination and/or denial of healthcare from providers, and

WHEREAS, a 2021 CAFM Educational Research Alliance (CERA) study revealed that a leading challenge in developing family medicine residency curricula in gender-affirming care (GAC) is a perceived lack of faculty expertise and that family medicine program directors who believed that GAC should be a core competency were more likely to have residents who wanted to provide GAC in their future practices, and

WHEREAS, recent literature suggests that over half of LCME-accredited academic practices have no LGBTQ training at all and a separate 2021 CERA study revealed that 72% of family medicine clerkship directors agree that transgender health should be a required part of the medical school curriculum—though only 26% agreed that they were comfortable teaching the topic to students, and

WHEREAS, current American Academy of Family Physicians (AAFP) policy on “Care for the Transgender and Gender Nonbinary Patient” states support for “education on gender diversity and gender-affirming care at all levels of medical education”, and policy on “Family Medicine’s Role in Undergraduate Education” recommends specific evidence-based components of the mandatory family medicine clerkship without mention of LGBTQ health, and

WHEREAS, the only reference to care of gender diverse patients in the current ACGME Program Requirements for Graduate Medical Education in Family Medicine is that residents must “demonstrate competence in: respect and responsiveness to diverse patient populations, including but not limited to diversity in gender”, and

WHEREAS, a primary mechanism of increasing student, resident and practicing physician confidence and competence in the provision of GAC is more robust undergraduate and graduate medical education on this topic, and

WHEREAS, the AAFP vice president for medical education is an ex-officio member of the ACGME Review Committee for Family Medicine as noted in the actions related to Resolution No. 2001 to report back to National Conference of Constituency Leaders (NCCL) 2023, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for the specific inclusion of care for gender-diverse individuals in the core competency language during future revisions of the common program requirements and report back to National Conference of Constituency Leaders on these efforts, and be it further

RESOLVED, That the American Academy of Family Physician amend the language of the policy on “Family Medicine’s Role in Undergraduate Education” to specifically include the care of gender-diverse individuals including the provision of gender-affirming care.

## **RESOLUTION NO. 2005**

### **Together, We Learn MORE LGBTQ+ Medicine**

Introduced by:            Brian Carolan, DO, LGBTQ+  
                                 Amy Zack, MD, LGBTQ+  
                                 Joseph Laterza, MD, LGBTQ+

WHEREAS, The Family Medicine Experience (FMX) and National Conference contain a sporadic assortment of continuing medical education (CME) Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) medicine lectures, and

WHEREAS, the American Academy of Family Physicians (AAFP) offers live CME events dedicated to various specialty areas such as Global Health, and

WHEREAS, continuing medical education with a curriculum in LGBTQ+ medicine is necessary to providing comprehensive access and delivery of high-quality LGBTQ+ care, and

WHEREAS, live CME offers the opportunity for family physicians to learn from one another and collaborate in a new and growing field of clinical medicine, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians offer an annual live CME event dedicated to Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) medicine.

## **RESOLUTION NO. 2006**

### **AAFP to Provide Training and Education Resources to IMG Applicants and Family Residency Programs on J1 Sponsorship Application Process.**

Introduced by:           Ruperl Patel, MD, IMG  
                                  Jairo Mendoza, MD, IMG  
                                  Olusesan Olotu, MD, IMG  
                                  Shruti Javali, MD, IMG  
                                  Grant Studebaker, MD, IMG  
                                  Chris Knight, MD, Minority

WHEREAS, There are 636 unfilled family medicine residency positions, up 59 from 2023, and

WHEREAS, International medical graduate (IMG) applicants are increasingly choosing family medicine as a specialty, evidenced by 1,455 positions up from 1,355 in 2024, and

WHEREAS, the Association of Family Medicine Residency Directors (AFMRD) and the Association of Family Medicine Administrators (AFMA) have toolkits available to assist with the introduction to the J1 sponsorship application process, and

WHEREAS, the American Academy of Family Physicians (AAFP) is an important resource to potential applicants to family medicine residencies and can increase exposure to the J1 sponsorship application process, and

WHEREAS, the AAFP has relationships with all family medicine residency programs and would be a convenient repository resource to access information, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians provides training and education resources on the all-encompassing application process for J1 sponsorship, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) collaborates with the Association of Family Medicine Residency Directors (AFMRD) and the Association of Family Medicine Administrators (AFMA) to compile all the available resources, links and information on the AAFP website International Medical Graduates (IMG) section regarding the application process and roadmap to J1 sponsorship.

