



2026 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: Adopt Substitute Resolution No. 2001 "Leadership Roles for International Medical Graduates (IMGs)" in lieu of Resolution 2001.

Item 2: Not adopt Resolution No. 2002 "Mentorship and Wellness for International Medical Graduates".

Item 3: Reaffirm Resolution No. 2003 "Improving Physician Billing and Coding Education and Resource Dissemination in Family Medicine".

Item 4: Not adopt Resolution No. 2004 "Teaching Hour Review Resolution". [EXTRACTED](#)

Item 5: Not adopt Resolution No. 2005 "Promoting Lifestyle Medicine in Residency Education".

Item 6: Not adopt Resolution No. 2006 "Women Physicians". [EXTRACTED](#)

Item 7: Adopt Substitute Resolution No. 2007 ""Equivalent List" Transparency" in lieu of Resolution 2007.

Item 8: Reaffirm Resolution No. 2008 "Expanding and Updating Residency Curriculum Guidelines to Include Perimenopause and the Menopause Transition".

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Item No. 1: Resolution No. 2001: Leadership Roles for International Medical Graduates (IMGs)

RESOLVED, That the American Academy of Family Physicians (AAFP) conduct a survey to identify specific barriers to leadership within the AAFP for International Medical Graduates (IMGs) members and implement a plan to increase representation of IMGs on AAFP commissions and the Board of Directors.

The reference committee heard testimony exclusively in support of the resolution. Members speaking in favor shared experiences regarding barriers IMGs face advancing into leadership roles and emphasized the importance of having IMG perspectives represented in AAFP leadership. The reference committee agreed that the resolution raised a reasonable and important issue. The reference committee noted that the AAFP already provides leadership development opportunities, including the NCCL conference, that include IMGs. The reference committee discussed that the resolution included two separate requests: conducting a survey and committing to implement a plan. While there was strong support for gathering data to better understand barriers, the reference committee expressed concern about requesting an implementation plan before reviewing any survey findings.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2001 which reads as follows be adopted in lieu of Resolution No. 2001:

RESOLVED, That the American Academy of Family Physicians conduct a survey to identify specific barriers to leadership within the AAFP for International Medical Graduate (IMG) members.

Item No. 2: Resolution No. 2002: Mentorship and Wellness for International Medical Graduates

RESOLVED, That the American Academy of Family Physicians develop a comprehensive mentorship tool kit, including resources for mental health support, at the state and local chapters, focusing on the unique challenges of medical practice and residency for international medical graduates.

The reference committee heard testimony exclusively in support of the resolution. Members speaking in favor described the unique stressors IMGs face during residency and early practice, including isolation, limited mentorship opportunities, and challenges navigating systems not designed with IMGs in mind. Speakers emphasized the value of having mentorship and wellness resources that support belonging and increase physician retention. The reference committee agreed that the concerns raised were aligned with the AAFP's focus on physician well-being. The reference committee also referenced a resolution passed at the 2025 NCCL focused on improving visibility of IMG-specific resources on the AAFP website and noted that related work is currently underway. The reference committee discussed



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that the AAFP already has existing wellness efforts in place. However, the reference committee noted the inability of the AAFP to implement since state and local chapters operate independently.

RECOMMENDATION: The reference committee recommends that Resolution No. 2002 not be adopted.

Item No. 3: Resolution No. 2003: Improving Physician Billing and Coding Education and Resource Dissemination in Family Medicine

RESOLVED, That the American Academy of Family Physicians (AAFP) implement a system for members to flag outdated billing and coding resources maintained by the AAFP, and be it further

RESOLVED, That the American Academy of Family Physicians develop a strategy to proactively highlight existing billing and coding education resources to its members, and be it further

RESOLVED, That the American Academy of Family Physicians develop a toolkit to educate physicians about advanced billing and coding practices, including but not limited to payment models such as longitudinal care services, non-face-to-face services, and value-based revenue optimization.

