Review Committee for Family Medicine Update

Grant Hoekzema, MD, Chair

Eileen Anthony, Executive Director

2023 ACGME ANNUAL EDUCATIONAL CONFERENCE
FEBRUARY 23-25, 2023
NASHVILLE TENNESSEE

Conflict of Interest Disclosure

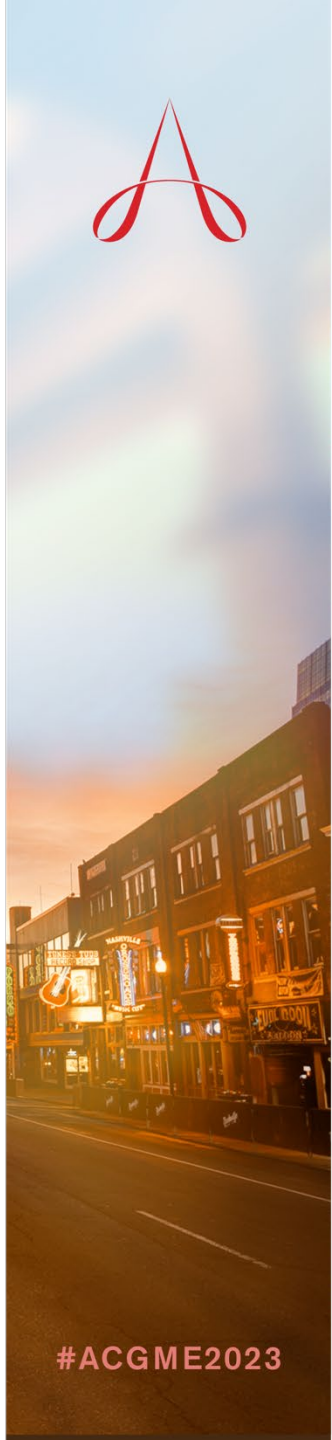
- Speaker(s): *Grant Hoekzema, MD*

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Accreditation Council for Graduate Medical Education

The mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.



It’s been a wild ride!

Since 2016, the Review Committee:

Has accredited 227 new programs

Has welcomed 120 former AOA programs

Has added 175 new fellowships

Has joined as accrediting specialty for addiction medicine

Has developed Milestones 2.0

Has gone through two+ years of Shaping GME: the Future of Family Medicine major Program Requirement revisions

Has had almost complete turnover in the committee membership

You've been in a heavyweight fight!

The last three years:

You've had to alter your education and training and patient care structures constantly

You've had to pivot to virtual recruiting

You've had to remediate incoming and current residents whose education was disrupted

You've had to endure more than two years of anticipation for new program requirements

You've seen your administrative time reduced while preparing for major revisions

You've lost colleagues, friends and family

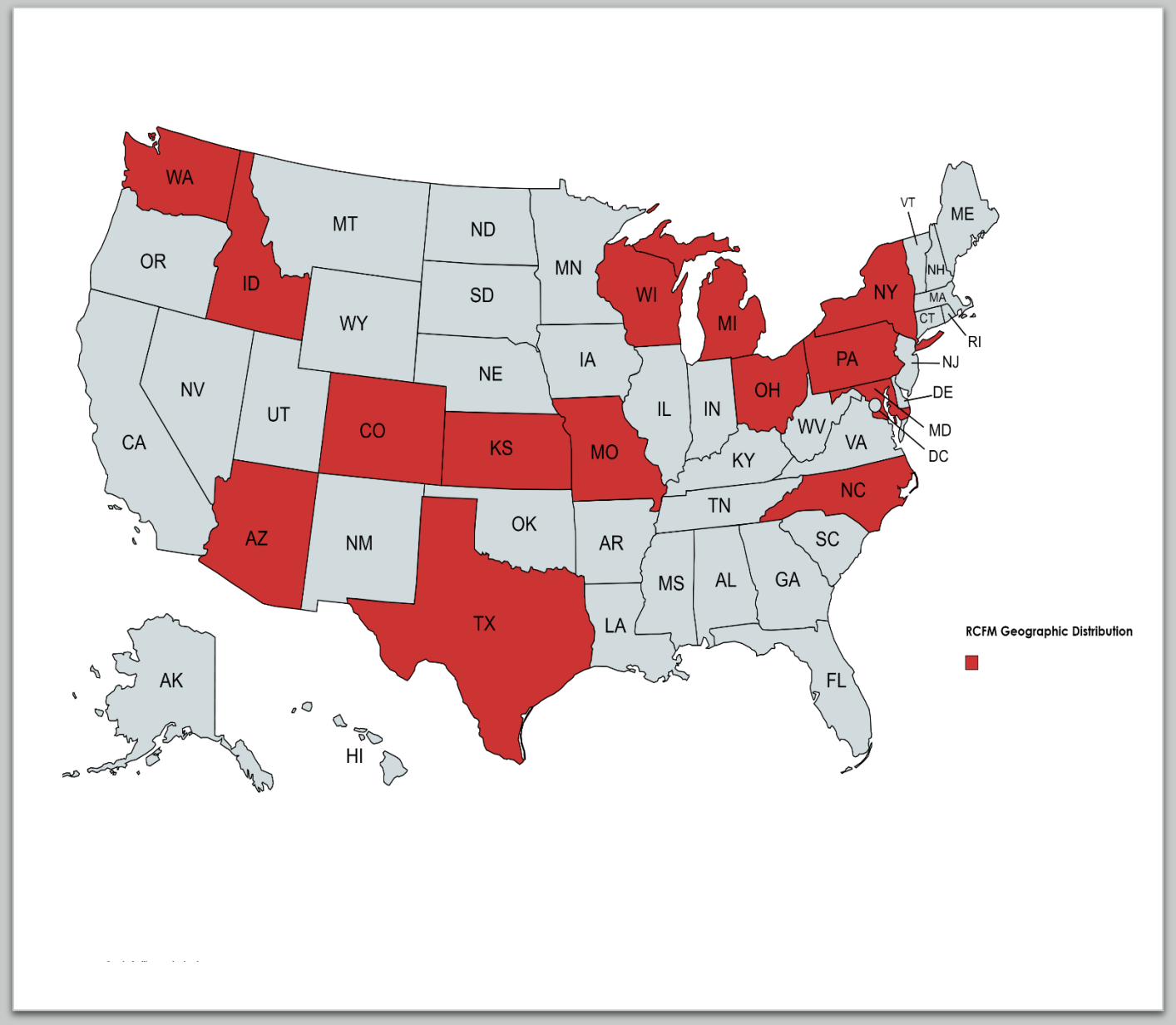
You've survived a worldwide pandemic

The Review Committee for Family Medicine has been there with you.

- All appointed members are currently or have been program directors (*exception being resident and public member*).
- All have experienced the same trials and challenges in their own programs.
- All committee meetings for past two+ years have been virtual up until this past October/January.
- The committee has met countless additional hours outside of scheduled meetings.
- The committee leadership has been a tireless advocate for Family Medicine at the ACGME and beyond.