## **RESOLUTION NO. 2007**

### **Improving Awareness and Training for Family Medicine Physicians Serving First Responders**

Introduced by:           Rachelle Hamblin, MD, MPH, General Registrant  
                                  Robert Assibey, MD, New Physician  
                                  Tyson Schwab, MD, General Registrant  
                                  David Tran, MD, General Registrant  
                                  Prachi Priyam, MD, MPH, LGBTQ+  
                                  Emma York, DO, New Physician

WHEREAS, First responders, including firefighters, law enforcement officers, emergency medical technicians (EMTs), and paramedics, often face unique physical and mental health challenges due to the nature of their work, including but not limited to exposure to traumatic events, occupational carcinogens, long hours, and high levels of physical and mental stress, and

WHEREAS, studies have shown that first responders experience elevated rates of mental health disorders such as post-traumatic stress disorder (PTSD), depression, addiction, suicide, and anxiety, as well as physical health issues such as musculoskeletal injuries, cancer, sleep disorders, infectious diseases, lung disease, and cardiovascular diseases, and

WHEREAS, family medicine physicians play a crucial role in supporting the health and well-being of first responders by providing timely and appropriate medical care, addressing occupational health concerns, and promoting preventive health measures, and

WHEREAS, many family medicine physicians may lack adequate training and awareness about the unique needs and challenges faced by first responders, leading to gaps in care and missed opportunities for early intervention and support, and

WHEREAS, improving awareness and training for family medicine physicians on the specific health concerns, occupational hazards, and evidence-based interventions for first responders can enhance the quality of care and outcomes for this important population, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians work to create evidence-based continuing medical education (CME), including but not limited to a toolkit and resources, for family medicine physicians to promote health and prevent disease in the first responder population.



## **RESOLUTION NO. 2008**

### **Enhancing Leadership Skills Training for Women Physicians**

Introduced by:            Julia Flax, MD, Women  
                                 Rachel Franklin, MD, FAAFP, Women  
                                 Tambetta Ojong, MD FAAFP, New Physician

WHEREAS, Women physicians continue to be underrepresented in healthcare leadership positions, including executive roles within healthcare organizations and leadership positions within medical associations, and

WHEREAS, developing leadership skills and professional networks is crucial for advancing women physicians into leadership roles and addressing the gender disparity in healthcare leadership, and

WHEREAS, the language and skills necessary for success in the C-Suite and in professional networking, such as crafting effective elevator pitches, are not always included in medical education and professional development programs, and

WHEREAS, the American Academy of Family Physicians (AAFP) and AAFP Foundation are already providing education and support to emerging leaders and new physicians, such as through the Emerging Leaders Institute and the Leading Physician Well-being Certificate Program, but does not yet have programming for experienced physicians interested in executive leadership, and

WHEREAS, the AAFP is committed to promoting diversity, equity, and inclusion within the field of family medicine and supporting the professional development of all its members, and that the recommended programs could be used as a model to address additional disparities in the opportunity for healthcare leadership, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) will develop an executive leadership for women educational track at Family Medicine Experience (FMX), to include workshops and mentorship sessions specifically tailored to women physicians, providing guidance, support and opportunities for professional growth and advancement, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) will establish a year-long longitudinal program in executive leadership for women similar to the model used by the Association of Family Medicine Residency Directors National Institute for Program Directors Development to address the unique challenges and barriers faced by women physicians in pursuing leadership positions, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) will direct the Robert Graham Center to examine current research assessing the effectiveness of leadership skills training programs for women physicians, their impact on career advancement and retention, and identifying best practices for promoting gender equity in healthcare leadership with a report back to the 2025 Congress of Delegates.

## **RESOLUTION NO. 2009**

### **Support for Assistive Reproductive Care in Graduate Medical Education**

Introduced by: Mary Alice Noel, MD, FAAFP, Women  
Eileen Tatum, MD, General Registrant  
Loren Colson, DO, New Physician  
Jiana Menendez, MD, MPH, FAAFP, General Registrant  
Christina Kelly, MD, FAAFP, General Registrant  
James F Conniff MD, MPH, LGBTQ+

WHEREAS, Many family medicine physicians defer family planning until after medical school and residency training and do not identify challenges with fertility until they are in their early-to-mid thirties, and

WHEREAS, one in four female physicians have been diagnosed with infertility, approximately double the rate of the general public, and

WHEREAS, a recent study of 1,056 physicians found that three-fourths of women physicians delayed childbearing and more than one-third experienced infertility, and

WHEREAS, treatment for infertility is a costly, unpredictable, and time-consuming process, taking some people up to three to five years to complete in-vitro fertilization, and

