



2026 Consent Calendar for the Reference Committee on Organization and Finance

National Conference of Constituency Leaders

The Reference Committee on Organization and Finance 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 Organization and Finance recommends the following consent calendar for adoption:

Item 1: Not Adopt 1st Resolved Clause and Reaffirm 2nd and 3rd Resolved Clauses of Resolution No. 4001 "American Academy of Family Physicians to Support Retention of Health Disparities Curricula in Medical Education".

Item 2: Adopt Substitute Resolution No. 4002 "Continuation of Previous Resolution of Fair Bilingual Compensation" in lieu of Resolution No. 4002.

Item 3: Not Adopt Resolution No. 4003 "Oral Health Care as Primary Care".

Item 4: Not Adopt Resolution No. 4004 "Reproductive Health Training Database for Family Physicians".

Item 5: Adopt Resolution No. 4005 "Enhancing Procedural Training for Family Physicians".

Item 6: Not Adopt Resolution No. 4006 "Enhancing Awareness and Accessibility of AAFP Tools and Resources for International Medical Graduates". [EXTRACTED](#)

Item 7: Adopt Resolution No. 4007 "A Collaborative Model for Continuous Updating of International Medical Graduate (IMG) Resources with IMG-Family Medicine Expert Involvement".



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Item No. 1: Resolution No. 4001: American Academy of Family Physicians to Support Retention of Health Disparities Curricula in Medical Education

RESOLVED, That the American Academy of Family Physicians advocate for the preservation and strengthening of medical school standards that support medical education on health inequities, social determinants of health and health disparities, and be it further

RESOLVED, That the American Academy of Family Physicians expand existing initiatives, including The EveryONE Project, to include training modules on health disparities specifically designed for medical students and residents, and be it further

RESOLVED, That the American Academy of Family Physicians disseminate the new content, including a revamped EveryONE Project, for health disparities training of medical students and residents through avenues such as Family Medicine Interest Groups and residency programs.

The reference committee heard testimony all in favor of the resolution. Those testifying acknowledged the American Academy of Family Physicians' (AAFP) commitment to Diversity, Equity, and Inclusion (DEI) and equity across current policies and the creation of The EveryONE Project. It was shared that specific accrediting bodies are reversing training in some areas in residency, which could negatively impact health outcomes and contribute to increased health disparities.

The reference committee discussed the use of the word "advocate" in the first resolved clause and whether it was appropriate and feasible for the AAFP to do so at the medical school level. The reference committee acknowledged that this could be outside the scope of the AAFP, as it may imply involvement with specific accrediting bodies and limit broader advocacy efforts already underway. The reference committee confirmed that work was already underway for the second and third resolved clauses, reaffirming them as current policy.

RECOMMENDATION: The reference committee recommends that Resolution No. 4001 1st Resolved Clause be not adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 4001 1st and 2nd Resolved Clauses be reaffirmed as current policy.

Item No. 2: Resolution No. 4002: Continuation of Previous Resolution of Fair Bilingual Compensation

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RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the inclusion of compensation for patient-congruent certified language proficiency in physician contracts based on recently released data from the AAFP Career Benchmark Survey as stated in Resolution No. 103.

The reference committee heard testimony all in favor of the resolution. Testimony emphasized the importance of language-concordant care, improved patient outcomes, and the lack of consistent compensation for physicians with bilingual skills.

The reference committee discussed the role of physicians in negotiating compensation and noted that employment contracts vary widely, with no universal standard. The reference committee also identified the need for physicians to self-advocate for increased compensation for any skills they have during contract negotiations. AAFP has existing contract negotiation content that can be updated to include Bilingual proficiency as a compensable skill.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 4002 which reads as follows be adopted in lieu of Resolution No. 4002:

RESOLVED, That the American Academy of Family Physicians (AAFP) include language supporting compensation for patient-congruent certified language proficiency in its employment contracting content.

Item No. 3: Resolution No. 4003: Oral Health Care as Primary Care

RESOLVED, That the American Academy of Family Physicians reaffirm that oral health is a fundamental component of preventative primary care, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with strategic stakeholders to develop practical guidance on universal dental coverage that include preventative oral health services as integral primary care services, and be it further

RESOLVED, That American Academy of Family Physicians guidance for dental coverage include strategies through mechanisms such as Medicare, Medicaid, reimbursement models, grant opportunities, value-based care initiatives, and alternative payment models.

The reference committee heard testimony all in support of the resolution. Those testifying reaffirmed the AAFP's position on oral health and shared that there are no guidelines for universal preventative oral health. Many provided examples of adverse health outcomes associated with poor oral health.

The reference committee agreed with the intent of the resolution but believed that it fell outside of the AAFP's scope. Concerns were raised that advocacy for increased dental spending within primary care could unintentionally reduce resources available for primary care's essential services. The reference committee further reinforced the importance of dental care in the primary care setting but agreed that universal medical coverage should be prioritized over universal dental coverage. The reference committee noted that the first resolved clause is already policy and the other resolved clauses are out of scope .

RECOMMENDATION: The reference committee recommends that Resolution No. 4003 not be adopted.

Item No. 4: Resolution No. 4004: Reproductive Health Training Database for Family Physicians

RESOLVED, That the American Academy of Family Physicians establish an active database for reproductive health training programs that provides direct patient care experiences in abortion, gender-affirming care, and procedural contraception for residents and post-graduate family physicians.

