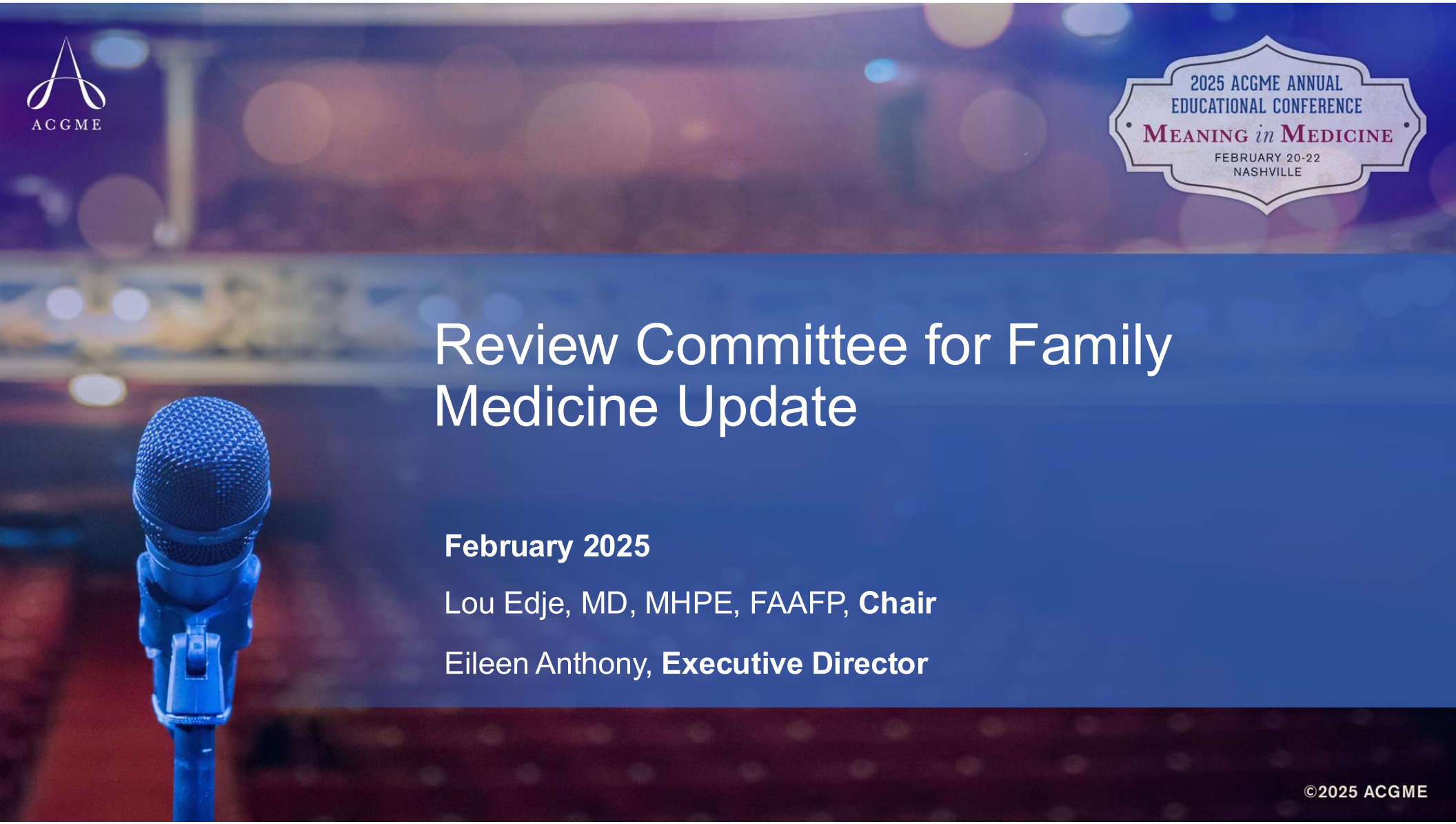


Review Committee for Family Medicine Update

February 2025

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

Eileen Anthony, **Executive Director**

Topics to Cover

- Review Committee – membership and ACGME team
- Work of the Review Committee
- Accreditation decisions and most common citations as of February 2025
- NEW Questions from the field (and answers!)
- NEW Specialty-specific Resident Survey questions
- NEW Five-year family medicine practice (FMP) data review
- NEW Annual data collection for AY 2024-2025
- NEW ACGME site visit update
- Family medicine – Did you know?!

I have been in program leadership (program director, associate director, or program coordinator) for a total of…

1. Less than one year
2. One to three years
3. Four to seven years
4. More than seven years

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

The ACGME in a nutshell…

905
ACGME-accredited Sponsoring Institutions

13,393
ACGME-accredited programs

162,644
residents and fellows in ACGME-accredited programs

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

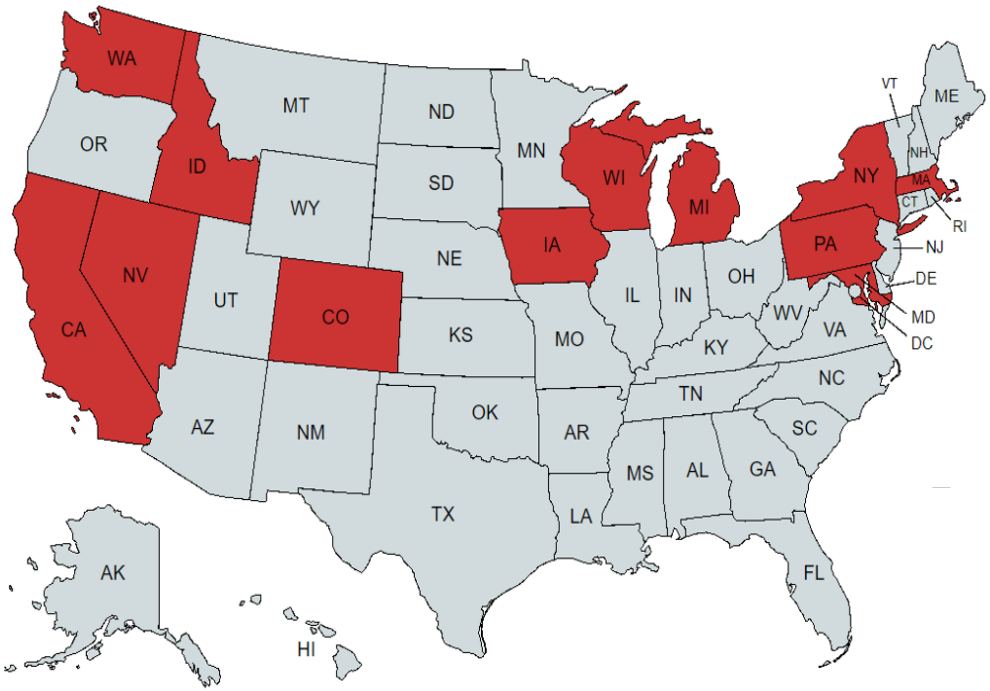
14 voting members

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

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

* Ex-officio non-voting

Geographic Distribution



Recruitment of Review Committee

"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 encourages nominees from underrepresented groups.