Review Committee Composition

- Four nominating organizations: American Board of Family Medicine (ABFM), American Academy of Family Physicians (AAFP), American Medical Association (AMA), and American Osteopathic Association (AOA)
- One public member and one resident
- 14 voting members
- Ex-officio members from ABFM, AAFP, AMA, and AOA (non-voting)
- Six-year terms (except for resident member who serves two years)
    - *Program Directors, Chairs, Faculty Members, Resident, and Public Representation*



Review Committee Members

- Colleen Cagno, MD, Vice Chair
- Louito C. Edje, MD
- Karl Bertrand Fields, MD
- Joseph Gravel, MD
- Shantie D. Harkisoon, MD
- Grant Hoekzema, MD, Chair
- Brandon Isaacs, DO
- Carl Morris, MD
- Mark Nadeau, MD
- David Nowels, MD
- Marissa W. Rogers, DO
- Mark Stewart, MPH (Public)
- Maggie Curran, MD (Resident)
- Christopher Pitsch, DO

Incoming Members, July 1, 2023:

- *Leon McCrea, M.D.*
- *Kate DuChene Hanrahan, M.D.*

Review Committee Team

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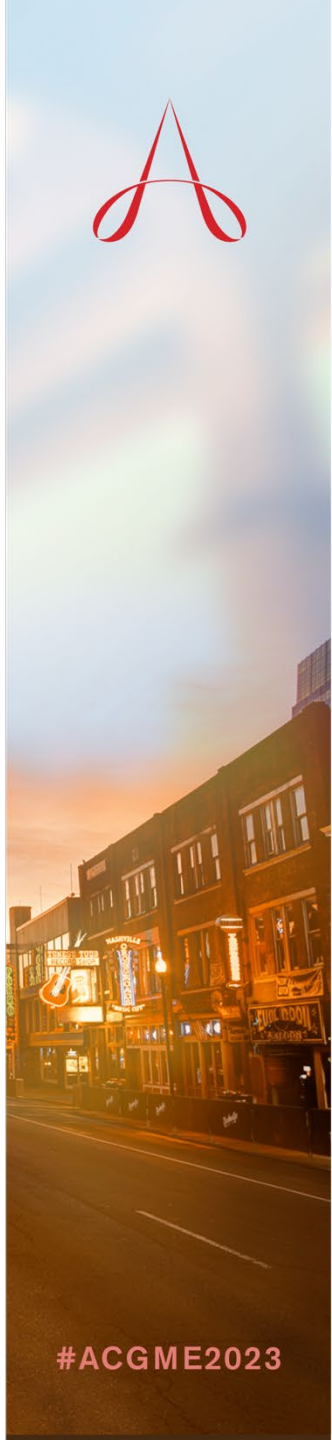
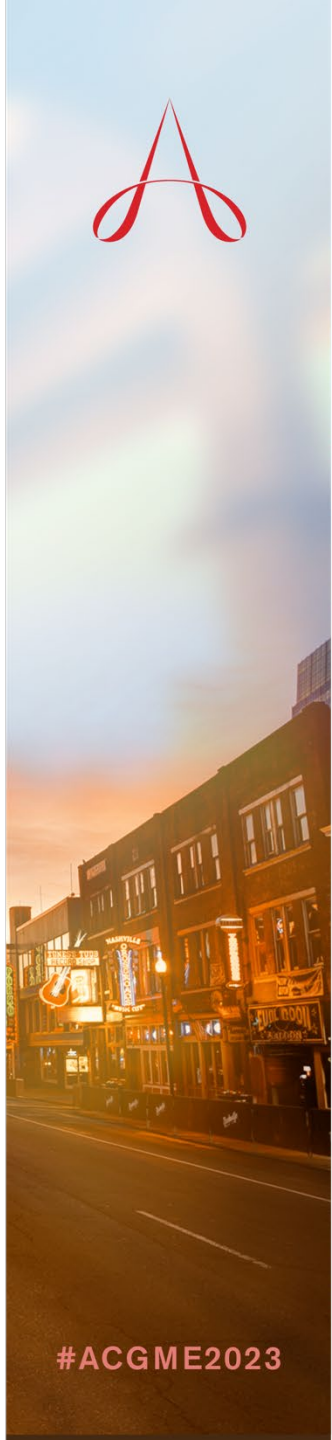
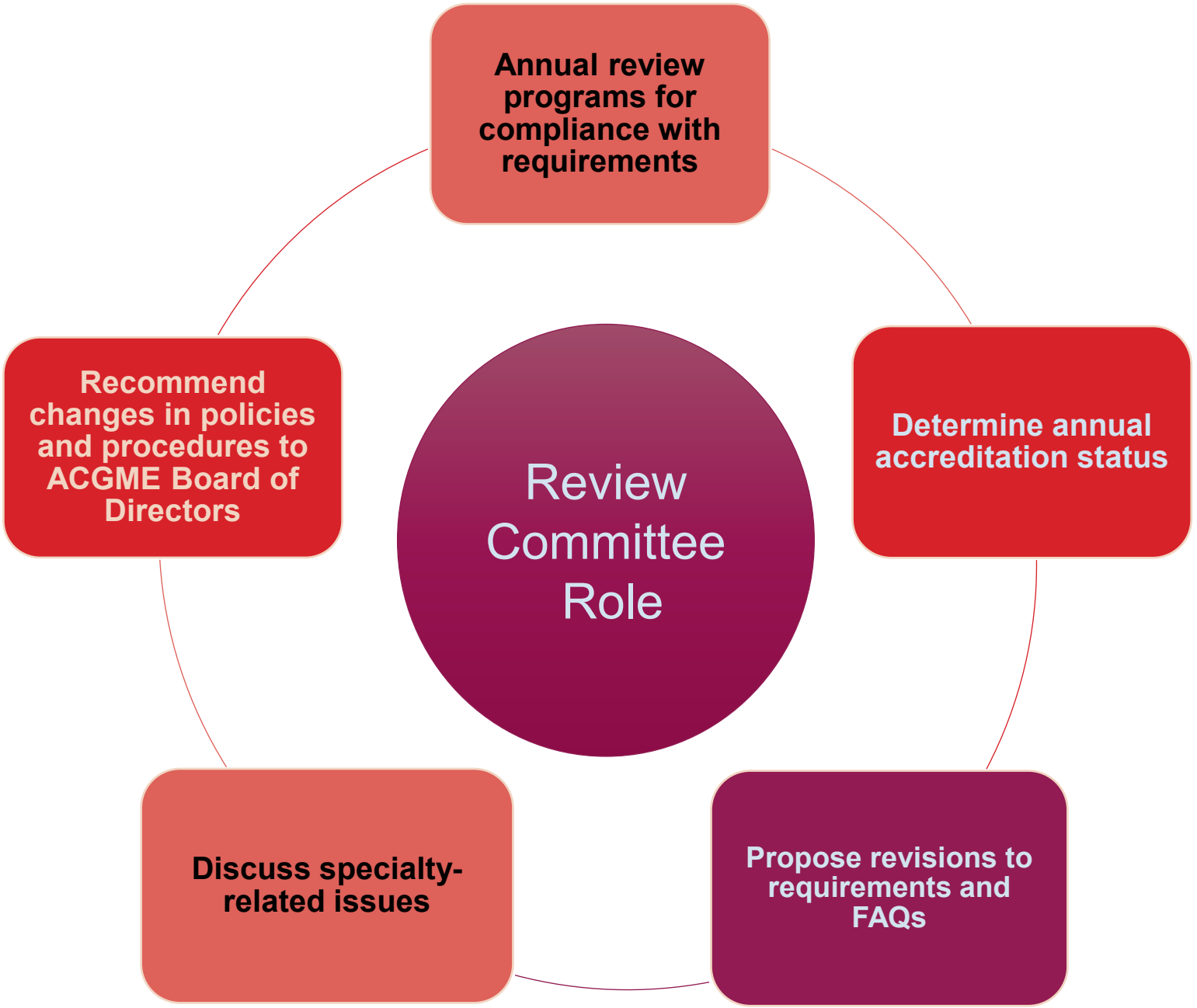


