



2025 Consent Calendar for the Reference Committee on Education

National Conference of Constituency Leaders

The Reference Committee on Education has considered each of the items referred to it and submits the following report. The committee's recommendations on each item will be submitted as a consent calendar and voted on in one vote. An item or items may be extracted for debate.

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

Item 1: Not Adopt Resolution No. 2001 "Coalition for Contraception, Sexually Transmitted Infection, and Human Immunodeficiency Virus Guidelines". [EXTRACTED](#)

Item 2: Adopt Substitute Resolution No. 2002 "Resolution to Advance Equitable Access to Buprenorphine (Suboxone) Treatment for Opioid Use Disorder" in lieu of Resolution No. 2002.

Item 3: Adopt Substitute Resolution No. 2003 "Updating AAFP Policy to Reflect Fair Multilingual Compensation to Advance Health Equity" in lieu of Resolution No. 2003.

Item 4: Not Adopt Resolution No. 2004 "Create a Reporting System for Immigration-based Mistreatment to Better Inform Employment and Training Decisions for Visa Holders".

Item 5: Not Adopt Resolution No. 2005 "Create and Implement a Vaccine Education Toolkit for Primary School Age Students". [EXTRACTED](#)

Item 6: Reaffirm Resolution No. 2006 "From "Just a Family Doc" to Leader: Building Confidence and Self-Promotion Skills in Family Physicians".

Item 7: Not Adopt Resolution No. 2007 "Support for the Assistant Physician Pathways to Address Primary Care Workforce Short-ages and Utilize Unmatched Medical Graduates". [EXTRACTED](#)

Item 8: Adopt Substitute Resolution No. 2008 "Increasing the Supply of Family Medicine Physicians Through Inclusive Policies Toward International Medical Graduates" in lieu of Resolution No. 2008.

Item 9: Adopt Substitute Resolution No. 2009 "Affirming AAFP's Commitment to Advancing Health Equity" in lieu of Resolution No. 2009.

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The Reference Committee on Education has considered each of the items referred to it and submits the following report. The committee's recommendations on each item 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. 2001: Coalition for Contraception, Sexually Transmitted Infection, and Human Immunodeficiency Virus Guidelines

~~RESOLVED, That the American Academy of Family Physicians reach out to the American Congress of Obstetricians and Gynecologists, American Academy of Pediatrics, Reproductive Health Access Project, Society of Family Planning, and/or other relevant organizations to explore a coalition that will maintain and update contraceptive, sexually transmitted infection prevention and treatment, and human immunodeficiency virus prevention and treatment guidelines, and be it further~~

~~RESOLVED, That the American Academy of Family Physicians report to membership and relevant board committees by the end of first quarter of 2026 on the progress of discussions with partner organizations, and be it further~~

~~RESOLVED, That the coalition will routinely update guidelines to reflect the most current, evidence-based, and patient-centered practices on contraception, sexually transmitted infection prevention/treatment and human immunodeficiency virus prevention/treatment.~~

RESOLVED, That the American Academy of Family Physicians collaborate with relevant stakeholders to create a coalition that will maintain and update contraceptive, sexually transmitted infection prevention and treatment, and human immunodeficiency virus prevention and treatment guidelines.

The reference committee heard testimony from a co-author of the resolution who shared their concerns about the deletion of CDC guidelines, resources, and mobile apps that family physicians rely on to care for patients' reproductive care, care of STIs, and preventative HIV treatment. A member discussed the importance of maintaining these resources, particularly noting current outbreaks in the U.S. The reference committee was unanimous in the belief that these resources are important and access should be maintained. The reference committee discussed ways that the AAFP is currently addressing this need, such as archiving a repository of information removed from the CDC website, now available on the AAFP website, as well as ongoing collaboration with many of the organizations listed in the resolution. Regarding creation of clinical guidelines, the AAFP opts to review and endorse guidelines created by other organizations. The reference committee discussed concerns about the specificity of the resolution, particularly the reporting timeline and names of organizations that the AAFP would be required to collaborate with.

RECOMMENDATION: The reference committee recommends that Resolution No. 2001 not be adopted. EXTRACTED – APOTED AS AMENDED

Item No. 2: Resolution No. 2002: Resolution to Advance Equitable Access to Buprenorphine (Suboxone) Treatment for Opioid Use Disorder

RESOLVED, That the American Academy of Family Physicians acknowledge racial and socioeconomic disparities in buprenorphine access as a critical public health issue and affirms the need for systemic change to ensure equity in treatment for all individuals with OUD, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for policies to improve buprenorphine access in socioeconomic and racially underserved areas.