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

Recruitment of Review Committee… Steps

1. Nominating Organization Criteria/Needs Assessment
2. Two Nominees from Nominating Organization Are Submitted
3. Review Committee Vote and Selection of Candidate
4. ACGME Board of Directors Approval and Welcome to Incoming Member
5. Member Attends April Orientation; Term Begins in July

Review Committee Members

David Araujo, MD
Mahuya Barua, MD, Resident
Kate DuChene Hanrahan, MD
Lou Edje, MD, MHPE, FAAFP, **Chair**
Shantie Harkisoon, MD, **Vice Chair**
Brandon Isaacs, DO
Leon McCrea, MD
Carl Morris, MD
David Nowels, MD (*Rotating off June 30, 2025*)
Chris Pitsch, DO
Jennifer Reidy, MD, MS
Marissa Rogers, DO
Mark Stewart, MPH, *Public Member*
Mark Stovak, MD
Warren Newton, MD, Ex-officio (ABFM)
Karen Mitchell, MD, Ex-officio (AAFP)
Maura Biszewski, MBA, Ex-officio (AOA)

INCOMING MEMBER JULY 2025
Terri A. Nordin, MD

#ACGME2025

Review Committee Team

Eileen Anthony
Executive Director
312.755.5047; eanthony@acgme.org

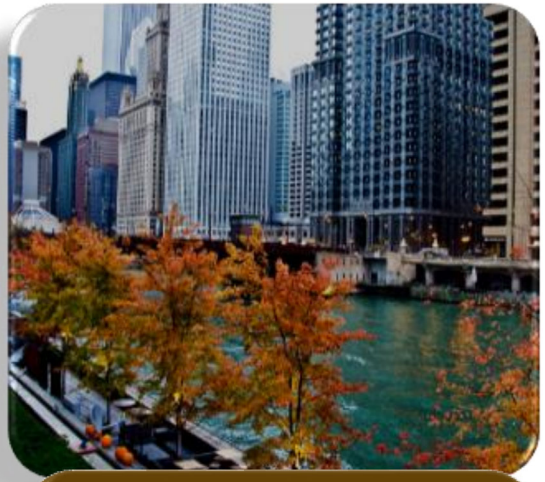
Sandra Benitez
Associate Executive Director
312.755.5035; sbenitez@acgme.org

Betty Cervantes
Accreditation Administrator
312.755.7470; brc@acgme.org

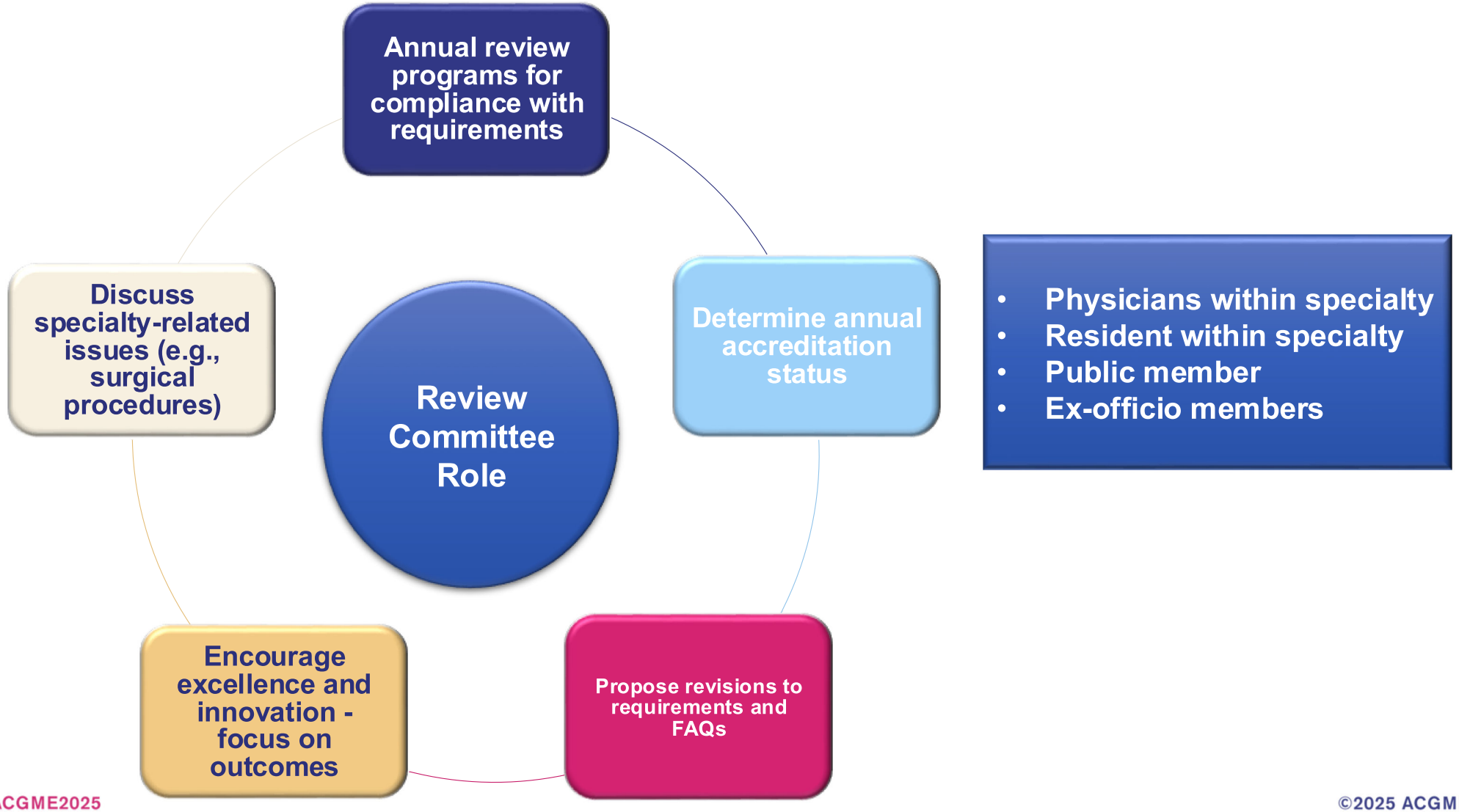
Review Committee Meetings

JANUARY IN CHICAGO
-Annual Accreditation Decisions
-Letters of Notification
-Other Business

