

COUNCIL ON WORKFORCE AND MEMBER ENGAGEMENT

Friday, April 10, 2026, 3 – 5 p.m.

Kalahari H | Kalahari Resorts and Conventions

Zoom connection information: Meeting ID: 857 8884 6389 | Passcode: 795273

AGENDA

1. Call to order by Eric Lee MD, chair (Dan Sepdham, MD, vice chair)
2. Introductions
3. Approval of report – November 13, 2025
4. Current business
 1. Membership Growth and Engagement
 - a) Membership Dashboard
 - b) Graduating resident gift
 - c) Task Force on Physician Well-Being Update
 - d) Task Force on IMG Licensure and other issues Update
 2. Workforce Development
 - a) Family Medicine Match Details
 - b) AAFP Match selection improvement project – Karen Mitchell, MD (3:30 p.m.)
 - c) August 22, 2026, Student and Resident Summit/Residency and Career Fair
 - d) HOSA
5. Volunteer Opportunities -TFMPP
6. Other business
7. Adjourn

Kathy McCarthy and Juleah Williams are the staff liaisons for this group.

COUNCIL ON WORKFORCE AND MEMBER ENGAGEMENT REPORT

Author: Juleah Williams

Meeting date: November 13, 2025

The following members and guests attended the meeting in person: Eric Lee, MD; Dan Sepdham, MD; Eduardo Lindsay, MD; Alexis Ramos, MD; Mary Shipman, DO; Nayeli Fuentes, MD; Michelle Le, DO; Rashmi Rode, MD, Board Liaison. Staff members Kathy McCarthy, and Juleah Williams. Guests: Jose Rincon, MD; Jessica Glick, MD; Geri Langham, MD

The following members attended the meeting via Zoom: Naomi D'Acolatse, MD; Tamara McGregor, MD; Saul Ruvalcaba, MD; Sheh Thomas, MD

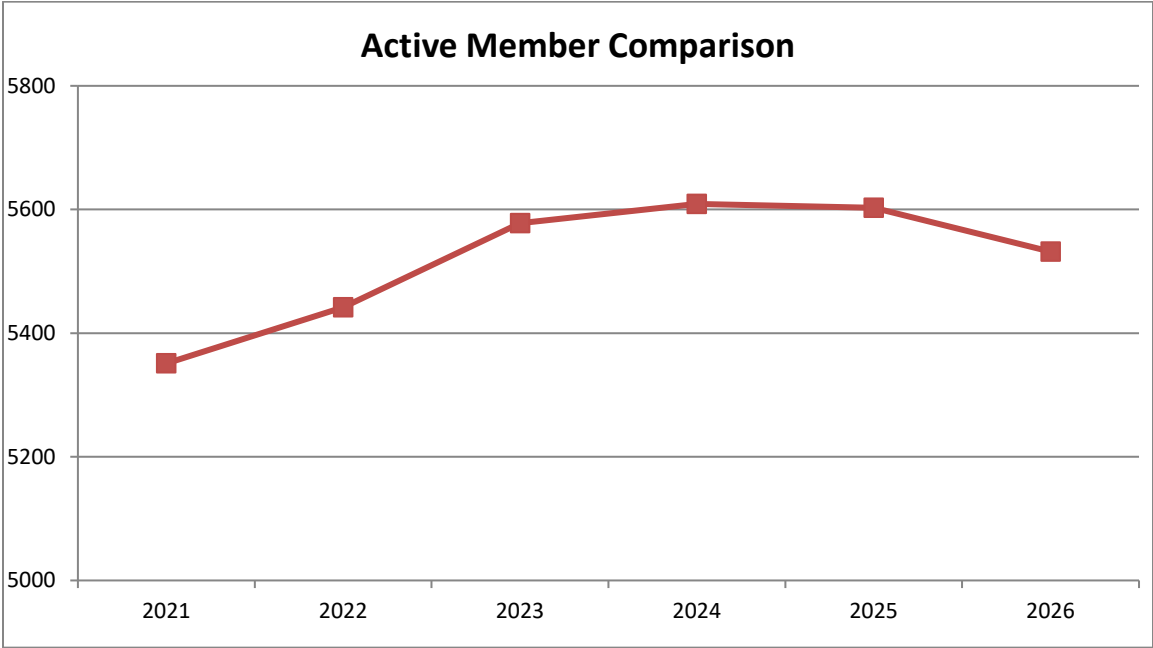
MINUTES

1. The meeting was called to order by Eric Lee, MD, chair at 2:30 p.m.
2. The report of the April 4, 2025, meeting was approved.
3. The council reviewed the Student and Resident Summit, where the team reported a successful event with 27 residency programs, 9 career fair booths, and 211 attendees, including 133 students and residents funded by the foundation. The team discussed improvements made this year, such as setting registration deadlines and using text reminders, which helped increase attendance. They also announced that the summit will be held at the Westin DFW Airport for the next two years, with dates secured for 2026 and 2027. Additionally, they shared that Dr. Sarah Nosal, the AAFP president, will give the keynote speech at next year's summit.
4. The council reviewed the resident graduation gift program, which asks the 319 FM residency graduates to update their contact information with TAFP, of the 319 graduates, 205 providing contact information and received the TAFP giftbox.
5. Dr. Jessica Glick discussed her experience as an AAFP Residency Ambassador. Highlighting Texas's success with three ambassadors conducting lectures at Texas residency programs to promote AAFP member resources. It should be noted that while membership retention for new physicians is challenging, the program aims to improve engagement and prevent membership drops during residents' early careers.
6. Dr. Jessica Glick gave an update on the Physician Well-being Task Force. She described the task force's mission to survey TAFP members about their interest in well-being initiatives, with a 12-

