

Review Committee for Family Medicine Update

Lou Edje, MD, MHPE, FAAFP, Chair

David M. Wu, MD and Bernadine E. Wu, MD Professor

Vice Dean for Medical Education

University of Michigan Medical School

Housekeeping

Session Etiquette

- Fire Marshal Code: Attendees cannot stand against the walls or block exits
- Please refrain from placing personal items on chairs next to you
- If there is time for questions, please keep questions brief to maximize participation

Main Locations

- Main Stage and Information Desk: Marriott Marquis
- Exhibit Hall: San Diego Convention Center

Emergencies

- Marriott Marquis security: Call 911 first, then call 415.531.3845
- San Diego Convention Center security: Call 619.525.5911 or ext. 5911 from wall mount house phones
- In the event of an emergency, listen to intercom instructions
- To report an incident, visit the ACGME Information Desk to fill out an incident report.

Conflict of Interest Disclosure

Speaker(s): Lou Edje, MD, MHPE, FAAFP

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.

Topics to Cover

- Review Committee: Roles and Composition
- Accredited Programs – Core and Fellowship
- Five-Year Family Medicine Data
- Citation Response Guidelines
- Case Log – Year One Observations and Improvements for 2026!
- ACGME Updates
 - Site Visits
 - Rural Track Program Designation
 - Reformatted Requirements
 - Learn at ACGME
- Answers to 10 questions from the Association of Family Medicine Residency Directors

ACGME Mission

To improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.

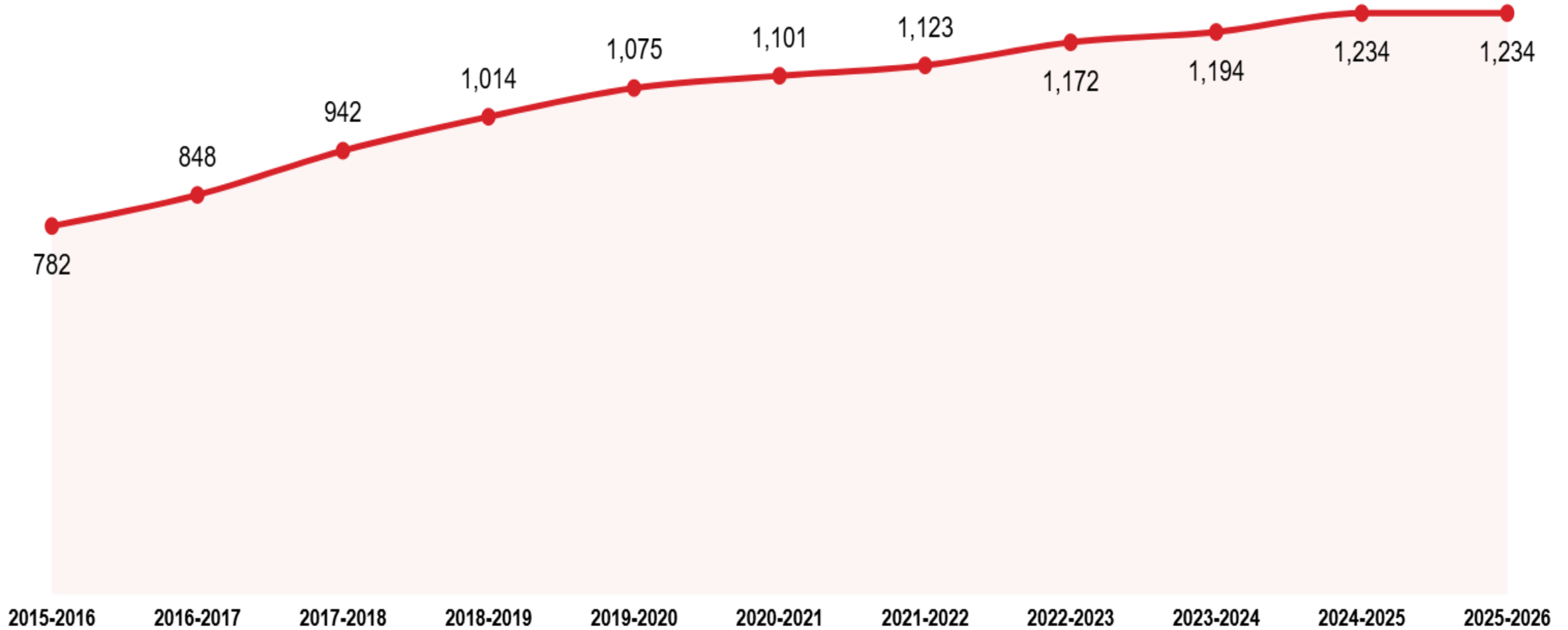
-ACGME MISSION, VISION, and VALUES

By the numbers...

Academic Year 2024-2025

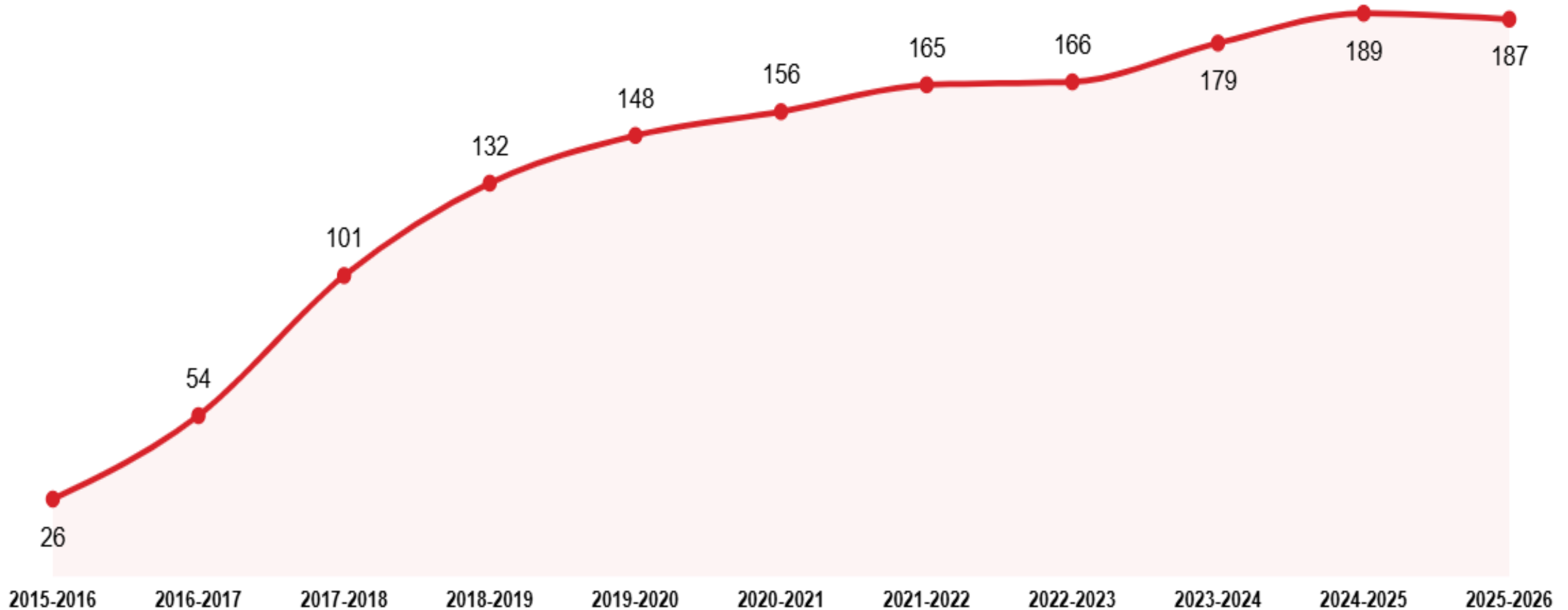
13,762	Accredited residency and fellowship programs
146	Accredited specialties and subspecialties
914	Sponsoring Institutions
167,083	Active full- and part-time residents and fellows
1 in 7	Number of physicians who are residents/fellows in the US

