Review Committee for Family Medicine Update

Grant Hoekzema, MD, Chair
Eileen Anthony, Executive Director
Conflict of Interest Disclosure

• Speaker(s): Grant Hoekzema, MD

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
The mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.
It’s been a wild ride!

Since 2016, the Review Committee:
Has accredited 227 new programs
Has welcomed 120 former AOA programs
Has added 175 new fellowships
Has joined as accrediting specialty for addiction medicine
Has developed Milestones 2.0
Has gone through two+ years of Shaping GME: the Future of Family Medicine major Program Requirement revisions
Has had almost complete turnover in the committee membership
You’ve been in a heavyweight fight!

The last three years:
You’ve had to alter your education and training and patient care structures constantly
You’ve had to pivot to virtual recruiting
You’ve had to remediate incoming and current residents whose education was disrupted
You’ve had to endure more than two years of anticipation for new program requirements
You’ve seen your administrative time reduced while preparing for major revisions
You’ve lost colleagues, friends and family
You’ve survived a worldwide pandemic
The Review Committee for Family Medicine has been there with you.

• All appointed members are currently or have been program directors *(exception being resident and public member)*.
• All have experienced the same trials and challenges in their own programs.
• All committee meetings for past two+ years have been virtual up until this past October/January.
• The committee has met countless additional hours outside of scheduled meetings.
• The committee leadership has been a tireless advocate for Family Medicine at the ACGME and beyond.
Review Committee Composition

- Four nominating organizations: American Board of Family Medicine (ABFM), American Academy of Family Physicians (AAFP), American Medical Association (AMA), and American Osteopathic Association (AOA)
- One public member and one resident
- 14 voting members
- Ex-officio members from ABFM, AAFP, AMA, and AOA (non-voting)
- Six-year terms (except for resident member who serves two years)
  - Program Directors, Chairs, Faculty Members, Resident, and Public Representation
Review Committee Members

- Colleen Cagno, MD, Vice Chair
- Louito C. Edje, MD
- Karl Bertrand Fields, MD
- Joseph Gravel, MD
- Shantie D. Harkisoon, MD
- Grant Hoekzema, MD, Chair
- Brandon Isaacs, DO
- Carl Morris, MD
- Mark Nadeau, MD
- David Nowels, MD
- Marissa W. Rogers, DO
- Mark Stewart, MPH (Public)
- Maggie Curran, MD (Resident)
- Christopher Pitsch, DO

Incoming Members, July 1, 2023:
- Leon McCrea, M.D.
- Kate DuChene Hanrahan, M.D.
Review Committee Team

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Betty Cervantes
Accreditation Administrator
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Topics to cover

• Ongoing impact of pandemic on accreditation decisions
• Major changes coming with new Program Requirement revisions
• Update on program leadership and core faculty time requirements
• Update on next steps – Accreditation Data System (ADS), FAQs, Surveys, etc.
• Update on AIRE project – four-year curricular innovations
• Annual accreditation and program data
• Leadership transition and timelines
Review Committee Role

- Annual review programs for compliance with requirements
- Determine annual accreditation status
- Propose revisions to requirements and FAQs
- Recommend changes in policies and procedures to ACGME Board of Directors
- Discuss specialty-related issues

Physicians within specialty
Resident within specialty
Public member
Ex-officio members
Annual Meetings of the Review Committee

Annual Data Review (January)
- Annual Accreditation Decisions
- Letters of Notification
- ‘Other’ Business

Annual Data Review (April)
- Annual Accreditation Decisions, Cont.
- Site Visit follow-up
- ‘Other’ Business

New Applications (October)
- New Applications
- Initial to Continued Accreditation
- ‘Other Business

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Family Medicine Section of the ACGME Website

Family Medicine
Overview

FAMILY MEDICINE CORE AND SUBSPECIALTIES

The documents and resources within this section are provided by the Review Committee for Family Medicine and its staff at the ACGME to assist ACGME-accredited programs and those applying for accreditation. Specialty and subspecialty information is found in each of the links listed below, as applicable.