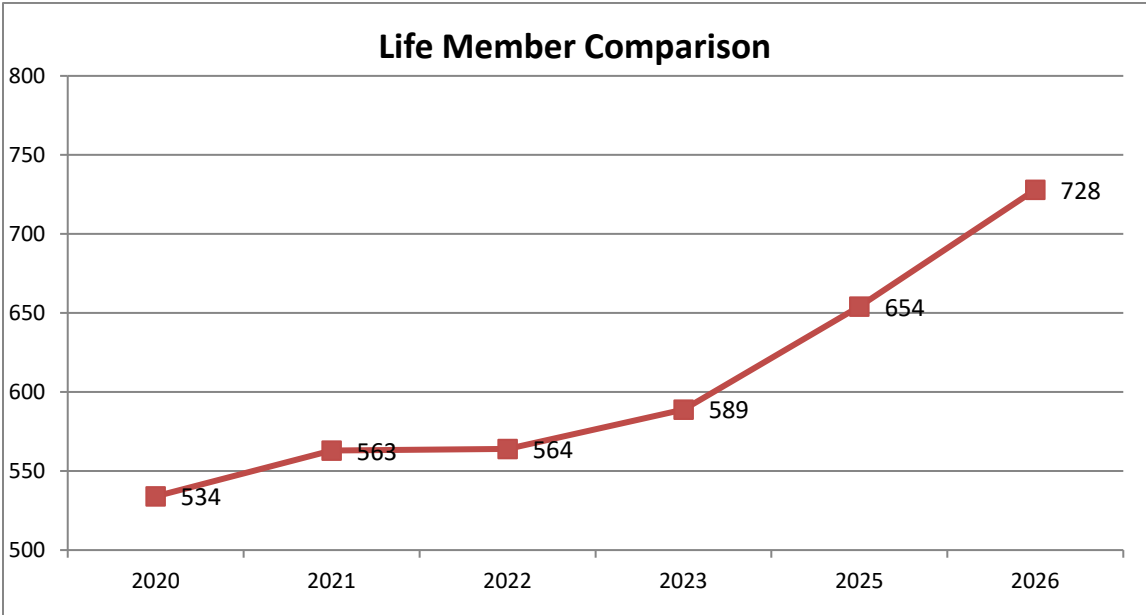
question survey to be distributed via Member Assembly and email until December 15th. Dr. Glick also shared her personal experience with lifestyle medicine and AAFP's Whole Health Summit, emphasizing the importance of balancing patient care with personal well-being.

7. The council talked about upcoming volunteer opportunities focused on outreach and mentorship. Members were encouraged to get involved with local and regional HOSA Future Health Professionals events, which give high school students a chance to learn about careers in family medicine. These events are a great way to build early interest in the field and connect future health professionals with practicing physicians. Anyone wanting to volunteer were asked to fill out the online form or email Juleah Williams.
8. Challenges faced by International Medical Graduates (IMGs) in obtaining a Texas medical license were discussed, highlighting the lengthy and costly process that can deter them from remaining in Texas to practice after completing residency. Participants noted that only 30 J-1 visa slots are available per state for IMGs needing a visa, which limits their ability to remain in Texas after residency. Kathy acknowledged that although recent legislative wins have reduced the licensing timeline, significant barriers remain. She proposed forming a task force to further address these challenges. The council agreed to establish a task force with goals that include identifying statutory hurdles, and developing a licensing guide including basic fees required. The following physicians volunteered to join the task force: Bruno Bittencourt, MD; Rashmi Rode, MD; Mary Shipman, DO; Alexis Ramos, MD; Chelsea Mendonca, MD; Jose Rincon, MD.
9. The meeting was adjourned at 4:05 p.m.

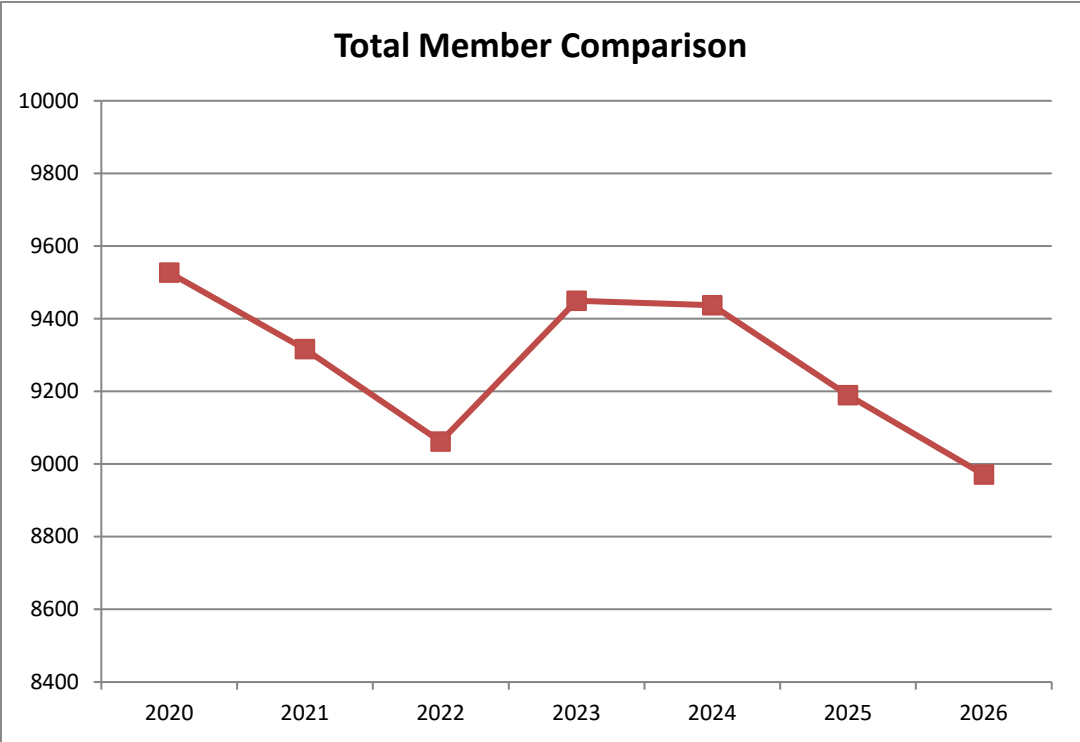
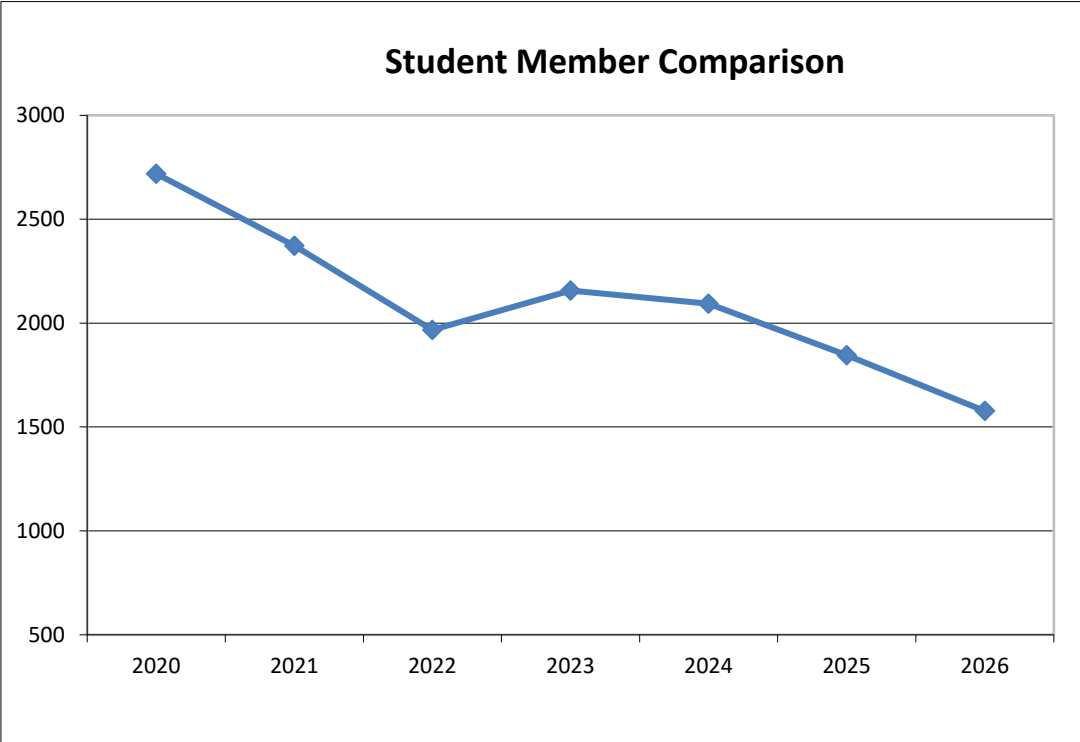
AAFP has not released their retention and market share reports for this year. I hope to provide that data at a future meeting. Following are several charts that show our membership trends. We benchmark in January. This was the second year we saw a decline. That is a reflection of lower retention but also the move from Active to Life status.



