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The 2023 ACGME Program Requirements for Family Medicine

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Disclosures

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The content are those of the presenters and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Speaker Disclosures

Dr. Gravel is a current member of the ACGME Review Committee for Family Medicine and was a member of the ACGME RC-FM Writing Group for the 2023 Program Requirements for Family Medicine. He is not here on behalf of nor representing the ACGME. All opinions are his own and do not necessarily represent the views of the ACGME, the Review Committee, nor the Writing Group.

Dr. Douglass, in addition to serving as a TAC advisor, is also a Consultant with AAFP Residency Program Solutions.

Objectives

- Understand the 2023 Family Medicine Program Requirements
- List major changes from the 2022 requirements
- Recognize important nuances and “must not miss” changes
- Identify three key areas that a new program must pay particular attention to as they develop
- Access key resources for program development

The Big Picture

Joseph Gravel, Jr., M.D.

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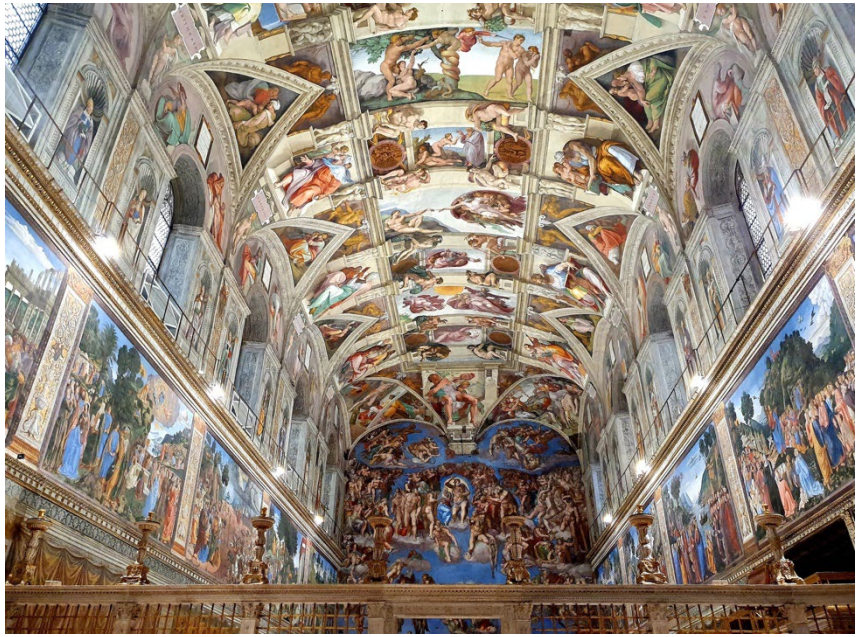
ACGME Requirements are the Floor. What's Your Ceiling?



Brief Summary of 2023 Changes

- Community advisory panels for FMP
- Multidisciplinary team teaching and core faculty role modeling
- Resident patient panels –hours, continuity, demographics
- Two tiers of maternity care –minimum 20 deliveries, more robust requirements for comprehensive pregnancy-related care
- Less numerical, proscriptive requirements for some domains, focus on competency-based medical education (CBME) with some numerical experiences retained
- Learning Collaboratives, Master Adaptive Learning/More emphasis on ILPs
- Expanded elective time with significant faculty guidance
- Emphasis on program mission-> advisory committee w/community members
- Read the “Background and Intent” boxes in PRs and FAQs to more fully understand what the RC is thinking/wanting

Credit: Grant Hoekzema

Then vs Now

Mallory McClester Brown, M.D.