Fellowship Program Totals



Family Medicine Programs with Osteopathic Recognition

#ACGME2026



Review Committee Composition

Four nominating organizations:

- American Board of Family Medicine (ABFM)
- American Academy of Family Medicine (AAFP)
- American Osteopathic Association (AOA)
- American Medical Association (AMA)

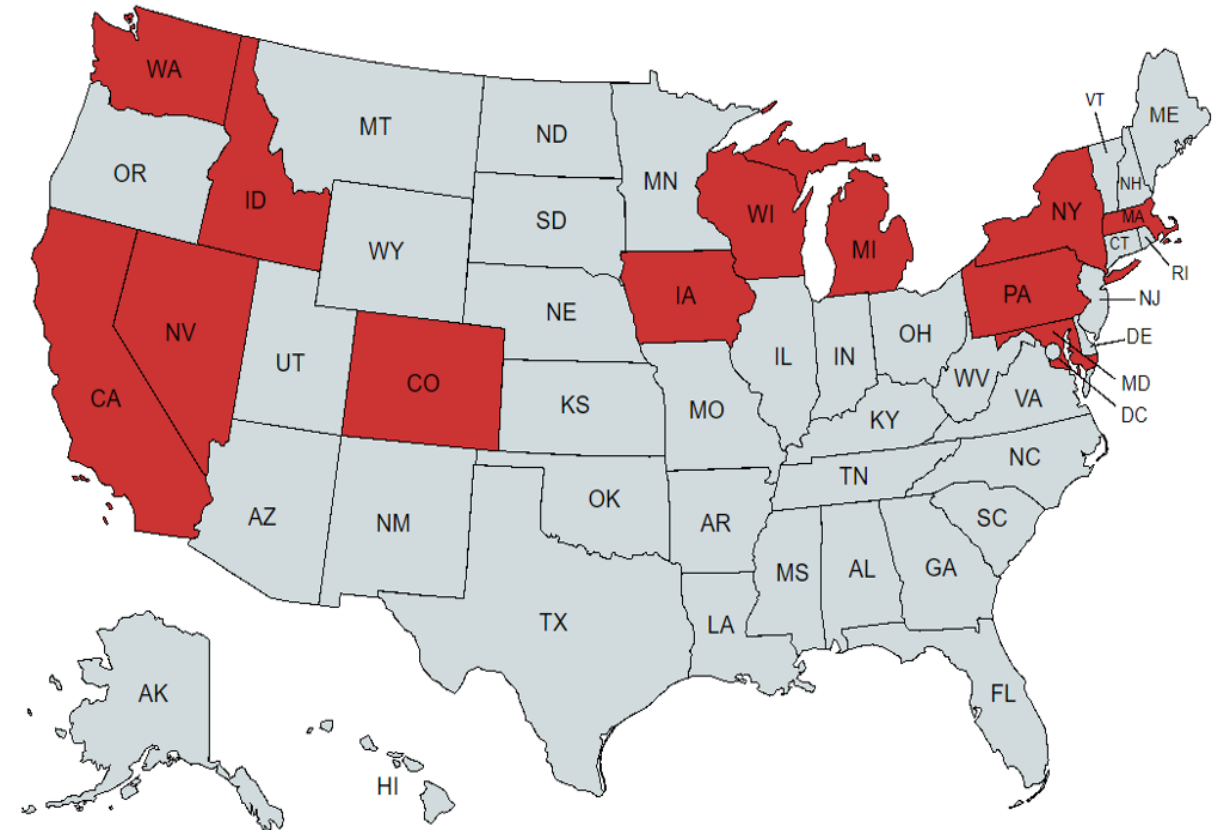
One public member

14 voting members

Program directors, chairs, faculty members, designated institutional officials (DIOs), resident and public representation

Six-year terms (except for resident member, who serves two years)

Geographic Distribution



Review Committee

Lou Edje, MD, MHPE, FAAFP **Chair**

Shantie Harkisoon, MD, FAAFP, **Vice Chair**

David Araujo, MD, FAAFP

Mahuya Barua, MD – **Resident**

Kate DuChene Hanrahan, MD, MME, FAAFP

Brandon Isaacs, DO, FAAFP

Leon McCrea, DD, MD, MPH, FAAFP

Carl Morris, MD, MPH

Terry Nordin, MD, FAAFP

Christopher Pitsch, DO

Jennifer Reidy, MD, MS, FFHPM

Marissa Rogers, DO

Mark Stewart, MPH – **Public Member**

Mark Stovak, MD

Incoming members – July 1, 2026

Sandra Synder, DO (AOA)

Alysia Herzog, MD, FAAFP (AAFP)

Han Chen Tom Tsou, MD –

Resident

Ex-officio (non-voting):

Karen Mitchell, MD (AAFP)

Warren Newton, MD, PhD (ABFM)

Mike Niederpreum, PhD (AOA)

Recruitment of Review Committee

#ACGME2026

“Needs Assessment Form” is sent to the nominating organization (AAFP, ABFM, AMA, or AOA) of an outgoing member about 18 months prior to their term ending. Request is for two nominees for the Review Committee to consider.

Nominees **must** possess:

- Board certification in family medicine from the ABFM or AOA.

- Board certification in the *subspecialty* **if the outgoing** member is from one of the family medicine subspecialties (*addiction medicine, geriatrics, hospice and palliative medicine, sports medicine*).

- Evidence of participation in major family medicine societies, program director associations, or other national professional organizations/societies.