We began tracking Life Membership last year. While we had a 1.3% decline in Active Membership, we saw a 11.3% increase in Life Members.



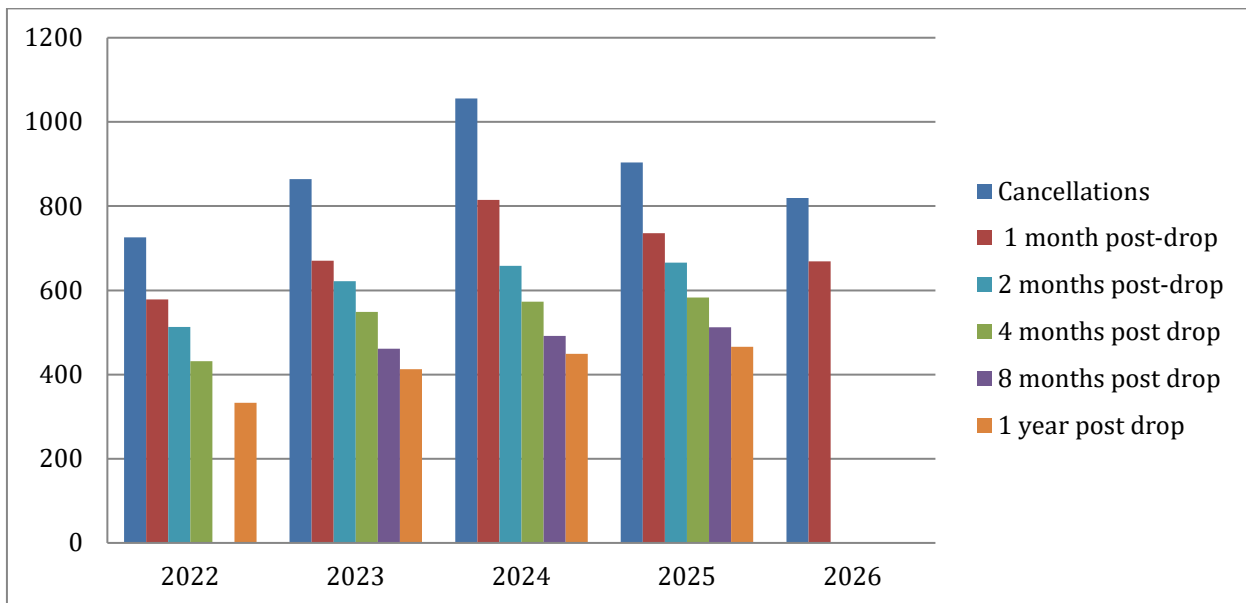
We saw a decline in student membership during the pandemic that resulted in an overall membership decline and we never really recovered. Note that Texas has the most student members of any state chapter. Students tend to join later in medical school.



AAFP cancelled membership who not renewed on March 1. We are still seeing members reinstate their membership, but here is some data as of March 30.

- 18 Active members were canceled for not reporting enough CME – 4 have since been reinstated.
- 798 Active and 3 Supporting members were canceled for not paying dues (19 of them had also not met the CME requirement) – 146 have since reinstated.
- 819 cancellations is an improvement over the 904 we initially lost in 2025 and 1,056 in 2024.
- At the end of March, we've had 150 of 819 reinstate.