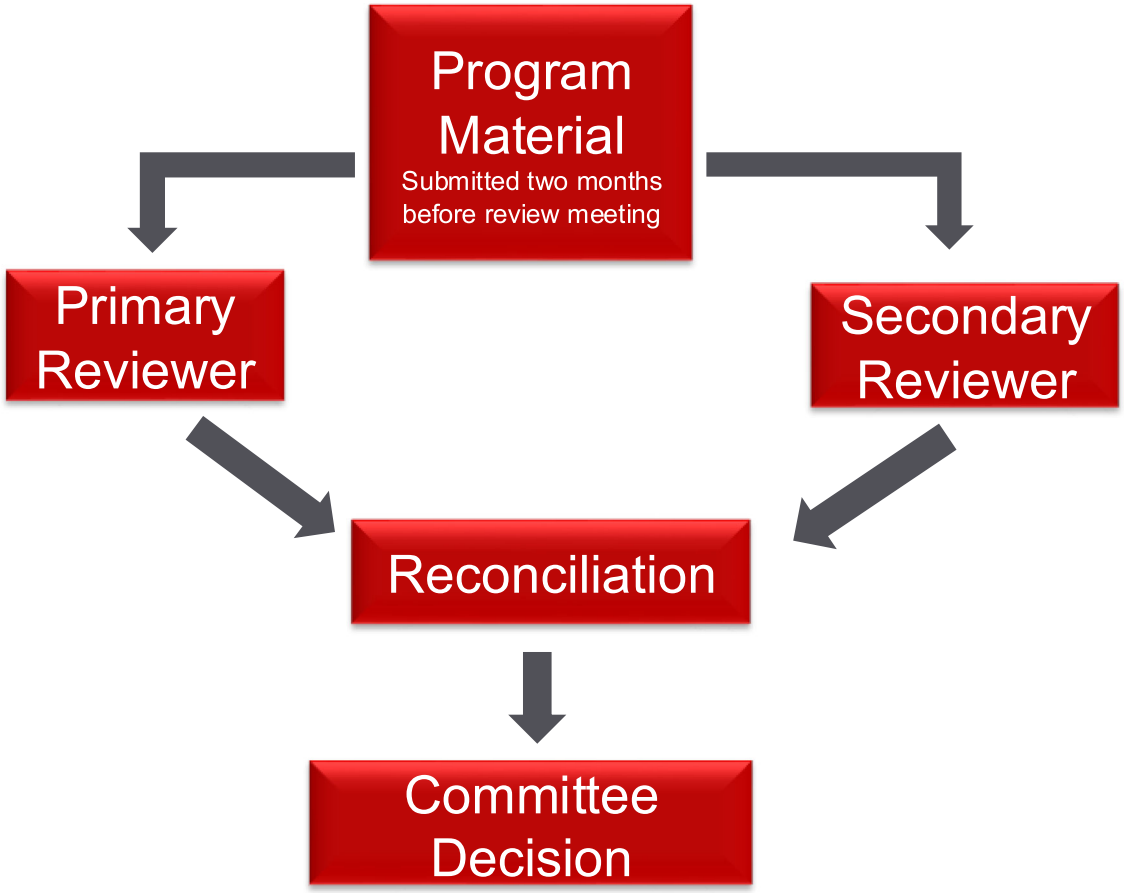
APRIL IN CHICAGO
-Annual Accreditation Decisions, Cont.
-Letters of Notification
-Other Business



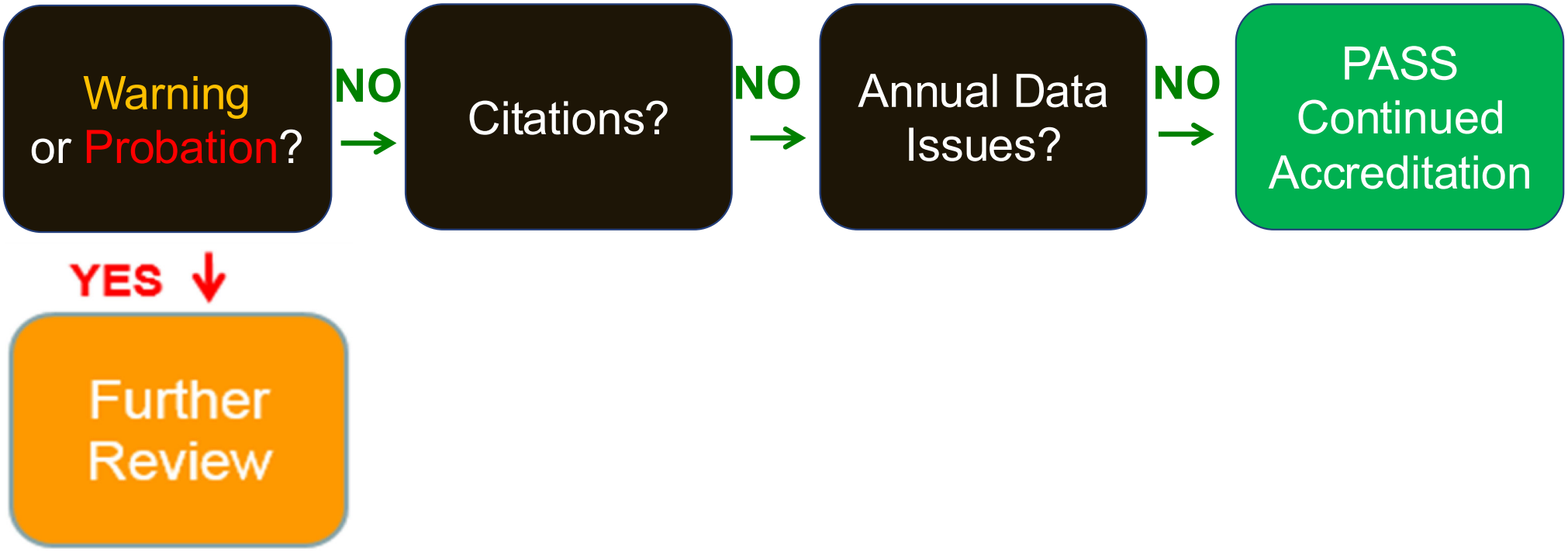
OCTOBER IN CHICAGO
-New Applications
-Initial Accreditation Site Visits
-Other Business


Annual review programs for compliance with requirements
Determine annual accreditation status
Propose revisions to requirements and FAQs
Encourage excellence and innovation - focus on outcomes
Discuss specialty-related issues (e.g., surgical procedures)
Review Committee Role
• Physicians within specialty
• Resident within specialty
• Public member
• Ex-officio members