Topics to cover

- Ongoing impact of pandemic on accreditation decisions
- Major changes coming with new Program Requirement revisions
- Update on program leadership and core faculty time requirements
- Update on next steps – Accreditation Data System (ADS), FAQs, Surveys, etc.
- Update on AIRE project – four-year curricular innovations
- Annual accreditation and program data
- Leadership transition and timelines





- Physicians within specialty
- Resident within specialty
- Public member
- Ex-officio members

Annual Meetings of the Review Committee

Annual Data Review (January)

- Annual Accreditation Decisions
- Letters of Notification
- ‘Other’ Business

Annual Data Review (April)

- Annual Accreditation Decisions, Cont.
- Site Visit follow-up
- ‘Other’ Business

New Applications (October)

- New Applications
- Initial to Continued Accreditation
- ‘Other Business

Family Medicine Section of the ACGME Website

ACGME Home > Specialties > Family Medicine

Family Medicine

Overview

FAMILY MEDICINE CORE AND SUBSPECIALTIES

The documents and resources within this section are provided by the Review Committee for Family Medicine and its staff at the ACGME to assist ACGME-accredited programs and those applying for accreditation. Specialty and subspecialty information is found in each of the links listed below, as applicable.

FAMILY MEDICINE SUBSPECIALTIES

Addiction Medicine
Clinical Informatics
Geriatric Medicine
Hospice and Palliative Medicine
Sports Medicine

OTHER ACCREDITATION RESOURCES

- Single GME Accreditation System »
- Osteopathic Recognition »
- Review and Comment »
- Self Study and Site Visit »
- Common Program Requirements »

Review Committee Agenda Closing and Meeting Dates

AUG 4 2022	Agenda Closing Date
OCT 27-28 2022	Meeting Date

Closing dates apply to subspecialty applications. New core Family Medicine applications require a site visit with an accompanying Site Visit Report by the closing date.

NOV 9 2022	Agenda Closing Date
JAN 25-27 2023	Meeting Date

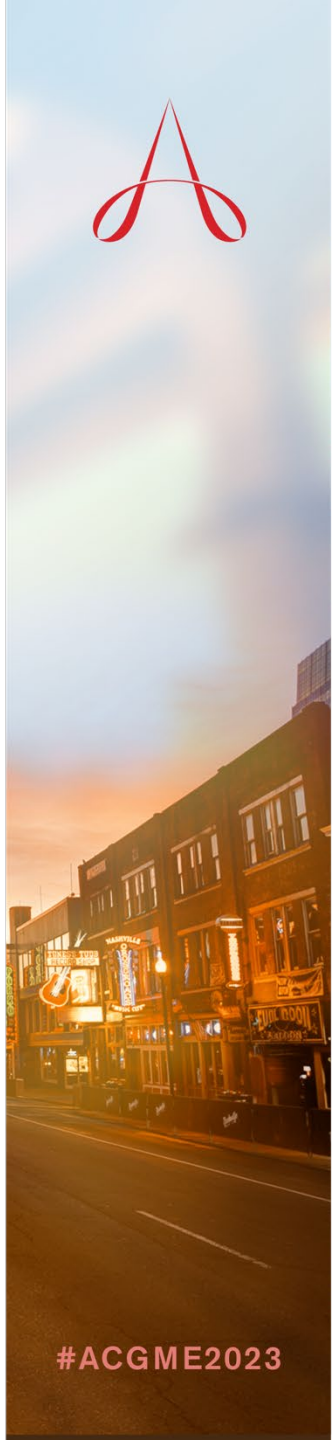
Closing dates apply to subspecialty applications. New core Family Medicine applications require a site visit with an accompanying Site Visit Report by the closing date.

FEB 16 2023	Agenda Closing Date
APR 27-28 2023	Meeting Date

Closing dates apply to subspecialty applications. New core Family Medicine applications require a site visit with an accompanying Site Visit Report by the closing date.

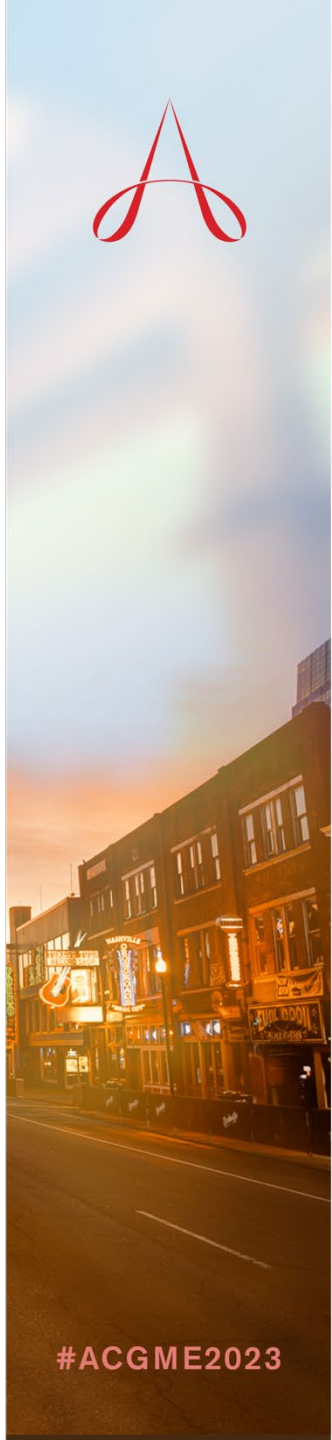
Impact of pandemic on accreditation decisions

- Transition from old to new Program Requirements – prior citations around Program Requirements that will sunset may still get Areas for Improvements (AFIs) if not resolved
- Resident clinical experience in FMP – will continue to cite if majority of grads <1,650 (including telehealth) for this year
- Faculty scholarship will be cited if none of core faculty had scholarship or if program under review (peer judgement)
- Current PGY-3s held to current Program Requirements, incoming interns in July held to future Program Requirements, those in between will not be expected to meet all new Program Requirements if insufficient time to complete



Major changes coming with new Program Requirement revisions

- Patient 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
- Expanded elective time with faculty guidance
- Emphasis on mission, community, service, population health



Program Resources: proposed PR for program collaboration dropped, but still strongly encouraged…

PR	Proposed ACGME Requirement
I.D.1.k)	Each FMP site must participate in ongoing performance improvement, and demonstrate use of outcome data by assessing the following: clinical quality for preventive care and chronic disease; demographics; health inequities; patient satisfaction; patient safety; continuity with a patient panel; referral and diagnostic utilization rates; and financial performance.
I.D.1.c).(1)	Each FMP must organize patients into panels that link each patient to an identifiable resident and team.
I.D.1.h) – I.D.1.h).(a)	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. The advisory committee should have demographic diversity and lived-experiences representative of the community

Clinic Requirements: no prescribed panel size, must be of sufficient size and diversity to ensure adequate education