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Clinic Specific

	Previous Requirements	**New Requirements effective 7/2023**	**Change**
Clinic Encounters/Panel Continuity	Residents must provide care for a minimum of 1650 in person patient encounters in the FMP site.	Programs must ensure that each graduate has completed a minimum of **1,000 hours** dedicated to caring for FMP patients	Now hours rather than encounters
	165 of the FMP site patient encounters must be with patients younger than 10 years of age	10% of panel <18 yrs- assessed & rebalanced “regularly” (minimum)	Need to assess regularly -readjust every 12 months
	165 of the FMP site patient encounters must be with patients 60 years of age or older	10% of panel >65 yrs.- assessed & rebalanced “regularly (minimum)	Need to assess regularly rather than count; age increased to > 65; readjust every 12 months
		Annual **patient-sided continuity** should be at least 30% at end of PGY2 and 40% at end of PGY3	new
		Annual **resident-sided continuity** should be at least 30% at end of PGY2 and 40% at end of PGY3	new

Inpatient Adult	Residents must have at least 600 hours (or six months) **and** 750 patient encounters dedicated to the care of hospitalized adult	Residents must have at least 600 hours (or six months) **and** 750 patient encounters dedicated to the care of hospitalized adult	No change
ICU/ Critical Care	Residents must have at least 100 hours (or one month) **or** 15 encounters dedicated to the care of ICU patients	Residents must participate in the care of patients hospitalized in a critical care setting	No time or count requirement; "critical care"- not ICU specific
ED	Residents must have at least 200 hours (or two months) **or** 250 patient encounters dedicated to the care of acutely ill or injured adults in an emergency department setting	Residents must have at least 100 hours **and** at least 125 patient encounters dedicated to the care of acutely ill or injured adults in an emergency department setting	100 hours and 125 patient encounters.
Geriatric	Residents must have at least 100 hours (or one month) **or** 125 patient encounters dedicated to the care of the older patient	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	Need to count encounters

Child Inpatient/ED	Residents must have at least 200 hours (or two months) **and** 250 patient encounters dedicated to the care of ill child patients in the hospital and/or emergency setting	Residents must have at least **100** hours (or **one** month) of experience with the care of acutely ill children in the hospital and/or emergency setting	Reduced to one month/100 hours; removed 250 encounter requirement but still count for ED and inpt. (see below)
	This experience should include a minimum of 75 inpatient encounters with children	This experience should include a minimum of **50** inpatient encounters with children	Reduced to 50 (need to track encounters)
	This experience should include a minimum of 75 emergency department patient encounters with children	This experience should include a minimum of **50** emergency department patient encounters with children	Reduced to 50 (need to track encounters)
Child outpatient	Residents must have at least 200 hours (or two months) **or** 250 patient encounters dedicated to the care of children and adolescents in an ambulatory setting	Residents must have at least **200 hours (or two months)** dedicated to the care of children in an ambulatory setting	No counts required
Newborn	Residents must have at least 40 newborn patient encounters, including well and ill newborns	Residents must have experience dedicated to the care of newborns, including well and ill newborns	No counts required

Surgery	Residents must have at least 100 hours (or one month) dedicated to the care of surgical patients, including hospitalized surgical patients	Residents must have an experience dedicated to care of surgical patient (preop assessment; post opp care; ID need for surgery)- no longer need to be hospitalized patients	No time requirement: no longer need to be hospitalized patients
MSK	Residents must have at least 200 hours (or two months) dedicated to the care of patients with a breadth of musculoskeletal problems	Residents must have an experience dedicated to ortho & rheumatological; sports med; outpatient MSK procedures	No time requirement
Women care	Residents must have at least 100 hours (or one month) **or** 125 patient encounters dedicated to the care of women with gynecologic issues, including well-woman care, family planning, contraception, and options counseling for unintended pregnancy	Residents must have **at least 100 hours (or one month)** dedicated to the care of patients with gynecologic issues, including obstetric and gynecological care, family planning, contraception, and options education for unintended pregnancy	Hour requirement, no encounter requirement.
Maternity	Residents must document 200 hours (or two months) dedicated to participating in deliveries and providing prenatal and post-partum care	Residents must have at least 200 hours (or 2 months) dedicated pregnancy-related care + "experience with" **20** vaginal deliveries (basic) Comprehensive/independent- 400 hours (or 4 months) on labor and delivery and "perform or directly supervise 80 deliveries"	To be considered comprehensive/independent education will need to continue 80 deliv requirement. Already meeting 4-month requirement.
Health System Science	Health Systems Management – 100 hours	Residents must have a dedicated experience in health system management	No time requirement
Electives	3 months/300 hours	6 months	Increased to 6 months - 0.5 month R1 - 2.5 month R2 - 3 month R3