FAMILY MEDICINE SUBSPECIALTIES

- Addiction Medicine
- Clinical Informatics
- Geriatric Medicine
- Hospice and Palliative Medicine
- Sports Medicine

OTHER ACCREDITATION RESOURCES

- Single GME Accreditation System
- Osteopathic Recognition
- Review and Comment
- Self Study and Site Visit
- Common Program Requirements

Review Committee Agenda Closing and Meeting Dates

<table>
<thead>
<tr>
<th>AGENDA CLOSING DATE</th>
<th>MEETING DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUG 4 2022</td>
<td>OCT 27-28 2022</td>
</tr>
<tr>
<td>NOV 9 2022</td>
<td>JAN 29-30 2023</td>
</tr>
<tr>
<td>FEB 15 2023</td>
<td>APR 27-28 2023</td>
</tr>
</tbody>
</table>

Closing dates apply to subspecialty applications. New core Family Medicine applications require a site visit with an accompanying Site Visit Report by the closing date.

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Impact of pandemic on accreditation decisions

• Transition from old to new Program Requirements – prior citations around Program Requirements that will sunset may still get Areas for Improvements (AFIs) if not resolved

• Resident clinical experience in FMP – will continue to cite if majority of grads <1,650 (including telehealth) for this year

• Faculty scholarship will be cited if none of core faculty had scholarship or if program under review (peer judgement)

• Current PGY-3s held to current Program Requirements, incoming interns in July held to future Program Requirements, those in between will not be expected to meet all new Program Requirements if insufficient time to complete
Major changes coming with new Program Requirement revisions

• Patient advisory panels for FMP
• Multidisciplinary team teaching and core faculty role modeling
• Resident patient panels – hours, continuity, demographics
• Two tiers of maternity care – minimum 20 deliveries, more robust requirements for comprehensive pregnancy-related care
• Less numerical, proscriptive requirements for some domains, focus on competency-based medical education (CBME) with some numerical experiences retained
• Expanded elective time with faculty guidance
• Emphasis on mission, community, service, population health
Program Resources: proposed PR for program collaboration dropped, but still strongly encouraged...

<table>
<thead>
<tr>
<th>PR</th>
<th>Proposed ACGME Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D.1.k)</td>
<td>Each FMP site must participate in ongoing performance improvement, and demonstrate use of outcome data by assessing the following: clinical quality for preventive care and chronic disease; demographics; health inequities; patient satisfaction; patient safety; continuity with a patient panel; referral and diagnostic utilization rates; and financial performance.</td>
</tr>
<tr>
<td>I.D.1.c).(1)</td>
<td>Each FMP must organize patients into panels that link each patient to an identifiable resident and team.</td>
</tr>
<tr>
<td>I.D.1.h) – I.D.1.h).(a)</td>
<td>Each FMP must have members of the community, in addition to clinical leaders, serve on an advisory committee to assess and address health needs of the community. The advisory committee should have demographic diversity and lived-experiences representative of the community</td>
</tr>
</tbody>
</table>
**Clinic Requirements:** no prescribed panel size, must be of sufficient size and diversity to ensure adequate education