Requirement
IV.C.3.c).(5).(b)(i) Programs must ensure that each graduate has completed a minimum of 1,000 hours dedicated to caring for FMP patients.
IV.C.3.c).(5).(b).(ii) Annual patient-sided continuity should be at least 30 percent at the end of the PGY-2 and 40 percent at the end of the PGY-3.
IV.C.3.c).(5).(b).(iii) Annual resident-sided continuity should be at least 30 percent at the end of the PGY-2 and 40 percent at the end of the PGY-3.
IV.C.3.c).(5).(b).(iv) Panels must include a minimum of 10 percent pediatric patients (younger than 18 years of age).
IV.C.3.c).(5).(b).(v) Panels must include a minimum of 10 percent older adult patients (older than 65 years of age).
IV.C.3.c).(5).(b) (vi) **Panel size and composition must be regularly assessed and rebalanced, residents must work in teams to ensure continuity**
IV.C.3.c).(5).(c) Resident retains commitment to their FMP patients on rotations
IV.C.4.e) Removed – Minimum of 1650 in person patient encounters in FMP

Curricular Area	Old ACGME Requirement	New ACGME Requirement
IV.C.3.e) - IV.C.3.f).(2) Care of ill children	200 hours or 2m AND 250 encounters (min 75 inpt) 40 Newborn encounters	100 hours or 1 month (min 50 each in inpt and ED). Must have experience with well and ill newborns.
IV.C.3.h) Women's Health	100hrs or 1m or 125 encounters	100 hrs or 1 m
IV.C.3.i) – IV.C.3.i).(1).(d) Maternity Care: Foundational	200hrs or 2m	200 hrs or 2 m and min 20 vag del
IV.C.3.i).(2) Maternity Care: Comprehensive	NA	400 hrs or 4 months and 80 deliveries
IV.C.3.j).(1) Critical Care	100 hrs or 1m or 15 encounters	Must participate in care
IV.C.3.k) Emergency Care	200 hrs or 2m or 250 encounters	100 hrs AND 125 encounters
IV.C 3.l) Older adults/Geriatrics	100 hrs or 1m or 125 encounters	100 hrs or 1m AND 125 encounters
IV.C.3.m)(1) Surgery	100hrs or 1m	Experience should include pre-op assessment, post-op care coord, and ID the need for surgery
IV.C.3.n) (1-3) Ortho/Sports Medicine	200hrs or 2m	Experience with MSK prob, including: ortho and rheum; structured sports med experience; and, common outpt MSK procedures
IV.C.3.p) - IV.C.p).(2).(a) Behavioral Health	Exposure	Dedicated interprof experience including CBT, and psychopharm & Addiction
IV.C.3.q) - IV.C.3.q).(3) Pop health/Community Medicine	Exposure	Specific requirements on content including experience in underserved setting
IV.C.3.r).(1) - IV.C.3.r).(2) Subspecialty curriculum	Exposure	Same – but must address gaps and occur throughout program
IV.C.3.s) - 2 IV.C.3.s).(4).(a) Health System Mgmt	100hrs or 1m	Experience with specific reporting requirements
IV.C.3.t) - IV.C.3.t).(1) Electives	3m	6m

New Emphasis on Competency Example: Newborn care - Current

Resources Patient Population:

- I.D.4.a).(2) (Core) The patient population must include **a sufficient number** of patients of both genders, with a broad range of ages, from newborns to the aged.

Patient Care and Procedural Skills:

- IV.B.1.b.(1).(a).(i) (Core) Residents must demonstrate **competence** to independently: diagnose, manage, and integrate the care of patients of all ages in various outpatient settings, including the FMP site and home environment

Curriculum Organization and Resident Experiences:

- IV.C.4.b) (Core) **Experiences** in the FMP must include acute care, chronic care, and wellness care for patients of all ages.
- IV.C.10 (Core) Residents must have **at least 40 newborn** patient encounters, including well and ill newborns.

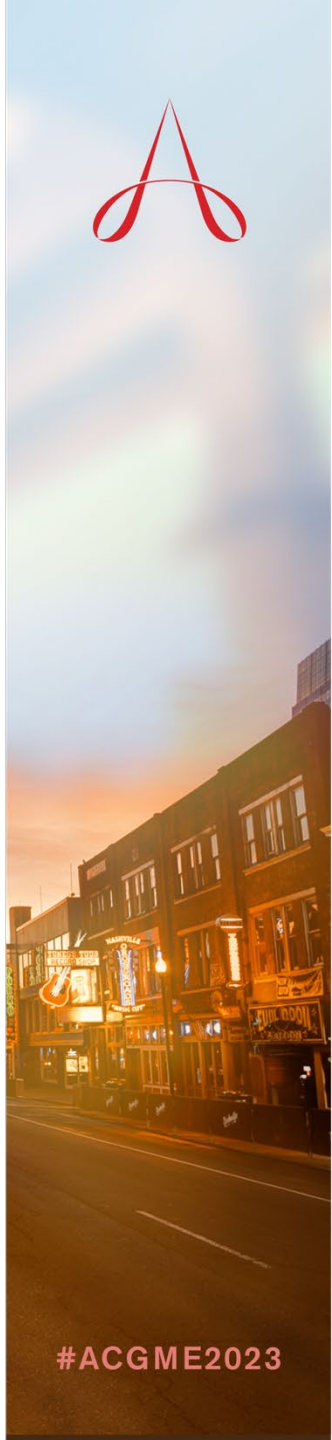
New Emphasis on Competency Example: Newborn care – New PR's

Patient Care and Procedural Skills:

- IV.B.1.b).(1).(a).(x) (Core) Residents must demonstrate **competence** to independently deliver preventative health care to children, including for development nutrition exercise immunization and addressing social determinants of health.
- IV.B.1.b).(1).(a).(ix) (Core) Residents must demonstrate **competence** to independently provide routine newborn care, including neonatal care following birth. (Core)

Curriculum Organization and Resident Experiences:

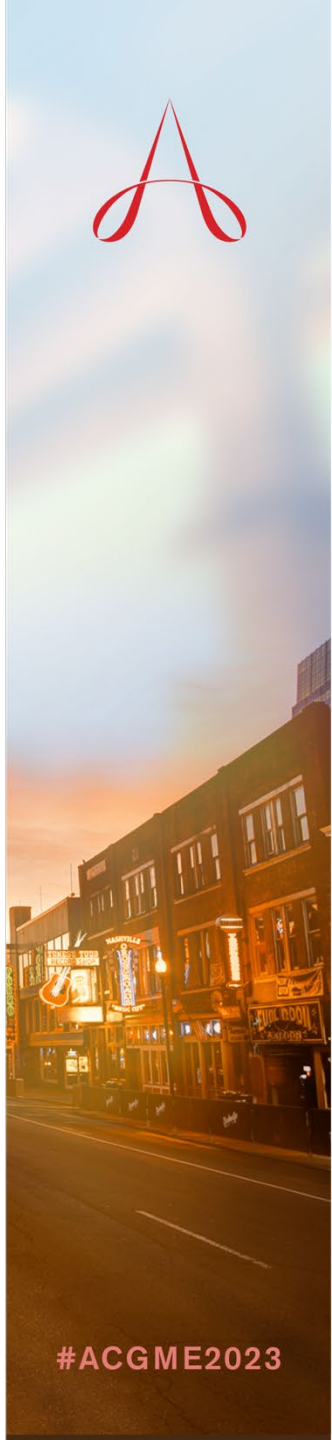
- IV.C.3.c).(4) (Core) FMP **Experience** must include acute care, chronic care, and Wellness care for patients of all ages.
- IV.C.3.e) (Core) Residents must have **Experience** dedicated to the care of newborns, including well and ill newborns.



How will your program determine a resident's competence to independently provide routine newborn care?