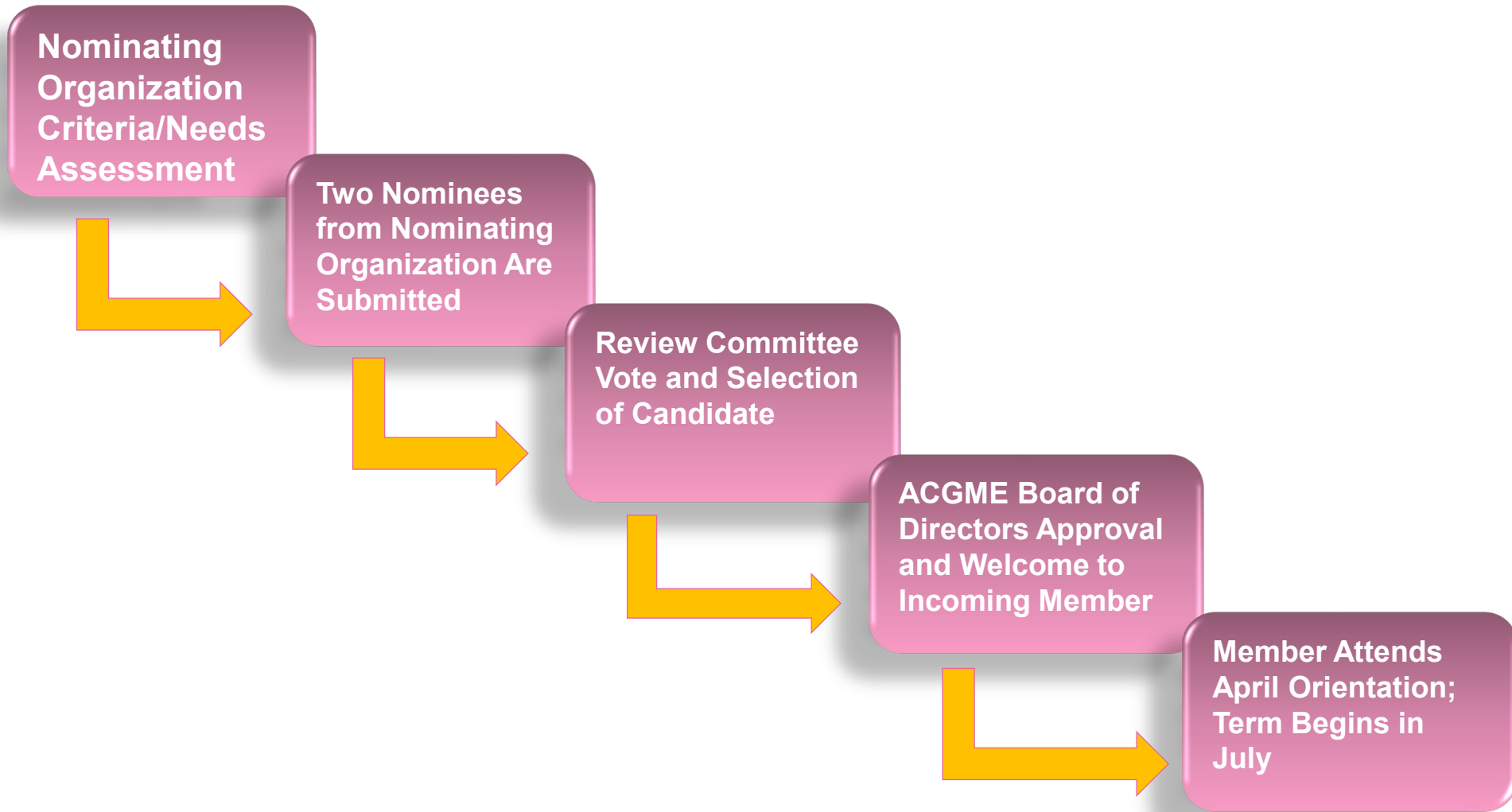
- At least five years’ experience as a program director or in a senior leadership position with no more than three years since serving in that capacity.

Nominees **should** possess:

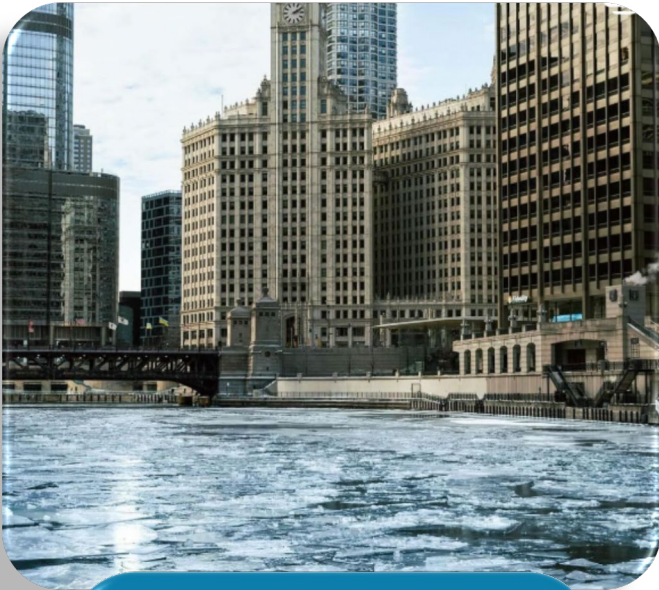
- Knowledge of the accreditation process.

Committee seeks geographic diversity, and nominees may not be from same institution as a sitting member.

Recruitment of Review Committee... Steps



Review Committee Meetings



JANUARY IN CHICAGO

- Annual Accreditation Decisions
- Letters of Notification
- Other Business



APRIL IN CHICAGO

- Annual Accreditation Decisions, Cont.
- Letters of Notification
- Other Business



OCTOBER IN CHICAGO

- New Applications
- Initial Accreditation Site Visits
- Other Business

Review Committee Team



Eileen Anthony
Executive Director
312.755.5047; eanthony@acgme.org



Sandra Benitez
Associate Executive Director
312.755.5035; sbenitez@acgme.org



Betty Cervantes
Accreditation Administrator
312.755.7470; brc@acgme.org

Review Committee Team Responsibilities



Write letters of notification to programs on behalf of the Review Committee



Manage conflicts of interest



Provide guidance on policy and procedure



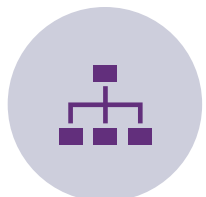
Address data needs



Record the minutes of meetings/record-keeping, which includes all accreditation actions



Document creation (*i.e., reviewer templates*)