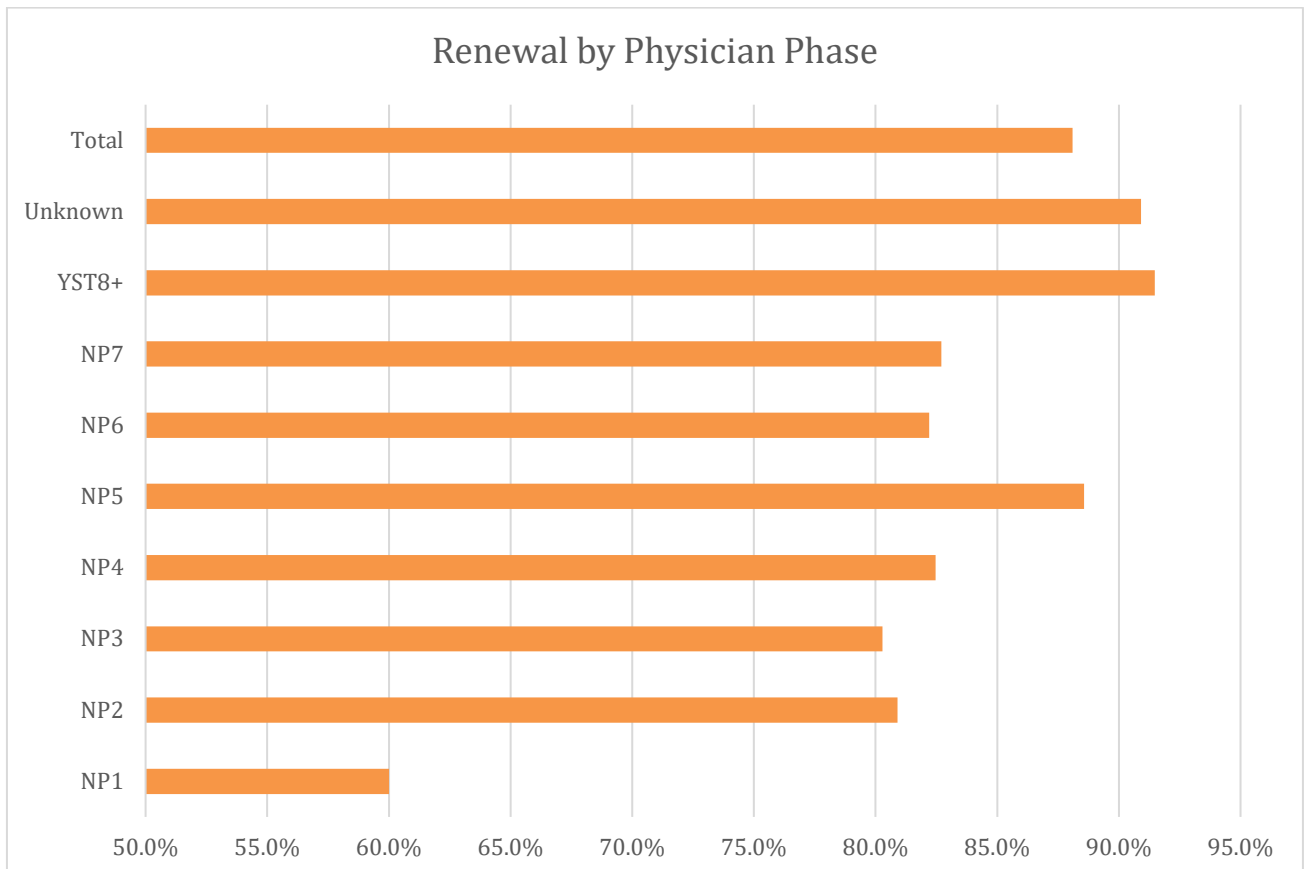
I track those not reinstated through the year after cancellation. Thus far, we are still doing better than in the last two years. We will continue to track.



Renewal rate by physician phase

Renewals include those Active members who have paid their dues in full and those paying installments. AAFP uses NP1 to refer to those members in their first year out of residency/fellowship and NP2 for second year, etc. As has been the case, the NP1s renewed at a lower rate. I always say that rather than thinking of them as choosing not to renew, we should remember that many of them never chose to be a member. Their residency program enrolled them and paid dues while they were a resident and then we automatically made them Active members. The overall renewal rate of March 30 is 88.1%. As of March 30, New Physician renewal rate is 78.3%.

	# renewed	Percentage Renewed
NP1	168	60.0%
NP2	161	80.9%
NP3	167	80.3%
NP4	174	82.5%
NP5	155	88.6%
NP6	134	82.2%
NP7	153	82.7%
8+ years since training	3,758	91.5%
Unknown	20	90.9%
Total	4,890	88.1%

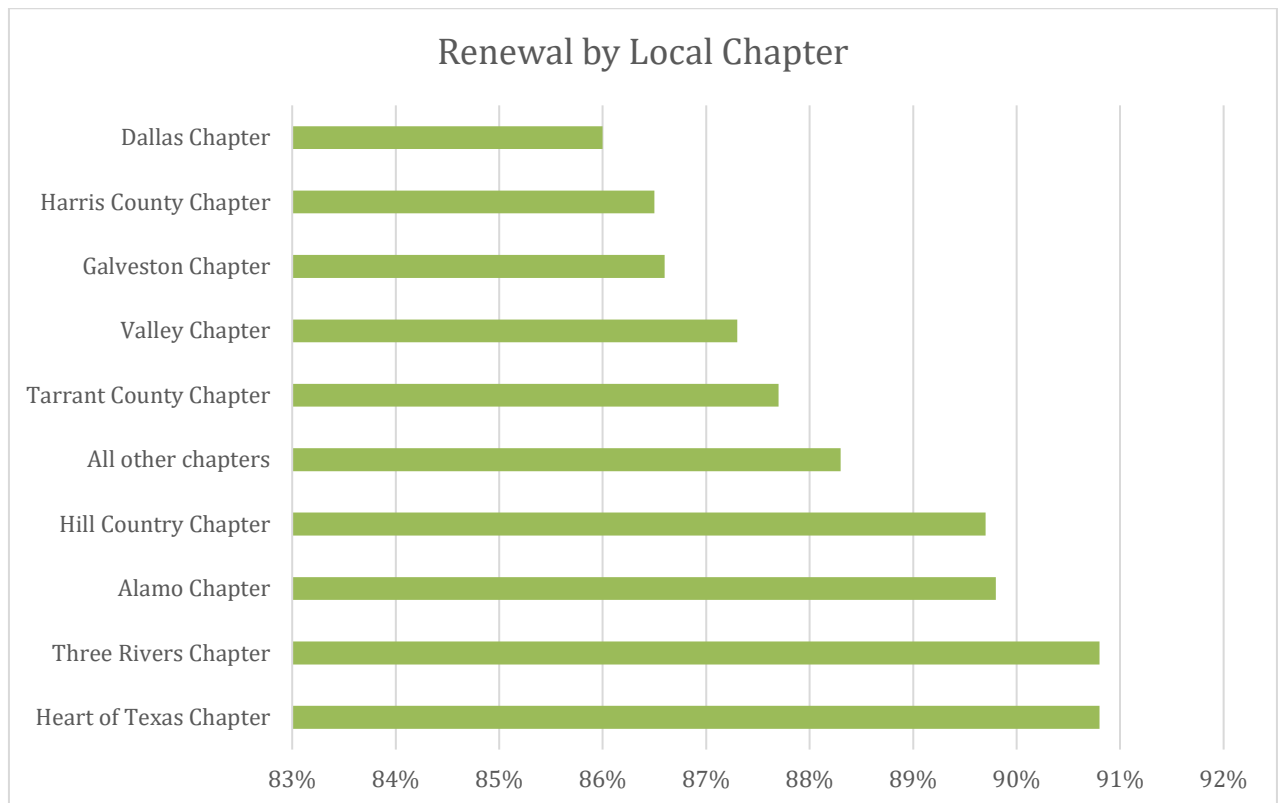


Renewal rate by Local Chapter

TAFP Local Chapters range in size, activity, and dues amount. Initial data suggests that those chapters charging \$100 or more in dues had a lower renewal rate. The Alamo Chapter stands out as an exception. The number of total Active members listed is as of February.