The reference committee heard testimony exclusively in support of this resolution. Testimony focused on the critical importance of understanding billable services so that physicians can be optimally compensated for their work. The reference committee heard about the lack of training in billing and coding in residency, as well as residents not appreciating why the subject is important. Testimony also noted the difficulty of locating this information on AAFP's website. The reference committee heard about the AAFP website update that is launching in May to improve content navigability, as well as a very similar resolution adopted by the 2025 NCCL (Resolution 5008) that was referred to the Commission on Quality and Practice. While a specific system for flagging stale information on the website does not exist, there are means to report older content through chat features and the email function to alert Staff to review, update or remove content. The reference committee members shared their personal experiences using the AAFP's billing and coding resources and find those resources useful. The reference committee felt that the upcoming website launch and existing resources meet the intent of the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 2003 be reaffirmed.

Item No. 4: Resolution No. 2004: Teaching Hour Review Resolution

~~RESOLVED, That the American Academy of Family Physicians conduct a public review of the necessary minimum nonclinical hours (non-patient facing hours) core faculty require out of a 1.0 full-time equivalent week to educate family medicine residents, and be it further~~

~~RESOLVED, That the American Academy of Family Physicians establish an updated recommended minimum required full-time equivalent per week for teaching family medicine~~

~~residents for the Accreditation Council for Graduate Medical Education, American Board of Family Medicine, and Sponsoring Institutions to utilize as needed.~~

RESOLVED, That the American Academy of Family Physicians conduct a public review via further the Benchmark annual survey for physicians in Graduate Medical Education on the average minimum actual non-patient facing hours that core faculty complete per week to educate family medicine residents and publish the data via a white paper to be accessible by family physicians, the Accreditation Council for Graduate Medical Education, the American Board of Family Medicine, and Sponsoring Institutions.

The reference committee heard testimony exclusively in support of the resolution. Members described the misalignment between accreditation expectations and how teaching time is actually allocated for faculty, noting that teaching, supervision, and curriculum development regularly occur outside designated nonclinical time. Provided testimony emphasized that assumptions about FTE expectations do not reflect the realities of faculty workload. The reference committee agreed that the concerns raised were valid and that faculty sustainability and burnout prevention are important issues. During discussion, reference committee members noted that while the AAFP plays an important advocacy role, faculty time allocation and staffing decisions ultimately rest with accrediting bodies and sponsoring institutions. The reference committee felt that although the AAFP collaborates with the Accreditation Council for Graduate Medical Education and the Society of Teachers of Family Medicine on curriculum and competency guidance, specific recommendations related to faculty time fall outside the AAFP's purview.

RECOMMENDATION: The reference committee recommends that Resolution No. 2004 not be adopted. [Extracted. Adopted as amended.](#)

Item No. 5: Resolution No. 2005: Promoting Lifestyle Medicine in Residency Education

RESOLVED, That the American Academy of Family Physicians advocates with the American Board of Family Medicine and Accreditation Council for Graduate Medicine Education to require a standardized, comprehensive lifestyle medicine curriculum, of which nutrition is an integral piece, in all family medicine residency programs, and be it further

RESOLVED, That the American Academy of Family Physicians expands the "Recommended Curriculum Guidelines for Family Medicine Residents: Nutrition" document to include each of the six pillars of lifestyle medicine (nutrition, exercise, sleep, stress reduction, reduction of substance use, and social connection), and be it further

RESOLVED, That the American Academy of Family Physicians removes fees on "Lifestyle Medicine On Demand CME" for trainees and new physician members, and updates and promotes Lifestyle Medicine content on familydoctor.org.

The reference committee heard testimony exclusively in support of the resolution. Those speaking in favor highlighted that family medicine was well positioned to champion lifestyle medicine to counter misinformation and the dearth of detail in curriculum guidelines beyond nutrition. The reference committee focused on the existing and upcoming work the AAFP provides in the lifestyle medicine space. The reference committee considered that the AAFP cannot mandate Accreditation Council for Graduate Medical Education (ACGME) requirements and noted that feedback on related issues may be submitted through existing ACGME public comment processes. The reference committee also

discussed that the AAFP will soon release lifestyle medicine curriculum guidelines. The reference committee also considered that, while not free, discounted rates are already available for residents and new physicians to purchase AAFP CME activities. Additionally, updates regarding lifestyle medicine content may be disseminated through the FamilyDoctor.org website.