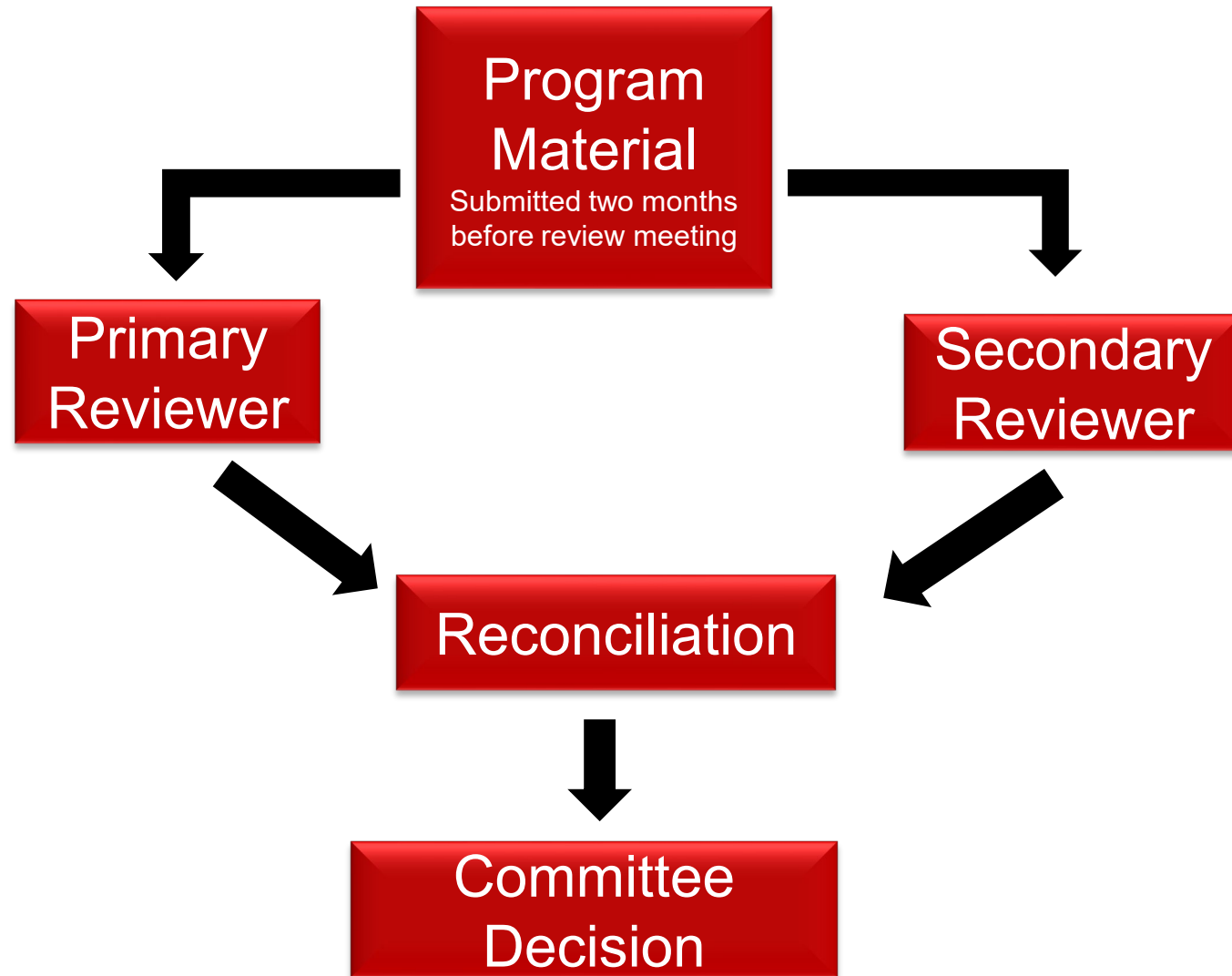


Meeting management, including organizing meeting materials and activities

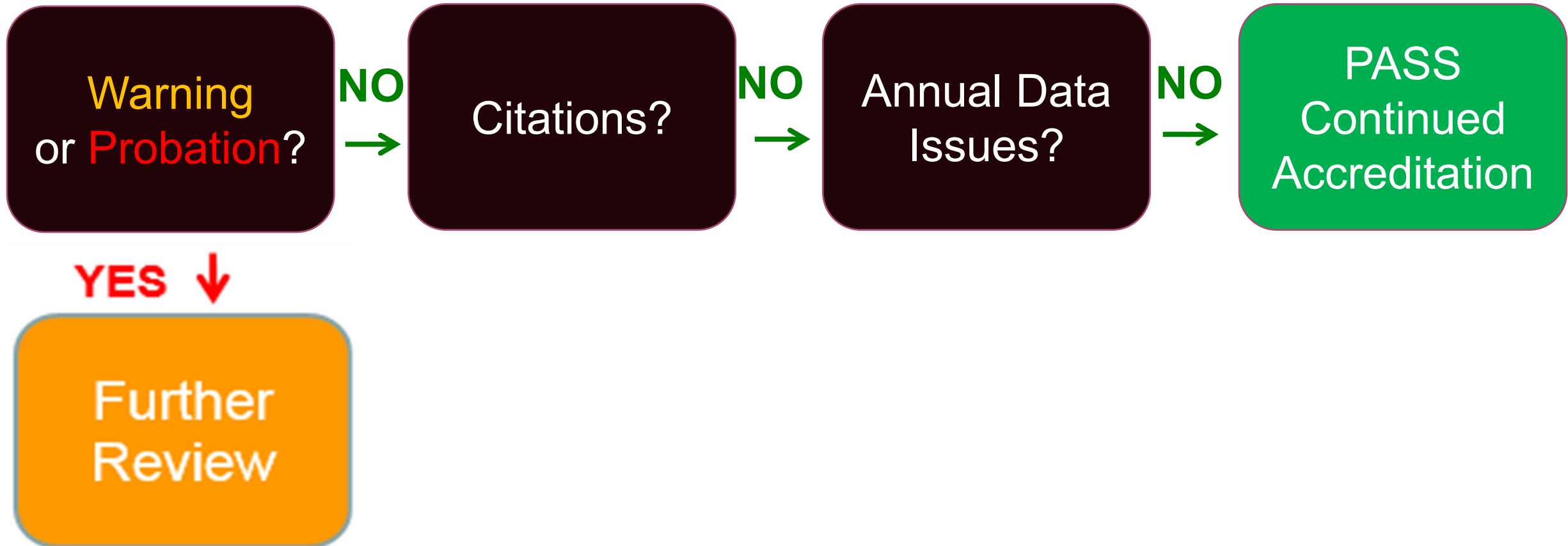


Maintenance of Review Committee membership

Review Process

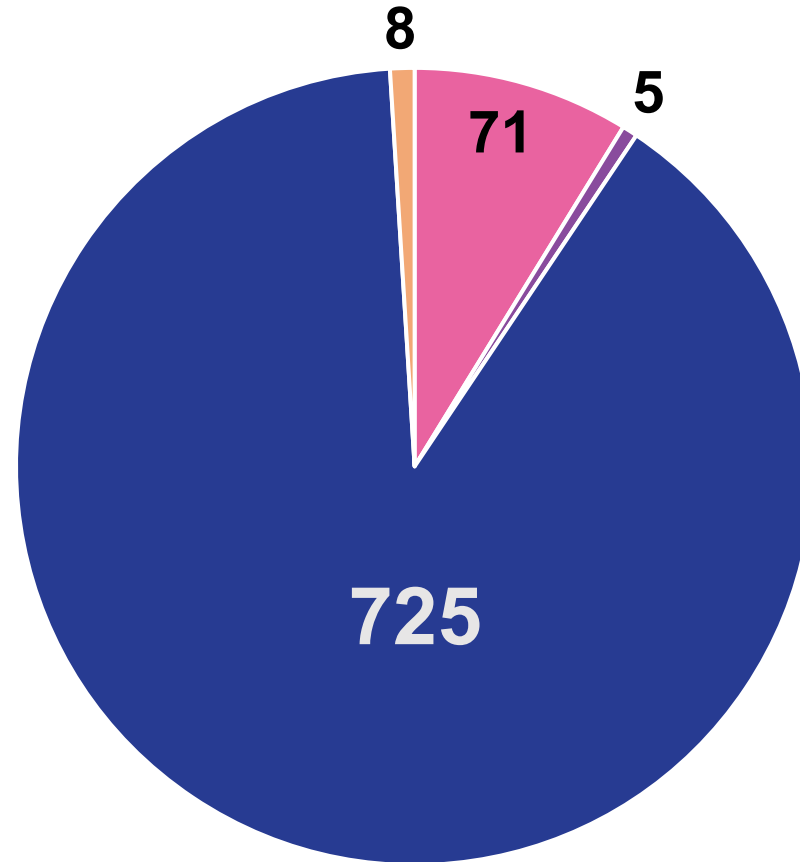


Annual Program Review



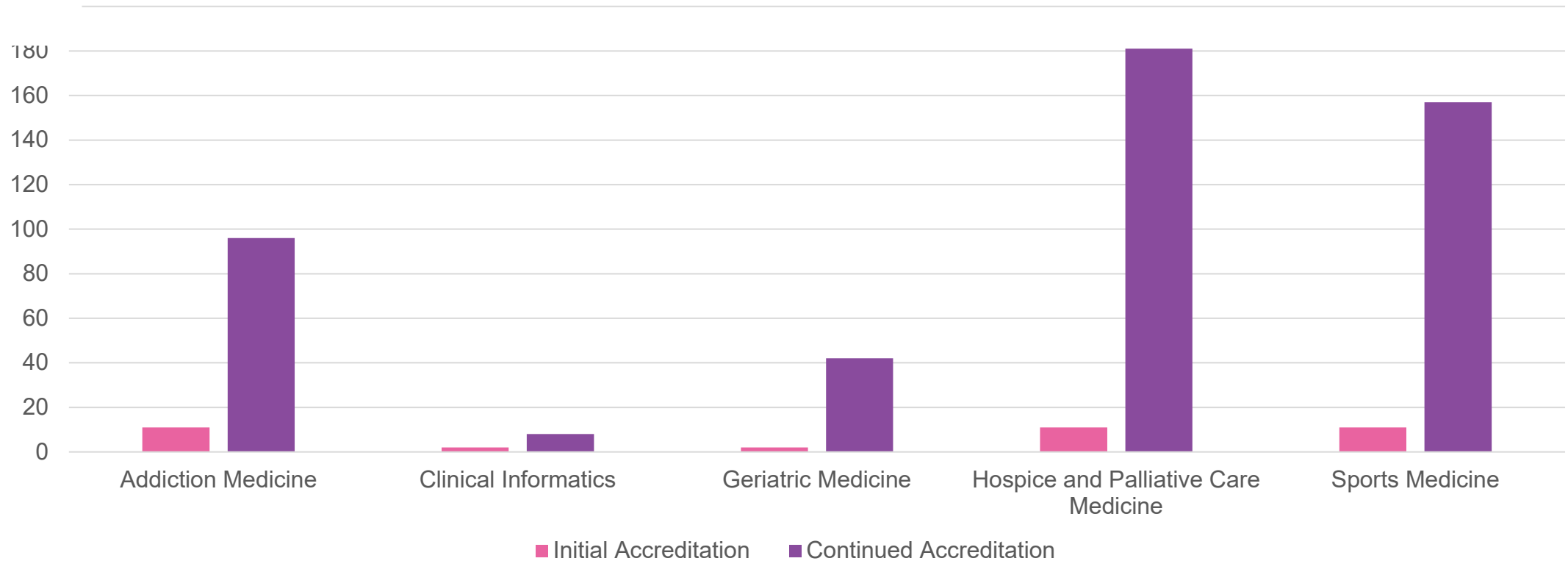
**At any point in the process, the Committee may request an accreditation site visit.*

Core Program Accreditation Outcomes



■ Initial Accreditation ■ Initial with Warning ■ Continued Accreditation ■ Continued with Warning

Fellowships



acgmecloud.org/analytics/explore-public-data/program-data

How are the vast majority of programs doing?

Phenomenally well!

Thank you!

Common Citations

2.6.f. The program director must submit accurate and complete information required and requested by the DIO, GMEC, and ACGME. (Core)

“At the time of the site visit, there were 13 corrections to the application for changes that were made prior to Annual Update 2023 administration. The Committee reminds the program director that the site visit is a critical function of the accreditation process and should not be focused on reconciling errors in the documentation.”

Guidelines for Responding to Citations

Maintain an Open Mind Toward Citations

- When reviewing a citation, approach it with an open mind. It is important to set aside any preconceived notions and evaluate the information objectively.

Remember: It's Not Personal

- Receiving a citation is not a reflection of you as an individual. The process is designed to be impartial and *should not be taken personally*.

Understand the Basis of Citations