Chapter Name	Dues	Total Active members	% renewed
Heart of Texas Chapter	\$50	499	90.8%
Three Rivers Chapter	\$10	76	90.8%
Alamo Chapter	\$120	541	89.8%
Hill Country Chapter	\$25	58	89.7%
All other chapters	\$0	2309	88.3%
Tarrant County Chapter	\$125	406	87.7%
Valley Chapter	\$90	221	87.3%
Galveston Chapter	\$50	82	86.6%
Harris County Chapter	\$130	793	86.5%
Dallas Chapter	\$100	566	86.0%

For 2026, TAFP dues were \$370, AAFP dues were \$525, so members in those chapters with dues over \$100 had total dues of more than \$1,000. Following is a letter that was sent to chapters last year. The Hill Country Chapter and the Galveston Chapter both opted for lower dues for 2026.



May 13, 2025

Name
President, XX Chapter

Dear Dr. XX,

I want to thank you for your dedication and leadership in guiding your local chapter. Local chapters can play an important role in connecting with members, identifying pressing issues, fostering community, and encouraging the next generation of leaders in family medicine.

During my time on the TAFP Board and through conversations with other state chapters, I've come to appreciate how unique we are in Texas. We're one of only a handful of states with an active network of local chapters. While a few larger states like California and New York also have local structures, their chapter dues tend to be significantly lower. Of course, we take pride in doing things big in Texas—but we also want to make sure we're doing things sustainably and inclusively.

With that in mind, I'm reaching out to respectfully request that your chapter carefully consider dues for 2026 to better support our shared goal of keeping membership accessible to all. The combined AAFP and TAFP dues will total \$895 in 2026. We're concerned that with local chapter dues, this may be a barrier for some members, especially at a time when many employers are re-evaluating their support for professional memberships.

TAFP is committed to being your partner as you weigh this decision. We deeply value the engagement you foster, especially with students and residents. For many chapters, community-building and continuing education are at the core of your work — and that's incredibly important. At the same time, we know not all members can attend meetings or events, so we simply ask your board to reflect on the value being delivered to all your dues-paying members and whether the current structure is still the best fit.

We'd also like to share a few ideas. At TAFP, we balance our programming expenses through dues, sponsorships, and event registrations. One example of creative revenue generation comes from the new Hill Country Chapter, which hosted an event where local specialists paid to connect with family physicians. That single event helped fund their chapter for the year and allowed them to reduce dues while still supporting strong programming. While every region is different, we encourage exploring alternative funding models that might work for your chapter.

AAFP requires all chapters to submit their dues structure by August, so we're reaching out now to give you and your board ample time for discussion. Please know that TAFP is here to

support you through that process. If you'd like to talk through options, brainstorm ideas, or get examples from other chapters, we're happy to help.

Thank you again for your leadership and for everything you do to strengthen the family medicine community in Texas.

Sincerely,

A handwritten signature in black ink that reads "Lindsay K. Botsford, MD, FAAFP". The signature is written in a cursive style with a large initial 'L'.

Lindsay Botsford, MD, MBA, FAAFP
President

cc: LIST OTHER CHAPTER LEADERS

Communication:

- Send a "Congratulations on Your Residency Graduation" email, urging residents to fill out the new contact information form to receive a graduation.
- An initial congratulations email will be sent to residents in Mid- April
- Follow-up emails will be sent to residency directors and coordinators in June 2026 including the form and a list of residents who hadn't responded.
- We make sure to tell residents in the initial email to expect the gift in August, allowing for relocation.
- A follow-up email will be sent in September/October confirming they received their gift and letting them know we are here to support them in the next steps in of their journey.

The Gift:

- Our gift box includes a Stanley dupe with the phrase "everyone deserves a Family Physician," our logo, a TAFP logo notepad, a TAFP pen, and a postcard with information about the Welcome to Practice Initiative.



Ordering, Packing and Shipping the Gifts:

- We chose a local company that could handle production, packing, and shipping of the gift boxes.

Collecting Contact Information:

- Downloaded the list of current graduating residents and their address on file so we can track the response rate.
- Utilized a Microsoft form to collect data.
- Included a question asking if they are going into a fellowship, if so, what program.
- Updated new contact information in the AAFP Chapter portal.
- For those entering a fellowship, AAFP provided us with a form to ensure their membership status was updated with their fellowship information.

Receiving and Unboxing 2025 Results:

- I reached out to a group of residents to provide feedback on the items and asked them to share a picture on their social media. We only had a few posts this year.

Among the 319 resident members that graduated in June 2025, we're pleased to report that we received responses from 206 individuals, a 64 percent response rate. There were 205 graduation gift boxes mailed out. Of those that responded, 25 are going into a fellowship, 1 went into another specialty, 44 are moving out of state including one going out of the country. Those who responded with new contact information were much more likely to renew their membership. 73% of those who updated information renewed by March 23.

2026 Data:

As of April 2, 2026, we have 314 resident members graduating in 2026 from 35 Texas family medicine programs.

The Physician Well-Being Task Force conducted a membership survey in late 2025, receiving 276 responses. Results indicate that respondents are primarily full-time, late-career physicians, with slightly more female participants. The most common practice settings include hospital/health systems, academic institutions, and small private family medicine groups.

Findings show that well-being is most valued by physicians in training and those early in their careers, while mid-career physicians place less emphasis on well-being. Notably, both early- and mid-career physicians report the lowest levels of career satisfaction.

In terms of educational preferences, most respondents favor in-person learning, while in-training physicians show a stronger preference for virtual formats. Across all groups, there is also interest in accessible, short-form content such as newsletters and emails. Task force members identified CME, online resources, and interactive workshops as the most valuable forms of support.

Top areas of focus for wellness initiatives requested include financial wellness, professional fulfillment, and contract negotiation and career development resources.