Review Process

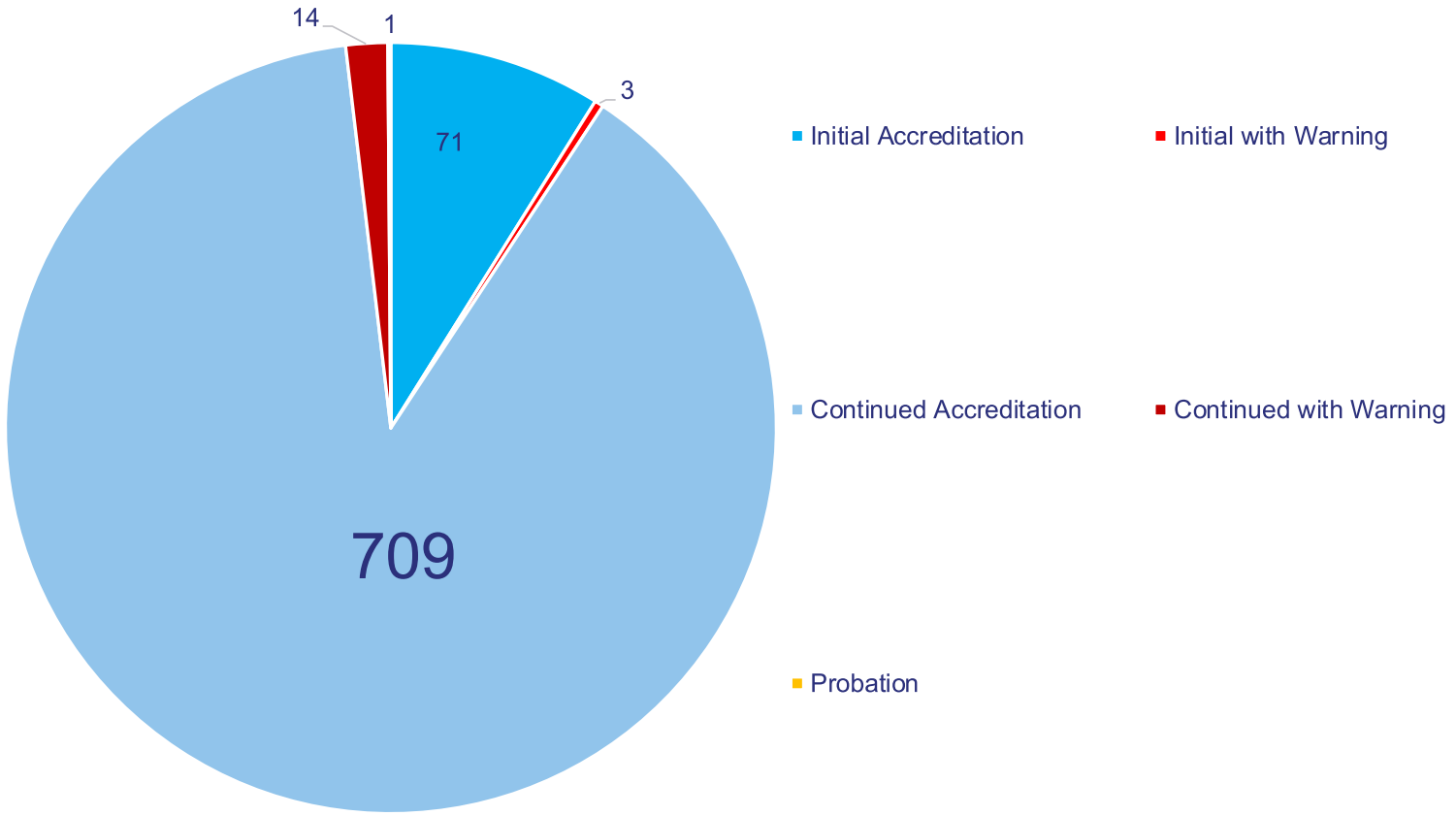


Annual Program Review

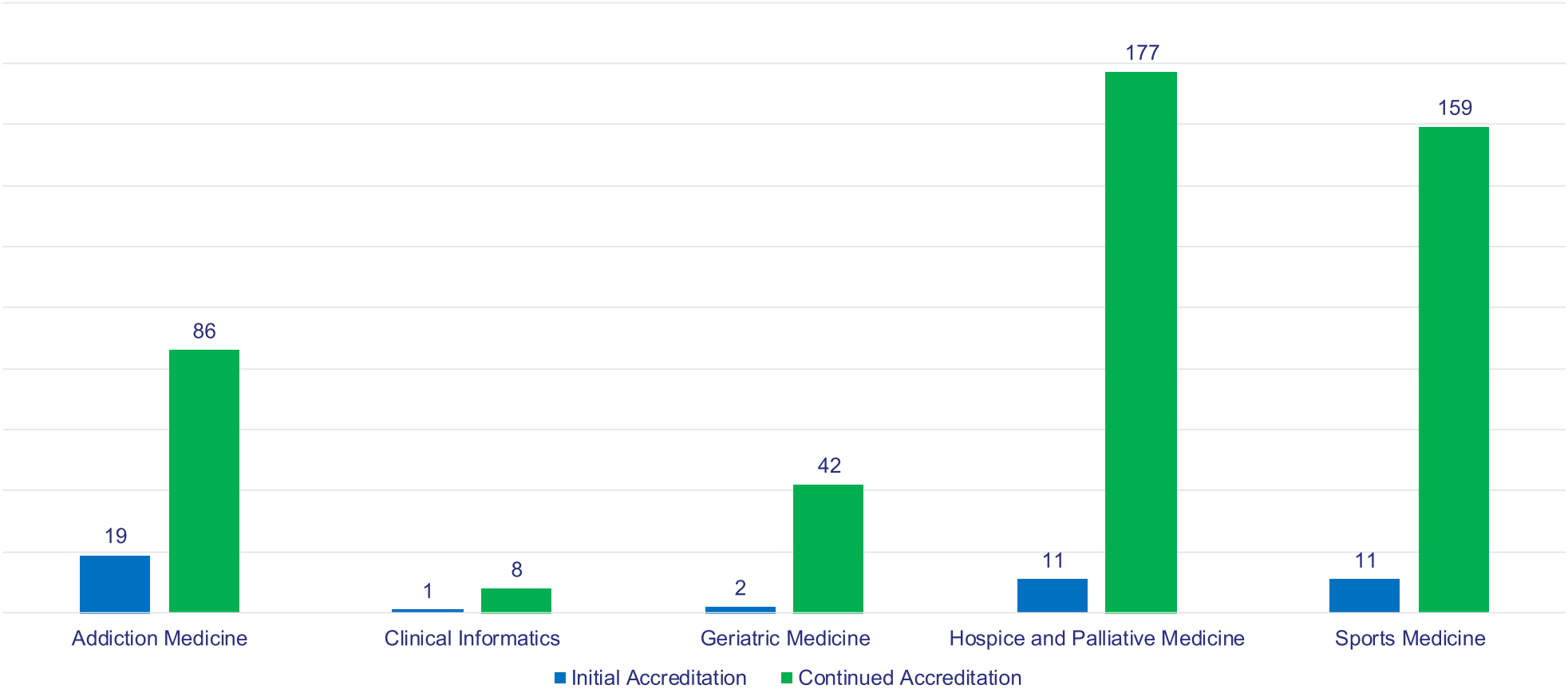


*At any point in the process, the committee may request an accreditation site visit.

Accreditation Data – Core



Fellowships



ACGME

#ACGME2025

How are the vast majority of programs doing?

Phenomenally well!

Thank YOU!

Common Citations as of February 2025

II.A.4.a).(6) The Program Director must: submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core) – NEW APPLICATION

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.

Common Citations as of February 2025

IV.C.3.c).(5).(b) 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. (Core) – ANNUAL DATA REPORT

The information provided to the Review Committee did not demonstrate substantial compliance with the requirements. Specifically, based upon peer judgement, the data provided are not sufficient to satisfy the requirement.

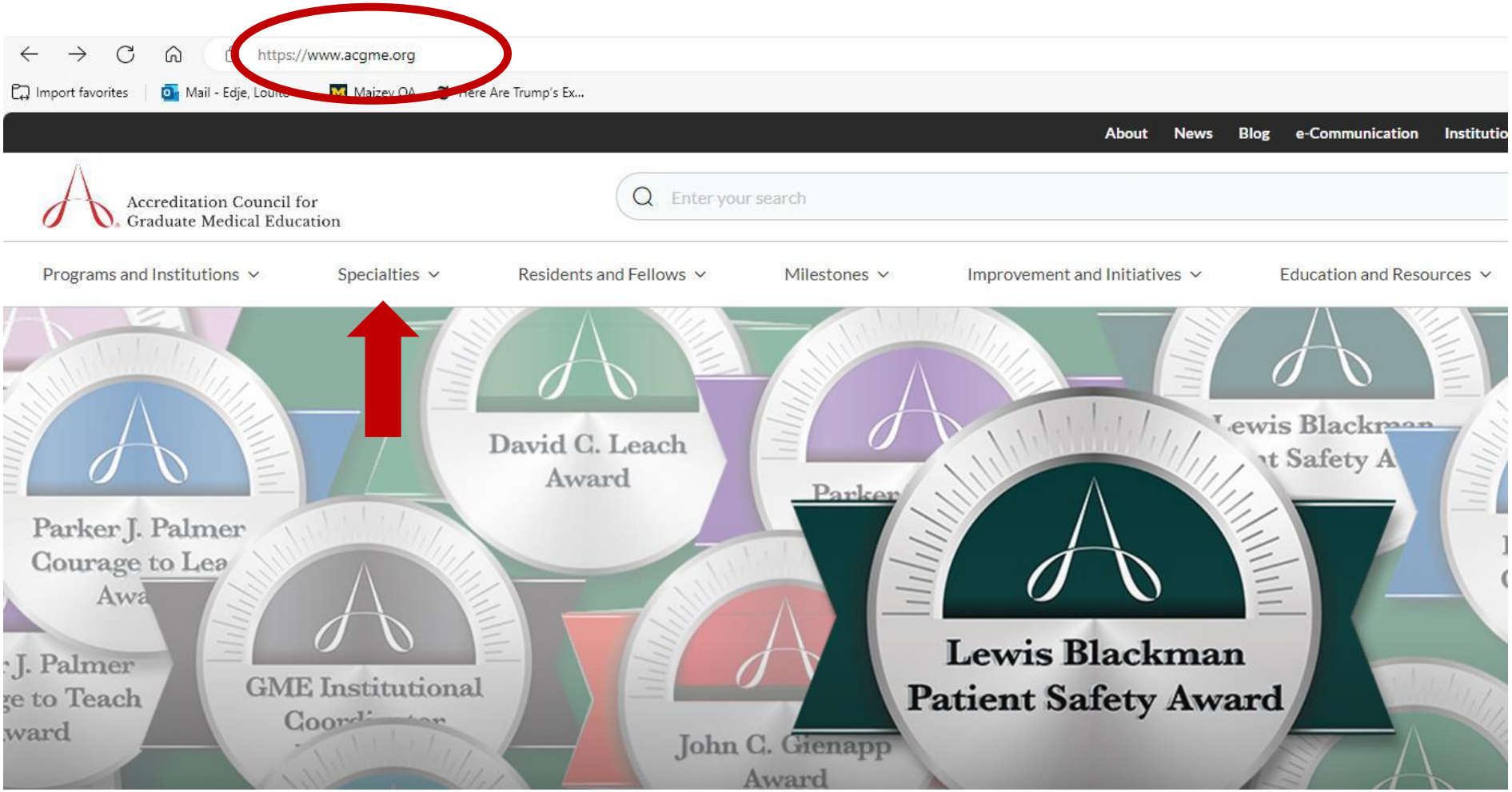
Clinical Experience Total # FMP patient visits		
Resident ID	**Resident name**	**Total # FMP Patient Visits**
		800
		861
		855
		805
		736
		326