- Citations are determined by the information available to the Review Committee. Their decisions are guided by the documentation and evidence provided, ensuring a fair assessment.

Guidelines for Responding to Citations

Importance of Documentation

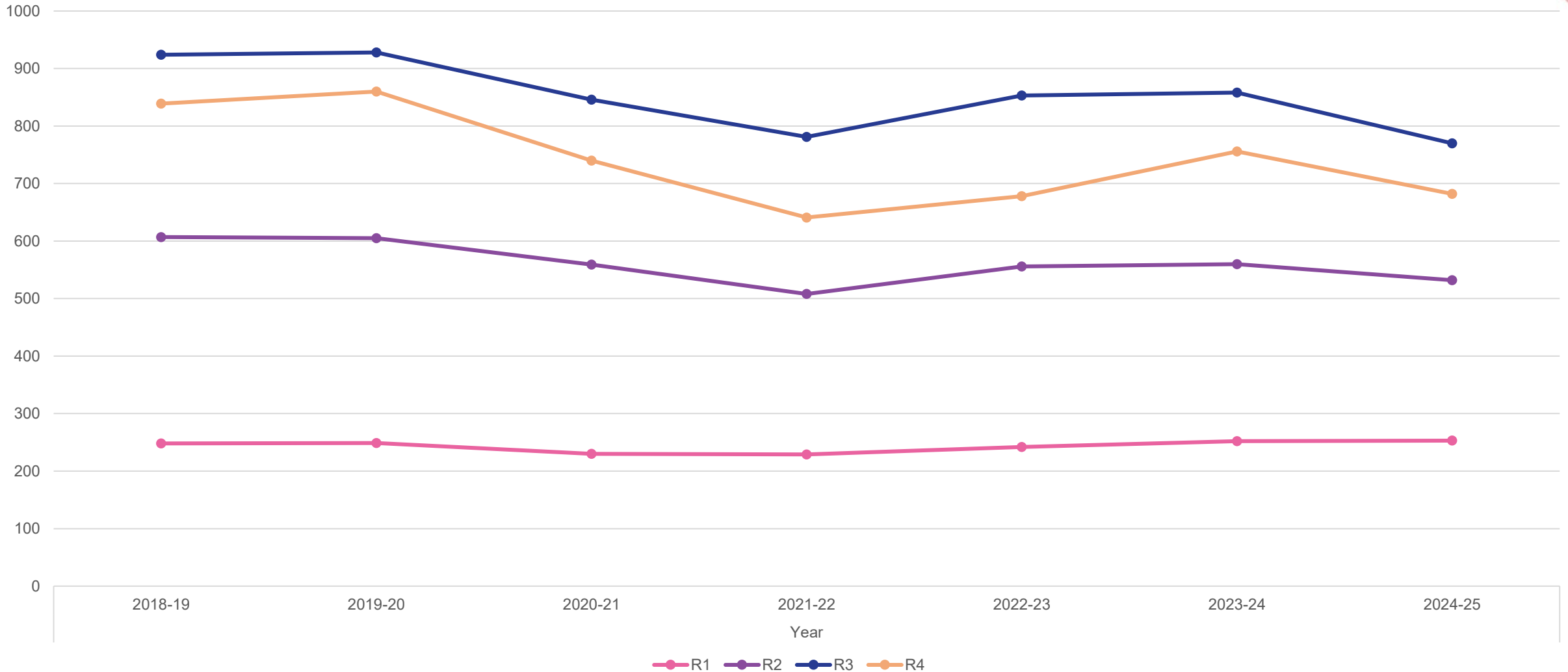
- If an event or action is not documented in writing, it is considered as if it did not occur. Accurate and thorough record-keeping is essential for supporting your case.

Strive for Objectivity in Responses

- Before submitting responses, have others review them to ensure an objective tone. Peer feedback can help maintain professionalism and clarity in your communications.

Five-Year Family Medicine Practice (FMP) Patient Visits of Graduates

FMP Patient Visits (in-person + telehealth)



How to Respond to Citations

When you receive a request for information, it is essential to ensure that every part is addressed with accuracy and completeness. Follow these steps to deliver a thorough and effective response.

Provide the information requested

- *If data is requested, provide the data (e.g., patient continuity data for graduates)*
- *If you don't understand, call or email the Review Committee team*

Thoroughly respond to each concern within the citation

- *If there are multiple concerns in one citation (e.g., multiple domains of the Resident Survey cited), show how each area has been or is being resolved*

Note: *Hope is not a plan, and a plan is not evidence of substantial compliance.*

How to Effectively RESOLVE Citations

Engagement of Residents and Faculty Members

- Residents and faculty members were actively engaged in investigating the issue. Their collaboration ensured that varied perspectives and experiences were considered during the inquiry process.