The Task Force is also pleased to share that the TAFP Foundation recently received a generous donation from Dr. Chrisette Dharma to support annual physician well-being lectures. The first lecture will feature Dr. Sarah Ashitey at the upcoming Annual Session in November. A portion of this funding will be allocated annually to ensure long-term sustainability of these efforts.

Current work is focused on forming subcommittees to advance key initiatives, including the development of CME programming on physician well-being (ASPCS November 2026), launching a dedicated Physician Well-Being section in the *TAFP News Now* newsletter, and incorporating well-being lectures into FMLE programming.

January 2026

The Task Force on IMG Licensure and other issues met on Monday, January 26, 2026, on Zoom to work on identification and explanation of the various factors that lead to IMGs who train at Texas residency programs to leave Texas for practice.

Looking at all family physicians trained at Texas Residency Programs from 2010 to 2024, the data shows:

- Almost 30% of residency grads for those years are International Medical School Graduates.
- Only 33.7% of IMGs from that time period are current TAFP members vs. 41.8% of US grads who completed residency in the same time period.
- A higher percentage of IMGs who trained in Texas are AAFP members in other states – 19.3% vs 16.6% of US grads
- 47% are not AAFP members. If a member doesn't renew, AAFP stops updating their contact information, so it is difficult to determine how many non-members are attributable to Texas.

There are two issues – obtaining a Texas medical license and, for some, securing a visa to continue living in the US. There are other states where those two things are easier and less expensive. **Our objective is to retain more family physicians in Texas to meet our workforce needs.**

Issue 1: Obtaining a license from the Texas Medical Board

Texas has a reputation for being one of the more expensive states for licensure and for longer processing time. That is true for US medical school graduates and international medical graduates. For IMG physicians it can be even more expensive and take longer. IMG physicians cannot apply for licensure in Texas until the end of their second year of residency. TMB is mandated to average application processing in 51 days, but the clock starts when the application is complete so if anything is missing or needs correcting, it can take longer.

If the resident attended a medical school that is already on the list of approved international schools, it is easier but still takes time. If the school is not on the list of pre-approved schools, it can be a lengthy process to obtain documentation from the school. There is a form that must be completed by the medical school related to their accreditation. The other option for physicians in this situation is to obtain a license in another state and use that to get their Texas license faster. Obviously, that adds to the expense and timeline.

According to a chart prepared by the Federation of State Medical Boards in 2024, initial licensure fees range from \$35 in Pennsylvania to more than \$1,100 in California and Rhode Island. Texas is on the high end at \$817. Some applicants use the Federation Credentials Verification Service - a universal application. That adds an additional expense.

Advocacy questions:

- How can we expand the list of pre-approved schools?
- When a physician ultimately obtains a license, is their medical school automatically added?
- Could there be a lower initial license fee for those completing residency in Texas to encourage more to stay and practice?
- What are the barriers to faster processing of applications seen in other states? Is that just funding for staff?
- Would TMA be interested in helping with this advocacy?

Issue 2: Immigration status

For IMG residents who are not US citizens, an added complication is obtaining a visa. We don't have any data on how many of our IMG residents are in this category. Of the 1,038 resident members in Texas right now, 291 are IMGs. They graduated from a total of 136 medical schools.

J-1 visa during training

Resident physicians obtain a J-1 visa through the Educational Commission on Foreign Medical Graduates (ECFMG) authorized by the U.S. State Department for the period of their training. To apply, the physician must have passed USMLE step 1 and step 2 CK (or equivalent), have a valid ECFMG certificate, have a contract or official letter of offer for a position at a residency program, and provide a statement of need from the Ministry of Health of the country of last legal permanent residence regardless of country citizenship.

What happens after training? J-1 visa waiver or return to home country

Upon completion of training in the U.S., J-1 visa holders must return to their home country for a period of two years before being eligible for a change or adjustment of visa status unless they obtain a waiver. Under the law, the following three circumstances can provide a waiver of the two-year residency requirement:

- The waiver applicant can demonstrate that he or she will suffer from persecution in his or her home country or country of last legal permanent residence.
- Fulfillment of the residency requirement would bring proven exceptional hardship to the applicant's spouse and/or children who are U.S. citizens or permanent residents.
- The applicant is sponsored by an Interested Governmental Agency (IGA) that is interested in the physician's continued employment in the United States.

The following governmental agencies have sponsored waivers for international medical graduates:

- The Department of Health and Human Services
- The Department of Veterans Affairs
- The Appalachian Regional Commission
- The Department of Agriculture
- The Department of Housing and Urban Development
- State departments of public health may sponsor up to 30 J-1 physicians per year for waivers to provide care in underserved communities.

Once an international medical graduate receives a J-1 waiver and a state medical license, he or she may obtain a new work authorized status for U.S. employment, which in most cases will be an H-1B visa.

Conrad 30 J-1 Visa Waiver Program

The only governmental agency with information readily available on their waiver program for physicians in Texas is the Department of State Health Services. There are attorney websites that mention other paths but it's not clear how a resident would secure a waiver without their assistance. According to the Texas Department of State Health Services website, the Conrad 30 J-1 Visa Waiver Program allows each state to recommend up to 30 IMGs each year for a waiver. The Conrad 30 program is specifically for physicians. To be eligible, the physician must agree to practice medicine full-time at a health care facility located in a federally designated Health Professional Shortage Area or Medically Underserved Area for a period of no less than three years.

In a large, populous state like Texas, 30 waivers will go faster than other states who may not use all their waivers. In Texas, the application should be submitted immediately when the application window opens on September 1 each year. They should apply during their third year of residency and must have an employment contract to practice in a facility located in a HPSA or MUA. Applicants can use an attorney to assist and that can add to the expense. The fee for the application is \$3,000. If DSHS does not recommend the waiver for the physician, the fee is refunded.

H1-B Visa

Applicants are notified of approval for the Conrad 30 waiver in March and can then obtain a new work authorized status, which in most cases will be an H-1B visa. They must be on salary within 60 days of the approval of the H-1B visa and the employer pays for the visa. Note that the timing is critical as the resident physician can't stay in the country past 30 days of the expiration of the J-1 visa they had during residency.

H1-B visa is approved for 3 years as long as the physician stays with the same employer. If the physician switches employers, they have to get a new visa. Renewal every three years includes

wage verification and takes around nine months. There is premium processing available to expedite the renewal, but it has additional fees.