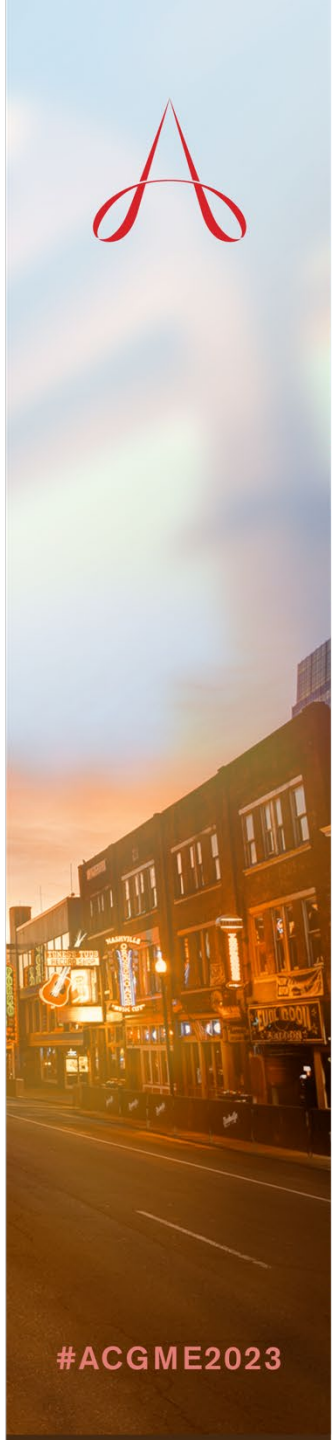
The Importance of Mission: Now more than ever

- Our patients and health care system need competent, comprehensively trained personal Family Physicians who can perform a broad scope of services.
- Our new requirements have been questioned as to if they will accomplish this goal. There have also been questions about how we will be able to ensure that our programs are meeting these requirements.
- ***Our new requirements were specifically crafted to be less proscriptive and allow programs more latitude in how residents are trained to meet the program mission, community needs and prepare for future practice***.
- As a result, we are relying on competency-based requirements to guide the desired outcomes, rather than just on numbers or time spent in a curricular domain.
- In order to assure the public and our peers that programs achieve these goals, the RCFM will need to establish what competency outcomes should be set as the key performance indicators for all programs
- Those core competency outcomes must be tied to specific requirements which the ACGME may track, and they must be adapted to our systems of data collection so they RCFM can monitor the program against a standard or bar that is established.



Update on program leadership and core faculty time requirements

- Program leadership – PD admin time plus additional time for APD if delegated and in aggregate
- Core faculty time (proposed change in CPR???!!!)
- Admin time = non-clinical/non-revenue generating activity
- Expected core faculty duties (see background and intent)



Program Staffing Requirements

Role	Current Requirement	New Requirement
II.A.2.a) Program Director	Admin FTE % (Resident FTE) 50% (<13) 60% (13-24) 70% (25-49) 80% (>49)	See chart
II.A.2.a) APD (Program Leadership)	40% per APD, # APDs depends on program size: 1 (<25), 2 (25-49), 3 (50+)	No APD required, see chart for additional time >PD minimum
II.B.1.d) - II.B.1.d.(2) Faculty Role Modeling	Faculty modeling Maternity, inpatient adult and peds care	Role modeling in respective scope of practice but must incl adult inpt, and OB (if training for independent pract)
II.B.2.g) Faculty Pt. care time	Time commitment to pt. care and seeing pts in FMP	FMP must have FM physician faculty members from program who see patients in FMP
II.B.3.e) Non-physician faculty members		Should integrate into teams and incl behavioral health
II.B.4.a) - II.B.4.d) Core Faculty Admin Time	No explicit time	10% Admin/FTE (in aggregate) UNDER REVIEW PENDING CPR CHANGES
II.B.4.c) Core Faculty Ratio (Core Faculty: Residents)	1:6	1:6 (<13 FTE) 1:4 (>12 FTE)
II.C. - II.C.2.a) Program Coordinator	1 FTE	See chart
II.C. - II.C.2.a) Program Admin Staffing	None	See chart
FMP Administrative Support – PR removed	None	B&I: Available at each FMP for residents

Program leadership table:

At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)

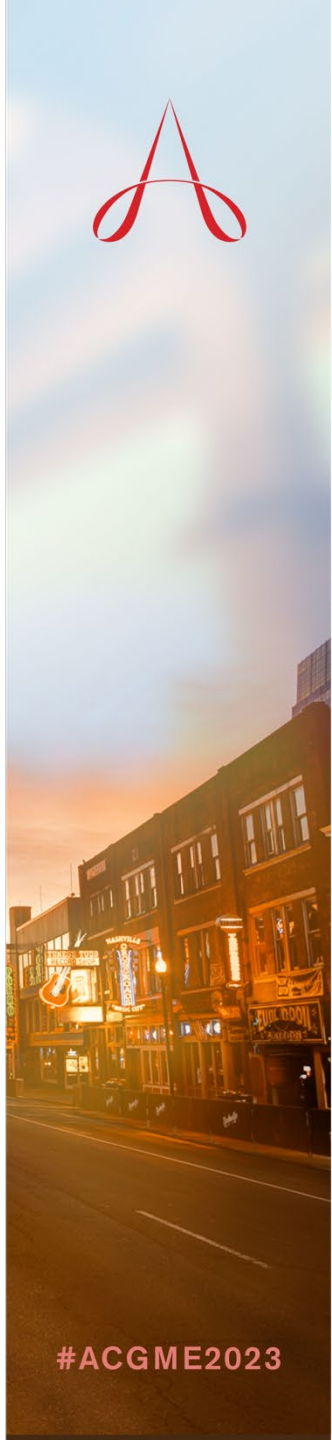
Program size	Minimum Support Required (Percent Time/FTE) for Program Director	Additional Minimum Support Required (Percent Time/FTE) for Program Leadership
1-6	20% FTE	N/A
7-10	40% FTE	N/A
11-15	50% FTE	N/A
16-20	50% FTE	10% FTE
21-25	50% FTE	20% FTE
26-30	50% FTE	30% FTE
31-35	50% FTE	40% FTE
36-40	50% FTE	50% FTE
41-45	50% FTE	60% FTE
46-50	50% FTE	70% FTE
51-55	50% FTE	80% FTE
56-60	50% FTE	90% FTE
61-65	50% FTE	100% FTE
66-70	50% FTE	110% FTE
71-75	50% FTE	120% FTE
76-80	50% FTE	130% FTE

Program coordinator table: 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%

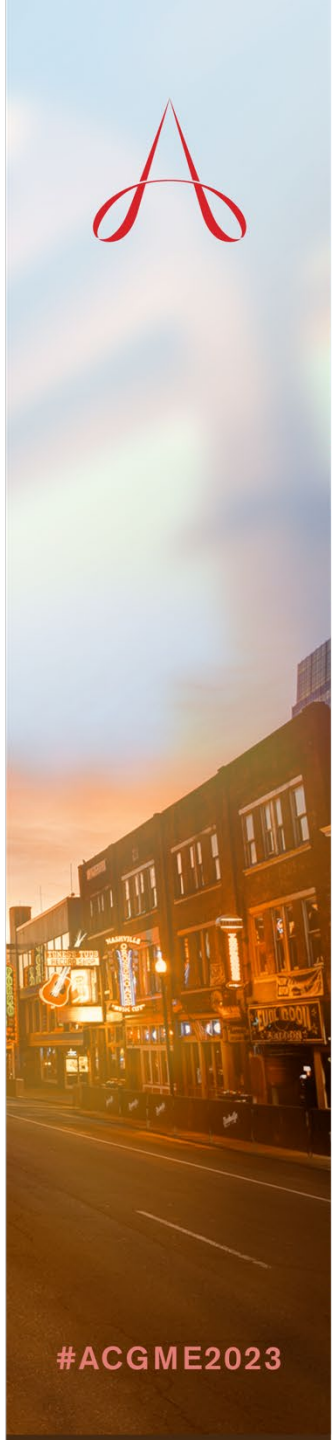
Update on next steps – Web ADS, FAQ's, surveys, etc.

