ACGME Program Requirements for Graduate Medical Education
in Family Medicine
Summary and Impact of Interim Requirement Revisions
(Proposed Effective Date July 1, 2024)

Requirement #: **II.B.4.c)-II.B.4.f)**

Requirement Revision (significant change only):

II.B.4.c) ~~At a minimum, the required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to an average dedicated minimum of 10 percent time/FTE for educational and administrative responsibilities that do not involve direct patient care.~~ ~~(Core)~~

II.B.4.d) Core physician faculty members in programs with an approved complement of 13 or more residents should devote at least 60 percent time (at least 24 hours per week, or 1200 hours per year) to the program, exclusive of patient care without residents. (Detail)

II.B.4.e) Core physician faculty members in programs with an approved complement of 12 or fewer residents should devote at least 40 percent time (at least 16 hours per week or 800 hours per year) to the program, exclusive of patient care without residents. (Detail)

II.B.4.f) Core physician faculty members should devote the majority of this professional effort to teaching, administration, scholarly activity, and supervising resident patient care within the program. (Detail)

~~Specialty-Specific Background and Intent: This support may be distributed equally to each core faculty member or distributed to core faculty members in a manner determined by the program leadership, such that the total support for core faculty dedicated time is equal to the number of required core faculty members multiplied by a minimum of 10 percent FTE.~~

1. Describe the Review Committee's rationale for this revision:

The Review Committee for Family Medicine has, over the last several months, endeavored to show that the current requirements for core faculty support for program administration were inadequate for our specialty. With the much-appreciated revision to the guidance from the ACGME Committee on Requirements on how the specialty can further specify in this domain, we have proposed a return to our prior core faculty requirements as outlined above. This required time has been critical to the specialty, as outlined in our prior rationale: The elements of program complexity unique to family medicine include a wide variation in program size, numerous participating sites, multiple community contacts that must be fostered and monitored, the integration of the program and its residents into the services of multiple specialties as defined in our specialty program requirements, as well as the complexity of the section IV requirements delineated by our specialty. Family medicine has over 740 ACGME-accredited programs in every conceivable health care setting, which requires significant faculty time to foster, coordinate, and maintain effective learning environments for residents. Many programs are the only ACGME-accredited program in their hospital or community.

Family medicine faculty members have done this work effectively over the years in large part due to the program requirements that previously mandated 60 percent core faculty time devoted to the clinical teaching and administration of the program. After removal of these requirements in 2019, we have seen a significant loss of faculty due to budget cuts and burnout. In single-program graduate medical education (GME)

institutions, which often host only family medicine programs, the faculty members also serve in additional roles of GME support, which add demands to their time. The time required to meet this workload complexity cannot be made up with the generation of more clinical revenues, given the unique financial structures that most family medicine programs rely upon, which do not allow for overhead cost sharing as can be done by hospital-based specialties.

The new major revision to the Program Requirements for Family Medicine represent a significant shift in the specialty to foster more flexibility to achieve local program missions and better meet local community needs. Anticipated now for over three years, the new requirements will require enormous faculty time to implement effectively. As mentioned in the previous communications, family medicine has the highest number of accredited core programs with a high percentage of turnover in leadership, which threatens to accelerate if there is a lack of faculty time to implement this major shift. During the "Shaping GME: Future of Family Medicine" process, it became clear that for a set of requirements to remain relevant for the education of future family medicine physicians, there would need to be a greater emphasis on competency-based assessments, scholarship through collaboratives, individual learning plans (ILPs), quality improvement (QI) projects, etc., all of which require a greater responsibility of the faculty members (core physician faculty members, in particular). The new major revisions to the Program Requirements will also require substantial faculty development.

The Review Committee for Family Medicine is also aware that our smaller programs may need fewer faculty resources than our larger programs and has listened and responded to that feedback by providing different faculty-to-resident ratios in our new requirements, and with the current interim revision, we are proposing an appropriate amount of corresponding time devoted to the program by core faculty members in smaller programs. It cannot be overstated how much the community of family medicine educators has voiced the need for time to make this effort a success, regardless of the program size.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   With the re-establishment of the requirement for core faculty members to devote a majority of their time to clinical teaching and program administration, the revision would improve resident education through more direct time with faculty, allowing for more accurate assessment of competence, and increase the time spent educating residents about patient safety and quality, whether in didactics or in joint participation with residents on QI projects. The revision would also improve patient safety through more opportunity for direct, indirect, and oversight supervision of resident patient care. The revision would improve patient care quality by increasing the opportunity for faculty members to interact with residents at the bedside and in clinical settings.

3. How will the proposed requirement or revision impact continuity of patient care?

   The revision should improve continuity of patient care, by allowing faculty members to spend more time in the family medicine practice (FMP) clinically supervising residents and promoting continuity in the supervision and review of the care of resident FMP patient visits. With adequate time for program administration, the Program Evaluation Committees (PEC) and other clinical oversight structures will be

able to better design curricular sequencing that promotes continuity of care. The revisions will also allow for maintaining adequate time for faculty members to maintain continuity of care for patients exclusive of the care of patients with residents.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

   The proposed requirement will not necessitate any additional resources that were not already in place in 2019. Most of our programs have necessarily maintained the teaching responsibilities of their core faculty members in the intervening time since this proposed revision was previously in effect. The Review Committee has intentionally proposed faculty-to-resident ratios which require fewer faculty members for smaller programs (12 residents or fewer) and therefore, this revision should not necessitate more financial resources for smaller rural programs. This revision would not require any additional faculty members, facilities, or reorganization of other services. The volume and variety of patients should also be unaffected. While there are no direct financial resources or support stated in this requirement, there may be some institutions that will provide more salary support for teaching if that support has been insufficient in meeting the educational mission of the program using the current requirements.

5. How will the proposed revision impact other accredited programs?

   This proposal will not impact other accredited programs, as it will only be applicable to family medicine core faculty members.