

Family Medicine Guidance on 1,650 Requirement Update to Family Medicine Notice and Guidance to Programs (March 2020) Review Committee for Family Medicine

The Review Committee for Family Medicine greatly appreciates the ongoing efforts of the family medicine community in response to the COVID-19 pandemic, while maintaining a commitment to graduate medical education. It is clear the family medicine community has stepped up with great enthusiasm to ensure that quality graduate medical education continues while adapting to the current circumstances. The Committee also wants to acknowledge the importance of protecting patients, residents, and fellows. The family medicine community has demonstrated innovation and flexibility at a time when leadership is critical. The Committee understands the real risks program leaders and faculty members have encountered as they've attempted to continue teaching their residents and fellows and care for their patients, and hope for their own health and well-being.

As it has been some time since the Committee's last communication regarding concerns about the impact of the pandemic on accreditation decisions, this update is provided to the [guidance originally posted in March 2020](#). While much has changed since then, the Committee recognizes that ongoing concerns still exist around certain program requirements. In discussing resident patient visits, and particularly the requirement for 1,650 in-person patient visits, it is important to recognize that the ACGME requirements were established for program accreditation. Multiple requirements are used by the Committee to determine whether a given program offers a volume and diversity of encounters sufficient for education of the complement of residents for which the program is accredited. The in-person 1,650 visit requirement, in particular, is a clinical outcome to assist the Committee in determining whether a program is providing sufficient volume and diversity of patient encounters for its learners. This requirement was not designed to be a surrogate for the competence of an individual program graduate, as it is the responsibility of the program director (with input from the Clinical Competency Committee (CCC)), and not the Committee, to assess and determine whether a learner has achieved the competence necessary for the autonomous practice of family medicine.

The Committee uses the number of in-person resident Family Medicine Practice visits as one metric in determining the accreditation status of a program. Resident in-person visit data have been and will be collected throughout the years a resident is in the program. This year, programs will have the opportunity to also submit the data for telehealth visits for each resident in the Accreditation Data System (ADS). The importance of providing telehealth data cannot be understated, as it will allow the Committee to assess the efforts of the program to incorporate all means possible to allow residents to achieve competence in the care of continuity patients.

The 1,650 in-person visit requirement will not be waived by the Committee in making accreditation decisions. Rather, it will be interpreted and applied considering the impact of the pandemic on each program as expressed in the "Major Changes and Other Updates" section in ADS during that program's Annual Update, along with the data provided this year about telehealth visits via ADS.

The Committee will consider all of these data as part of a global review of each program's compliance with all the requirements. Decisions to issue citations or Areas for Improvement will be made based on that global review and not on the resident visit data alone. Whether or not an individual resident has achieved all the 1,650 visits in person, as noted, it is the program director (with input from the CCC) who must determine whether that learner has achieved the competence required for the autonomous practice of family medicine, as was the case last year.

The Review Committee hopes this interim guidance will be helpful as programs make decisions regarding the needs of their resident learners and the patients they care for.

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This guidance is current as of August 2021.