Wicked Problem #1: How Will We Achieve Dramatic Residency Expansion?

General Problem Statement:

Coming out of Family Medicine for America’s Health is an ambitious goal to increase the proportion of American medical students choosing family medicine to 25% by the 2030. The AAFP is coordinating that effort and hosted a national collaborative kick off in August 2018. As all have recognized, the campaign to increase the quantity and quality of students choosing family medicine must be associated with a parallel initiative to increase the number of family medicine residency slots. The size of the proposed growth is stunning—more than doubling our current number of residencies and at a pace more rapid than the first decade as a specialty.

By any measure—advocacy, financing, organization, education, curricular design—major residency expansion constitutes a “wicked problem”. The purpose of sessions on Friday is to start the discussion. We’ve chosen to start by framing five interrelated questions for groups to work on:

1. What should our priorities be a national legislative and advocacy strategy going forward?
2. Should we change the basic organization and structure of family medicine residencies in the future?
3. How should we change FM residency programs to make them more attractive to medical students?
4. How should we recruit the large numbers of additional residency faculty necessary we will need?
5. How should we address the gaps between what residents want, what jobs are available to them and what workforce the public needs?

Thank you to the many organizations who contributed background for this discussion!

Organization of Sessions:

We are organizing the room into five tables of 7-8 people. In keeping with our commitment to work across organizations, the specific group member assignments are found in the spreadsheet on the website entitled Group Assignments. We have tried to make sure that each group is as diverse as possible in terms of the organizations participating, the distribution of organizational executives and elected leaders. You may consider a limited amount of switching across groups, within members of your organization, to align with personal interests. This needs to be done in advance, as everyone in a particular group needs to review the readings specific for that topic in advance.

Pre-readings for all participants are listed for all participants below. Additionally, descriptions of each small group problem statement, pre-readings, group charge, proposed small group discussion questions can be found in the individual group documents on the Working Party website. All
participants should read both the general readings and those specific for the group in which they are participating.

Please look at the specific charge and questions for your group. Facilitators will briefly present the background and the group will discuss ways to approach these questions in the first 45 minutes. In the second session after lunch, participants will have the opportunity to move to the table of their choice and discuss/refine/add to the answers developed by the first group. Small group report out of preliminary conclusions will be built into the schedule, with each group having in two minutes to share their ideas, with three minutes for questions.

**Pre-Reading for All Participants:**

- AAFP Progress Report for 25x2030 initiative;
- Current Trends in Numbers of Family Medicine Residencies and Residents,
- The gap between what resident want to do and what they end up doing
- Optional:
  - Trends in Allopathic and Osteopathic Residencies,
  - News report: the explosive growth of US seniors choosing psychiatry.

**Initial Assumptions for Group Discussion:**

To facilitate small group discussion, we propose some initial assumptions about both the rationale for residency expansion and the future healthcare environment will be helpful. These include:

1. Substantial increases in the numbers of family physicians, broadly trained, operating at as full scope as possible, and working in transformed practices are necessary to improve population health, patient experience and cost effectiveness.
2. Family physicians of the future will operate in teams along with office assistants, nurses, NPs/DNPs/PA, and many other health professional, including behavioral health, pharmacy, social work; patient voice will be amplified and embedded in care and in the measurement of outcomes of care.
3. For many reasons, consolidation of health systems within regions and across states will continue, and nearly all family physicians will be employed in 10-15 years. Similarly, nearly all residencies will be connected with larger systems of hospitals.
4. While optimal size and organization of family physicians, their clinical care teams, and their medical and social service neighborhoods is still unknown, family physicians’ scope and focus will adjust to regional and population needs, and family physician training must support flexibility over careers.
5. In order to improve population health, the broader system of care will need to support robust primary care to a much greater degree, including pay for value, infrastructure for population and patient-based care, efficient care coordination and much more effective and efficient health records and health analytics.
These assumptions are meant as a straw man—to make the context of residency expansion explicit—but any group can include questioning of one of these assumptions as a part of their discussion.