



2026 Agenda for the Reference Committee on Education

National Conference of Constituency Leaders

Item No.

1. Resolution No. 2001: Leadership Roles for International Medical Graduates (IMGs)
2. Resolution No. 2002: Mentorship and Wellness for International Medical Graduates
3. Resolution No. 2003: Improving Physician Billing and Coding Education and Resource Dissemination in Family Medicine
4. Resolution No. 2004: Teaching Hour Review Resolution
5. Resolution No. 2005: Promoting Lifestyle Medicine in Residency Education
6. Resolution No. 2006: Women Physicians
7. Resolution No. 2007: "Equivalent List" Transparency
8. Resolution No. 2008: Expanding and Updating Residency Curriculum Guidelines to Include Perimenopause and the Menopause Transition

RESOLUTION NO. 2001

Leadership Roles for International Medical Graduates (IMGs)

Introduced by: Tsedey Eshetu, MD, IMG
Laurene Dampare, MD, IMG
Tamika Singh, MD, FAAFP, IMG
Sulabha Chaganaboyana, MD, MS, DipABLM, FAAFP, IMG
Yamuna Yoganathan, MD, IMG
Okwuchi Ogbonna, MD, MPH, IMG

WHEREAS, While International Medical Graduates (IMGs) make up 25% of the United States physician workforce, they lack representation in leadership roles, and

WHEREAS, IMGs can bring different perspectives and ideas to decision-making processes, and

WHEREAS, biased perceptions from staff, patients and administrators can create barriers where IMGs are viewed as less competent, now, therefore, be it

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.

RESOLUTION NO. 2002

Mentorship and Wellness for International Medical Graduates

Introduced by: Sulabha Chaganaboyana, MD, IMG
Okwuchi Ogbonna, MD, MPH, IMG
Yamuna Yoganathan, MD, CCFP, IMG
Laurene Dampare, MD, IMG
Tamika Singh, MD, IMG
Tsedey Eshetu, MD, IMG

WHEREAS, The American Academy of Family Physicians is dedicated to the well-being of International Medical Graduates (IMGs) and recognizes that physician burnout and mental health struggles directly impact patient care and workforce retention, and

WHEREAS, IMGs experience less burnout, they suffer from discrimination, stress and low quality of life and educational debt, and

WHEREAS, the stress of being an IMG impacted their wellness and family structure, now, therefore, be it,

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.

RESOLUTION NO. 2003

Improving Physician Billing and Coding Education and Resource Dissemination in Family Medicine

Introduced by: Brandon Merritt, MD, New Physician
 Chandler Maguet, MD, New Physician
 Kevin Ly, MD, FAAFP, New Physician
 Esteban Garza, MD, New Physician
 Stephen Foster, MD, New Physician
 Neil Navarrez, MD, New Physician
 Kelly King, MD, New Physician
 Romina Sifuentes Palomino, MD, General Registrant

WHEREAS, Many family physicians feel inadequately trained regarding billing and coding due to inconsistent curricula across GME programs, and

WHEREAS, variability in graduate medical education training results in inconsistent preparation of family physicians in physician billing and reimbursement practices, and

WHEREAS, billing, coding, and reimbursement policies continue to evolve rapidly, now, therefore, be it

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.

RESOLUTION NO. 2004

Teaching Hour Review Resolution

Introduced by: Jason Maddox, DO, New Physician
Victoria Boggiano, MD, New Physician
Chelsea Mendonca, MD, New Physician

WHEREAS, The published Accreditation Council for Graduate Medical Education (ACGME) Dedicated Time for Core Faculty as of July 1, 2024 states "a Core Faculty Member of a program with an approved complement of 13 or more residents should devote at least 60% time (at least 24 hours per week or 1200 hours per year) to the program, exclusive of patient care without residents," and

WHEREAS, 1.0 full-time equivalent (FTE) is generally defined as a 40 hour work week, and

WHEREAS, as identified in the American Academy of Family Physicians (AAFP) Practice Profile survey in 2018, the average amount of hours spent in practice per week was reported as 51 hours and the American Board of Family Medicine reports a full-time family physician works, on average, 50-55 hours per week, and

WHEREAS, older surveys (greater than 5 years) and select surveys cited by the 2018 Society for Teachers of Family Medicine (STFM) task force indicate family medicine faculty are dedicating only 0.3 FTE to residency program nonclinical duties, and

WHEREAS, the same surveys cited indicate the 0.3 FTE reported are allocated by the respective programs and do not include scholarly activities, although the stated noncomprehensive list of nonclinical duties by the STFM task force lists scholarly activity as a nonclinical duty, and

WHEREAS, guidelines on core faculty requirements from the ACGME and AAFP serve as guidelines for Sponsoring Institutions in forming schedules, compensation, and faculty requirements, and

WHEREAS, the STFM reports nearly 50% of third-year family medicine residents express an interest in academics or faculty positions after residency, now, therefore, be it

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.