WHEREAS, family medicine physicians exit the workforce because of struggles with work-life integration, and

WHEREAS, current Department of Defense policy exists to provide 21 days of administrative leave for assisted reproductive services to armed service members that does not deplete their vacation time, and

WHEREAS, the American Medical Association supports the accommodation of residents and fellows who elect to pursue fertility preservation and infertility treatment, including but not limited to, the need to attend medical visits to complete the gamete preservation process and to administer medications in a time-sensitive fashion (House of Delegates 310.902), now, therefore, be it

RESOLVED, That the American Academy of Family Physicians encourage the American Board of Family Medicine to provide specific guidance for time away from programs for assisted reproductive care for residents and their partners that does not require the use of sick leave or personal leave, and be it further

RESOLVED, That the American Academy of Family Physicians provide educational content at the Residency Leadership Symposium for Family Medicine Residency Program Directors to increase awareness of treatment timeline and consideration of accommodation for residents undergoing assisted reproductive care.

## **RESOLUTION NO. 2010**

### **Improving Access to Reproductive Health Training Information**

Introduced by: Jiana Menendez, MD; MPH, General Registrant  
Chelsea Faso, MD, Women  
Tatiana Cordova, MD, General Registrant  
Loren Colson, DO, New Physician

WHEREAS, Family medicine doctors make up a significant portion of abortion providers in the United States, and

WHEREAS, in the post-Dobbs landscape, anti-abortion legislation has not only restricted patient access to abortion care services, but also outlawed the training of family medicine residents in those states, and

WHEREAS, there are 693 accredited family medicine residency programs, but only 36.2% of those are within states with protective to abortion access, leaving more than 8,500 residents in restricted or banned states as of 2023, and

WHEREAS, a recent Association of American Medical Colleges (AAMC) survey shows a 3% decrease in MD applications to states with abortion bans, and

WHEREAS, AAMC surveys showed that 60% of third and fourth year medical students reported they were unlikely to choose a residency in a state with abortion restrictions, and

WHEREAS, many family medicine residents in banned states are interested in abortion and reproductive health training, but face barriers finding training opportunities and getting funding for the travel required, and

WHEREAS, as the Reproductive Health Education in Family Medicine (RHEDI) database identifies family medicine training programs with dedicated abortion training, there is no centralized resource for residents and residency faculty to identify outside training opportunities, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop a database of both in-person and virtual abortion training opportunities for residents seeking abortion training, and be it further

RESOLVED, That the Academy of Family Physicians explore grant funding options for residents needing to fund their own travel for abortion care electives.

## **RESOLUTION NO. 2011**

### **AAFP to Advocate to the ABFM to Recognize LGBTQ+ Medicine as a Subspecialty**

Introduced by:            Joseph Laterza, MD, LGBTQ+  
                                     Brian Carolan, DO, LGBTQ+  
                                     Amy Zack, MD, LGBTQ+

WHEREAS, The American Board of Family Medicine (ABFM) currently offers a Certificate of Added Qualification that provides additional certification for six subspecialty fellowships including Adolescent, Geriatric, Hospice and Palliative, Pain, Sleep and Sports Medicine, and

WHEREAS, the American Medical Association currently recognizes and provides funding for five academic institutions as LGBTQ+ Medicine Fellowships recognizing the need for LGBTQ+ Health as a tool to “create a robust pipeline of LGBTQ+ health care specialists”, and

WHEREAS, the ABFM recognition would compel additional funding for LGBTQ+ Medicine as a subspecialty, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians will advocate to the American Board of Family Medicine to recognize LGBTQ+ Medicine as a new subspecialty field that offers a Certificate of Added Qualification.

## **RESOLUTION NO. 2012**

### **Promote Prevention of Noise-Induced Hearing Loss**

Introduced by:           Preciosa Pacia-Rantayo, MD, IMG  
                                  Kimberly Cachero, MD, General Registrant  
                                  Veronica Flake, MD, General Registrant  
                                  Sterling Brodniak, DO, General Registrant  
                                  Kathryn Gouthro, MD, MS, New Physician

WHEREAS, The American Academy of Family Physicians (AAFP) policy encourages all family physicians to become knowledgeable about prevention, evaluation and treatment of deafness and hearing loss in patients of all ages, and

WHEREAS, many healthcare providers in the United States have limited knowledge on the consequences of hearing loss, and

WHEREAS, hearing loss is related to increased fall risk, lower income and job opportunities, as well as Type 2 Diabetes Mellitus and Depression, and

WHEREAS, noise-induced hearing loss has no cure but it is preventable, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) create continuing education on the impact and importance of preventing hearing loss.