Program Requirements for Graduate Medical in Family Medicine:  
Reasons behind the July 2014 Revisions  
Review Committee for Family Medicine

In July 2014, the revised ACGME Program Requirements for Graduate Medical Education in Family Medicine will become effective. Members of the Review Committee for Family Medicine have been working on this revision for the past several years. This process has involved numerous drafts, several meetings, and a significant amount of work by these dedicated family physicians. Integral to the revisions have been the numerous comments and suggestions to the drafts from multiple sources, including other members of the “family,” the ACGME, individuals, and other organizations. As the final version of the revised document becomes public, the current members of the Review Committee wanted to provide information regarding the thought process and discussions that occurred that guided the revision process.

The underlying principle of comprehensive, continuous, and compassionate care provided by a highly competent family physician who provides high quality care to individuals, as well as to a population of patients, is basic to residency education in family medicine. Residents must be provided the opportunities to gain the necessary knowledge, skills, and experience needed for such practice. Therefore, the revised requirements emphasize education of residents in an environment demonstrating that “continuity of comprehensive care for the diverse patient population family physicians serve is foundational to the specialty.”

To promote these stated principles, the population of patients cared for by a resident and a residency program (delineated as the Family Medicine Practice, or FMP, in the Requirements) is core to the educational experience. “Family Medicine Practice” was consciously chosen, not to replace the Family Medicine Center (FMC), but to acknowledge that family physicians care for patients, populations, and communities beyond the walls of the FMC. The FMP should provide the experience the resident needs in comprehensive and continuous care, as well as in population heath. Additionally, residents may gain experience in areas of specialty care through subpopulations of patients seen as part of the FMP. For example, programs that care for large numbers of children within the FMP can now count that experience towards meeting requirements in pediatrics, rather than relying on external rotations. Finally, specialist colleagues are encouraged to participate in the care of patients seen within the FMP if their knowledge and skills provide added benefit to both patient care and medical education. This last activity also provides experiences in team- and systems-based care for the resident.

The new requirements enhance the educational environment of the residency program through both standardization and flexibility, while promoting characteristics of a physician that are associated with high quality care. Both knowledge base and experience through patient encounters are associated with higher quality care. Performance on the American Board of Family Medicine (ABFM) examination is an important measure of knowledge base, and specific Board examination take- and pass-rates are expected. Additionally, measurement of specific patient encounters is required or allowed to meet several requirements, providing programs the flexibility to design curricular experiences without time restrictions, yet ensuring adequate experience for each resident.
In other curricular areas, the requirements allow programs to utilize their patient populations and other resources to maximize educational activities unique to their specific settings. For example, the program is expected to determine the medical conditions addressed during didactic sessions, the procedures performed by residents and faculty members, and the manner in which the program provides education in maternity care. Other defined areas of the curriculum also allow both flexibility and innovation for individual programs.

Maternity care requires detailed comment. The Committee understands that the provision of maternity care is a core element of comprehensive family medicine. Therefore, the requirement for a specific experience in maternity care education has been maintained. Recognizing that many programs will continue to produce family physicians competent in maternity care, a competency-based requirement is included that reflects the diversity and interests of programs while maintaining quality, providing flexibility, and promoting innovation. The academic organizations associated with family medicine need to provide support to programs and identify advanced curricula and required resources.

The Requirements specify assistance and support for the program director and faculty, the personnel essential to any residency program. Specific time allotments and a range of activities are included for both the director and program faculty members, with the intent to provide comprehensive and continuous support for resident education. Faculty members must also role-model several basic activities associated with the new paradigm of care that includes team work (the faculty in total must model the full range of family medicine practice), the need to maintain certification (being involved in the maintenance of certification process consistent with the expectations of the ABFM), and active involvement in patient care, education, and scholarly activity.

Finally, these Requirements become effective at the same time that the ACGME is implementing its Next Accreditation System (NAS). The NAS includes identification of each requirement as “Core,” “Detail,” or “Outcome.” Once a program has been granted full and Continued Accreditation, a detailed self-study (similar to the current model, yet with minimal documentation preparation, as well as a team of on-site surveyors) will occur in approximately 10 years. Annual reporting of program data (e.g., ABFM take-and-pass-rates, Resident and Faculty Surveys, inpatient data, etc.) will be monitored for potential non-compliance by the Review Committee, and focused or full site visits may be recommended in response to data indicating potential non-compliance with the written standards. If annual data indicate substantial compliance, programs will not be scrutinized annually on those requirements labeled “detail” (e.g., programs will not need to provide documented evidence of compliance).

With the revision of the Requirements, the Committee emphasizes that high quality family medicine resident education can only occur in an environment of high quality family medicine patient care. In this setting, we expect a graduate of an accredited family medicine residency program has the attitude, knowledge, skills, and experience to provide high quality care to individual patients, communities, and populations.