Identification of the Issue

- The specific issue was clearly identified, providing a focused objective for the investigation and subsequent corrective actions.

Actions Implemented to Correct the Issue

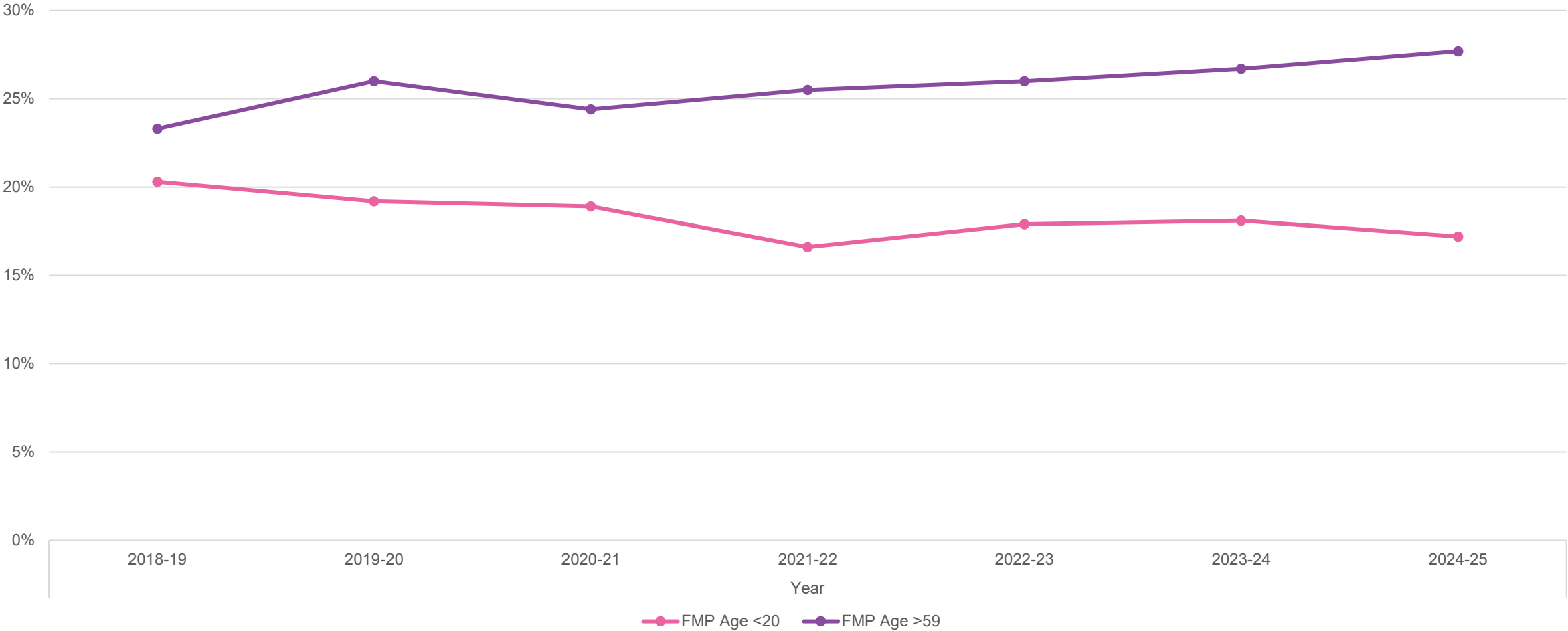
- A series of actions were either implemented or planned to address and correct the identified issue. These steps were designed to resolve the problem effectively and efficiently.

Monitoring and Sustaining the Improvement

- Procedures were established to monitor progress and ensure that improvements are sustained over time. Ongoing evaluation will help maintain the gains achieved and identify any further areas for enhancement.

Five-Year FMP Data by Age

FMP Age <20, >59



Five-Year Obstetrics Experience of Graduates



Empanelment

78 percent of programs reported empanelment

- R1 81 percent
- R2 80 percent
- R3 72 percent

Continuity

Resident-sided

R2 48 percent

R3 41 percent

Patient-sided

R2 52 percent

R3 55 percent

Panel size

R1 150

R2 280

R3 360



Feedback
is the breakfast of
champions!

Case Log – Observations

Participation in Data Submission

Some programs believed that submitting data was optional, and as a result, they did not provide their data this year.

Guidance for Resident Patient Panel Visits

To reduce the reporting burden during this initial year, programs were informed that, only for the “Resident Patient Panel Visits” in the FMP, they could complete the PG3 section using three years of data. This approach was intended to ensure the Committee received comprehensive graduate totals. However, many programs submitted only the PG3 totals.

Limitations on Data Transfer from Previous Years

Although early communications addressed the issue, prior years’ Accreditation Data System (ADS) program data could not be transferred due to the use of different platforms.

Data's Crucial Accreditation Role



Data Validates Competence

Collected data provides essential evidence that a program can effectively train to the required standards and competencies.



Beyond Compliance

Data collection is not just a compliance exercise, but a fundamental demonstration of a program's quality and outcomes.



Strengthening Accreditation

Even with technical challenges, robust data collection strengthens the accreditation process and supports continuous improvement.

Case Log – Improvements for 2026!

Increased Transparency

Programs will be required to submit comprehensive data to facilitate the accurate calculation of continuity and hours for the FMP. This process is designed to ensure that all assessments are precise and fully reflect the activities and performance of each program.

Reduce Burden

To streamline compliance, program elements will be reduced where possible, and each requirement will be clearly linked to its corresponding program requirement. This approach supports both compliance and transparency, making it easier for programs to understand and meet expectations.

Examples of Program Requirements

- 4.11.i.1.b. – Each resident must have experience with a minimum of 20 vaginal deliveries. (Core)
- 4.11.c.1. – Residents should provide care for patients in an FMP for a minimum of 40 weeks during each year of the educational program. (Detail)
- 4.11.c.5.c. – Programs must ensure that each graduate has completed a minimum of 1,000 hours dedicated to caring for FMP patients. (Core)
- 4.11.c.5.b. – Each resident's panel of continuity patients must be of sufficient volume and variety to ensure adequate education, as well as patient access and continuity of care. (Core)

Accreditation Site Visits Update

Beginning in 2024, the ACGME introduced annual site visits for a select group of programs. Specifically, these visits target approximately one to two percent of programs holding a status of Continued Accreditation that have not undergone a site visit in the past 10 years.

Programs chosen for site visits are identified through a sampling process. This approach helps the ACGME fulfill its public responsibility by ensuring ongoing oversight and quality assurance across accredited programs.

Previously mandated 10-year accreditation site visit has been discontinued.

Additional Resources and Support

For further questions, contact accreditation@acgme.org.

Site Visit FAQs are available on the ACGME website (acgme.org).

Refer to the section: Programs and Institutions > Site Visit for more details.

Rural Track Program Designation

Processes have been established to support accredited programs that qualify under the Centers for Medicare and Medicaid Services (CMS) definition of a “rural track.”

These processes are designed to ensure that such programs meet all necessary criteria for Rural Track Program Designation and funding.

Urban teaching hospitals can secure direct graduate medical education (DGME) and indirect medical education (IME) financing.

This can be accomplished by forming partnerships with rural hospitals and rural training sites, thereby expanding funding options and collaborative training opportunities within the scope of Rural Track Programs.

For further details or specific inquiries, please contact underserved@acgme.org or call 312.755.7458.