- With new PR's, all supporting documents/systems need to be updated
- Web ADS – gradual roll out of changes – likely 2024
- FAQ's – in process of development, target 7/1/23
- Resident survey, specialty specific questions – will change to address experience with key resident outcomes
- New program applications – revised to eliminate old PR's
- Case logs? – stay tuned



Update on AIRE project – 4-year curricular innovations

- FM AIRE project – largest innovation endeavor at ACGME to date
- 5-7 years minimum to study impact of training up to 4 years by adding innovative or more robust competency-based curricula
- RC-FM and ABFM overseeing – steering committee with liaisons from all major FM organizations
- So far 3 programs with innovations approved, more in the pipeline
- Website hub for materials related to application process
- Contact Jay Fetter (jfetter@abfm.org) or Eileen Anthony



Growth of Family Medicine Residency Training (1969-2022)

J Grad Med Educ. 2022;14(4):499-504. doi:10.4300/JGME-D-22-00505.1

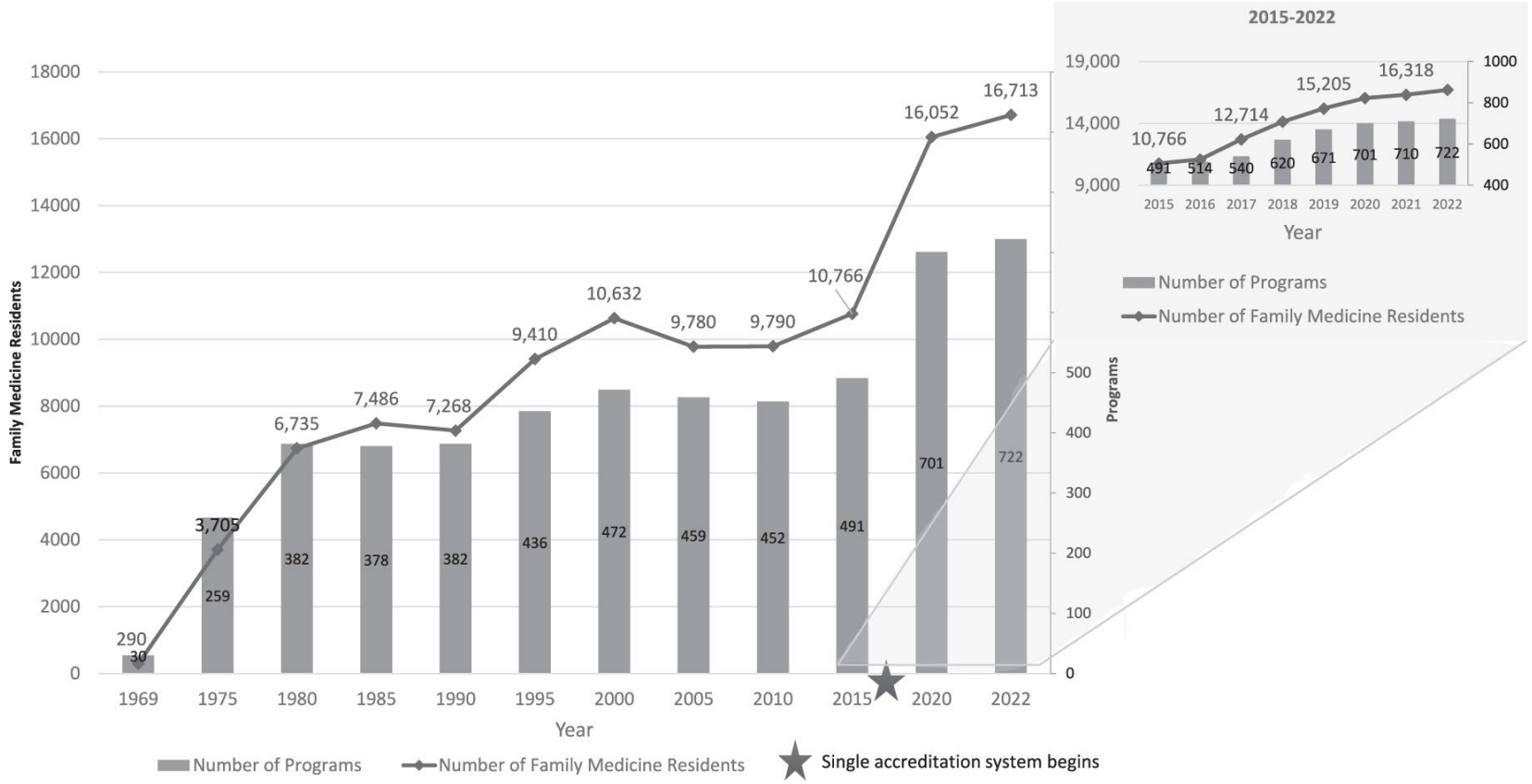
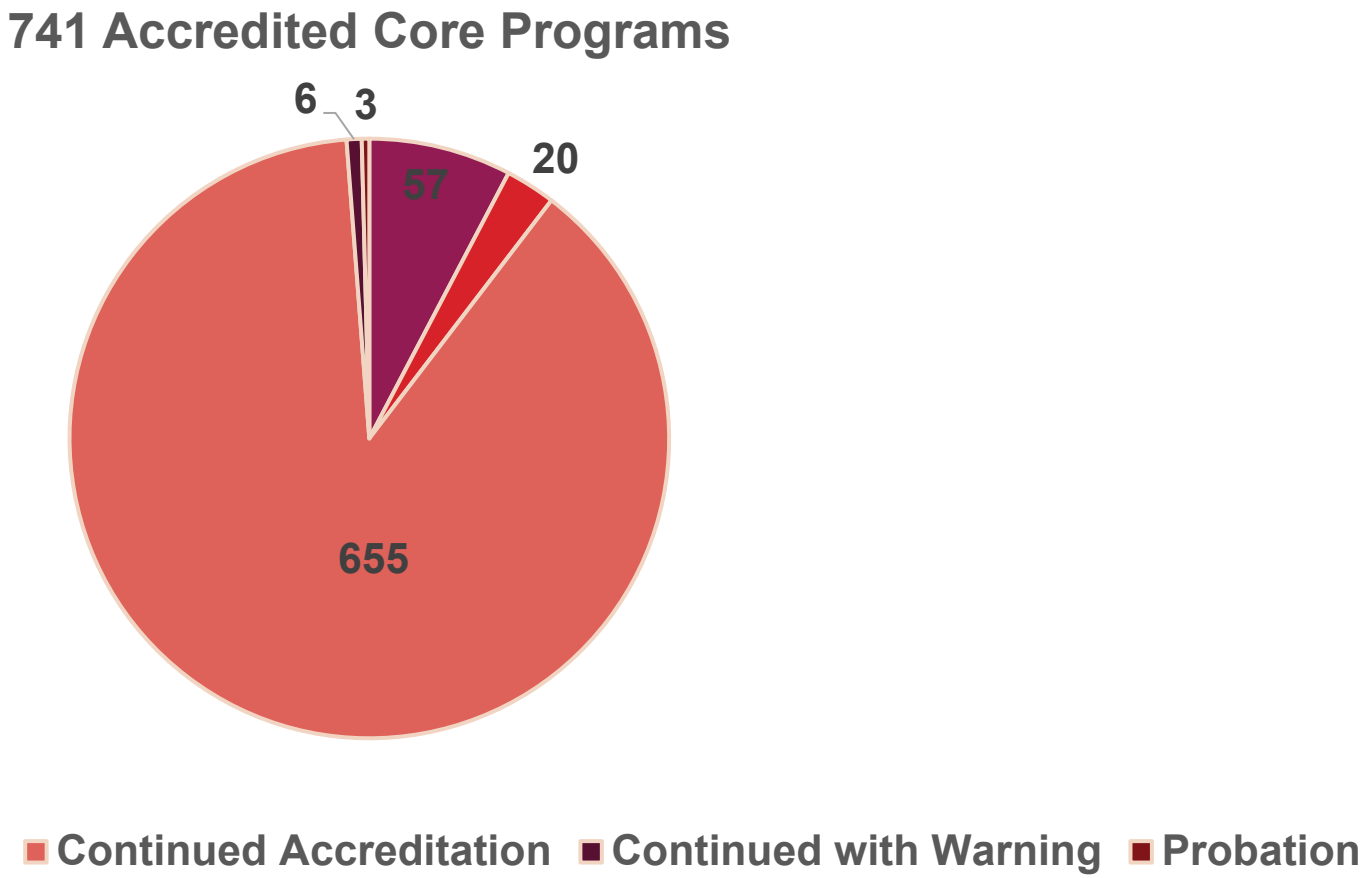