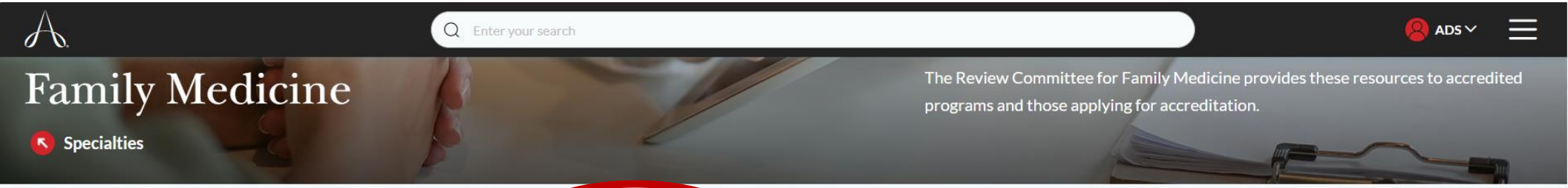
Common Citations as of February 2025

II.B.2.c) Faculty members must demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. (Core) – RESIDENT SURVEY/SITE VISIT

The Committee was not able to determine substantial compliance with the requirement. Specifically, the 2024 Resident Survey reflected noncompliance in this domain that was verified at the time of the site visit as an Area for Improvement.

Feedback
is the breakfast of
champions!


https://www.acgme.org
Import favorites
About
News
Blog
e-Communication
Accreditation Council for Graduate Medical Education
Enter your search
Programs and Institutions
Specialties
Residents and Fellows
Milestones
Improvement and Initiatives
Education and Resources
David C. Leach Award
Parker J. Palmer
GME Institutional
John C. Gienapp Award
Lewis Blackman Patient Safety Award



Documents

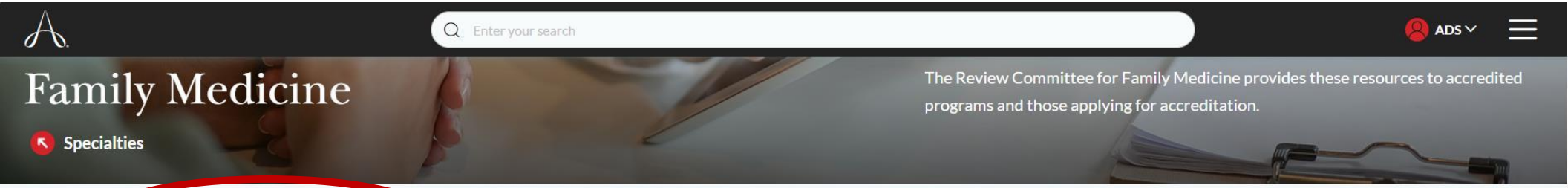
Share This

- ACGME RTP Questionnaire-Family Medicine
- AIRE – An ACGME-ABFM Collaboration
- FMP Site Proposal
- Requests for Changes in Resident Complement
- Resident Member Solicitation

Common Resources

This page contains links that are common across all specialty pages.

- ACGME Glossary of Terms
- ACGME Review Committee Eligibility Decisions (Updated January 2023)
- ACGME Review Committee 2019 Faculty Scholarly Activity Decisions
- Applying for Program Accreditation
- Committee and Members Selection Process
- Common Program Requirements FAQs
- Crosswalk: Faculty Survey-Common Program Requirements (7/1/2023)
- Crosswalk: Resident/Fellow Survey-Common Program Requirements (7/1/2023)
- FAQs on Sponsorship Changes
- Guide to the Common Program Requirements
- Key To Standard Notification Letter
- Medically Underserved Areas and Populations (including Rural Track Program designation)
- New England Journal of Medicine Report: The Next GME Accreditation System — Rationale and Benefits (3/15/2012)



Documents

Share This

- ACGME RTP Questionnaire-Family Medicine
- AIRE – An ACGME-ABFM Collaboration
- FMP Site Proposal
- Requests for Changes in Resident Complement
- Resident Member Solicitation

Program Requirements, FAQs, and Applications

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 7/1/2024
- FAQs
- Specialty-Specific Application

Addiction Medicine

- Program Requirements Effective 7/1/2023
- FAQs
- Program Requirements Effective 7/1/2025
- Program Requirements (TCC) Effective 7/1/2025

Clinical Informatics

- Program Requirements Effective 7/1/2023
- FAQs
- Program Requirements Effective 7/1/2025
- Program Requirements (TCC) Effective 7/1/2025

Geriatric Medicine

- Program Requirements Effective 7/1/2023
- FAQs
- Program Requirements Effective 7/1/2025
- Program Requirements (TCC) Effective 7/1/2025

FAQs

- Oversight
- Personnel
- Education Program
- Learning and Working Environment
- Other