The reference committee heard testimony solely in support of the resolution. Family physicians practicing in rural environments and others treating majority BIPOC populations detailed anecdotal evidence that their patients face socioeconomic, societal, and racial discrimination when seeking treatment either by the community at large or other elements of the health care system, such as pharmacists that distribute ordered prescriptions. In discussion, the reference committee noted the lack of specificity within the AAFP's existing opioid use disorder policy as it relates to disenfranchised populations. The reference committee believed that updating AAFP policy to ensure attention to disparities in socioeconomic and racially underserved areas would empower existing AAFP advocacy efforts and that the second resolved clause was not necessary.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2002, which reads as follows, be adopted in lieu of Resolution No. 2002:

RESOLVED, That the American Academy of Family Physicians update its policies to acknowledge racial and socioeconomic disparities in buprenorphine access as a critical public health issue and affirms the need for systemic change to ensure equity in treatment for all individuals with OUD.

Item No. 3: Resolution No. 2003: Updating AAFP Policy to Reflect Fair Multilingual Compensation to Advance Health Equity

RESOLVED, That the American Academy of Family Physicians update its existing policy and position papers on Culturally Proficient Health Care and Culturally Sensitive Interpretive Services to recommend equitable compensation for patient congruent, certified language proficiency in residency, fellowship, and physician contracts, and be it further

RESOLVED, That the American Academy of Family Physicians update its existing policy and position papers on Culturally Proficient Health Care and Culturally Sensitive Interpretive Services to encourage the recruitment of medical students, residents, fellows, and physicians with language competency aligned with the linguistic needs of the American population, and be it further

RESOLVED, That the American Academy of Family Physicians update its existing policy and position papers on Culturally Proficient Health Care and Culturally Sensitive Interpretive Services to promote the creation, expansion, and funding of medical language training programs at the medical school, residency, and continuing medical education level.

The reference committee heard testimony in support of the resolution from multiple constituencies and individuals. The AAFP has existing policy on the importance of providing culturally proficient care that is supportive of the use of medical interpreters, but this policy does not extend to family physicians that provide care in a patient's non-English native language. Those testifying asked the AAFP to take this policy a step further to support payment for the provision of multilingual medical care to family physicians, acknowledging that language is a skill that is being applied and should be compensated. Testimony also cited evidence on improved health outcomes and patient experiences, reduced medical errors, and improved patient trust when family physicians speak the preferred language of the patient. The reference committee discussed the importance of language in patient care and agreed that AAFP policy should be updated to include payment for language services by multilingual family physicians. The reference committee determined that multiple AAFP policies should be considered for updates and recommended not specifying a specific policy in the resolution. The reference committee discussed the complexity of disparate systems involved in recruitment and admission at medical school, residency, fellowship, and employment stages, and for education and training at each of these stages, determining that the background and testimony provided were not sufficient to recommend such sweeping policy updates.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2003, which reads as follows, be adopted in lieu of Resolution No. 2003:

RESOLVED, That the American Academy of Family Physicians update its existing policy to recommend compensation for patient-congruent, certified language proficiency for family physicians.

Item No. 4: Resolution No. 2004: Create a Reporting System for Immigration-based Mistreatment to Better Inform Employment and Training Decisions for Visa Holders

RESOLVED, That the American Academy of Family Physicians create an anonymous platform for work visa holders (Exchange Visitor non-immigrant (J1), temporary non-immigrant foreign worker (H1B)) facing mistreatment based on their immigration status to report such incidents, and be it further

RESOLVED, That the American Academy of Family Physicians make accessible to members the aggregated information on work visa based mistreatment to aid future employment decisions.

The reference committee heard testimony that IMGs experience higher rates of psychological abuse and workplace mistreatment, frequently tied to their status as a physician who is not a U.S. citizen. Testimony suggested that access to data about the prevalence of mistreatment would aid family

physicians in making decisions when selecting their places of employment. The reference committee appreciated the spirit of the resolution and agreed that addressing mistreatment of IMGs is a serious concern. The reference committee raised concerns about the specifics of the resolution, particularly the feasibility and legality of creating such a reporting system and whether the AAFP would have a legal obligation to report the most serious incidents reported. The reference committee also noted the lack of clarity about types of mistreatments that would be documented and determined.

RECOMMENDATION: The reference committee recommends that Resolution No. 2004 not be adopted.

Item No. 5: Resolution No. 2005: Create and Implement a Vaccine Education Toolkit for Primary School Age Students

RESOLVED, That the American Academy of Family Physicians create and support implementation of a toolkit (including but not limited to presentations and/or social media production) targeted toward primary school students (defined as K-12th grade students) regarding vaccines/vaccine education, and be it further

RESOLVED, That the American Academy of Family Physicians encourage family medicine departments and residency programs to recruit medical students and residents to present this toolkit as part of their curriculum.