Program Staffing

Key Area #1

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Program Leadership and Core Faculty Time

- Program leadership – PD admin time plus additional time for APD if delegated and in aggregate
- Core faculty time
- Admin time = non-clinical/non-revenue generating activity
- Expected core faculty duties (see “Background and Intent” in PRs)

Program Administrative Time

Program Administrative time	Floor requirement
PD	0.5 FTE
Additional Administrative Leadship time (PD, APD, other leadership) total	0.2 FTE aggregate
Faculty	0.1 FTE aggregate
Faculty Ratio	1:6 residents < 13 residents in program 1:4 residents >12 residents in program
Program Manager/Coordinator	0.5-1.5 FTE dependent on program size

Notes:

Some FM faculty must do inpatient adult medicine
Some faculty should have FM faculty providing care outside of an FMP, including in inpatient pediatric, pregnancy-related care, skilled nursing, and home-based care facilities and settings.
If providing maternity care competency training to independent practice: Some FM faculty must teach and provide family-centered, pregnancy-related care, including prenatal, intra-partum, vaginal delivery, and post partum care
There must be faculty members dedicated to the interprofessional integration of behavioral health into the educational program
Each FMP must have family medicine physician faculty members from the accredited program who see patients within that FMP

Stay Tuned on Faculty time above....UPDATE

Core Faculty Non-Clinical Time (Example)

FACULTY TIME FOR NON-CLINICAL WORK
EXAMPLE

Example of a 18 resident program

Faculty Tasks	Frequency	Hours Per Year	Notes
Advisor meetings	2-4 times per year	12	
QI work and resident oversight	1hr/block	13	
Educational activities - didactics, simulation, OSCE	3 hr/block	39	
Curriculum build and maintainence	3hr/block	39	
Resident remediation	2hr/block	26	
Scholarly work and resident scholarly work oversight	1-10hr/block	39	used 3hr/block
CCC work	2hr/block	26	More for APD
Completing and reviewing evaluation	2hr/block	26	
PEC work	2hr/block	26	More for APD
Monitor and maintain clinical learning environment	4hr/block	52	
Resident recruitment	6hr session; 4 hr prep + 5 interview days=50 hrs;	50	used 5 sessions/faculty
Resident and faculty wellbeing efforts	1 hr/block	13	
Faculty development learning	4hr/block	52	
Independent learning plan development for 2 advisees	2 hr/block	26	
Total hour/yr/fac	Total Hrs	439	1800 hours/year
	FTE	0.24	

Program Coordinator time

II.C.2.a) At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on program size as follows: (Core)

Number of Approved Resident Positions	Minimum FTE Required for Coordinator Support	Minimum Additional Aggregate FTE Required for Administration of the Program
1-6	50%	N/A
7-12	70%	N/A
13-20	90%	N/A
21-30	100%	N/A
31-45	100%	25%
46 or more	100%	50%

Core Family Medicine Faculty

- **II.B.4.a) Core faculty members must complete the annual ACGME Faculty Survey. (Core)**

- II.B.4.b) There must be at least one core family medicine physician faculty member, in addition to the program director, for every six residents in programs with 12 or fewer residents, and one family medicine physician faculty member, in addition to the program director, for every four residents in programs with more than 12 residents. (Core)

Core Family Medicine Faculty

Number of residents	Required core faculty
0-8	1
9-12	2
13	3
14-17	4
18-21	5
22-25	6
26-29	7
30-33	8
34-37	9
38-41	10
42-45	11
46-49	12

Only core faculty who are family physicians meet this requirement. Non-family physician faculty may be core faculty, but they do not count towards the required number in this requirement.

If not a perfect integer, Round Up…..

This Just In – from new FAQs- tweaked again!

How should programs with a resident complement not equally divisible by four (or six for programs with fewer than 13 residents) meet the core family medicine physician faculty requirement that becomes effective July 1, 2024? [Program Requirement: II.B.4.b) – *effective July 1, 2024*]	The number of core family medicine physician faculty members is determined by program size and outlined in the table below.

