



Accreditation Council for
Graduate Medical Education

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NOTE: This information is accurate as of **March 31, 2020**. The ACGME continues to evaluate the COVID-19 pandemic situation on an ongoing basis, and updates will be issued as the situation changes and more information emerges. Please review the latest updates on the ACGME website at www.acgme.org and www.acgme.org/COVID-19.

Review Committee for Family Medicine Notice and Guidance to Programs

The members of the Review Committee for Family Medicine understand and are very empathetic (being program directors, department chairs, faculty members, etc. of programs themselves) to the specific impact of COVID-19 upon your programs. We understand that concerns over a program's ability to satisfy various numeric requirements, (e.g., 1,650 in-person visits, nursing home continuity) causes added stress to programs and to all of you as leaders in an already stressful situation. Furthermore, significant numbers of patients are arriving or being transferred to some teaching hospitals, while other institutions are seeing very few of these patients but are planning for the anticipated surge of patients infected with the novel coronavirus. As these circumstances, and their continued evolution, require a new conceptual framework from which graduate medical education (GME) can effectively operate during the pandemic, the ACGME acknowledges that Sponsoring Institutions and their participating sites are functioning at one of three stages along a continuum:

Stage 1: "Business as Usual" >>	Stage 2: Increased Clinical Demands Guidance >>	Stage 3: Pandemic Emergency Status Guidance >>
Governed by the Common and specialty-specific Program Requirements	Governed by the Common and specialty-specific Program Requirements and variances addressed in the Stage 2: Increased Clinical Demands Guidance	Governed by four overriding requirements

Please refer to the ACGME website for additional information on and guidance related to the three stages: <https://acgme.org/covid-19>.

The Review Committee does not plan to place a broad moratorium on the requirements. However, we do encourage programs to track telehealth visits, and other novel care approaches, and to report on them – in the Major Changes and Other Updates section in the Accreditation Data System (ADS) – and explain how they ensure the achievement of competence if unable to meet the requirements for each graduate. The Review Committee will then have this data/context available as it makes future annual accreditation decisions. Furthermore, the relatively stringent requirements to be a program director are in place to ensure individuals have the necessary qualifications to make program decisions in unpredictable situations. The ACGME has entrusted program directors with the responsibility to implement reasonable solutions to unprecedented circumstances, such as those we are

experiencing at this time with COVID-19. As we all work to keep up with the changing landscape of the pandemic's impact on our communities and learning environments, we know you will continue to support your residents and faculty members in a safe and effective learning environment. The Review Committee is committed to supporting that work. We will continue to monitor the evolving situation and to address program needs as we are able. Thank you for all the hard work that you do every day, and in this evolving situation.

Following are answers to questions received from family medicine programs:

QUESTION: Given the probability that rotations/services will be impacted during this time, will the Review Committee consider readjustments to required clinical minimums (e.g., 1,650 in-person encounters in the clinic) for AY 2019-2020 graduates?

ANSWER: The Review Committee recognizes that residents may not be able to achieve the minimum number of patient encounters in the clinic as specified in the Program Requirements. It is important to remember that the encounter and procedural minimums were established for program accreditation. They are used by the Review Committees to determine whether a given program provides the volume and variety of patient encounters sufficient for education of the complement of residents for which the program is accredited. The minimums were not designed to be a surrogate for the competence of an individual program graduate, per se, and the Review Committee holds programs accountable to ensure that residents are able to achieve this critical clinical outcome prior to completion of the program. It is up to the program director, with consideration of the recommendations of the program's Clinical Competency Committee (CCC), to assess the competence of an individual resident as one part of the determination of whether that individual is prepared to graduate and enter the unsupervised practice of medicine.

Programs can delineate for the Review Committee how they were affected by the pandemic in the Major Changes and Other Updates section in ADS as part of their Annual Update.

QUESTION: If a resident is pulled from required programmatic rotations/services to assist with institutional responses or with other specialty services harder hit with the pandemic, will the resident be able to graduate as scheduled?

ANSWER: This is up to the program director, with input from the CCC.
Please note:

- 1) The ACGME and its Review Committees do not determine when a given individual can graduate from a program.
- 2) The program director (with input from the CCC) determines when an individual is ready to graduate from the program and enter unsupervised practice based on that individual's ability to perform the medical, and diagnostic procedures considered essential for the practice of family medicine.
- 3) This determination *can* be made regardless of the participation of the resident or fellow in all the educational activities stipulated in the Program Requirements. However, an extension of the educational program may be necessary if the program director does not believe that a particular individual meets the criteria above.

- 4) One component of eligibility for all certifying boards is documentation from the program director that the resident has successfully completed an ACGME-accredited residency. Beyond that, board eligibility is defined by the individual certifying board.

QUESTION: Can residents use telemedicine to care for patients?

ANSWER: The Review Committee will permit residents to participate in the use of telemedicine during this pandemic, with appropriate supervision, as noted below.

The definition of 'Direct Supervision' as part of the new revised Common Program Requirements on telemedicine includes the following classification: "the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology."

Since social distancing is an essential part of this pandemic response, residents and supervising attendings do not have to be in the same physical space for appropriate direct supervision. Direct supervision may include the patient in one location, the resident in a second location, and an attending in a third location, all interacting in a live televideo capacity, or through other asynchronous means.

QUESTION: If residents are deployed to care for COVID-19 hospital patients, what does the Review Committee require as far as ensuring the program provides the appropriate training for use of personal protective equipment (PPE), as well as for the care for severely ill infectious patients?

ANSWER: The program director and the designated institutional official (DIO) must approve a request for residents to care for patients affected by COVID-19. Prior to the onset of such activity, each resident must receive safety training appropriate to the setting.

During such activity, each resident must have appropriate supervision at all times.

During such activity, each resident must adhere to the limit of 80 hours of clinical and educational work per week, the maximum of every third night call, and the minimum of one day in seven completely free of clinical duties (all averaged over four weeks).