



## 2025 Agenda for the Reference Committee on Education

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National Conference of Constituency Leaders

### Item No.

1. Resolution No. 2001: Coalition for Contraception, Sexually Transmitted Infection, and Human Immunodeficiency Virus Guidelines
2. Resolution No. 2002: Resolution to Advance Equitable Access to Buprenorphine (Suboxone) Treatment for Opioid Use Disorder
3. Resolution No. 2003: Updating AAFP Policy to Reflect Fair Multilingual Compensation to Advance Health Equity
4. Resolution No. 2004: Create a Reporting System for Immigration-based Mistreatment to Better Inform Employment and Training Decisions for Visa Holders
5. Resolution No. 2005: Create and Implement a Vaccine Education Toolkit for Primary School Age Students
6. Resolution No. 2006: From “Just a Family Doc” to Leader: Building Confidence and Self-Promotion Skills in Family Physicians
7. Resolution No. 2007: Support for the Assistant Physician Pathways to Address Primary Care Workforce Shortages and Utilize Unmatched Medical Graduates
8. Resolution No. 2008: Increasing the Supply of Family Medicine Physicians Through Inclusive Policies Toward International Medical Graduates
9. Resolution No. 2009: Affirming AAFP’s Commitment to Advancing Health Equity

## **RESOLUTION NO. 2001**

### **Coalition for Contraception, Sexually Transmitted Infection, and Human Immunodeficiency Virus Guidelines**

Introduced by: Karen Antell, MD; MPH, Women  
Anna Mark, MD, Women  
Steven Wipijewski, DO, LGBTQ+  
Jahanvi Kothari, DO, Women  
Laurene Dampare, MD, IMG  
Jacklyn McGrath, MD, LGBTQ+  
Stephanie McKenney Groff, DO, Women

WHEREAS, The Centers for Disease Control and Prevention (CDC) has been a source of guidelines for initiation and management of contraception with the U.S. Medical Eligibility Criteria for Contraceptive Use (MEC), the Selected Practice Recommendations, and the MEC app, and the MEC was the third-most-viewed publication in the Morbidity and Mortality Weekly Report during the past year, and the MEC app has been downloaded over 500,000 times, and

WHEREAS, the CDC and National Institutes of Health publish guidelines for human immunodeficiency virus (HIV) prevention and treatment and sexually transmitted infection (STI) prevention and treatment, and they also maintain an STI Treatment Guidelines mobile app, and

WHEREAS, the current CDC guidelines on contraception, HIV, STIs are essential clinical tools for family physicians and primary care providers, and

WHEREAS, streamlined clinical resources and up-to-date guidance help reduce clinician burden, improve patient outcomes, and advance public health goals, and

WHEREAS, entire teams and departments within the CDC who maintain these guidelines have been eliminated in 2025, now, therefore, be it

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.

## **RESOLUTION NO. 2002**

### **Resolution to Advance Equitable Access to Buprenorphine (Suboxone) Treatment for Opioid Use Disorder**

Introduced by:       Destiny Etheridge, MD, BIPOC  
                              Charles Walcott, DO, BIPOC  
                              Robert Assibey, MD, New Physician

WHEREAS, The U.S. faces a worsening opioid epidemic with a disproportionate rise in opioid-related overdose deaths among Black Americans, and

WHEREAS, multiple studies show that Black Americans are significantly less likely than White Americans to receive buprenorphine treatment despite similar rates of Opioid Use Disorder (OUD) overdose, and

WHEREAS, factors such as provider bias, lack of prescribers in racially diverse communities, and restrictive insurance or regulatory policies contribute to these inequities, and

WHEREAS, including those cited by the American Medical Association (AMA), the New England Journal of Medicine, and Health Affairs - show that Black Americans are significantly less likely than White Americans to receive buprenorphine for OUD, even after controlling for insurance status and clinical need, and

WHEREAS, less opportunity for medication-assisted treatment could increase criminalization, poor outcomes in neonates born to mothers with OUD, now, therefore, be it

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.

## **RESOLUTION NO. 2003**

### **Updating AAFP Policy to Reflect Fair Multilingual Compensation to Advance Health Equity**

Introduced by:           Bright Zhou, MD, New Physician  
                                Rachel Gottlieb, MD, General Registrant  
                                Michelle Crespo, MD, General Registrant  
                                Chelsea Kolodziej, DO, New Physician  
                                Monica Chamorro, MD, New Physician

WHEREAS, The United States population is increasingly more linguistically diverse and the number of people who speak a language other than English at home nearly tripled from 23.1 million to 67.8 million from 1980 to 2019 and the top five non-English languages spoken in U.S. households include Spanish, Chinese, Tagalog, Vietnamese, and Arabic., and

WHEREAS, among the nationally representative sample of the US physician workforce, 39.7% of physicians reported speaking a language other than English and of those languages, the five most common were Spanish (35.5%), Hindi (17.1%), French (10.2%), Mandarin Chinese (8.0%), and Russian (5.7%), and