Number of Residents	Required Core Faculty Members
0-6	1
7-12	2
13-15	3
16-19	4
20-23	5
24-27	6
28-31	7
32-35	8
36-39	9
40-43	10
44-47	11
48-51	12

Other FAQs of interest re faculty complement…

Personnel	
What is the difference between administrative time for the program director and devoted time for core faculty members? [*Program Requirements: II.A.2.a), II.B.4.e) – effective July 1, 2024]*	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 be considered in calculating the core faculty-to-resident ratio requirement? *[Program Requirement: II.B.4.b)]*	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 members, but they do not count toward the required number in II.B.4.b).

FM Inpatient Teaching Role Models

- All FMRs should have a family medicine physician faculty role modeling inpatient medicine.
- For programs training their residents to competency in comprehensive care of pregnant patients, the program must have a family medicine physician role modeling this care. Any core or non-core family medicine physician faculty member who meets the ACGME criteria can serve in this role.
- There may be separate individuals for each subcomponent of this requirement. For example, there may be a non-core family medicine physician faculty role modeling inpatient care of adults and another role modeling maternity care.

Core Faculty Requirement- in effect 7/24

~~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.c) 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.d) Core faculty in programs with an approved complement of 12 or less 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.e) Core faculty are expected to devote the majority of this professional effort to teaching, administration, scholarly activity, and patient care within the program. (detail)

Individualized Learning Plans and Electives

Key Area #2

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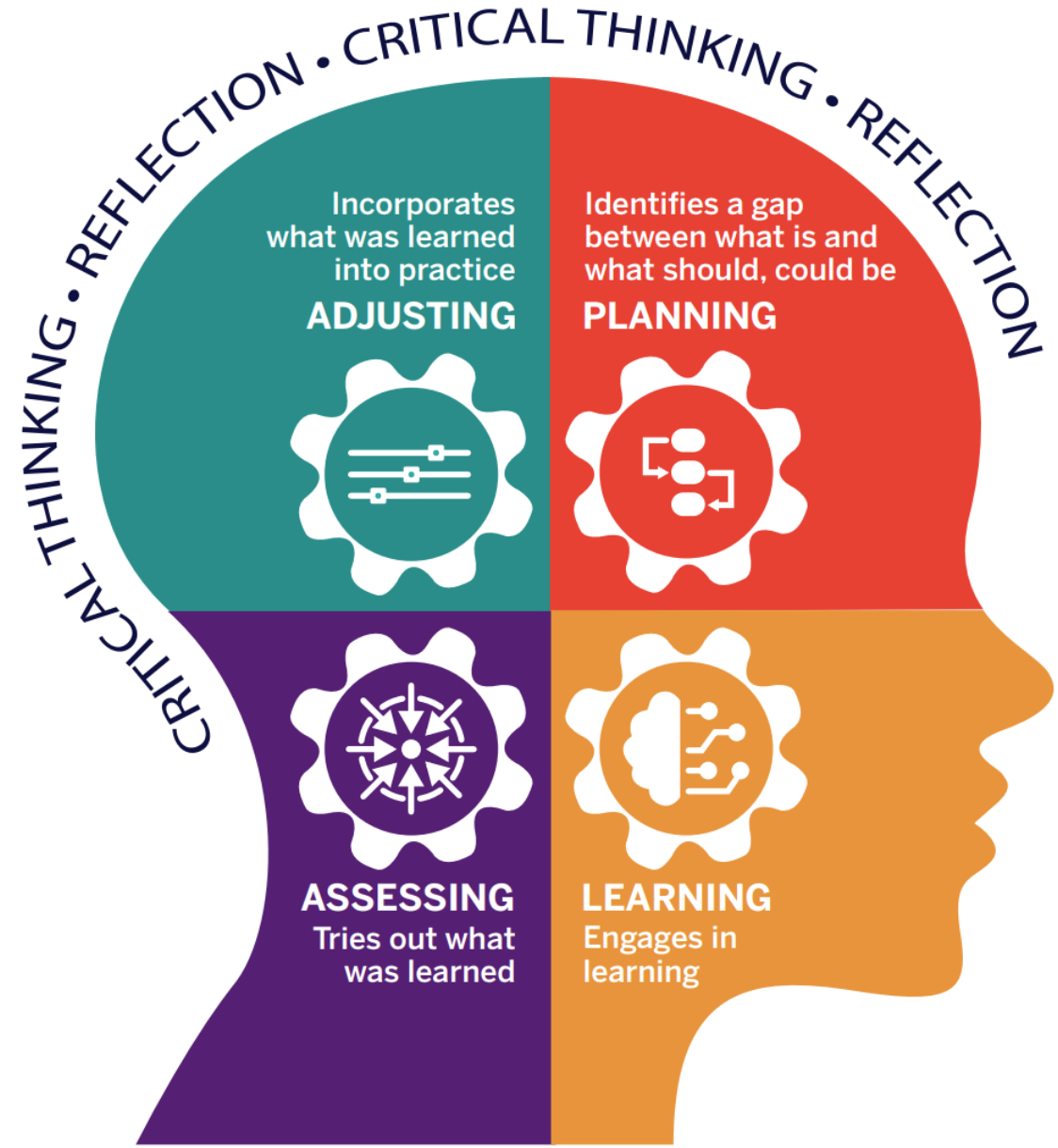
Master Adaptive Learning