RESOLUTION NO. 2005

Promoting Lifestyle Medicine in Residency Education

Introduced by: Nathaniel Jordan, DO, New Physician
T. Austin Witt, MD, New Physician
Stephen Finney, MD. FAAFP, LGBTQ+
Dylan Sabb, MD, New Physician
Eduardo Lindsay, MD, New Physician
Chelsea Mendonca, MD, New Physician
Victoria Boggiano, MD MPH DiplABLM FAAFP, New Physician

WHEREAS, The 2022 bipartisan resolution (Resolution 1118 at the 117th Congress) called for a meaningful increase in nutrition education for medical trainees, furthermore, the Make America Healthy Again (MAHA) movement has increased discussion around lifestyle medicine, but has not led to actionable initiatives to implement, and

WHEREAS, the American Academy of Family Physicians has a published nutrition residency curriculum guideline, and resources for lifestyle medicine education, but this content is not widely disseminated or standardized across family medicine residency programs, and

WHEREAS, there are increasing rates of misinformation on social media and other outlets about nutrition-related and lifestyle medicine best practices, now, therefore, be it

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.

RESOLUTION NO. 2006

Women Physicians

Introduced by: Vickie Fowler, MD, Women
Christal Crooks, MD, BIPOC
Jill Campbell, MD, Women
Hemalatha Senthilkumar, MD, General Registrant

WHEREAS, Physicians are generally expected to have improved health outcomes due to socioeconomic status, medical knowledge and access to care, and

WHEREAS, emerging evidence shows that women physicians and especially black women physicians have increased mortality compared to non-physician women, and

WHEREAS, women physicians experience higher rates of burnout, depression, occupational stress and suicide compared to their male counterparts and the general population, and

WHEREAS, systemic factors including workload burden, administrative demands, gender inequities and caregiving responsibilities often disproportionately affect women physicians, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support and promote education for its members regarding the health risks, occupational stressors and potential contributors to reduced life expectancy among women physicians, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for and/or support research to understand the factors contributing to differences in life expectancy between women physicians and non-physician women and the actions to mitigate these risks.

RESOLUTION NO. 2007

"Equivalent List" Transparency

Introduced by: Crystal Marquez, MD, IMG
 Adriana Linares, MD, IMG
 Rashmi Rode, MD, FAAFP, General Registrant
 Doreen Amankwah Owusu, MD, New Physician
 Eduardo Lindsay, MD, FAAFP, New Physician
 Richard Carlino, MD, New Physician
 Bindusri Paruchuri, MD, LGBTQ+

WHEREAS, International Medical Graduates (IMGs) comprise of a significant portion of the United States physician workforce and are disproportionately represented in primary care, particularly family medicine, and

WHEREAS, family medicine is essential to improving access to care, advancing health equity, and serving rural and underserved communities, and

WHEREAS, IMGs are more likely to practice in Health Professional Shortage Areas (HPSAs) and underserved settings, and

WHEREAS, barriers such as limited mentorship, visa restrictions, and lack of structured recruitment pathways may deter IMGs from pursuing family medicine, and

WHEREAS, strengthening the pipeline of IMGs into family medicine is critical to addressing the national primary care workforce shortage, and

WHEREAS, each state medical board has an "equivalent list" of the schools that would be eligible for licensure in the state, and

WHEREAS, if an applicant's school is not on a state's "equivalent list," the burden of proof for the school's standards falls entirely on the individual residency applicant, which is expensive, laborious and a time-intensive process, now, therefore, be it

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.

RESOLUTION NO. 2008

Expanding and Updating Residency Curriculum Guidelines to Include Perimenopause and the Menopause Transition

Introduced by: Rebecca Stoll, DO, Women
 Alisha Thomas, MD, FAAFP, Women
 Monica DeMasi, MD, FAAFP, Women
 Karen Antell, MD, MPH, FAAFP, MSCP, Women
 Bonu Kapoor, MD, FAAFP, Women
 Hannah Ray, MD, Women

WHEREAS, More than one million people per year will go through menopausal transition, and

WHEREAS, a 2017 study found that only 6.8% of Family Medicine and Internal Medicine residents feel comfortable managing menopausal patients effectively, and

WHEREAS, the most intense vasomotor symptoms that people assigned female at birth experience typically occur in the years prior to the menopausal transition, and

WHEREAS, the availability of menopause trained providers is limited with studies showing only 20% to 30% of primary care and OB/GYN receive formal menopause training and that this percent is lower in communities that are resource limited, and

WHEREAS, less than half of patients who identify as women ages 50 to 64 report that a health provider has told them what to expect in menopause, and

WHEREAS, genitourinary symptoms of menopause is a progressive diagnosis, and

WHEREAS, all black box warnings for Menopausal Hormone Treatment were removed in 2025 except for risk of endometrial hyperplasia with estrogen monotherapy therefore, it would be timely to update the curriculum guidelines, now, therefore, be it

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.