ACGME Program Requirements for Graduate Medical Education
in Preventive Medicine
Summary and Impact of Major Requirement Revisions

Requirement #: Int.C.

Requirement Revision:

The educational program in preventive medicine must be 24 months in length. This is to include broad-based education followed by focused preventive medicine education. The educational programs in preventive medicine are configured in 24-month and 36-month formats. The latter includes 12 months of education in fundamental clinical skills of medicine, and both include 24 months of education in clinical preventive medicine (PM-1 and PM-2). (Core)

1. Describe the Review Committee’s rationale for this revision:
   The addition of this language provides an option for programs to integrate the PGY-1 into the preventive medicine residency program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The Committee feels the option may provide medical students interested in preventive medicine with a more visible and direct pathway to complete a residency program without needing to find a separate preliminary program.

3. How will the proposed requirement or revision impact continuity of patient care?
   There will be no impact on continuity of patient care.

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?
   If a preventive medicine program uses the option, additional cost may be incurred with the administration of an additional clinical year. Additional primary care experiences would need to be planned, and faculty members from those services may be needed.

5. How will the proposed revision impact other accredited programs?
   There should be no impact on other programs, since this is not required. However, if a preventive medicine program uses this option, it would need to plan experiences for PGY-1 residents with programs in family medicine, internal medicine, obstetrics and gynecology, pediatrics, or surgery.

Requirement #: II.A.2.a)

Requirement Revision:

Additional salary support of 10 percent FTE (at least four hours per week) must be devoted to administration of the program by the program director or a combination of the program director and associate program director. (Core)

1. Describe the Review Committee’s rationale for this revision:
Administrative duties of program directors have expanded. The Committee seeks to ensure that adequate time is available for effective administration of the program, and wants to provide flexibility for how programs can use associate program directors to complete administrative duties.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The additional administrative time should improve the organization of the program.

3. How will the proposed requirement or revision impact continuity of patient care?
   There will be no impact on continuity of patient care.

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?
   If salary support for a program director's or associate program director's administration of the program is below 30 percent FTE, then the Sponsoring Institution will need to provide additional resources to meet the requirement.

5. How will the proposed revision impact other accredited programs?
   There is no impact on other accredited programs.

Requirement #: II.B.4.c)

Requirement Revision (significant change only):

Not including the program director, programs with up to eight residents must have a minimum of two core faculty members, and programs with more than eight residents, must have a core faculty member-to-resident ratio of at least one-to-four. (Core)

1. Describe the Review Committee's rationale for this revision:
   In establishing this requirement, the Committee reviewed the current core faculty member to resident ratio for all preventive medicine residencies and considered the important role that core faculty members play in the education of residents and administration of the program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Resident education will be improved because programs will now be required to review and maintain a minimum number of core faculty members.

3. How will the proposed requirement or revision impact continuity of patient care?
   There will be no impact on continuity of patient care.

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 Review Committee's analysis of the current ratio of core faculty members to residents in preventive medicine programs indicates that sufficient faculty resources are now in place to meet this requirement.
5. How will the proposed revision impact other accredited programs?

**There will be no impact on other accredited programs.**

**Requirement #: IV.B.1.c).(4) through IV.B.1.c).(6).(b).**

**Requirement Revision (significant change only):**

<table>
<thead>
<tr>
<th>IV.B.1.c).(4)</th>
<th>For programs with a concentration in aerospace medicine, residents must demonstrate competence in their knowledge of principles of: [Section moved from Curriculum Organization IV.C.6.a) and broken out below]</th>
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<tbody>
<tr>
<td>IV.B.1.c).(4).(a)</td>
<td>accident investigation/risk management and mitigation; <em>(Core)</em></td>
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<td>IV.B.1.c).(4).(b)</td>
<td>global health and travel medicine; <em>(Core)</em></td>
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<td>IV.B.1.c).(4).(c)</td>
<td>identification and mitigation of workplace hazards; <em>(Core)</em></td>
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<td>IV.B.1.c).(4).(d)</td>
<td>principles of aviation and space medicine; and, <em>(Core)</em></td>
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<td>IV.B.1.c).(4).(e)</td>
<td>toxicology. <em>(Core)</em></td>
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<td>IV.B.1.c).(5)</td>
<td>For programs with a concentration in occupational medicine, residents must demonstrate competence in their knowledge of principles of: [Section moved from Curriculum Organization IV.C.6.b) and broken out below]</td>
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<td>IV.B.1.c).(5).(a)</td>
<td>industrial hygiene, safety, and ergonomics; <em>(Core)</em></td>
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<td>IV.B.1.c).(5).(b)</td>
<td>occupational epidemiology; <em>(Core)</em></td>
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<tr>
<td>IV.B.1.c).(5).(c)</td>
<td>risk/hazard control and communication; and, <em>(Core)</em></td>
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<td>IV.B.1.c).(5).(d)</td>
<td>toxicology. <em>(Core)</em></td>
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<td>IV.B.1.c).(6)</td>
<td>For programs with a concentration in public health and general preventive medicine, residents must demonstrate competence in their knowledge of principles of:</td>
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<td>IV.B.1.c).(6).(a)</td>
<td>application of biostatistics; <em>(Core)</em> [moved from Curriculum Organization IV.C.6.c)]</td>
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<tr>
<td>IV.B.1.c).(6).(b)</td>
<td>applied epidemiology, including acute and chronic disease; <em>(Core)</em> [moved from Curriculum Organization IV.C.6.c)]</td>
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<td>IV.B.1.c).(6).(c)</td>
<td>clinical preventive services; <em>(Core)</em></td>
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<td>Requirement #: V.C.9.b).(1) and (2)</td>
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<td><strong>Resident experiences Revision (significant change only):</strong></td>
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<td>(1) <strong>a baseline understanding of the clinical problems encountered in flight personnel; and,</strong></td>
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<td>(2) <strong>development of aeromedical skills, including neurocognitive requirements and physiologic effects of flight, visual illusions of flight, spatial disorientation, the flight environment, and human factors associated with aviation.</strong></td>
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<th>1. Describe the Review Committee’s rationale for this revision:</th>
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<td><strong>The addition has been made to provide further clarification of the experiences that must be provided during residents’ flight training.</strong></td>
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<th>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?</th>
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The addition will improve resident education by requiring the specific elements of flight training needed to provide quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   There is no impact on continuity of patient care.

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?
   As the existing Program Requirements have required flight training for residents in aerospace medicine programs, no additional resources will be required to implement this addition.

5. How will the proposed revision impact other accredited programs?
   There is no impact on other accredited programs.

Requirement #: V.A.1.c).(3).

Requirement Revision (significant change only):

All residents must maintain a Resident Learning Portfolio. This portfolio must be reviewed with the program director as part of the semiannual evaluation, and must include the following:

6. Describe the Review Committee’s rationale for this revision:
   With the implementation of Clinical Competency Committees conducting semiannual resident evaluations using the Milestones, evaluating a Resident Learning Portfolio is redundant.

7. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will reduce burden on residents and program directors to maintain and evaluate the Resident Learning Portfolio.

8. How will the proposed requirement or revision impact continuity of patient care?
   There is no impact on continuity of patient care.

9. 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?
   No resources are required to implement this change.

10. How will the proposed revision impact other accredited programs?
    There is no impact on other accredited programs.