- **Int.B. Definition of Specialty**
- "Family physicians are lifelong learners who engage in self-reflection to become master adaptive learners to address their professional development needs."



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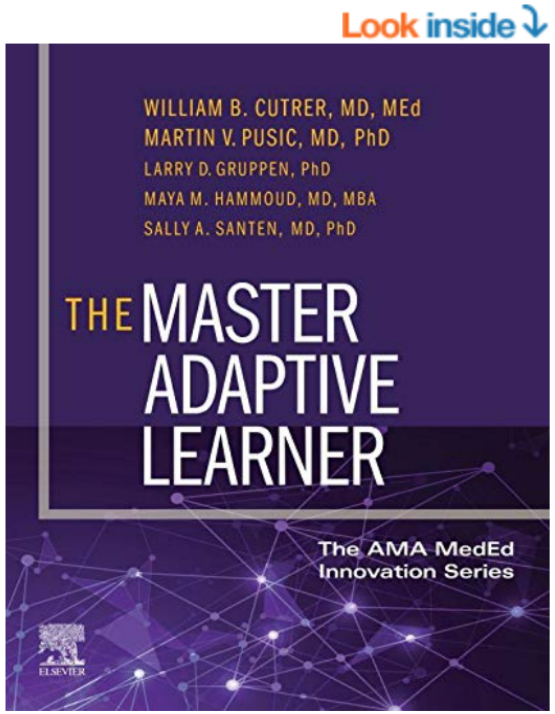
…a n B., Bonnie Miller, Martin V. Pusic, George Mejicano, Rajesh S. Mangrulkar, Larry D. Gruppen, Richard E. Hawkins, …relak, and Donald E. Moore Jr. "Fostering the development of master adaptive learners: a conceptual model to …isition in medical education." Academic Medicine 92, no. 1 (2017): 70-75.

Whole Books on This!



The Master Adaptive Learner: from the AMA MedEd Innovation Series 1st Edition, Kindle Edition

by William Cutrer (Editor), Martin Pusic (Editor), Larry D Gruppen (Editor), & 2 more | Format: Kindle Edition

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Tomorrow's best physicians will be those who continually **learn, adjust, and innovate** as new information and best practices evolve, reflecting **adaptive expertise** in response to practice challenges. As the first volume in the American Medical Association's MedEd Innovation Series, *The Master Adaptive Learner* is an **instructor-focused guide covering models for how to train and teach future clinicians** who need to develop these adaptive skills and utilize them throughout their careers.

Background and Intent

Specialty-Specific Background and Intent: Master adaptive learners are prepared, during the educational program, for future learning. They are taught to assess their fund of knowledge for needs to be updated and to adapt to incorporate new knowledge. These skills are best learned in the formative stages of graduate medical education so they can be carried throughout one's career. Master adaptive learners are provided time for self-reflection, readily identify gaps in knowledge, have timely access to address gaps, and are able to iterate their knowledge base accordingly.