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
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<tbody>
<tr>
<td><strong>IV.C.3.c).(5).(b)(i)</strong> Programs must ensure that each graduate has completed a minimum of 1,000 hours dedicated to caring for FMP patients.</td>
</tr>
<tr>
<td><strong>IV.C.3.c).(5).(b).(ii)</strong> Annual patient-sided continuity should be at least 30 percent at the end of the PGY-2 and 40 percent at the end of the PGY-3.</td>
</tr>
<tr>
<td><strong>IV.C.3.c).(5).(b).(iii)</strong> Annual resident-sided continuity should be at least 30 percent at the end of the PGY-2 and 40 percent at the end of the PGY-3.</td>
</tr>
<tr>
<td><strong>IV.C.3.c).(5).(b).(iv)</strong> Panels must include a minimum of 10 percent pediatric patients (younger than 18 years of age).</td>
</tr>
<tr>
<td><strong>IV.C.3.c).(5).(b).(v)</strong> Panels must include a minimum of 10 percent older adult patients (older than 65 years of age).</td>
</tr>
<tr>
<td><strong>IV.C.3.c).(5).(b) (vi)</strong> Panel size and composition must be regularly assessed and rebalanced, residents must work in teams to ensure continuity</td>
</tr>
<tr>
<td><strong>IV.C.3.c).(5).(c)</strong> Resident retains commitment to their FMP patients on rotations</td>
</tr>
<tr>
<td><strong>IV.C.4.e)</strong> Removed – Minimum of 1650 in person patient encounters in FMP</td>
</tr>
<tr>
<td>Curricular Area</td>
</tr>
<tr>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>IV.C.3.e) - IV.C.3.f).(2) Care of ill children</td>
</tr>
<tr>
<td>IV.C.3.h)</td>
</tr>
<tr>
<td>IV.C.3.i) – IV.C.3.i).(1).(d) Maternity Care: Foundational</td>
</tr>
<tr>
<td>IV.C.3.i).(2) Maternity Care: Comprehensive</td>
</tr>
<tr>
<td>IV.C.3.j).(1) Critical Care</td>
</tr>
<tr>
<td>IV.C.3.k) Emergency Care</td>
</tr>
<tr>
<td>IV.C 3.l) Older adults/Geriatrics</td>
</tr>
<tr>
<td>IV.C.3.m)(1) Surgery</td>
</tr>
<tr>
<td>IV.C.3.n) (1-3) Ortho/Sports Medicine</td>
</tr>
<tr>
<td>IV.C.3.p) - IV.C.p).(2).(a) Behavioral Health</td>
</tr>
<tr>
<td>IV.C.3.q) - IV.C.3.q).(3) Pop health/Community Medicine</td>
</tr>
<tr>
<td>IV.C.3.r).(1) - IV.C.3.r).(2) Subspecialty curriculum</td>
</tr>
<tr>
<td>IV.C.3.s) - 2 IV.C.3.s).(4).(a) Health System Mgmt</td>
</tr>
<tr>
<td>IV.C.3.t) - IV.C.3.t).(1) Electives</td>
</tr>
</tbody>
</table>
New Emphasis on Competency Example: Newborn care - Current

Resources Patient Population:
• I.D.4.a).(2) (Core) The patient population must include a sufficient number of patients of both genders, with a broad range of ages, from newborns to the aged.

Patient Care and Procedural Skills:
• IV.B.1.b.(1).(a).(i) (Core) Residents must demonstrate competence to independently: diagnose, manage, and integrate the care of patients of all ages in various outpatient settings, including the FMP site and home environment.

Curriculum Organization and Resident Experiences:
• IV.C.4.b) (Core) Experiences in the FMP must include acute care, chronic care, and wellness care for patients of all ages.
• IV.C.10 (Core) Residents must have at least 40 newborn patient encounters, including well and ill newborns.
New Emphasis on Competency
Example: Newborn care – New PR’s

Patient Care and Procedural Skills:
• IV.B.1.b).(1).(a).(x) (Core) Residents must demonstrate competence to independently deliver preventative health care to children, including for development nutrition exercise immunization and addressing social determinants of health.
• IV.B.1.b).(1).(a).(ix) (Core) Residents must demonstrate competence to independently provide routine newborn care, including neonatal care following birth. (Core)

Curriculum Organization and Resident Experiences:
• IV.C.3.c). (4) (Core) FMP Experience must include acute care, chronic care, and Wellness care for patients of all ages.
• IV.C.3.e) (Core) Residents must have Experience dedicated to the care of newborns, including well and ill newborns.
How will your program determine a resident’s competence to independently provide routine newborn care?
The Importance of Mission: Now more than ever

- Our patients and health care system need competent, comprehensively trained personal Family Physicians who can perform a broad scope of services.
- Our new requirements have been questioned as to if they will accomplish this goal. There have also been questions about how we will be able to ensure that our programs are meeting these requirements.
- Our new requirements were specifically crafted to be less proscriptive and allow programs more latitude in how residents are trained to meet the program mission, community needs and prepare for future practice.
- As a result, we are relying on competency-based requirements to guide the desired outcomes, rather than just on numbers or time spent in a curricular domain.
- In order to assure the public and our peers that programs achieve these goals, the RCFM will need to establish what competency outcomes should be set as the key performance indicators for all programs.
- Those core competency outcomes must be tied to specific requirements which the ACGME may track, and they must be adapted to our systems of data collection so they RCFM can monitor the program against a standard or bar that is established.
Update on program leadership and core faculty time requirements