Question	Answer
Oversight	
Are there exceptions to the limit of one hour of travel time between the primary clinical site and participating sites? *[Program Requirement: I.B.5.]*	Exceptions may be considered depending upon the circumstances. Specifically, the Review Committee expects to see written verification from programs that they provide housing at the distant site, and/or that such experiences do not require excessive travel regularly (i.e., educational experience that requires greater than one hour of travel, but infrequent and with shift lengths that allow appropriate rests with the travel time considered).
What should the makeup of the Family Medicine Practice (FMP) advisory committee be, and if a program has more than one FMP and those FMPs are in proximity, can the advisory committee be shared? *[Program Requirement: I.D.1.h)]*	The FMP advisory committee must have community members and clinical leaders whose role is to assess and address the needs of the community cared for by the FMP. The intent of the requirement is to encourage a mixture of individuals using FMP services (patients, caregivers, family members), residents, faculty members, and care delivery leaders. Each FMP should have a unique advisory committee. For example, programs with three FMPs should have three separate advisory committees. Similarly, Federally Qualified Health Center (FQHC) boards with 51 percent community membership meet this requirement if the functions of assessing and addressing the needs of the FMP community are part of the work of the board, and only one FMP is supported by that board.
Personnel	
What is the difference between administrative time for the program director and devoted time for core faculty members? *[Program Requirement: II.A.]*	Starting July 1, 2024, administrative time for program directors is defined differently than it is for core faculty members. For program directors, this is time spent *only* doing administrative tasks and does not include precepting, resident supervision, scholarly activity, or their own direct patient care. For core faculty members, devoted time includes all time spent doing work for the residency outside of their own direct patient care. Therefore, devoted time for core faculty members includes administration, scholarly activity, and resident supervision, including precepting.
Can faculty members who are not family physicians or who are not physicians be considered in calculating the core faculty requirement?	Faculty members who are not family physicians may be core faculty members, but only core faculty members who are family physicians meet this requirement. Non-family physician faculty members may be core faculty, but they do not count toward the required number in program requirement II.B.4.b).

NEW – Questions from the Field

Program Requirement(s)	Question	Answer
I.D.1.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) I.D.1.h).(1) The advisory committee should have demographic diversity and lived experiences representative of the community. (Detail)	Our hospital system has a PFAC that is comprised of community members and does a county-wide needs assessment. Can we participate in this group as our PFAC or do we need to create a subcommittee for just our patient population?	• Captured in current FAQ online. • Using an already established hospital committee **is not appropriate** as that population does not always go to the FMP site. • The purpose of the advisory committee is to serve the FMP, specifically. • FAQ may need more attention on the patient feedback piece. • May **not** be a hospital. Must be local.

NEW – Questions from the Field

Program Requirement(s)	Question	Answer
IV.C.3.l) Residents must have dedicated experience in the care of older adults of at least 100 hours or one month and at least 125 patient encounters. (Core) IV.C.3.l).(1) The experience must include functional assessment, disease prevention, health promotion, and management of adults with multiple chronic conditions. (Core) IV.C.3.l).(2) The experience should incorporate care of older adults across a continuum of sites. (Detail)	Can we get more clarity on what qualifies as a geriatric encounter? Our residents have over 600 geriatric encounters in our clinic, but our understanding is we can't use those encounters towards our geriatric encounters because it's during their 1,000 continuity hours and that would be double dipping. Is there a way to count these?	• There **must be a curricular component** and not just an "add on" to satisfy a requirement. • Cannot double dip. • If you have 125 over the requirement, you can add those above the requirement for 1,000 hours. • Will update FAQ to addresses this with examples. • Excess is okay.

NEW – Questions from the Field

Program Requirement(s)	Question	Answer
Program Director must: V.A.2.a).(2).(b) verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	If a resident completes 36 months and is ready to graduate but we can't attest to one of the core outcomes, what options do graduates have to then meet those outcomes if they've graduated from the program?	• Competence is **not** time based • Up to the program director with the input of the Clinical Competency Committee (CCC) to determine final evaluation/ sign-off. • Program must have a system in place well before this may be an issue. • Program director must codify the situation before learner is at the end of 36 months.

NEW – Questions from the Field

Other	Question	Answer
No program requirement attached.	Will the ACGME be offering any further guidance on recommended tools to achieve competency evaluation and CBME [competency-based medical education] goals?	The Milestones section of the ACGME website and Learn at ACGME have CBME tools/guidance offerings: https://www.acgme.org/milestones/resources/ https://dl.acgme.org/catalog?query=cbme Society of Teachers of Family Medicine (STFM) website also has a wealth of resources and tools to access.

NEW – Questions from the Field

Other	Question	Answer
No program requirement attached.	What are the findings from the pop-up site reviews? What are they finding that others might consider working on in advance?	There have only been six (*five core and one hospice and palliative medicine*) to date. Not enough to glean general findings currently. Continuous quality assurance tips: • Closely monitor annual Resident and Faculty Survey outcomes. • Proactively address downward trends/low responses in Accreditation Data System (ADS) “Major Changes” section. • Be prepared for annual data collection and do not wait until the uploading window occurs. • While not required to submit, conduct Annual Program Evaluations and address issues with documentation in the event of a site visit. • Continuously check ACGME website, read weekly *e-Communication*, contact the ACGME team with questions and concerns as they come up and not wait until there is an issue to address.

NEW – Questions from the Field

Other	Question	Answer
No program requirement attached.	Will there be grace for challenges with continuity and what will that look like?	No, for the following reasons: • Program Requirements were available prior to implementation in 2023 for preparation purposes. • Averages are **well above** the Program Requirements.

NEW – Questions from the Field

Other	Question	Answer
No program requirement attached.	Given the extensive data collection required to appropriately report the empanelment data, has there be any consideration to fine-tuning this requirement versus returning to the previous 1,650 patient encounter requirement?	The Program Requirements are not up for minor revisions until 2027, and with that, there would need to be feedback from the community (*currently over 790 accredited family medicine programs*) for the Review Committee to determine if a given program requirement needs to be reviewed for a minor revision. Other considerations: • Committee only has one year of reporting data to determine impact of changes. • Committee is moving focus to a competency training track and not simply numbers. • Programs must assess competence and not focus on a number. • *1,650 was approximately 1.65 patients per hour and the new 1,000 hours allows for 1.65 patients per hour.*

ACGME

#ACGME2025

When you think of the Resident Survey, what word comes to mind first?

NEW – Specialty-Specific Resident Survey Questions

To what extent to do you agree or disagree with the following items…

ILP (Individualized Learning Plan)

1) My goal-specific ILP was developed with my faculty advisor/coach/member.

Response Options:

Completely disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Completely agree

NEW – Specialty-Specific Resident Survey Questions

2) I have used my ILP to develop my elective choices.

Response Options:
Completely disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Completely agree

NEW – Specialty-Specific Resident Survey Questions

3) My ILP has contributed to my professional growth and development.

Response Options:
Completely disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Completely agree

NEW – Specialty-Specific Resident Survey Questions

Continuity

4) I have provided patient care in multiple settings outside of my core inpatient/outpatient experience in a community-based setting (*e.g., nursing home, skilled care facilities, urgent care, home visits, sporting events, street medicine, free clinics, global health, other*).

Response Options:
Completely disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Completely agree

NEW – Specialty-Specific Resident Survey Questions

5) My patients identify me as their personal physician.

Response Options:
Completely disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Completely agree

NEW – Specialty-Specific Resident Survey Questions

6) I can access my patient panel and/or it is provided to me with patient-specific quality metric data (ex: HbA1C, colonoscopies, mammography) OR I have reviewed patient quality metric data.

Response Options:
Completely disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Completely agree

NEW – Specialty-Specific Resident Survey Questions

Well-Being/Administrative Burden/Resources

7) How often does your program provide the assistance/support in the continuity clinic setting to complete the administrative needs of my patient panel? (e.g., facilitating referrals, assisting patients with transportation services, educating on and assisting in completion of prior authorizations, facilitated social services. This excludes documentation of patient care progress notes, medication refills, telephone or communication notes)

Response Options:

Never

Somewhat often

Often

Very often

NEW – Specialty-Specific Resident Survey Questions

8) My program provides the resources and support to effectively provide telehealth care for my patients.

