ACGME Program Requirements for Graduate Medical Education
in FAMILY MEDICINE
Summary and Impact of Focused Requirement Revisions

Requirement(s) #: I.B.5.
Participating sites should not be at such a distance from the primary clinical site that they require more than one hour of travel time each way. Excessive travel time or otherwise fragment the educational experience for residents. (Detail) [Moved from I.B.3.]

1. Describe the Review Committee’s rationale for this revision.

The Committee would expect that the required experiences for accreditation are available within the primary site or sites proximate. The rationale being that a resident’s well-being extends beyond duty hours, as the need to schedule and travel to remote sites in order to meet minimum standards may result in undue stress and fatigue.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? N/A

3. How will the proposed requirement or revision impact continuity of patient care? N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? N/A

5. How will the proposed revision impact other accredited programs? N/A

Requirement(s) #: I.D.1.a).(6).(a)
Residents should have remote access to the EHR from all clinical sites. (Detail)

Specialty Background and Intent: The FMP is the foundation for resident education in family medicine. Promotion of continuity of care and follow-up is critical to the care of family medicine patients. Resident access to the EHR at all participating sites, including remote locations, is essential to providing this care.

1. Describe the Review Committee’s rationale for this revision.

This FMP serves as the foundation in family medicine practice. Ensuring that residents gain the critical components of continuity of care is therefore key. EMRs are one of the essential tools that allow residents to rapidly connect with, and accommodate the needs of their patients, even when they are assigned to remote sites.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Ensuring that residents appreciate the importance of continuity of patient care, as well as the tools needed to follow and address patient needs will improve patient safety and quality of patient care.

3. How will the proposed requirement or revision impact continuity of patient care? N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? Programs/remote sites that do not currently utilize an effective EMR may need to expend resources in order to address that need.
5. How will the proposed revision impact other accredited programs? N/A

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<th>Requirement(s) #: I.D.1.b</th>
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<td>Residents must be able to maintain concurrent commitments to their patients in the FMP site during rotations with specialists in other areas/services as program required. (Core)</td>
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1. Describe the Review Committee’s rationale for this revision.

The language replaces previous language requiring a formal, written agreement the specialists in the FMP. The intent of the requirement is more than providing evidence of a written document per se, but an assurance that those specialists residents rotate with in the FMP, allow residents to maintain a commitment to their patients during those experiences.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? N/A

3. How will the proposed requirement or revision impact continuity of patient care? N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? N/A

5. How will the proposed revision impact other accredited programs? N/A

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<th>Requirement(s) #: Qualifications of the Program Director</th>
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<td>Specialty Background and Intent: Roles on the Clinical Competency Committee (CCC) or Program Evaluation Committee (PEC) and/or significant leadership in the clinical setting, such as serving as a residency site medical director are examples of experience that would demonstrate to the Committee that a program director has had significant prior leadership experience to serve in the role.</td>
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1. Describe the Review Committee’s rationale for this revision.

The Committee holds that serving at least one year on a CCC or PEC provides experiences in resident and program assessment, milestone concepts, and interface roles of the PD (even when PD not on CCC, it is the responsibility of the PD to interface with the CCC and PEC in hearing their recommendations for progress, change or remediation). The new CPR language reduces the time required for post-residency experience to be eligible for PD. Without additional specification and relying only on CPR language alone, a non-CCC, non-PEC faculty member with only minimal commitment to a residency program for 3 years (example: a faculty who gave only one lecture per year) that would meet these qualifications could become PD, even with no documentation of program administration or experiences in resident assessment and feedback. The Committee feels this requirement better ensures the quality of the program through quality experiences in resident education.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? It provides better assurances that any new leader of the program (PD) will have preceding quality experiences in resident education fitting of a future PD. This maintains a higher likelihood of quality resident education.

3. How will the proposed requirement or revision impact continuity of patient care? N/A
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? N/A

5. How will the proposed revision impact other accredited programs? N/A
expectations into the “Associate Program Director” qualifications.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? It provides better assurances that program directors have adequate leadership support with individuals that possess quality experiences in resident education fitting of Associate PD. This maintains a higher likelihood of quality resident education.

3. How will the proposed requirement or revision impact continuity of patient care? N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? The long-standing requirement for family medicine physician to resident ratio remains, so this should not necessitate additional resources for institutions/programs to meet.

5. How will the proposed revision impact other accredited programs? N/A

Requirement(s) #:

III.B.4. Accredited “1-2” programs must have at least two on-duty residents at each level. (Core)

1. Describe the Review Committee’s rationale for this revision. Language allows flexibility to programs accredited as “1-2” models to maintain a resident complement that is best suited for that model, as these residents are often times assigned to smaller/rural sites for their PGY2-3 years, with resources that may not accommodate larger class sizes.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? N/A

3. How will the proposed requirement or revision impact continuity of patient care? N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? N/A

5. How will the proposed revision impact other accredited programs? N/A

Requirement(s) #: Residents must demonstrate competence to independently:

IV.B.1.b).(1).(a).(vi) identify and address the multiple dimensions of suffering in patients throughout the course of their illness, including provide during end-of-life care; (Core)(Outcome) [Moved from IV.A.5.a).(1).(a).(vi)]

1. Describe the Review Committee’s rationale for this revision. Previous PR indicated that, “…provide end of life care,” and the revision provide more clarity on the expectation of what that care constitutes specifically.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? N/A

3. How will the proposed requirement or revision impact continuity of patient care? N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g.,
facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? N/A

5. How will the proposed revision impact other accredited programs? N/A

Requirement(s) #:
IV.B.1.b).(1).(a).(vii) address end of life issues with their patients and their families prior to the end stages of life. (Core)
IV.B.1.b).(1).(a).(viii) assist patients with advanced care planning that reflects the individual patient’s goals and preferences. (Core)

1. Describe the Review Committee’s rationale for this revision. Language provides clarity on the expectations for residents to involve the family of their patients, on issues/decisions with end of life care.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? N/A

3. How will the proposed requirement or revision impact continuity of patient care? N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? N/A

5. How will the proposed revision impact other accredited programs? N/A

Requirement(s) #:
IV.C.1.a). Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Core)

1. Describe the Review Committee’s rationale for this revision. The Committee would expect that the required experiences for accreditation are appropriate to meeting minimum standards. The rationale being that a resident’s well-being extends beyond duty hours alone, but in their overall experiences in the program with quality educational experiences that are not superfluous and thus appropriate to meeting minimum standards.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? N/A

3. How will the proposed requirement or revision impact continuity of patient care? N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? N/A

5. How will the proposed revision impact other accredited programs? N/A
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<td>IV.C.1.b) Clinical experiences should be structured to facilitate learning in a manner that allows residents to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)</td>
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1. Describe the Review Committee’s rationale for this revision.

**Quality healthcare requires residents to have knowledge in, and experience with working on interprofessional teams that share goals for patient safety and quality improvement.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Knowledge and experience in working on interprofessional teams will improve patient safety and patient quality of care through increased communication among a patient's entire healthcare team.**

3. How will the proposed requirement or revision impact continuity of patient care? **N/A**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**

5. How will the proposed revision impact other accredited programs? **N/A**