



2025 Resident 2 Consent Calendar and Report

National Congress of Family Medicine Residents
July 31 - August 2, 2025

**RECOMMENDATION: The Resident 2 Reference Committee recommends the following
consent calendar for adoption:**

Item 1: Reaffirm Resolution No. R201 on “Mandating Education on Billing, Insurance Navigation, and Payment Systems in Family Medicine Residency Training and Continuing Medical Education.”

Item 2: Substitute Adopt Resolution No. R202 on “Increasing Efforts to Educate the Family Physicians on Chiropractic Techniques.”

Item 3: Substitute Adopt Resolution No. R203 on “AAFP Policy on Intellectual and/ or Developmental Disability Care in Primary Care Setting.”

Item 4: Reaffirm Resolution No. R204 on “Address the Primary Care Physician Shortage.”

Item 5: Adopt Resolution No. R205 on “Evaluating Direct-to-Consumer Telehealth Prescribing Systems.”

Item 6: Substitute Adopt Resolution No. R206 on “Artificial Intelligence (AI) in Family Medicine Residency Training.”



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

Item No. 1: Resolution No. R201: Mandating Education, Billing, Insurance Navigation, and Payment Systems in Family Medicine Residency Training and Continuing Medical Education

RESOLVED, The American Academy of Family Physicians endorse the incorporation of comprehensive instruction on billing, insurance navigation, and healthcare payment systems as a mandatory part of the family medicine residency education curriculum, and be it further

RESOLVED, The American Academy of Family Physicians advocate for the inclusion of education on coding and reimbursement practices as a standard component of continuing medical education (CME) for family physicians at all stages of their careers, and be it further

RESOLVED, The American Academy of Family Physicians collaborate with the Accreditation Council for Graduate Medical Education (ACGME), the Association of Family Medicine Residency Directors (AFMRD), and other pertinent organizations to develop and disseminate uniform curricular standards and tools to aid in the effective delivery of this education nationally.

No testimony was offered during the reference committee hearing. During the executive session, the reference committee reviewed the current activities of the AAFP, including practice management tools that are currently included in the residency curriculum guidelines. It was also noted that the ACGME Family Medicine Residency guidelines include required practice management principles as part of the broader competency-based curriculum. The reference committee concluded that the current activities of the AAFP and the ACGME satisfied the intention of the resolution and recommended it be reaffirmed.

RECOMMENDATION: The reference committee recommends that Resolution No. R201 be reaffirmed.

Item No. 2: Resolution No. R202: Increasing Efforts to Educate the Family Physicians on Chiropractic Techniques

RESOLVED, That the American Academy of Family Physicians expand its efforts to educate its members about chiropractic techniques and its limited amount of best practices, and be it further

RESOLVED, That the Robert Graham Center allocate funds for research regarding the quality, effectiveness, and value of chiropractic techniques in comparison to physical therapy and other standard medical treatments in order for family physicians to provide guidance to their patients considering alternative treatments to common musculoskeletal complaints.

The reference committee heard limited testimony in favor of the resolution. Proponents of the resolution highlighted the increasing use of chiropractic techniques by patients and cautioned that family physicians may be ill-equipped to comprehensively advise their patients on chiropractic medicine without further education. There was no testimony offered in opposition. The reference committee agreed with the first resolved clause on the limited knowledge and education many family physicians

have regarding the merits and drawbacks of chiropractic techniques and the variable scope of practice of chiropractors across states. The reference committee also discussed the feasibility of directing the Robert Graham Center to allocate and conduct research regarding the quality, effectiveness, and value of chiropractic techniques in comparison to physical therapy and other standard medical treatments.

The reference committee concluded that the paramount concern of this resolution was to improve the education of family physicians regarding the use of chiropractic techniques. The reference committee believed that the first resolved clause should account for the scope of practice for chiropractors, as it varies by state, and it should be amended to encompass both merits and drawbacks, as opposed to the previous emphasis on limitations, to ensure the removal of bias and maintain a patient-centered perspective. The reference committee also noted the AAFP's effort to educate members will inherently include evidence and research-based education tactics, which would therefore negate the need to explicitly call upon further research by the Robert Graham Center to accomplish the central goal of increased education. Further, the reference committee believed the second resolved clause is out of the financial and operational feasibility for the Robert Graham Center.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R202 be adopted in lieu of Resolution No. R202, which reads as follows:

RESOLVED, That the American Academy of Family Physicians expand efforts to educate members about chiropractic techniques and scope to best advise patients.

Item No. 3: Resolution No. R203: AAFP Policy on Intellectual and/ or Developmental Disability Care in Primary Care Setting

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage intellectual and developmental disability training within residency and fellowship programs through creation of an Adult Developmental Medicine/Disability Medicine search category in the AAFP fellowship index, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) promote inclusive, team-based clinical care for the Intellectual and/or Developmental Disability community by updating existing policy to affirm the role of family physicians in addressing disparities faced by individuals living with developmental disabilities, and be it further

RESOLVED, That the American Academy of Family Physicians engage with organizations such as the American Academy of Developmental Medicine & Dentistry, Vanderbilt Kennedy Center, The Arc and the American Academy of Pediatrics to amplify and disseminate existing resources in disability medicine for family physicians.