WHEREAS, patients, with limited English proficiency, are more likely than others to report being in fair or poor health, defer needed medical care, leave the hospital against medical advice, miss follow-up appointments, and experience drug complications; they are also less likely to have a regular health care provider, and

WHEREAS, studies have shown that language-congruency improves patient communication, satisfaction, patient-centeredness, and trust, leading to improved clinical outcomes, and

WHEREAS, bilingual employees across American industries are typically incentivized with 5-20% wage and salary increases compared to single-language-speaking employees, and

WHEREAS, the American Academy of Family Physicians (AAFP) supports legislation to make funding available for culturally-sensitive interpretive services for those who have limited English proficiency, or who are deaf, or who are otherwise language impaired (2002) (October 2023 COD), and

WHEREAS, the AAFP supports the broad adoption of cultural sensitivity standards by government, payers, health care organizations, practices and individuals and when cultural sensitivity is an expected standard in health care delivery, “optimal health for everyone” means every person, and

WHEREAS, the AAFP supports transparency and equity in physician compensation, without regard to gender, gender identity, sexual orientation, and race/ethnicity, though removal of non-disclosure clauses from physician employment contracts or other suitable methods of assuring non-discrimination in compensation (2018 COD), now, therefore, be it

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.

## **RESOLUTION NO. 2004**

### **Create a Reporting System for Immigration-based Mistreatment to Better Inform Employment and Training Decisions for Visa Holders**

Introduced by: Adeola Fakolade, MD, IMG  
Shruti Javali, MD, General Registrant  
Xinuo Gao, MD MSHS, IMG  
Grethel Veronica Ruiz, IMG

WHEREAS, We know that work visa holders such as Exchange Visitor non-immigrant (J1) and temporary non-immigrant foreign worker (H1b) members face inequities in the workplace, and

WHEREAS, there is no readily available objective data on the prevalence of these inequities, and

WHEREAS, documenting incidents of inequity can highlight systemic issues and inform effective policy and advocacy efforts, and

WHEREAS, a transparent anonymous reporting mechanism can empower members, promote accountability, and foster a culture of equity within the American Academy of Family Physicians, now, therefore, be it

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.

## **RESOLUTION NO. 2005**

### **Create and Implement a Vaccine Education Toolkit for Primary School Age Students**

Introduced by: Susan Wang, MD, Women  
Kristie Alvarez, MD, Women  
Astrud Villareal, MD, General Registrant  
Sarah Terronez, DO, New Physician  
Chloe Kilman, MD, New Physician  
William Ratcliff, MD, New Physician

WHEREAS, Intent to vaccinate children and adults has declined in the years since the COVID-19 pandemic, and

WHEREAS, social media provides parents and children with significant misinformation regarding vaccines and their safety, and

WHEREAS, vaccine rejection and hesitancy have major global public health implications, and

WHEREAS, there is minimal material available on vaccine education specifically targeted toward primary school age students, and

WHEREAS, good quality vaccine education should help students understand the relevant biology and science behind vaccination, now, therefore, be it

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.

## **RESOLUTION NO. 2006**

### **From “Just a Family Doc” to Leader: Building Confidence and Self-Promotion Skills in Family Physicians**

Introduced by:       Andrew Chang, DO, New Physician  
                          Macy McNair, MD, New Physician  
                          Aisha Harris, MD, BIPOC  
                          Nikhil Tej Kurapati, MD, New Physician

WHEREAS, Family physicians provide comprehensive, longitudinal, and relationship-based care across the lifespan, often serving as the first and continuous point of contact for patients, and

WHEREAS, the scope of family medicine includes preventive care, chronic disease management, acute care, mental health, procedures, and community advocacy, yet is often under-recognized both within and outside the medical profession, and

WHEREAS, family physicians are frequently mislabeled as “general practitioners,” a term that can obscure the rigor and breadth of their training and scope of practice, and

WHEREAS, many new physicians internalize societal or institutional undervaluing of family medicine, leading to diminished confidence and professional identity, and

WHEREAS, language shapes perception, and the way family physicians describe their own work directly influences how patients, peers, and policymakers view the specialty, and

WHEREAS, the hidden curriculum in medical education often reinforces hierarchy and stigma around primary care specialties, further contributing to imposter syndrome in new family physicians, and

WHEREAS, stronger professional identity and advocacy among family physicians enhances recruitment, retention, and leadership within the specialty, and

WHEREAS, confident communication about the value of family medicine strengthens the position of the specialty in multidisciplinary settings, public messaging, and health policy, and

WHEREAS, existing resources within the American Academy of Family Physicians largely focus on clinical or leadership development, with less emphasis on practical messaging and self-promotion skills for individual physicians, and

WHEREAS, educational material focused on pride in practice and self-promotion could help new family physicians develop the mindset and language to affirm their professional identity, advocate for their role, and elevate the public perception of family medicine, now, therefore, be it

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.