• Program leadership – PD admin time plus additional time for APD if delegated and in aggregate
• Core faculty time (proposed change in CPR???)
• Admin time = non-clinical/non-revenue generating activity
• Expected core faculty duties (see background and intent)
<table>
<thead>
<tr>
<th>Role</th>
<th>Current Requirement</th>
<th>New Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>II.A.2.a) Program Director</td>
<td>Admin FTE % (Resident FTE) 50% (&lt;13) 60% (13-24) 70% (25-49) 80% (&gt;49)</td>
<td>See chart</td>
</tr>
<tr>
<td>II.A.2.a) APD (Program Leadership)</td>
<td>40% per APD, # APDs depends on program size: 1 (&lt;25), 2 (25-49), 3 (50+)</td>
<td>No APD required, see chart for additional time &gt;PD minimum</td>
</tr>
<tr>
<td>II.B.1.d) - II.B.1.d.(2) Faculty Role Modeling</td>
<td>Faculty modeling Maternity, inpatient adult and pedscare</td>
<td>Role modeling in respective scope of practice but must incl adult inpt, and OB (if training for independent pract)</td>
</tr>
<tr>
<td>II.B.2.g) Faculty Pt. care time</td>
<td>Time commitment to pt. care and seeing pts in FMP</td>
<td>FMP must have FM physician faculty members from program who see patients in FMP</td>
</tr>
<tr>
<td>II.B.3.e) Non-physician faculty members</td>
<td>No explicit time</td>
<td>Should integrate into teams and incl behavioral health</td>
</tr>
<tr>
<td>II.B.4.a) - II.B.4.d) Core Faculty Admin Time</td>
<td>No explicit time</td>
<td>10% Admin/FTE (in aggregate) UNDER REVIEW PENDING CPR CHANGES</td>
</tr>
<tr>
<td>II.B.4.c) Core Faculty Ratio (Core Faculty: Residents)</td>
<td>1:6</td>
<td>1:6 (&lt;13 FTE) 1:4 (&gt;12 FTE)</td>
</tr>
<tr>
<td>II.C. - II.C.2.a) Program Coordinator</td>
<td>1 FTE</td>
<td>See chart</td>
</tr>
<tr>
<td>II.C. - II.C.2.a) Program Admin Staffing</td>
<td>None</td>
<td>See chart</td>
</tr>
<tr>
<td>FMP Administrative Support – PR removed</td>
<td>None</td>
<td>B&amp;I: Available at each FMP for residents</td>
</tr>
</tbody>
</table>
Program leadership table: At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)

<table>
<thead>
<tr>
<th>Program size</th>
<th>Minimum Support Required (Percent Time/FTE) for Program Director</th>
<th>Additional Minimum Support Required (Percent Time/FTE) for Program Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>20% FTE</td>
<td>N/A</td>
</tr>
<tr>
<td>7-10</td>
<td>40% FTE</td>
<td>N/A</td>
</tr>
<tr>
<td>11-15</td>
<td>50% FTE</td>
<td>N/A</td>
</tr>
<tr>
<td>16-20</td>
<td>50% FTE</td>
<td>10% FTE</td>
</tr>
<tr>
<td>21-25</td>
<td>50% FTE</td>
<td>20% FTE</td>
</tr>
<tr>
<td>26-30</td>
<td>50% FTE</td>
<td>30% FTE</td>
</tr>
<tr>
<td>31-35</td>
<td>50% FTE</td>
<td>40% FTE</td>
</tr>
<tr>
<td>36-40</td>
<td>50% FTE</td>
<td>50% FTE</td>
</tr>
<tr>
<td>41-45</td>
<td>50% FTE</td>
<td>60% FTE</td>
</tr>
<tr>
<td>46-50</td>
<td>50% FTE</td>
<td>70% FTE</td>
</tr>
<tr>
<td>51-55</td>
<td>50% FTE</td>
<td>80% FTE</td>
</tr>
<tr>
<td>56-60</td>
<td>50% FTE</td>
<td>90% FTE</td>
</tr>
<tr>
<td>61-65</td>
<td>50% FTE</td>
<td>100% FTE</td>
</tr>
<tr>
<td>66-70</td>
<td>50% FTE</td>
<td>110% FTE</td>
</tr>
<tr>
<td>71-75</td>
<td>50% FTE</td>
<td>120% FTE</td>
</tr>
<tr>
<td>76-80</td>
<td>50% FTE</td>
<td>130% FTE</td>
</tr>
</tbody>
</table>
Program coordinator table: At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on program size as follows: (Core)