The reference committee heard testimony in support of the resolution from an author and one other individual. The author's testimony shared inspiration for the resolution based on the Tar Wars program previously administered by the AAFP. With current AAFP resources on vaccines targeting adults, the author was hopeful that reaching children directly might help combat extensive misinformation and disinformation regarding vaccines. The reference committee similarly shared these concerns as well as concerns regarding the growing distrust of medical professionals. The committee considered the significant level of effort required to create, maintain, and support program resources and that even if program materials were available that there would likely be barriers to bring the program into schools or to reach youth whose parents might be hesitant to vaccine education for their child. The AAFP also has existing vaccine campaigns that reach public audiences through social media and public relations efforts.

RECOMMENDATION: The reference committee recommends that Resolution No. 2005 not be adopted. EXTRACTED - ADOPTED

Item No. 6: Resolution No. 2006: From "Just a Family Doc" to Leader: Building Confidence and Self-Promotion Skills in Family Physicians

RESOLVED, That the American Academy of Family Physicians develop educational content on self-promotion to equip family physicians with language, narratives, and mindset training that fosters confidence in their skills, highlights the full scope of family medicine, and strengthens professional identity to advance the specialty as a whole, and be it further

RESOLVED, That the American Academy of Family Physicians identify and highlight family physicians who are skilled in self-promotion of their specialty as a means of inspiring and guiding the next generation of family doctors, and be it further

RESOLVED, That the American Academy of Family Physicians incorporate this self-promotion educational content into its well-being curriculum, including through the addition of workshop offerings and coaching videos that emphasize professional pride and identity development.

The reference committee heard testimony in support of the resolution which emphasized the value of family medicine as a field and the pride each speaker personally takes in their chosen profession. It was suggested that to encourage students to choose the specialty, there needs to be a collective rebranding of the value family physicians provide and have that reflected at the individual level. The reference committee agreed with the spirit of the resolution but noted that AAFP programs and chapter resources are already built to achieve this goal. The recently developed AAFP Family Medicine Champions program trains and supports family physicians and others to speak confidently about the importance, impact, and joy of a career in family medicine. The program was created specifically to strengthen the efforts of family physicians as individuals, and others who support students before and during medical school, to build their confidence to choose family medicine. The reference committee noted many resources are available to family physicians, including leadership and communication education, coaching, and programs from the AAFP and AAFP chapters.

RECOMMENDATION: The reference committee recommends that Resolution No. 2006 be reaffirmed as current policy.

Item No. 7: Resolution No. 2007: Support for the Assistant Physician Pathways to Address Primary Care Workforce Short-ages and Utilize Unmatched Medical Graduates

RESOLVED, That the American Academy of Family Physicians support the expansion and adoption of the Assistant Physician (AP) licensure pathway as a workforce solution in states experiencing physician shortages, particularly in rural and underserved areas, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for the development of national standards and best practices for Assistant Physician licensure, including eligibility criteria, scope of practice, supervision requirements, continuing education, and transition to full licensure and be it further

RESOLVED, That the American Academy of Family Physicians support and collaborate with state chapters in engaging with legislators and stakeholders to promote awareness, development, and implementation of Assistant Physician licensure pathways as a way to utilize un-matched medical graduates in meeting the healthcare needs of underserved populations.

The reference committee heard mixed testimony regarding the resolution. Those speaking in support noted that alternative pathways could allow individuals who have completed medical school to gain clinical experience and help alleviate the physician shortage, particularly in underserved areas such as rural communities. Those in opposition shared concerns that placing medical graduates without residency training in underserved communities may create an issue in equity of care. Others were concerned that different solutions should be prioritized, including increasing family medicine residency positions and improving support for International Medical Graduates (IMGs) to secure residency positions. The reference committee noted that the resolution is not aligned with current AAFP policy, which collectively supports growing the workforce of GME-trained family physicians to serve all communities. The reference committee considered the AAFP's current activities on the broader issue of alternative pathways to medical practice in the U.S. The AAFP is convening a national summit of stakeholders with a charge to reconsider residency recruitment and selection systems and recommend bold changes to improve outcomes for family medicine. The AAFP Commission on Federal and State Policy and Commission on Education held a joint meeting in January 2025 focused on alternative pathways to physician licensure in the U.S. to make recommendations for AAFP Chapters to navigate these state-level legislative and regulatory efforts. The reference committee determined that this resolution did not represent a united position of its members.

