



Resident 3 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 27-29, 2023 – Kansas City, MO

- 1 **RECOMMENDATION: The Resident 3 Reference Committee recommends the following**
2 **consent calendar for adoption:**
3
4 **Item 1:** Adopt Substitute Resolution No. R3-301 “Administrative Burden, Compensation, and
5 Burnout Mitigation” in lieu of Resolution No. R3-301
6
7 **Item 2:** Not Adopt Resolution No. R3-302 “Researching Supervised Limited Practice”
8 **EXTRACTED. ADOPTED.**
9
10 **Item 3:** Not Adopt Resolution No. R3-303 “Decrease Healthcare Access Disparity While
11 Optimizing Primary Care Physician Workforce” **EXTRACTED. ADOPTED AS AMENDED.**



Resident 3 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
July 27-29, 2023

1 **The Resident 3 Reference Committee has considered each of the items referred to it and**
2 **submits the following report. The committee’s recommendations will be submitted as a**
3 **consent calendar and voted on in one vote. Any item or items may be extracted for**
4 **debate.**

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6 **ITEM NO. 1: RESOLUTION NO. R3-301: Administrative Burden, Compensation, and**
7 **Burnout Mitigation**

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9 RESOLVED, That the American Academy of Family Physicians advocate to state and
10 national legislative leaders to support reclassification of asynchronous healthcare
11 activities such as, but not limited to, responding to patient messages and results
12 management, that necessitate medical decision making as a billable encounter to be
13 compensated in line with current telehealth value-based care guidelines, and be it further
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15 RESOLVED, That the American Academy of Family Physicians create policy regarding
16 asynchronous healthcare duties as potent drivers of physician burnout and professional
17 dissatisfaction, especially for early career trainees, and be it further
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19 RESOLVED, That the American Academy of Family Physicians develop and publish
20 recommendations in collaboration with family medicine residency program directors to
21 promote burnout mitigation strategies pertaining to asynchronous healthcare activities, as
22 defined above.
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24 The reference committee heard testimony, almost all of which was in support of the resolution.
25 Those testifying noted that some residency programs recognize asynchronous healthcare as
26 counting toward residency duty hours, but that approach is not universal, and asynchronous
27 healthcare contributes to resident burnout regardless. One member testified in opposition to the
28 first resolved clause, observing that adding more to a fee-for-service model seems counter to
29 the move toward value-based payment and could negatively impact patients, who may be liable
30 for the associated charges.
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32 The reference committee discussed that the AAFP already has policy on “Payment for Non
33 Face-to-Face Physician Services” that supports payment for electronic communication and
34 evaluations that physicians provide for the medical management of their established patients as
35 a separate service unrelated to an evaluation and management service. The reference
36 committee also noted that asynchronous healthcare activities as described in the first resolved
37 clause may already be billable using existing Current Procedural Terminology codes 99421-
38 99423 for “Online digital evaluation and management service, for an established patient,....”

39 Thus, the reference committee concluded the intent of the first resolved clause was already met.
40 The reference committee agreed with the testimony in support of the second and third resolved
41 clauses.

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43 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
44 **No. R3-301 be adopted in lieu of Resolution No. R3-301 which reads as follows:**

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46 **RESOLVED, That the American Academy of Family Physicians recognize**
47 **asynchronous patient care duties as an integral component of comprehensive**
48 **patient care, and be it further**

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50 **RESOLVED, That the American Academy of Family Physicians advocate that**
51 **asynchronous patient care duties be included as a part of resident duty hours.**

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53 **ITEM NO. 2: RESOLUTION NO. R3-302: Researching Supervised Limited Practice**

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55 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for
56 research of supervised clinical practice by medical graduates without United States
57 residency training to determine their impact on healthcare outcomes to inform future AAFP
58 policy positions.

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60 The reference committee heard testimony only from the resolution author. The reference
61 committee discussed concerns about the wording of the resolution. While the resolved clause
62 requests research on the impact of clinical practice by medical graduates without residency
63 training on health outcomes, the author's testimony focused on the barriers faced by medical
64 graduates who do not match to a residency and the need to support pathways into residency for
65 unmatched medical graduates by research that may better inform AAFP advocacy positions.

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67 The reference committee appreciated the personal story shared by the resolution's author and
68 agreed with the need for the AAFP to study how to better support unmatched medical graduates
69 who are actively pursuing residency. However, they concluded the resolved clause should not
70 be adopted as written, given its focus on clinical outcomes research, rather than study of
71 barriers faced by unmatched medical graduates and the best methods to support them on a
72 pathway into residency training.

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74 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-302**
75 **not be adopted. [EXTRACTED. ADOPTED.](#)**

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ITEM NO. 3: RESOLUTION NO. R3-303: Decrease Healthcare Access Disparity While Optimizing Primary Care Physician Workforce

~~RESOLVED, That the American Academy of Family Physicians consider collaborating with state chapters and respective state medical boards to create policy and support standardized legislation to facilitate the licensure of medical school graduates actively applying for residency to practice primary care medicine under supervision in medically underserved areas until they have secured residency training.~~

RESOLVED, That the American Academy of Family Physicians advocate for involved stakeholders to come together to brainstorm and outline mutually acceptable short-term pathways to better support and utilize unmatched medical graduates awaiting residency placement until the long term solution of increasing residency positions is successfully accomplished.

The reference committee heard significant testimony on the resolution. Testimony in support cited the barriers faced by unmatched medical graduates as they seek to apply to residency and how practicing as an Assistant Physician can help prepare unmatched medical graduates for residency training while also allowing them to help meet the needs of patients in underserved communities. Testimony in opposition expressed concerns about the inequity of allowing physicians without residency training to treat patients in underserved communities; and about the resolution’s lack of clarity regarding what supervision would be required for the practicing medical graduates. Those testifying in opposition also observed that efforts to allow non-residency trained physicians to practice do not address the real issue of the need to increase the number of residency slots, on which the AAFP should be focused.

The reference committee considered the testimony, AAFP’s current policy background on Assistant Physicians, and the AAFP stance on state legislation for Assistant Physicians. The reference committee discussed the issues raised and their gratitude to the author for sharing her personal story of how serving as an Assistant Physician prepared her for residency. The reference committee also discussed the lack of an AAFP policy on pathways into practice for unmatched medical graduates. The reference committee agreed with the resolution’s author that AAFP should have a policy on this issue, especially since states are adopting legislation to allow practice by non-residency trained physicians. However, they felt the resolution assumed the content of the policy to be adopted, which would be in opposition to the AAFP’s current stance on Assistant Physicians. Given all these factors, the reference committee agreed to not adopt the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-303 not be adopted. EXTRACTED. SUBSTITUTE ADOPTED AS AMENDED ON THE FLOOR.

120 **I wish to thank those who appeared before the reference committee to give testimony**
121 **and the reference committee members for their invaluable assistance. I also wish to**
122 **commend the AAFP staff for their help in the preparation of this report.**

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124 Respectfully submitted,

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128 _____
128 Garrett Kneese, MD Designation, Chair

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130 TlalliAztlan Moya-Smith, MD
131 Jerome Soldo, MD
132 Shika Patel, DO
133 Hunter Allen, MD
134 Janet Nwaukoni, DO
135 Ada Pariser, MD