Individualized Learning Plans

Background and Intent: Learning is an active process that requires effort from the teacher and the learner. Faculty members evaluate a resident's performance at least at the end of each rotation. The program director or their designee will review those evaluations, including their progress on the Milestones, at a minimum of every six months. Residents should be encouraged to reflect upon the evaluation, using the information to reinforce well-performed tasks or knowledge or to modify deficiencies in knowledge or practice. Working together with the faculty members, residents should develop an individualized learning plan.

Electives

- IV.C.3.u) Residents must have six months dedicated to elective experiences.
- IV.C.3.u).(1) The curriculum for each elective experience must be approved by the program director and developed in consultation with a member of the faculty who will ensure orientation, supervision, teaching, and timely feedback and evaluation. (Core)

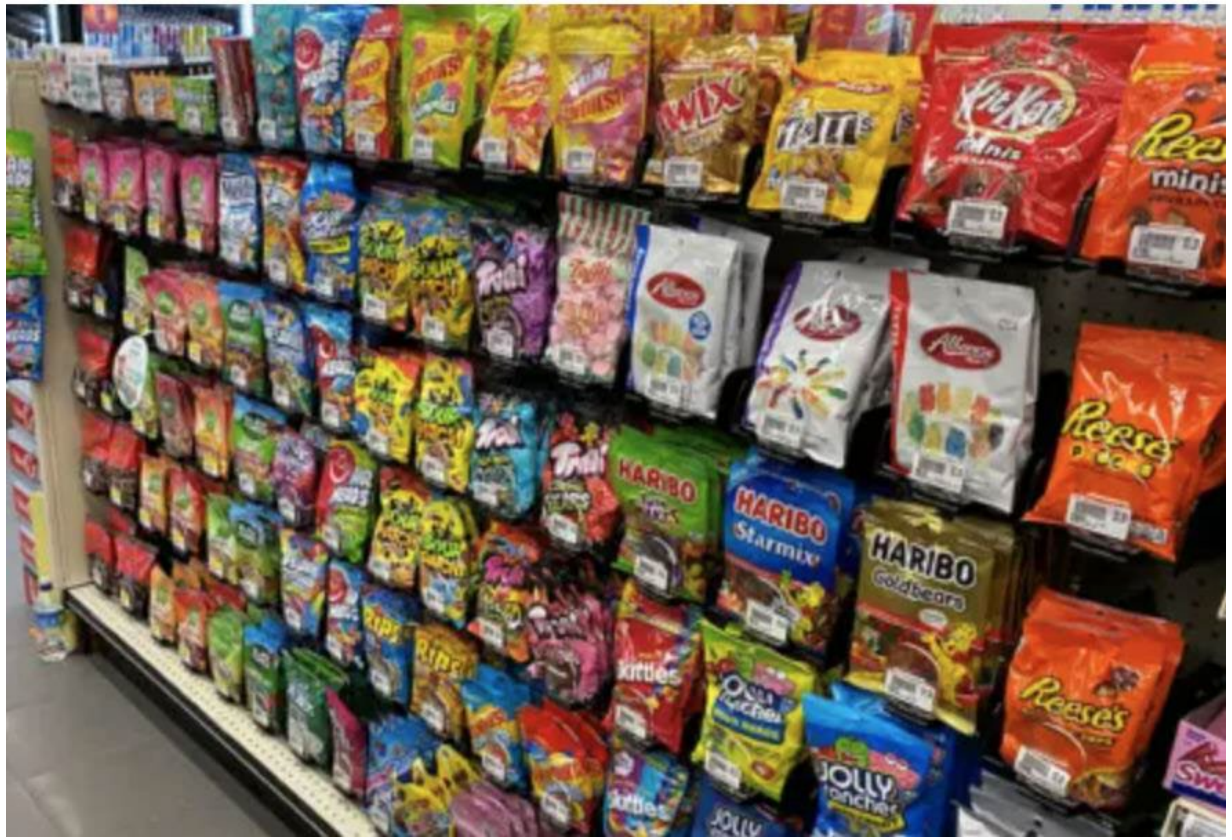
- IV.C.3.u).(2) These elective experiences should be driven by each resident's individualized education plan and address needs of future practice goals. (Detail)