RECOMMENDATION: The reference committee recommends that Resolution No. 2007 not be adopted. **EXTRACTED – NOT ADOPTED**

Item No. 8: Resolution No. 2008: Increasing the Supply of Family Medicine Physicians Through Inclusive Policies Toward International Medical Graduates

RESOLVED, That the American Academy of Family Physicians adopt a policy that recommends equal consideration be granted to international medical graduates in application for family medicine residency training programs, and be it further

RESOLVED, That the American Academy of Family Physicians lobby for and promote federal and state initiatives to: 1. Streamline visa processes for International Medical Graduates, 2. Increase funding for visa sponsored residency positions, and be it further

RESOLVED, That the American Academy of Family Physicians work collaboratively with policymakers, residency programs and healthcare organizations to reduce barriers for International Medical Graduates and strengthen the family medicine workforce to improve healthcare outcomes for patients nationwide.

The reference committee heard testimony in support of this resolution that focused on the fact that International Medical Graduates (IMGs) contribute significantly to the U.S. family medicine workforce, which is already in the face of a worsening shortage. There was a request for the AAFP to send a strong message that visas should be viewed as an investment in the future of family medicine. The reference committee discussed the variation in residency recruitment policies but noted that the AAFP does not have authority to dictate the eligibility criteria set by residency programs and sponsoring institutions. There was concern about the downstream, unintended consequences of AAFP policy on equal consideration of candidates, noting that there are

inconsistent training and standards among international medical schools. The reference committee reviewed recently updated AAFP policy that supports streamlined and expedited visa processes for those entering family medicine residency training and determined that the AAFP should pursue opportunities for advocacy in line with this new policy. Regarding funding for visa sponsored residency positions, it was not clear what action could be taken. The reference committee noted the third resolved clause, as written, may be too vague to guide the AAFP to new action beyond its existing resources and policy to support IMGs.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2008, which reads as follows, be adopted in lieu of Resolution No. 2008:

RESOLVED, That the American Academy of Family Physicians lobby for and promote federal initiatives to streamline visa processes for International Medical Graduates.

Item No. 9: Resolution No. 2009: Affirming AAFP's Commitment to Advancing Health Equity

RESOLVED, That the American Academy of Family Physicians urge the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education to uphold and strengthen accreditation standards requiring comprehensive education in health equity, cultural humility, and anti-racism—including training on implicit bias and structural determinants of health—for all medical students and family medicine residents, and be it further

RESOLVED, That the American Academy of Family Physicians expand mentorship and career development initiatives to better support, retain, and advance underrepresented minority (URM) medical students and residents through connections with family physician mentors and leaders, and be it further

RESOLVED, That the American Academy of Family Physicians continue to support its state chapters in promoting diversity in medicine by providing toolkits, best practices, and resources to strengthen local pipeline initiatives that encourage Black, Indigenous, and people of color (BI-POC) individuals to pursue careers in family medicine and AAFP advocate for funding and policies that reduce financial barriers for underrepresented minority (URM) medical trainees, and support state and federal programs that recruit and retain BIPOC students in alignment with its commitment to a more equitable physician workforce.

The reference committee heard testimony in support of the resolution emphasizing the value of diversity in the profession and importance of mentorship for students from backgrounds that are underrepresented in medicine. Reference committee discussion elaborated on the value of having mentors of similar backgrounds and lived experience to counsel mentees that may be facing similar adversities. The reference committee supported efforts for the AAFP to create mentorship and career development opportunities. The reference committee considered the AAFP's current efforts to influence accreditation guidelines for medical schools and residencies and noted that extensive AAFP policy exists that allows the AAFP to consistently support standards that include education to improve health equity. The AAFP regularly participates in open comment periods and provides regular input on these standards in consistency with AAFP policy. The AAFP Family Medicine



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Champions program, created to educate and support those who influence and inspire students, includes content specifically on supporting students from underrepresented backgrounds. The AAFP Center for Diversity and Health Equity has a focus on workforce diversity. The AAFP has also created national programs to reach middle school, high school, and college students, such as the family medicine physician program with HOSA Future Health Professionals. This program has been promoted at the state level to support AAFP chapters' connections with youth education and development programs. The AAFP maintains consistent initiatives with the Student National Medical Association and the Latino Medical Student Association and is actively pursuing expanded partnerships to reach more students underrepresented in medicine.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2009, which reads as follows, be adopted in lieu of Resolution No. 2009:

RESOLVED, That the American Academy of Family Physicians expand mentorship and career development initiatives to better support, retain, and advance underrepresented minority (URM) medical students and residents through connections with family physician mentors and leaders.



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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,

Kento Sonoda, MD, FAAFP – CHAIR

Breanna Gawrys, DO, FAAFP – Women

Loren Colson, DO – New Physician

Melissa Campos, MD – BIPOC

Co Ho, MD – IMG

Raye Reeder, MD – LGBTQ+

Rebecca Stoll, DO (Observer)