The reference committee heard testimony all in favor of the resolution. Those testifying shared concerns about how gaps in training are affecting patient care, particularly in states with restrictive laws related to gender-affirming and reproductive health care, with disproportionate impact on Black, Indigenous, and People of Color (BIPOC) communities. One testifier noted the availability of such training within their state and expressed willingness to participate in a centralized database.

The reference committee discussed several considerations related to the development of such a database, including governance of listed programs, cross-state licensing and accreditation validity, and the potential implication that the American Academy of Family Physicians (AAFP) would be endorsing the quality of included offerings. Additional concerns were raised regarding potential legal and political risks to both AAFP and its members in the current environment.

AAFP staff shared that the current Women's Health webpage includes links to external organizations that maintain listings of relevant training opportunities. Additionally, new data collected from residency programs regarding their top strengths in direct patient care may further support visibility into training opportunities aligned with this resolution.

Given that relevant resources already exist and that significant governance, legal, and implementation concerns remain, the reference committee determined that the resolution should not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 4004 not be adopted.

Item No. 5: Resolution No. 4005: Enhancing Procedural Training for Family Physicians

RESOLVED, That the American Academy of Family Physicians explore longitudinal, competency-based, hands-on procedural training for practicing physicians, which may include online training and hands-on skill sessions, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) investigate mentorship for longitudinal procedural skills, which may include ongoing feedback from AAFP faculty after continuing medical education workshops.

The reference committee heard testimony all in favor of this resolution. Those testifying shared numerous examples demonstrating the need for increased exposure to procedural training. As the American Board of Family Medicine (ABFM) has decreased procedural requirements, this may contribute to disparities across residency programs. Limited training opportunities may restrict scope of practice and reduce physician confidence and competence.

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The reference committee agreed that the rationale for the resolution is strong and well-written, addressing a clear need that aligns with the American Academy of Family Physicians' (AAFP) mission. Discussion included the language of "ongoing feedback from AAFP faculty," with the reference committee noting that continued access to faculty following course completion should be incorporated into the course design as procedural courses normally carry a higher cost.

RECOMMENDATION: The reference committee recommends that Resolution No. 4005 be adopted.

Item No. 6: Resolution No. 4006: Enhancing Awareness and Accessibility of AAFP Tools and Resources for International Medical Graduates

RESOLVED, That the American Academy of Family Physicians (AAFP) develop structured orientation programs tailored to the needs of International Medical Graduates, focusing on pathways, tools and leadership that the AAFP provides.

[RESOLVED, That the American Academy of Family Physicians recognize and affirm its visibility and accessibility to incoming International Medical Graduates as an inclusive professional home, and be it further](#)

[RESOLVED, That the American Academy of Family Physicians promote Family Medicine as a distinct specialty to International Medical Graduates and international medical institutions and enhance outreach efforts and resources tailored to International Medical Graduates.](#)

The reference committee heard testimony all in favor of the resolution. Testimony highlighted that while resources for International Medical Graduates (IMGs) exist, many are difficult to locate, representing an issue of awareness and accessibility rather than resource availability.

The reference committee discussed the value of improving resource visibility but raised concerns about the lack of specificity regarding to what someone would be oriented. The reference committee also noted that challenges exist both for members in locating resources and for non-members who would not have access. Staff shared that various membership types provide IMGs access to key resources and that an upcoming website redesign is expected to improve navigation and resource findability. The reference committee also discussed the broadness of the resolution and the lack of a defined audience for the suggested orientation.

The reference committee concluded that planned improvements may address the concerns identified, but the resolution as written is not able to be effectively implemented.

RECOMMENDATION: The reference committee recommends that Resolution No. 4006 not be adopted. [Extracted. Adopted as amended.](#)

Item No. 7: Resolution No. 4007: A Collaborative Model for Continuous Updating of International Medical Graduate (IMG) Resources with IMG-Family Medicine Expert Involvement

RESOLVED, That the American Academy of Family Physicians creates, maintains and updates resources and toolkits to guide international medical graduates pursuing family medicine residency training, and be it further



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RESOLVED, That the American Academy of Family Physicians will include international medical graduate (IMG) family physicians to serve as subject matter experts to participate in the process of creating and updating IMG-specific resources and updates.

The reference committee heard testimony all in support of creating a repository of resources to support International Medical Graduates (IMGs) in pursuing Family Medicine. Many noted that Family Medicine is not consistently a specialty option in non-U.S. countries, which may deter interested individuals due to limited access to reliable information.

The reference committee agreed that there is a need to improve the visibility and accessibility of IMG-specific resources, particularly given that information varies by country and is subject to frequent change. The reference committee acknowledged that the AAFP's upcoming website update may address some of these concerns, but not fully, given the complexity of IMG pathways.

In considering the role of IMG subject matter experts, the reference committee emphasized that feedback and input could be gathered through a variety of mechanisms beyond one-to-one engagement, and that these opportunities should be made more visible. The reference committee supported an approach that provides a broad, adaptable overview of the process to support the needs of a diverse IMG audience.

RECOMMENDATION: The reference committee recommends that Resolution No. 4007 be adopted.



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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,

Bright Zhou, MD – CHAIR

Stephen Foster, MD, FAAFP – New Physician

Russell Heckburn, MD – BIPOC

Charlotte Heppner, MD – Women

Tamika Singh, MD – IMG

Kodie Stem, MD – LGBTQ+

Marti Taba, MD (Observer)