Figure Legend:

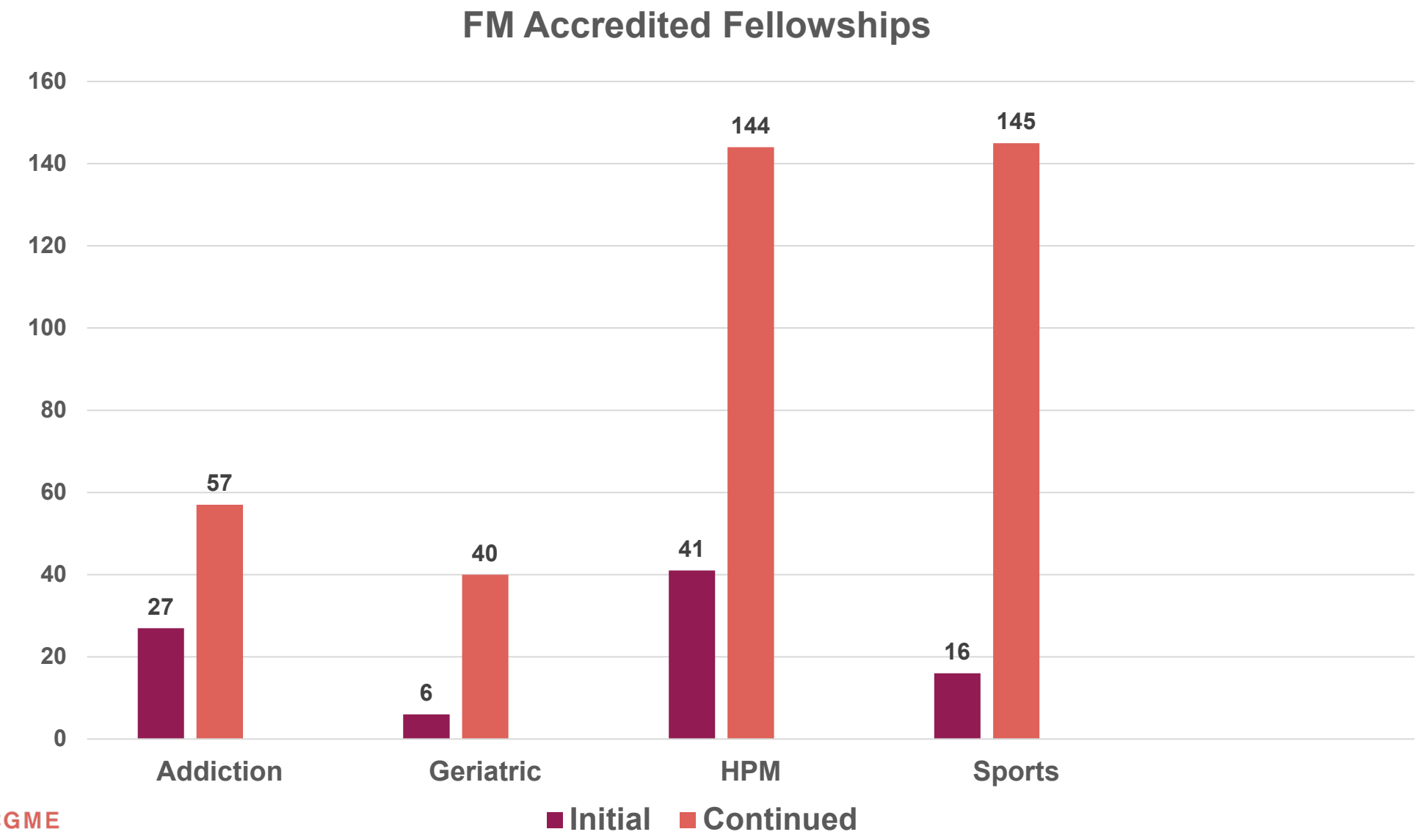
Growth of Family Medicine Residency Training (1969-2022)

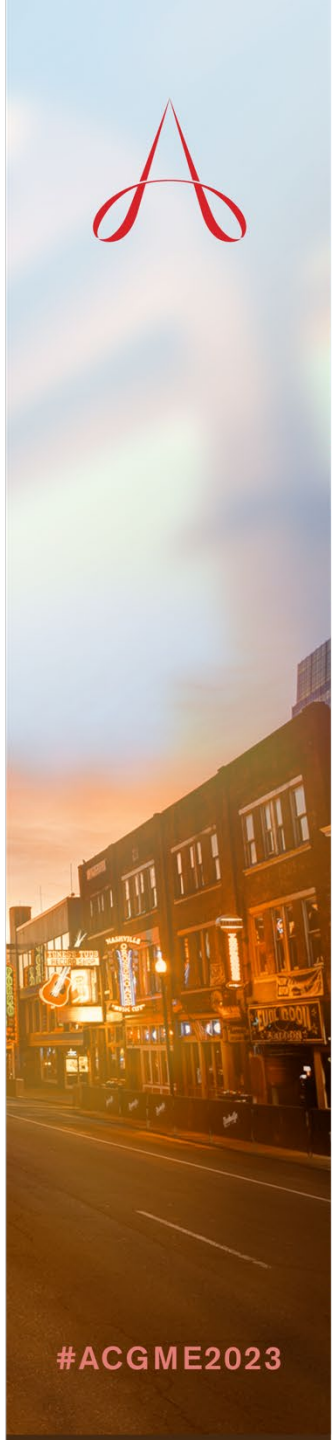
From: ***Shaping GME Through Scenario-Based Strategic Planning: The Future of Family Medicine Residency Training***