Response Options:

Completely disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Completely agree

NEW – Specialty-Specific Resident Survey Questions

9) How well is your program preparing you to competently provide telehealth care for patients at the Continuity Clinic?

Response Options:

Not at all

A little

A moderate amount

Quite a bit

A lot

NEW – Specialty-Specific Resident Survey Questions

Feedback

10) How sufficient is program feedback to positively affect my professional growth?

Response Options:

Not at all sufficient

Slightly sufficient

Moderately sufficient

Quite sufficient

Very sufficient

Survey/Citation Crosswalk Tool

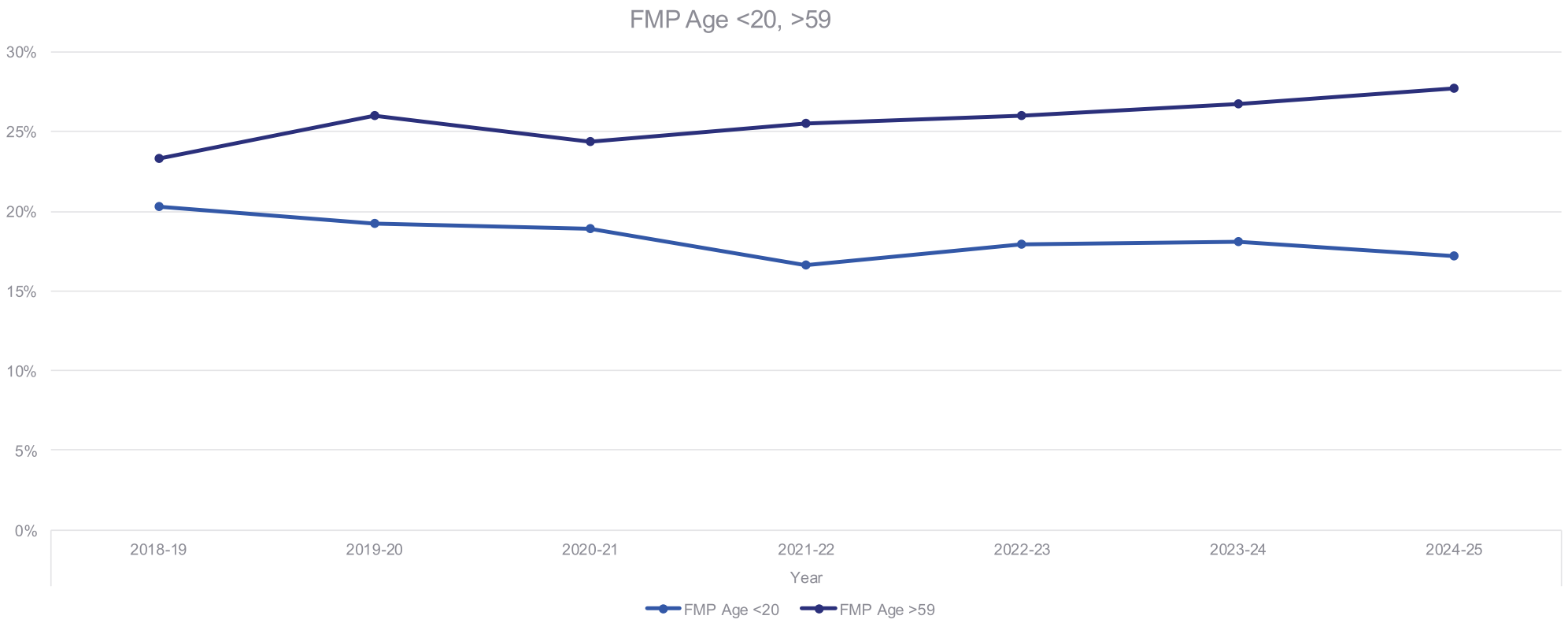
Faculty Survey/Common Program Requirements Crosswalk

Updated February 10, 2025

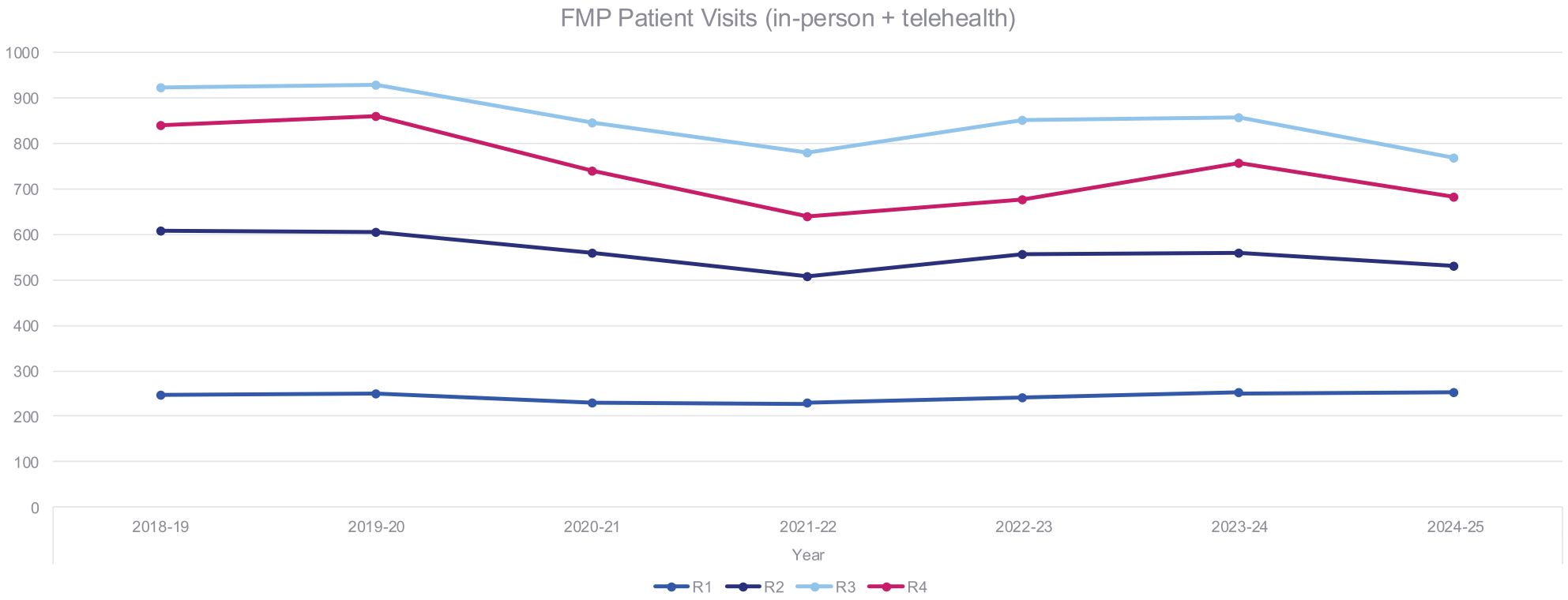
SURVEY REPORT DESCRIPTION	COMMON PROGRAM REQUIREMENT(S)
Resources	
Satisfied with professional development and education	II.B.2.f) [Faculty members must:] pursue faculty development designed to enhance their skills at least annually: (Core) II.B.2.f).(1) as educators and evaluators; (Core) II.B.2.f).(2) in quality improvement, eliminating health equities, and patient safety; (Core) II.B.2.f).(3) in fostering their own and their residents' well-being; and, (Core) II.B.2.f).(4) in patient care based on their practice-based learning and improvement efforts. (Core)
Workload exceeded residents'/fellows' available time for work	VI.B.2.b) [The learning objectives of the program must:] ensure manageable patient care responsibilities; (Core) VI.F.1. Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)

https://www.acgme.org/globalassets/pfassets/programresources/facultysurvey_cprcrosswalk2025.pdf