The reference committee heard testimony in support of the resolution. A proponent of the resolution highlighted an experience with a patient with a rare developmental disorder who struggled to identify a primary care physician who could manage the complexities of their care. No testimony was offered in opposition to the resolution. The reference committee noted that residents currently don't have formal training on this topic. However, there are existing adult developmental and disability medicine fellowships that could be made available to members if a new searchable category was created in the AAFP's fellowship directory. It was also noted that existing AAFP policies could be amended to call out the important role that family physicians play in the care of patients with developmental and intellectual

disabilities. The reference committee also believed that the third resolved clause should be amended to provide greater flexibility to the AAFP to identify potential stakeholders to engage in resource collaboration.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R203 be adopted in lieu of Resolution No. R203 which reads as follows:

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage intellectual and developmental disability training within residency and fellowship programs through creation of an Adult Developmental Medicine/Disability Medicine search category in the AAFP fellowship index, and be it further

RESOLVED, That the American Academy of Family Physicians promote inclusive, team-based clinical care for the Intellectual and/or Developmental Disability community by updating existing policy to affirm the role of family physicians in addressing disparities faced by individuals living with developmental disabilities, and be it further

RESOLVED, That the American Academy of Family Physicians engage with stakeholders to amplify and disseminate existing resources in disability medicine for family physicians.

Item No. 4: Resolution No. R204: Address the Primary Care Physician Shortage

RESOLVED, That the American Academy of Family Physicians advocate for funding for an agency to implement recommendations to identify and project shortages in primary care across all states over the next decade, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for expansion of the Medical Student Education Program to all 50 states with funding adjusted based on existing and projected primary care shortages within each state.

No testimony was offered during the reference committee hearing. The reference committee and staff outlined the current activities of the AAFP, including recent advocacy to Congress regarding protecting and funding graduate medical education programs, including the Medical Student Education Program (MESP). The reference committee concluded that the current activities of the AAFP satisfied the intention of the resolution and recommended the resolution be reaffirmed.

RECOMMENDATION: The reference committee recommends that Resolution No. R204: be reaffirmed.

Item No. 5: Resolution No. R205: Evaluating Direct-to-Consumer Telehealth Prescribing Systems

RESOLVED, That the American Academy of Family Physicians evaluate and publicize the benefits and risks of patients obtaining prescription medications through Direct-to-Consumer Telehealth Prescribing Systems.

The reference committee heard testimony in favor of the resolution. Proponents of the resolution outlined several concerns with direct-to-consumer marketing practices, including deceptive promotional

wording and risk to patient safety with other drug interactions. There was no testimony offered in opposition to the resolution. The reference committee noted that AAFP policy around telehealth emphasizes that the modality of telehealth should exist within the confines of an existing physician-patient relationship. It was also noted that direct-to-consumer systems may have benefits, especially if patients have trouble securing a prescription drug due to challenges with insurance coverage. Overall, there was appreciation for the idea of providing unbiased information to the public about direct-to-consumer practices, which could ensure patients are more informed and make better health care choices.

RECOMMENDATION: The reference committee recommends that Resolution No. R205 be adopted.

Item No. 6: Resolution No. R206: Artificial Intelligence (AI) in Family Medicine Residency Training

RESOLVED, That the American Academy of Family Physicians create a taskforce to review emerging technologies impacting healthcare and providing recommendations and/or updates on professional use on a rolling basis, and be it further

RESOLVED, That the American Academy of Family Physicians provide a framework for residency programs to adopt emerging technologies in preparation for the Primary Care workforce, and be it further

RESOLVED, That the American Academy of Family Physicians raise awareness to the public, media, and/or specific groups/stakeholders on the value of Artificial Intelligence (AI) in healthcare and medical residency training via media campaigns and other related activities.

The reference committee heard testimony both supporting and opposing the resolution. Supporters emphasized the expanding availability of artificial intelligence (AI) tools that assist resident physicians, noting that many of these tools lack updated guardrails to ensure their appropriate and effective use. Opponents of the resolution acknowledged the growing landscape of AI devices but raised concerns about the breadth of the resolution and bandwidth of the AAFP to address the resolution at large. Staff shared with the reference committee that the AAFP currently has a structure in place to review pertinent AI and technological developments. The reference committee and staff discussed the AAFP's ongoing partnerships with relevant stakeholders on producing deliverables and sharing the use cases of AI in primary care, including CME, case studies, educational summits, and others. Ultimately, the reference committee concluded that the current activities of the AAFP satisfied the intention of the first and third resolves.

Regarding the second resolve, the reference committee discussed the growing need for the AAFP to educate family physician residents on the uses of AI-enabled technologies in primary care, particularly given the benefits of incorporating AI into physician workflows and the risks associated with misuse.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R206 be adopted in lieu of Resolution No R206, which reads as follows:



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RESOLVED, That the American Academy of Family Physicians provide a framework for residency programs to adopt emerging technologies in preparation for the primary care workforce.



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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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