Advocacy questions

- Could AAFP advocate to expand the number of waivers through the state department? Or to re-allocate based on the population of the state?
- Are there other pathways to obtain a waiver in Texas (besides the \$100k program)? Does TMA provide any guidance to members?
- Is there any data on how many physicians trained in Texas return to their country?

MATCH Results 2026

2026 Match Highlights: Family Medicine & Texas Focus

The National Resident Matching Program (NRMP) announced participation in the 2026 Main Residency Match®, with 53,373 applicants and 44,344 residency positions offered. Of those, 83% of positions filled through the algorithm.

Primary Care Trends:

Primary care remains a strong cornerstone of residency training, with 20,712 positions offered across Family Medicine, Internal Medicine, Pediatrics, and Medicine-Pediatrics. Family Medicine offered 5,491 positions nationwide—134 more than last year—but saw a dip in its fill rate to 83.6%, down from 85% in 2025.

“Reflecting on Family Medicine Workforce Trends. Family Medicine remains a cornerstone of the nation’s primary care workforce and a critical pathway for patient access to care. Over time, the specialty has faced growing challenges in attracting medical students, raising questions about how training pathways, professional expectations, and workforce needs are aligning. These trends have prompted broader reflection across the medical education community.

In response to these persistent recruitment trends, NRMP will convene a Blue Ribbon Panel of Family Medicine leaders and stakeholders in 2026 to closely examine medical student interest, evolving residency recruitment dynamics, and broader factors influencing the specialty’s growth and sustainability. The Panel will offer a space to thoughtfully consider how the specialty’s challenges and strengths have developed over time and how training pathways intersect with workforce needs. Insights from these discussions will be shared with the medical education community to deepen understanding and support continued conversation around the Family Medicine workforce pipeline.”** NRMP Press release Match 2026

Applicant Participation:

- U.S. DO seniors achieved their highest match record to date a 93.2% match rate.
- U.S. MD seniors, the largest applicant group, had a 93.5% match rate.
- U.S. citizen international medical graduates (IMGs) match rate rose to 70%, the highest on record.
- Non-U.S. citizen IMGs match rate declined to 56.4 percent, the lowest level observed in five years.

Texas Perspective:

While state-specific data will be available in the full spring report, Texas typically plays a major role in primary care training. Given the national growth in primary care and the expansion of

programs, including in Texas, these trends reflect both increased interest and continued need for investment in pipeline development, especially in Family Medicine.

In the 2026 Match, Texas offered a strong number of training opportunities across primary care specialties. Family Medicine remains a key player in the state's physician pipeline, though challenges with unfilled positions persist.

Family Medicine (PGY-1) in Texas

- **347 positions offered**
- **294 filled** (84.7% fill rate)
- Filled by:
 - **114 U.S. MD Seniors**
 - **92 U.S. DO Seniors**
 - **38 Non-U.S. Citizen IMGs**
 - **37 U.S. Citizen IMGs**
- **32.8% of positions filled by U.S. MD Seniors**
- **26.5 % filled by U.S. DO Seniors**

Despite a strong fill rate, Family Medicine continues to face recruitment challenges, with an 84.7% fill rate compared to Pediatrics (98.3%) and Internal Medicine (95.2%).

Other Primary Care Highlights in Texas

- **Internal Medicine (PGY-1):** 878 positions, 836 filled (95.2%)
- **Pediatrics (PGY-1):** 233 positions, 229 filled (98.2%)
- **Med-Peds (PGY-1):** 21 positions, 100% filled

**2026 Match Press Release [The full report, including detailed state and specialty breakdowns, will be released later this spring.](#)

[Inside the Academy](#)

AAFP residency initiative drives changes for 2027 Match

Jan. 21, 2026, [David Mitchell](#) — Family medicine residency programs and applicants will benefit from several changes in the 2027 National Resident Matching Program sparked by [the AAFP's Residency Selection Improvement Initiative](#) (RSII).

The Academy launched the initiative in August 2025 to identify improvements that could be put in place within a year or two to help fill more family medicine positions in the National Resident Matching Program (NRMP)'s Main Residency Match as effectively, efficiently and economically as possible.

Karen Mitchell, MD, FAAFP, AAFP vice president for national residency and academic partnerships, said this month that the Academy expects to have significant changes in place by June.

"At our convening in August, stakeholders identified four priority areas," Mitchell said. "I am pleased how quickly efforts on these have progressed."

Family medicine welcomed nearly 5,400 first-year residents in 2025, the largest first-year resident class in the specialty's history. Family medicine residencies offered a record number of positions for the 16th year in a row, and more than 800 residency programs filled [4,574 positions](#) in the Main Match. That left 805 positions unfilled prior to the Supplemental Offer and Acceptance Program.

The AAFP's residency initiative aims to improve recruitment and selection for both applicants and programs. The effort includes participation from the Association of American Medical Colleges
IS26, Council on Workforce and Member Engagement | 20



Karen Mitchell, MD, FAAFP, vice president for national residency and academic partnerships, will share updates about the AAFP's residency initiative at the 2026 [Residency Leadership Summit](#).

(AAMC), the NRMP, the Association of Family Medicine Residency Directors (AFMRD) and a cross-section of members who are students, residents, advisors and residency staff, including representatives of other national family medicine organizations.

Centralized residency information

The AAFP already offers [an online residency directory](#), but Mitchell said applicants are using multiple online tools and need a centralized resource. RSII project leaders worked with key stakeholders, including program directors, coordinators, residents and applicants, to refine and prioritize a list of family medicine-specific residency information that applicants are searching for.

To that end, the AAFP is working with the AAMC to incorporate information from the Academy's directory into [Residency Explorer](#), a product of the AAMC and eight other stakeholders. The collaboration will let family medicine residencies:

- Identify three top strengths that help define their program, such as an emphasis on geriatrics, sports medicine or other areas within family medicine.
- Describe their community setting as rural, suburban or urban.
- Tell applicants whether the family medicine clinic is federally funded to help those who hope to practice in related settings in the future.
- Specify the level of pregnancy care training they provide—the 20-delivery minimum required by the Accreditation Council for Graduate Medical Education for family medicine residents, the 80 deliveries required for comprehensive pregnancy-related care in independent practice, or a combination.

Mitchell said the AAFP will continue to maintain its [residency directory](#). She urged program directors to keep their information updated there “because it will be the mechanism for collecting this program information.”

“It will only be as accurate as what residency programs report,” she said.

