

**ACGME Program Requirements for Graduate Medical Education
in Family Medicine**

IMPACT STATEMENT

Line Number(s): 327-329; 1332-1478

Requirement Revision (major revisions only):
IV.A.5.b).(3). – IV.A.5.b).(3).(f).

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

Many programs have difficulty meeting RRC-FM requirements for maternity care education. During recent years and this past academic year, maternity care is the usually in the most frequently cited three curricular areas noted by the RRC-FM. In addition to meeting minimal delivery requirements, a majority (58%) of programs responding to a questionnaire stated that they had difficulty in recruiting a faculty member with delivery skills. With this high rate of citations, the quality of education in maternity care for Family Medicine Residents is inconsistent and, often, poor.

Based upon 2006 practice profile data for family medicine physicians, only 29.8% of physicians in active practice (not retired, 100% administrative, etc.) and who graduated from a family medicine residency program provide maternity care. Many programs are concerned that they are being required to provide an experience that a majority of the graduates will not use upon graduation. Based upon an Association of Family Medicine Residency Directors' literature review, survey data, and discussion during the 2008 Annual Program Directors Workshop, program directors widely supported a continuation of a maternity care requirement with the implementation of a two-tiered system.

Implementation of this two-tiered system, the first level which is a required participatory experience and the second level which is an optional competency-based experience, will allow those physicians who are truly interested in providing maternity care upon graduation to do so based upon a much more substantial amount of experience than is currently required which will then result in improved quality and safety of patient care.

- 2) Improves the quality of resident education;

By offering a two-tiered system for maternity care in family medicine residency programs, The RRC-FM anticipates this will improve the quality of those residents who wish to perform maternity care and additional time for other areas of interest to those residents who choose not to.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

The proposed changes should have no negative effect on the care rendered to patients.

- 1) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

No changes in institutional resources are anticipated

- 2) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

No changes in volume or variety of patients to provide proper educational resources in the institutions are anticipated.

- 3) impacts residency education in other specialties.

No negative impact on other services or other departments is anticipated from these proposed changes. The Residency Review Committee expects that these proposed changes will positively impact other services and departments in the institution.