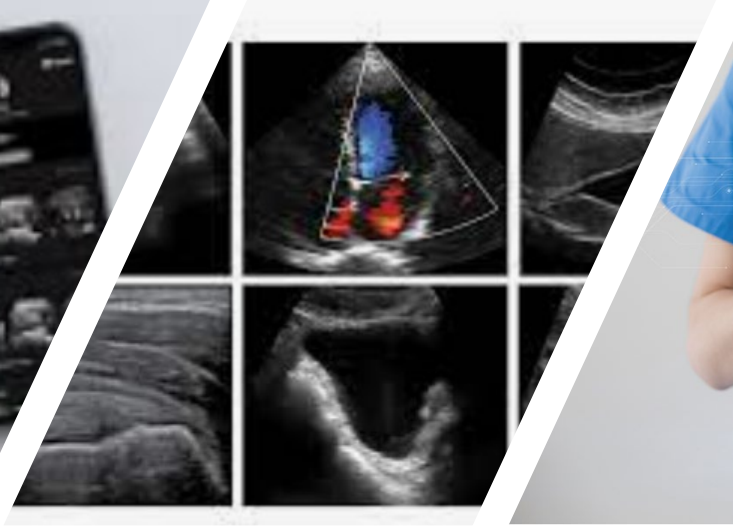
- IV.C.3.u).(3) The elective experiences should be developed with the guidance of a faculty mentor. These experiences should be evaluated through a structured approach by faculty members or other appropriate supervisors using multiple assessment methods, in different settings, and have systems for tracking and monitoring progress toward completing the individualized learning plan. (Detail)

Background and Intent

Specialty-Specific Background and Intent: Elective experiences are critical to the education of a family medicine resident, as they provide opportunity to develop and enhance the competencies identified by the resident and faculty mentors that are needed to serve the resident's future communities best. Electives are also a key component in acquiring the skills of a master adaptive learner. An elective educational experience is defined as a planned learning activity that is an integrated component of the overall curriculum, is developed around a set of competencies with tailored learning objectives, is developed with significant input from program faculty members, includes an experiential aspect to learning, supervised, and has evaluation (including reflection) and feedback mechanisms.

Bring Them to the Produce Department, as Many Will Prefer Only the Candy Aisle (Use “Selectives”)





Think ahead- what skills will they need in next 10-40 year

("Skating to where the puck is going")

Family Medicine Practice

Key Area #3

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Small Group Discussion

- 4 breakout groups
- Select a spokesperson
- 15 minutes discussion
  - How will you approach this at your program?
  - What do you foresee as challenges or barriers?
- Report out from each group

Breakout Groups

- Resident empanelment
  - Patient characteristics and panel size
  - Measuring continuity
- Resident panel management
  - Quality outcomes
  - Financial performance
  - Patient satisfaction
- Resident FMP experience
  - Hours vs. visits
- Patient Advisory Councils

Report Out

- Resident empanelment and continuity
- Resident panel management
- Patient Advisory Councils
- FMP hours vs. visits

Next Steps

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Avoiding Common Citations

- Faculty roster- all listed must be ABMS or AOA certified
- “Martha” – II.A.4.a (6) not providing accurate information/ sloppy/ errors
- Faculty Scholarly Activity
- 1650 patients -> 1000 hours
- Panels and continuity- pay attention to new rules!
- ~~Inpatient pediatrics role modeling~~
- Intrapartum/ maternity care faculty role modeling- depends
- Block diagrams/ Curricular time for curricular areas
- PLAs- signed, current, for every required rotation outside SI
- Resident/ Faculty Surveys below national means or declining pattern- *CR role…*

Updated WebADS, FAQs, etc.

With new PR's, all supporting documents/systems need to be updated

- Web ADS
- FAQ's
- Resident survey, specialty specific questions
- New program applications
- Case logs?

Reading To Do

- **Read the 2023 Program Requirements (online)** but also…
- **IMPORTANT- Read the FAQs**

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