## **RESOLUTION NO. 2007**

### **Support for the Assistant Physician Pathways to Address Primary Care Workforce Shortages and Utilize Unmatched Medical Graduates**

Introduced by: Samrah Mansoor, MD, IMG  
Anuj Marya, MD, IMG  
Pavani Nathala, MD, IMG  
Kathryn Vreeland, MD, IMG  
Anna Tubman, MD, IMG  
Joseph Hogue, MD, LGBTQ+  
Christal Crooks, MD, Women

WHEREAS, The United States is facing a critical shortage of primary care physicians, with projections by the Association of American Medical Colleges estimating a shortfall of up to 48,000 primary care physicians by 2034, and

WHEREAS, each year, hundreds of U.S. citizens and international medical graduates (IMGs), who have completed accredited medical school programs and passed United States Medical Licensing Examination Step 1 and Step 2 CK, remain unmatched into residency training due to multiple factors including the limited number of graduate medical education slots, and

WHEREAS, unmatched medical graduates represent a valuable and underutilized resource, having demonstrated medical knowledge and clinical readiness, but are often lost to the healthcare workforce due to regulatory barriers, and

WHEREAS, the state of Missouri pioneered the Assistant Physician (AP) license in 2014 through House Bill 1842, allowing unmatched graduates who passed USMLE Steps 1 and 2 to provide primary care services in underserved areas under a collaborative practice agreement with a supervising physician, and

WHEREAS, similar AP legislation has been passed or introduced in other states such as Arkansas, Utah, Kansas, and Arizona, with the intent to address physician shortages and expand access to care, especially in rural and underserved communities, and

WHEREAS, early evaluations of the AP pathway indicate that it increases healthcare access while providing unmatched graduates with structured clinical experience and mentorship under supervision, and

WHEREAS, expanding the AP model with standardized regulatory oversight could help build a safe, scalable, compassionate and financially beneficial solution to the nation's growing demand for primary care services, now, therefore, be it

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 unmatched medical graduates in meeting the healthcare needs of underserved populations.

## **RESOLUTION NO. 2008**

### **Increasing the Supply of Family Medicine Physicians Through Inclusive Policies Toward International Medical Graduates**

Introduced by: Winston Plunkett, MD, New Physician  
Derrick Hoover, MD, IMG  
Najmi Shahbaz, MD, MPH, New Physician  
Kenneth Barning, MD, IMG

WHEREAS, International medical graduates (IMGs) play a critical role in addressing healthcare workforce shortages, particularly in underserved and rural areas across the United States, and according to Health Resources Services Administration, "There is a projected shortage of 87,150 full-time equivalent full time employee primary care physicians by 2037, which will be particularly acute in non-metro areas.", and

WHEREAS, IMGs are often highly qualified physicians who bring cultural diversity, linguistic skills, and unique perspectives to patient care, enriching the healthcare system, and

WHEREAS, family medicine is a cornerstone of primary care, and the recruitment and inclusion of IMGs in family medicine residency programs are essential to meeting the growing demand for primary care physicians, and

WHEREAS, IMGs often face significant challenges in obtaining residency training positions, including restrictive visa requirements, limited access to financial resources, and systemic barriers in the residency application process, and

WHEREAS, IMGs have considerably more robust training than other groups, nurse practitioners and physician assistants, that have been granted independent practice by many states, and

WHEREAS, addressing these barriers aligns with the mission of the American Academy of Family Physicians to advance healthcare accessibility and equity for all communities, and

WHEREAS, access to physician-led primary care can decrease overall total cost of care by helping prevent patient and system costs, now, therefore, be it

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.

## **RESOLUTION NO. 2009**

### **Affirming AAFP's Commitment to Advancing Health Equity**

Introduced by: Bernard Richard, MD, BIPOC  
Tasha Starks, MD, MPH, BIPOC  
Chad Ross, MD, BIPOC  
Charity Reynolds, MD, BIPOC

WHEREAS, Black/African American, Latinx/Hispanic, and Native American populations remain significantly underrepresented in the physician workforce, despite strong evidence that diversity improves care for underserved communities, and

WHEREAS, training in implicit bias, systemic racism, and social determinants of health is critical for providing equitable care, yet remains inconsistently integrated into medical education, and

WHEREAS, the American Academy of Family Physicians (AAFP) must invest in and sustain initiatives that not only diversify the family medicine pipeline, but also support and retain underrepresented medical students, residents, and physicians across all stages of training and practice, and

WHEREAS, the April 23rd, 2025, Executive Order “Reforming Accreditation to Strengthen Higher Education” threatens progress by curbing diversity, equity, and inclusion (DEI) initiatives and stripping related training from curricula, now, therefore, be it

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 (BIPOC) 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.