Reformatted ACGME Requirements

- The previous roman numeral outline structure has been eliminated, making it easier to reference specific sections and requirements.
- The updated format results in fewer sub-levels under each requirement, streamlining the overall structure and helping users navigate the document more efficiently.

Reformatted ACGME Requirements

IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect for others; (Core)
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that supersedes self-interest; (Core)
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and autonomy; (Core)
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, and the profession; (Core)
IV.B.1.a).(1).(f)	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)
IV.B.1.a).(1).(g)	ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)	4.3.g.	ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)
IV.B.1.a).(1).(h)	appropriately disclosing and addressing conflict or duality of interest. (Core)	4.3.h.	appropriately disclosing and addressing conflict or duality of interest. (Core)



Program Requirements, FAQs, and Applications

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The Program Requirements specify the Core Competencies and other standards of quality and education for each specialty and subspecialty. *Note: The Program Requirements below that have (TCC) in the title are tracked changes copies. Tracked changes copies reflect any changes that were made to the Requirements following the last Program Requirement revision.*

The Frequently Asked Questions (FAQs) documents help to clarify the Program Requirements.

The Specialty-Specific Applications correspond to these Requirements and are provided for those seeking to apply for a new specialty or subspecialty program. *Note: Program applications must be initiated first in the Accreditation Data System (ADS). The Specialty-Specific Applications below must be completed and uploaded into ADS.*

For more information on the process to submit a program application, visit the [Program Application Information](#) web page or review this three-part course [Applying for Program Accreditation](#), available in Learn at ACGME. For information about combined programs, visit the [Combined Programs](#) web page.

Family Medicine

[Program Requirements Effective 9/3/2025](#) ↓

[FAQs](#) ↓

[Program Requirements Effective 7/1/2026](#) ↓

[Specialty-Specific Application](#) ↓

Addiction Medicine

[Program Requirements Effective 9/3/2025](#) ↓

[FAQs](#) ↓

[Program Requirements Effective 7/1/2026](#) ↓

[Specialty-Specific Application](#) ↓

Clinical Informatics

[Program Requirements Effective 9/3/2025](#) ↓

[FAQs](#) ↓

[Program Requirements Effective 7/1/2026](#) ↓

[Specialty-Specific Application](#) ↓

Geriatric Medicine

[Program Requirements Effective 9/3/2025](#) ↓

[FAQs](#) ↓

[Program Requirements Effective 7/1/2026](#) ↓

[Specialty-Specific Application](#) ↓

Hospice and Palliative Medicine

[Program Requirements Effective 9/3/2025](#) ↓

Sports Medicine

[Program Requirements Effective 9/3/2025](#) ↓

Oversight

Personnel

Educational Program

Learning and Working Environment

Other

Question	Answer
How can a program's Sponsoring Institution be changed?	<p>In order to change the sponsor of a core program, a letter signed by the designated institutional officials (DIOs) of both the relinquishing Sponsoring Institution and the accepting Sponsoring Institution should be submitted (two separate letters may be submitted). The existing sponsor should agree explicitly to the change in sponsorship. The proposed sponsor should agree to assume the responsibilities of a Sponsoring Institution that are outlined in the ACGME Institutional Requirements. The letter should contain a statement on the impact the change will have upon the structure and curriculum of the residency. If the change is approved, the program name and listing will be changed in ADS as appropriate.</p> <p>Questions should be addressed to the Review Committee executive director and the executive director of the Institutional Review Committee. Contact information can be found on the ACGME website.</p>
What is the process for merging two programs?	<p>Contact the Review Committee executive director to discuss the type of merger and how to describe it for the Review Committee's consideration.</p> <p>When two programs combine to form a new entity, documentation describing the proposed combined program is required. The executive director will advise whether a site visit will be required prior to Committee review of the proposal. A request for voluntary withdrawal of accreditation and the date of closure must be submitted using ADS by each of the currently accredited programs. The newly constituted program will be issued a new ACGME 10-digit program number.</p>
Where and how should non-family medicine faculty members be listed in the ADS Annual Update?	After all of the family medicine faculty members in a program have been entered, identify the individuals responsible for teaching family medicine residents in the following areas: (listed in this order) human behavior/mental health; adult medicine; cardiology; critical care; obstetric care; gynecologic care; surgery; orthopaedic surgery; sports medicine; emergency medicine; neonates, infants, children, and adolescents; older patients; and skin. Provide the American Board of Medical Specialties (ABMS)/American Osteopathic Association (AOA) certification information for all faculty members.
How should a family medicine faculty member who also teaches geriatric medicine or another subspecialty be listed in the ADS Annual Update?	The ADS Annual Update should contain the individual's primary specialty information (American Board of Family Medicine (ABFM) or American Osteopathic Board of Family Physicians (AOBFP) certification date) along with information on the most recent date of subspecialty certification.
How should programs determine changes to residents' curriculum or extension of their education and training when applying family leave policies (e.g., ABFM, institutional, health system)?	The decision of whether a resident does or does not extend education and training and which, if any, curricular adjustments are needed will be made by the program director with Clinical Competency Committee advice based on resident competence for advancement, autonomous practice at graduation, and individual resident learning needs. Refer to the ACGME Institutional Requirements, as well as the ABFM website.

Learn at ACGME has been redesigned!



The ACGME's distance learning platform is now easier to navigate and more beneficial for the graduate medical education (GME) community.



The ACGME's online learning management system and community is designed to provide members of the GME community and others with access to the full range of the ACGME's educational resources.



The platform includes courses, learning paths, webinars, recordings, discussion boards, and more to support the community's learning, access to information, and connection.

Improved Features

Streamlined and clear navigation menus on every page

User-friendly dashboard for tracking started/completed courses

Easier ways to share content

Ability to identify relevant content by role in GME

A free account is required to access most of the content in the platform.

Self-Empowerment Workshop for Coordinators

Available Now

Focus

- acting as a **leader** in the coordinator role
- recognizing effective **networking** practices
- overcoming challenges to **professionalism**
- distinguishing between productive and unproductive strategies for promoting your **achievements**
- effectively navigating complex **interpersonal situations**



Available Now

ACGME Program Coordinator Handbook Companion

- developing a comprehensive understanding of the coordinator role
- expanding knowledge of **accreditation processes** and **requirements to ensure compliance**
- improving skills to **support recruitment, orientation, and onboarding**, and other relevant tasks
- selecting appropriate **professional development** and **continuous growth** strategies





ACGME Website - Whom Should I Contact?

Review Committee Team

- Program Requirements
- Applications
- Letters of Notification
- Complement requests
- FMP site applications

Field Activities Team

fieldrepresentatives@acgme.org

- Site visits

Accreditation Data System (ADS) Team

ADS@acgme.org (312.755.7474)

- Annual data
- **Case Log (annual FMP data, etc.)**
- Resident/Fellow and Faculty Surveys
- Milestones



AFMRD

Association of Family Medicine Residency Directors
asked the following questions of the Family Medicine
Review Committee:

Question and Related Program Requirement

1. Is there a plan to reinstate a baseline number for expected outpatient encounters in the continuity clinic? Even though 1,650 is no longer a required number of outpatient visits, some programs are still receiving citations for inadequate volume; can you further define a cut-off for “inadequate clinic volume”?

Program Requirement(s): N/A

Answer

1. Not currently.
2. With the movement toward competency-based medical education, we are hoping to have competency be the metric rather than numbers.
3. With 1,000 hours, that averages two patients per hour over three years.

Question and Related Program Requirement

2. Please share the findings from the new data entry/Case Log System - most common issues noted, how we can better prepare/address in future. What are the plans for continued changes in ADS, Case Log System?

