Combined Family Medicine-Public Health and General Preventive Medicine Curricular Requirements

This document enumerates the **minimum** curricular requirements for combined ACGME-accredited programs in family medicine and public health and general preventive medicine, as approved by the American Board of Family Medicine (ABFM), American Board of Preventive Medicine (ABPM), American Osteopathic Board of Family Physicians (AOBFP), and American Osteopathic Board of Preventive Medicine (AOBPM). This information was collated from the certifying boards on October 31, 2026 and will be updated as needed.

1. Total duration:
    a) 48 months.
    b) Additional time outside of the minimum requirements must be customized per the mission of the program and the individual needs of each resident.
    c) This time must be equitably allocated between the participating specialties such that the resident acquires the knowledge, skills, and behaviors necessary to enter autonomous practice in each of the participating specialties.

Public health and general preventive medicine curricular components must include the following:

2. Completion of a master of public health or another equivalent degree program, or an equivalent activity that meets the ACGME Program Requirements for Graduate Medical Education in Public Health and General Preventive Medicine section 4.11.d. (describe in block diagram notes).

3. Two months at a governmental public health agency, or an equivalent activity that meets section 4.11.f.2. of the Program Requirements for Public Health and General Preventive Medicine.

4. Participation in learning activities related to the current recommendations of the US Preventive Services Task Force, or an equivalent activity that meets section 4.11.f.3. of the Program Requirements for Public Health and General Preventive Medicine(describe in block diagram notes).

5. Participation in a real or simulated outbreak investigation, or an equivalent activity that meets section 4.7.h.2. of the Program Requirements for Public Health and General Preventive Medicine(describe in block diagram notes).

6. Participation in a real or simulated disaster or toxic exposure exercise, or an equivalent activity that meets section 4.4.g. of the Program Requirements for Public Health and General Preventive Medicine (describe in block diagram notes).

7. Participation in at least one patient safety or quality improvement project and in at least one research project, or an equivalent activity that meets sections 4.4.c. and 4.7.d. of the Program Requirements for Public Health and General Preventive Medicine ; in some cases, these can be combined into a single research project with a patient safety/quality improvement emphasis.

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8. Clinical activities must incorporate some experiences related to lifestyle-based chronic disease prevention and infectious disease of public health significance (e.g., tuberculosis, sexually transmitted infections, HIV, viral hepatitis, tropical and/or foodborne disease), or an equivalent activity that meets sections 4.4.k., 4.6.b., and 4.8.h. of the Program Requirements for Public Health and General Preventive Medicine (describe in block diagram notes).

Family medicine curricular components must be 24 months, including the following:

9. Family medicine:
    a) At least 24 months of rotations, with rotations identical to the participating family medicine program and associated structured didactic sessions as defined in the Program Requirements for Graduate Medical Education in Family Medicine.
    b) Each year of the combined residency must have at least three months of family medicine curriculum.
    c) A family medicine practice (FMP) compliant with the Program Requirements for Graduate Medical Education in Family Medicine:
        i. Residents must have a minimum of 1,000 hours of scheduled patient time with continuity patients and at least 40 weeks over two consecutive years of the program, with no more than eight weeks away from continuity patients each of these years and no more than one month away from continuity practice at a time. This clinical continuity experience should meet the requirements for patient age distribution, scope of practice, procedures, empanelment, continuity, review of referrals, and review of quality and other dimensions of care.

Additional Considerations

- In order for graduates of the program to be eligible for ABFM certification, the program director must attest to competence for each of the 15 core outcomes specified by the ABFM. ABFM expects these judgements to be supported by the program's Clinical Competency Committee (CCC) and based on evidence of competence reviewed by the CCC. Residents must complete at least 24 months of rotations in family medicine.
- In order for graduates of the program to be eligible for AOBFP certification, the program director must attest to completion of the family medicine curriculum and verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. AOBFP expects these judgements to be supported by the CCC and based on evidence of competence reviewed by the CCC.

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