<table>
<thead>
<tr>
<th>Number of Approved Resident Positions</th>
<th>Minimum FTE Required for Coordinator Support</th>
<th>Minimum Additional Aggregate FTE Required for Administration of the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>50%</td>
<td>N/A</td>
</tr>
<tr>
<td>7-12</td>
<td>70%</td>
<td>N/A</td>
</tr>
<tr>
<td>13-20</td>
<td>90%</td>
<td>N/A</td>
</tr>
<tr>
<td>21-30</td>
<td>100%</td>
<td>N/A</td>
</tr>
<tr>
<td>31-45</td>
<td>100%</td>
<td>25%</td>
</tr>
<tr>
<td>46 or more</td>
<td>100%</td>
<td>50%</td>
</tr>
</tbody>
</table>
Update on next steps – Web ADS, FAQ’s, surveys, etc.

• With new PR’s, all supporting documents/systems need to be updated
• Web ADS – gradual roll out of changes – likely 2024
• FAQ’s – in process of development, target 7/1/23
• Resident survey, specialty specific questions – will change to address experience with key resident outcomes
• New program applications – revised to eliminate old PR’s
• Case logs? – stay tuned
Update on AIRE project – 4-year curricular innovations

• FM AIRE project – largest innovation endeavor at ACGME to date
• 5-7 years minimum to study impact of training up to 4 years by adding innovative or more robust competency-based curricula
• RC-FM and ABFM overseeing – steering committee with liaisons from all major FM organizations
• So far 3 programs with innovations approved, more in the pipeline
• Website hub for materials related to application process
• Contact Jay Fetter (jfetter@abfm.org) or Eileen Anthony
Growth of Family Medicine Residency Training (1969-2022)

From: Shaping GME Through Scenario-Based Strategic Planning: The Future of Family Medicine Residency Training
2022 FM Accreditation Data (Core)

741 Accredited Core Programs

- Initial: 6
- Initial with Warning: 3
- Continued Accreditation: 57
- Continued with Warning: 20
- Probation: 655

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2022 FM Accreditation Data (Subs)

FM Accredited Fellowships

- Addiction: 27 Initial, 57 Continued
- Geriatric: 6 Initial, 40 Continued
- HPM: 41 Initial, 144 Continued
- Sports: 16 Initial, 145 Continued

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2022 Graduate Continuity Data

Continuity Patient Visits

- **Total in-person**: 1602
- **Telehealth**: 173

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2019-2022 Graduate Continuity Data

Continuity Data

(NOTE that Telehealth was not collected for ‘19 and ’20 graduates)

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2019 – 2022 Graduate Obstetric Data

Mean for each year

<table>
<thead>
<tr>
<th>Year</th>
<th>Vaginal</th>
<th>Continuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>42</td>
<td>9</td>
</tr>
<tr>
<td>2020</td>
<td>39</td>
<td>4</td>
</tr>
<tr>
<td>2021</td>
<td>38</td>
<td>9</td>
</tr>
<tr>
<td>2022</td>
<td>37</td>
<td>8</td>
</tr>
</tbody>
</table>

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FM Data Statistics: 2021-2022

- FM had 2nd highest number of newly accredited programs in AY 21-22 with 17 (IM had 18).
- FM has 14,657 active residents across all 722 accredited programs.
- FM has a diverse pool of residents: 26% from URM’s
  - 7,151 – White
  - 3,502 – Asian
  - 1,554 – Hispanic, Latino or of Spanish origin
  - 1,182 – Black or African American
  - 44 – American Indian or Alaskan Native
  - 8 – Native Hawaiian or Pacific Islander
  - 639 – Multiple Race/Ethnicity
  - 369 – Other
  - 209 - Unknown
Leadership transition and timelines

• Introducing Dr. Lou Edje, MD as your new RC-FM chair (*three-year term, beginning July 1, 2023*!)

• Introducing Dr. Shantie Harkisoon, MD as your new Vice-chair (*two-year term, beginning July 1, 2023*)
Questions?
Thank You
Claim your CME today!

Complete the Evaluation for CME or Certificate of Completion!

The evaluation can be found in the mobile app and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

Register/un-register sessions in the mobile app.

Deadline – March 24, 2023

Questions? cme@acgme.org