Program Requirement(s):

4.4.a.2. Residents must demonstrate competence to independently: diagnose, manage, and integrate the care of patients of all ages in various outpatient settings, including the FMP and home environment, to include common chronic medical conditions and acute medical problems; (Core)

4.11.c.5.b. Each resident's panel of continuity patients must be of sufficient volume and variety to ensure adequate education, as well as patient access and continuity of care. (Core)

4.4.a.8. Residents must demonstrate competence to independently: use technology to provide accessible care, i.e., via telehealth (Core)

Answer

1. Some programs thought this was optional this year, did not submit data
2. Technical difficulties
Entering PGY-specific data
Correcting entry errors
3. Streamline/simplify next year's Case Log by requesting only data directly linked to current Program Requirements (for accreditation purposes), reducing elements as needed and clearly linking each to its relevant program requirement for compliance and transparency.
4. Increase education to program directors, increase ACGME technical support
5. Working on a Case Log example

Question and Related Program Requirement

3. Is there any ability to release the exact wording of the questions for the annual survey after results are released so we can better understand resident responses?

Program Requirement(s): N/A

Answer

1. Since the questions remain the same each year, they must be kept confidential for survey takers.
2. The program should discuss concerning findings—such as low response rates or declining trends—with learners to address potential issues.

Question and Related Program Requirement

4. Please give several examples of how one should calculate some of the questions in ADS - for example: In aggregate, what percentage of FTE support is allocated to core faculty members for time dedicated to educational and administrative responsibilities that do not involve direct patient care? (i.e. if you have 10 full-time faculty members, with an average of 70 percent time dedicated to education/admin NOT direct patient care)

Is it 70 percent (per faculty member)

Or is it 700 percent (aggregate of all faculty)

Answer

The question in the ADS Annual Update regarding core faculty members' dedicated time asks for the aggregate faculty FTE support. For example, a program that is compliant with a requirement to have at least nine core faculty members, each with 10 percent FTE support, would report "90" in this field.

So the answer to the example raised by the questioner would be "700." If they had one faculty with 70 percent support, another with 50 percent support, the answer would be 120. No averaging is needed; it's a sum.

Question and Related Program Requirement

5. What types of experiences qualify as long-term care experiences?

Program Requirement(s): 4.11.c.5.a. Long-term care experiences should occur over a minimum of 24 months. (Detail)

Answer

FAQ: “The Review Committee recognizes that long-term care may include both temporary and ongoing long-term care. A skilled nursing facility or skilled nursing unit usually provides temporary long-term care, bridging inpatient care with dismissal to home management or movement to a nursing home setting. A skilled nursing facility may provide some portion, but not the majority of, a resident’s experience in long-term care.”

Question and Related Program Requirement

6. How did the ACGME arrive at 80 as the number of deliveries? Is there any data available that suggests residents with 80 deliveries, meeting the delivery competency, are more likely to be hired by hospitals to provide obstetric care?

Program Requirement(s): 4.11.i.2. Residents who seek the option to incorporate comprehensive pregnancy related care, including intrapartum pregnancy-related care and vaginal deliveries into independent practice, must complete at least 400 hours (or four months) dedicated to training on labor and delivery and perform or directly supervise at least 80 deliveries. (Core)

Family Medicine Maternity Care Call to Action: Moving Toward National Standards for Training and Competency Assessment

Susanna R. Magee, MD, MPH; W. Suzanne Eidson-Ton, MD, MS; Larry Leeman, MD, MPH; Michael Tuggy, MD; Thomas O. Kim, MD, MPH; Melissa Nothnagle, MD, MSC; Joseph Breuner, MD, Mark Loafman, MD, MPH

Family Medicine Maternity Care (FMMC) Summit

Table 1: OB Training Guideline

Competency (minimum number before assessment)	Basic Maternity Care	Comprehensive Maternity Care	Advanced Maternity Care
	Basic Maternity Care and Spontaneous Delivery	Comprehensive Maternity Care Including Vaginal Delivery	Advanced Maternity Care With Cesarean Delivery
Skills and Procedures (minimum number for competency assessment)			
Prenatal encounters (includes PNV, continuity PNV, antepartum triage/evals, ED evals)	150	150	250 (including at least 100 high-risk encounters)
Outpatient Postpartum Care	10	10	10
Continuity cases	3 (delivery not required)	10 (pre/postnatal and delivery required)	10 (pre/postnatal and delivery required)
Intrapartum care	10	40	80
Vaginal deliveries	20-40**	40-80**	80
Perineal repairs	0	5	10
3rd /4th degree laceration repairs	0	0	5
Instrumented vaginal deliveries	0	5*	5
Cesarean assist	0	5	5
Cesarean primary surgeon	0	0	70-100**
Primary Cesarean	N/A	N/A	40-60**
Repeat Cesarean			30-40**
Intraoperative tubal ligation			3
Postpartum tubal ligation			10
Dilation and curettage (uterine evacuation)			10

* Family physicians offering comprehensive maternity care should be trained in vacuum-assisted vaginal delivery; however, we appreciate that the volume of deliveries and the national operative vaginal delivery rate of 3% may preclude some residents from attaining the desired number of vacuum deliveries. We encourage residencies to look at alternative training with simulation models.

** Where a range is provided, the lower number is the minimum number to evaluate for competency, and the upper number is the number at which we estimate most trainees will achieve competency.

Question and Related Program Requirement

7. Is there any plan to add back an explicit requirement to have an associate program director beyond a certain number of residents?

Program Requirement(s): 2.4.a. 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)PR(s): N/A

Answer

1. Current process allows increased flexibility for program leadership to be determined by the program
2. Associate program director time must be discrete from core faculty time (no double-dip)

Question and Related Program Requirement

8. Please consider sharing the “top citations” slide again along with explanations/ reasonings that were noted. Citations for the below were noted during the last RLS Meeting: each resident’s panel of continuity patients must be of sufficient size and diversity to ensure adequate education, as well as patient access and continuity of care. Can you provide further clarification as to what you are looking for?

Program Requirement(s):

Answer

The “common” citations that appeared in prior presentations affect only about 10 percent of the 800+ programs and new citations, so they do not accurately reflect widespread issues; instead, they mainly identify programs having trouble maintaining substantial compliance.

If you are unsure, use the “Major Changes” section in ADS as a place to further explain and clarify

We collaborate with AFMRD to enhance communication and transparency within the community.

Question and Related Program Requirement

9. Do you have any best practices for patient advisory councils that have been noted? Particularly with how you have seen or would like residents to be involved.

Program Requirement(s): 1.7.h. 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. (Core)

Answer

1. Not yet

Question and Related Program Requirement

10. Are telehealth encounters an absolute requirement? Will they remain an expectation even with fluctuating insurance coverage for telehealth?

Program Requirement(s): 1.7.g. Telehealth modalities must be readily available. (Core)

4.4.a.8. use technology to provide accessible care, i.e., via telehealth; (Core)

Answer

1. Yes
2. We understand reimbursement has changed
3. Residents should be pluripotent, most employers expect competence in telehealth

ACGME Website - Who Should I Contact?

Field Activities Team

fieldrepresentatives@acgme.org

- Site visits

Accreditation Data System (ADS) Team

ADS@acgme.org (312.755.7474)

- Annual data
- Resident/Fellow and Faculty Surveys
- Milestones

Review Committee Team

- Program Requirements
- Applications
- Letters of Notification
- Complement requests
- FMP site applications





Thank you!