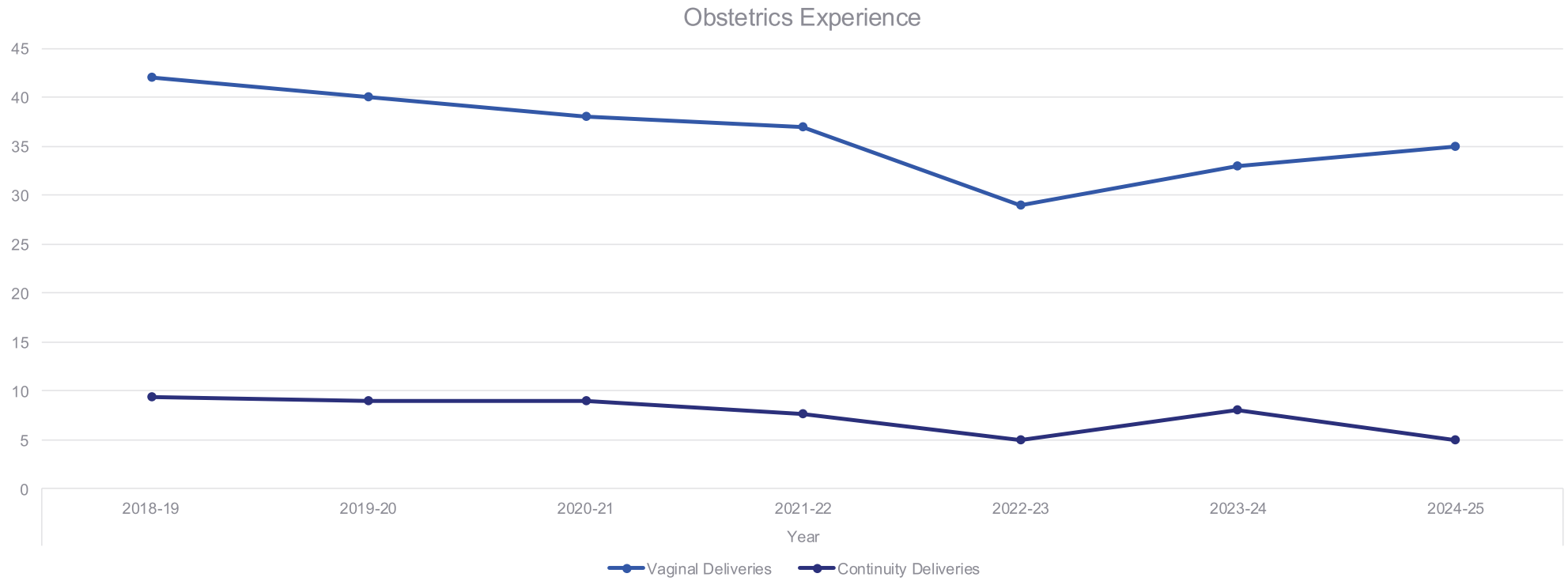
Five-Year FMP Data by Age



Five-Year FMP Patient Visits of Graduates



Five-Year Obstetrics Experience of Graduates



Empanelment

78% of programs reported empanelment

- R1 81%
- R2 80%
- R3 72%

Continuity

Resident-sided

R2 48%

R3 41%

Patient-sided

R2 52%

R3 55%

Panel size

R1 150

R2 280

R3 360

NEW – Annual Data Collection

Family Medicine Specialty Data section in ADS is being retired.

Beginning July 1, 2025, for Academic Year 2024-2025 data, programs will submit data through the Case Log System.

Historically, the Case Log System did not support the unique data collection needs for family medicine. However, upgrades and enhancements have changed such that the system is more flexible and can now meet the specialty's and Review Committee's needs.

A few important notes:

- Programs will continue to provide general program information as currently collected in ADS
- Programs will now submit numeric FMP data (*e.g., panel size and diversity, hours in the clinic, and deliveries*) through the Case Log System.
- The collection of data will NOT require logging of each case encounter (*as a surgical program would*) but entering numeric data as it relates FMP continuity compliance.

NEW – Accreditation Site Visits

Background: 10-year site visits, which were severely impacted by the COVID-19 pandemic, led to the new structure of periodic accreditation site visits for the more than13,000 accredited residency and fellowship programs.

- Former state: Continued Accreditation and Continued Accreditation with Warning received a Self-Study date and a 10-Year Accreditation Site Visit date.
- Effective October 2023:
  - The ACGME discontinued 10-Year Accreditation Site Visits for programs.
  - The program Self-Study will continue to be a program requirement (V.C.2.) but it will **no longer be linked to or reviewed during a site visit**.
- All program Self-Study and 10-Year Accreditation Site Visit dates in ADS were removed in the fall of 2023.

NEW – Accreditation Site Visits

Roll-out includes:

- Goal: Perform assurance site visits for one to two percent of programs on Continued Accreditation that have not had a site visit in >10 years.
- Implementation timeline to start in 2024 for one percent of programs and ramp up to two percent in the future (*six family medicine core and one hospice and palliative medicine program).*
- For 2025, the ACGME selected 200 programs with site visit target dates ranging from April to October 2025 (*14 core, two hospice and palliative medicine, one geriatric, and one sports medicine program are included*).
- Data on the outcomes of this new process will be collected and reported over time.

NEW – Accreditation Site Visits

The Program Self-Study

- The ACGME encourages programs to incorporate a Self-Study into the Annual Program Evaluation process and track ongoing progress and program improvements as outlined in the Common Program Requirements (V.C.2.).
- For questions regarding Graduate Medical Education Committee (GMEC) oversight (*Institutional Requirement I.B.4.a).(4)*) relating to the program Self-Study, please contact the Institutional Review Committee (irc@acgme.org).

Questions and Resources

- Questions can be directed to accreditation@acgme.org.
- Site Visit FAQs are located on the ACGME website.

NEW – Common Program Requirements Major Revisions Task Force

- Membership
  - 50 percent Review Committee chairs
    (Family medicine is represented)
  - 50 percent members of the ACGME Board of Directors
- First meeting was in December 2024
- 18-month process with comment period

ACGME

#ACGME2025

How can the Review Committee for Family Medicine be most helpful to you?

ACGME Website - Who 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
- Resident/Fellow and Faculty Surveys
- Milestones

Did you know…

- Family medicine has the **third highest** number of newly accredited core programs across all specialties (*core and fellowships*) in AY 2023-2024, with 27 of the 386 total.
- Family medicine has the **second highest** number of residents across all specialties in AY 2023-2024, with 15,341 *(9.4%)* of the 162,644 total positions.
- Family medicine has the **highest** number of accredited core programs across all specialties in AY 2023-2024, with 791 *(approximately 6.0%)* of the 13,393 total (*followed by internal medicine with 651 total)*

Did you know…

Of the 15,341 residents across family medicine programs:

- 6,945 are White
- 3,770 are Asian
- 1,726 are Hispanic, Latino, or of Spanish origin
- 1,317 are Black or African American
- 45 are American Indian or Alaskan Native
- 15 are Native Hawaiian or Pacific Islander
- 808 are Multiple Race/Ethnicity
- 715 are reported as “Other or Unknown”

Did you know…

Of the 15,341 residents across family medicine programs:

- 8,474/55.2% identify as female
- 6,725/43.8% identify as male
- 28/0.2% identify as non-binary/other
- 114/0.7% not reported