Residency programs are also encouraged to update their program descriptions in the [National GME Census](#), a component of the AAMC's GME Track conducted jointly by the AAMC and the AMA. Residency Explorer and the AMA's residency search tool [FRIEDA](#) are populated by this information.

“Family medicine applicants are telling us that the community being served is very important information,” said Mitchell, who noted the Academy gleans information about student priorities from a student member survey, direct member feedback, interviews and participants in the RSII's

August meeting. “We are asking for residencies to include an expanded community description, which could include things like demographic information or languages spoken.”

Reimagining the residency interview process

Mitchell said the RSII aims to make the interview offer and acceptance process easier, equitable, and more effective for programs and applicants. Representatives of the AAFP and AFMRD have talked with residency directors from other specialties to learn what has worked and what hasn't in other areas of medicine.

An RSII workgroup is discussing the timing of offering and holding residency interviews. For example, although residencies receive applications through the Electronic Residency Application Service starting Sept. 24, pediatric residencies will not offer interviews before Oct. 6.

“Family medicine currently has no specific guidance on when to offer interviews,” Mitchell said. “Giving programs more time to holistically review applications would allow them to really search for mission-aligned applicants. It also would remove pressure on applicants to say yes to every offer and give them time to consider their priorities. With 800 programs and so many differing approaches, it's confusing to medical school advisors and applicants, and creating unnecessary stress.”

Mitchell said that during the [Residency Leadership Summit](#) (RLS), which comes to Dallas March 4-6, the RSII will propose some interview offer guidelines and seek attendee input.

IMGs and multispecialty applicants

The AAFP is working with the Electronic Residency Application Service to develop a way to help programs understand which applicants are most committed to family medicine and best align with their mission. The focus is to help residencies decide which applicants to invite for interviews, including by discerning how well applicants who apply to more than one specialty are aligned with family medicine.

Mitchell said the RSII is also taking a “deep dive with key collaborators” to help better understand the barriers programs face in choosing international medical graduates (IMGs) and to find potential solutions. Plans include collating IMG recruitment resources and guidance by June, and continuing work all year.

Supporting future family physicians

The RSII also is prioritizing strategies to support applicants who are dedicated to family medicine on their residency selection pathway. Accelerated programs at institutions including North Carolina, Penn State and Texas Tech that let learners earn medical degrees in three years and connect them to an affiliated family medicine residency program already exist.

“The family medicine accelerated tracks are designed for students committed to family medicine to get the connected to specific residency programs,” Mitchell said. “We think we can learn from that pathway to apply similar support for applicants on four-year pathways.”

Learn more at the Residency Leadership Summit

Mitchell will present a mainstage session with an overview of RSII during the Residency Leadership Summit in March. Workshops and breakfast tables will also feature related topics such as data-informed recruitment strategies, Match week preparation, IMG inclusion and opportunities for RSII input.

“We expect to have some high-impact, short-term RSII goals met by June 2026,” Mitchell said, “with more complex, high-impact opportunities for 2027.”

JOIN US AT RLS

More From AAFP

[2025 Match results for family medicine](#)

[The Match: Getting into a residency program](#)

[Choosing a residency program](#)

[Applying to residency programs](#)

TAFP Student & Resident Summit
Saturday, August 22, 2026
Westin Dallas Fort Worth Airport Hotel

Join us for TAFP's TAFP Student and Resident Summit, which promises to be a unique and innovative event, bringing together family medicine residents and medical students. It will offer attendees an opportunity to connect with peers, participate in a residency and job fair, gain new insights and knowledge, and explore current topics in family medicine. Residency faculty, administrators, Program and Clerkship Coordinators are invited to the Family Medicine Leadership Collaborative on Friday, August 21.

Friday, August 21, 2026

- **Family Medicine Leadership Collaborative (FMLC)**
 - **Clerkship and Residency Coordinator Conference**
 - **Evening Social & Networking Reception**
-

Saturday, August 22, 2026

- **Student & Resident Summit**
 - “Strolling Through the Match” Panel
 - Residency Program and Career Fair
 - Leadership & Career Development Sessions
 - Procedure Workshop

Save the Date for 2027 – TSRS August 20-21, 2027

Family Medicine Competitive Event:

We had an amazing response for volunteers for the previous cycle. If you would like to volunteer to be interviewed by a high school HOSA student for the 2026- 2027cycle, please complete this form: [2026 - 2027 HOSA Volunteer Form – Fill out form](#)

About HOSA and the Family Medicine Competitive Event

HOSA–Future Health Professionals is an international student organization that encourages pre-college students to explore careers in health care. The AAFP partners with HOSA to support the Family Medicine Physician Competitive Event, which gives students the opportunity to learn more about family medicine through interviews, research, and a peer presentation.

Participants conduct interviews with family physicians or medical students, research the specialty, and share their findings with peers in a formal presentation. These presentations are judged during the competition, and top-scoring students will advance to the HOSA International Leadership Conference later this year.

The **2026 HOSA State Conference** was March 24-26, 2026, in Corpus Christi, Texas. **HOSA International Leadership Conferences** will be June 17-20, 2026, in Indianapolis Convention Center, Indianapolis, IN.

The 2026 program is underway and is no longer accepting applications. As of March 31, 2026, 281 students filled out applications requesting a rotation, 218 of those students have been matched. There are around 50 students still pending. We expect some of the matched students will cancel their rotation and we will move through the list of pending students to fill the cancelations.

Stipends will be given to the students after evaluations from both the student and preceptor have been completed. We expect stipends to be paid around August or September 2026. Stipends are available for pre-clinical students based on the length of the preceptorship and the location.

- Up to \$3,000 for a 4-week preceptorship in an urban practice
- Up to \$5,000 for a 4-week preceptorship in a rural practice/MUA/HPSA

Calling All TFMPP Preceptors!

We have tremendous interest from pre-clinical medical students wanting to participate in a family medicine preceptorship this summer. The Texas Family Medicine Preceptorship Program offers medical students the chance to break out of the academic setting and see what medicine is really like when practiced in the community. The program is administered by TAFP and funded by the state.

For the past two years we have been able to offer educational support to preceptors including free registration for TAFP's Annual Session and Primary Care Summit. Our funding from the state is still pending, but we anticipate being able to do the same this year.

FREE registration to the **ASPCS** conference

Complimentary access to TeachingPhysician.org

Free Clinical Teaching Skills Workshop

Your dedication deserves recognition — and these resources are just one way we say thanks!