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

Item No. 6: Resolution No. 2006: Women Physicians

RESOLVED, That the American Academy of Family Physicians [provide broadly accessible support and promote](#) education for its members regarding the health risks, occupational stressors and potential contributors to [increased mortality risks](#) ~~reduced life expectancy~~ among women physicians, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for and/or support research [toward mitigating factors contributing to differences in mortality](#) ~~to understand the factors contributing to differences in life expectancy~~ between women physicians and non-physician women ~~and the actions to mitigate these risks.~~

The reference committee heard testimony exclusively in support of the resolution. The author cited a study regarding female physician mortality, and others echoed concern over the cited research. Members testifying shared their personal stories about the challenges of being a female physician. Another study was cited showing that hospitalized patients have lower mortality rates when treated by female physicians. The reference committee considered several educational sessions the AAFP provides considering female physicians' health, including "Well Women in Medicine: Sustaining Women as Successful Clinicians, Educators, Researchers and Leaders in Medicine." The reference committee reviewed the study cited in the testimony and were concerned that the facts shared were not fully supported by the data in the cited study and considered the need for additional studies supporting their claims, noting that it was a single study, rather than part of a larger body of work. The reference committee also discussed the scope of the ask, considering whether the AAFP was well placed or resourced to research all female physicians.

RECOMMENDATION: The reference committee recommends that Resolution No. 2006 not be adopted. [Extracted. Adopted as amended.](#)

Item No. 7: Resolution No. 2007: "Equivalent List" Transparency

RESOLVED, That the American Academy of Family Physicians work directly as a liaison between international medical schools and state medical boards to ensure that the process of enlisting international medical schools on state medical board "equivalent lists" is structured, transparent, and well-established, and be it further

RESOLVED, That the American Academy of Family Physicians advocate against discriminatory medical licensing practices that unfairly exclude or delay the consideration of qualified graduates based solely on administrative list omissions.

The reference committee heard testimony exclusively in support of the resolution. Members described challenges IMGs and residency programs face due to limited transparency around a state medical board's "equivalent lists," which can affect licensing eligibility. Speakers emphasized that navigating these requirements often place administrative and financial burdens on IMGs. The reference committee agreed that the concerns raised were valid and that transparency is important for IMGs and program leadership. The reference committee noted that resources addressing IMG licensure requirements already exist through external organizations and that the AAFP currently links to and references these resources on their website. Reference committee members also noted that the AAFP advocates at the federal level to address discriminatory practices impacting IMGs. The reference committee discussed limits to the Academy's scope in serving as a liaison between international medical schools and state medical boards, as licensure decisions rest with state authorities. The reference committee believed that the language in the second resolved clause was unclear and the ask could be more focused.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 2007 which reads as follows be adopted in lieu of Resolution 2007:

RESOLVED, That the American Academy of Family Physicians advocate for the transparency of state medical board Equivalent Lists.

Item No. 8: Resolution No. 2008: Expanding and Updating Residency Curriculum Guidelines to Include Perimenopause and the Menopause Transition

RESOLVED, That the American Academy of Family Physicians update the current Women's Health and Gynecologic Care Curriculum Guidelines to include the diagnosis and management of perimenopause and care throughout the menopause transition, and be it further

RESOLVED, That the American Academy of Family Physicians guidelines include diagnosis and management of genitourinary syndrome of menopause including medication and non-pharmacologic treatment options, and be it further

RESOLVED, That the American Academy of Family Physicians guidelines include prescribing best practices for both hormonal and non-hormonal prescription options for patients of all races, ethnicities, and income levels.

The reference committee heard testimony in support of the resolution. Testimony included perspectives on the relative discomfort many physicians feel providing care for women experiencing menopause and perimenopause. A personal story was shared about the experience of going through menopause with doctors who lacked knowledge on the topic. Another speaker noted that women have historically been gaslit when reporting their symptoms, creating additional barriers to treatment. The reference committee discussed the fact that residency curriculum guidelines include menopause and hormonal and non-hormonal therapies and are intentionally written at a high level to allow residency programs to design curriculum that adapts to the needs of the learners.

RECOMMENDATION: The reference committee recommends that Resolution No. 2008 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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Gericia Alvarado, MD – BIPOC

Haley Coleman, MD – New Physician

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