2022 FM Accreditation Data (Core)

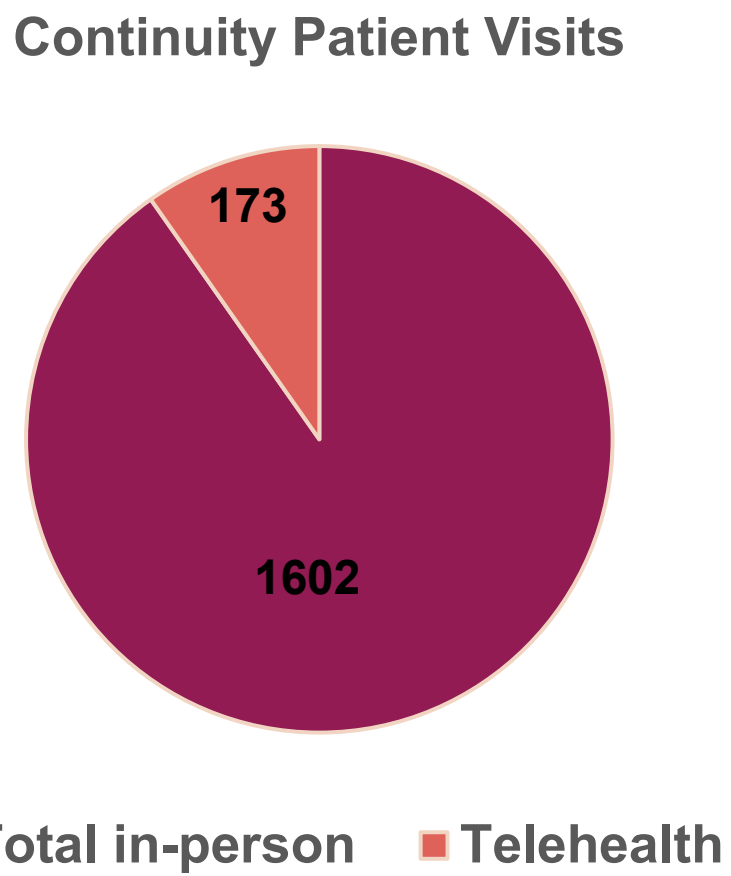


2022 FM Accreditation Data (Subs)

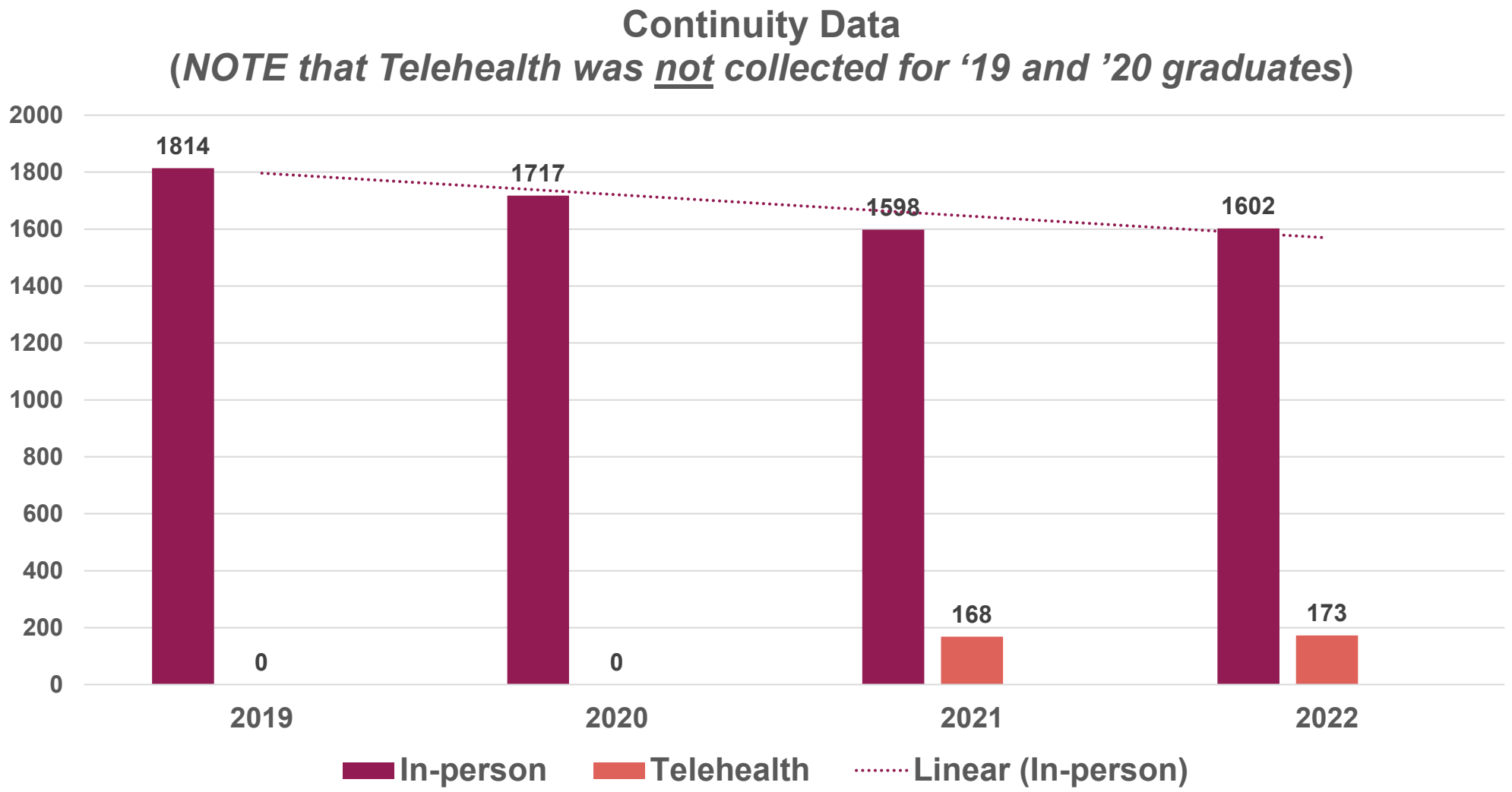


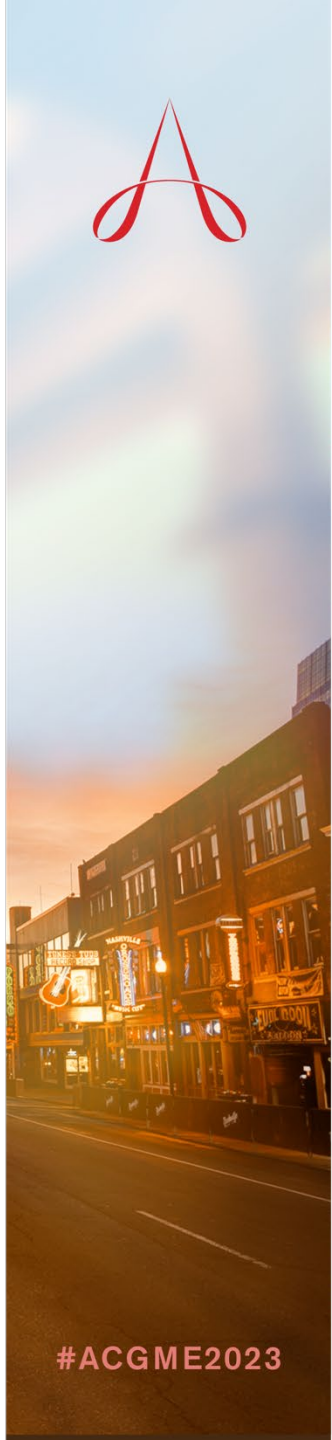


2022 Graduate Continuity Data

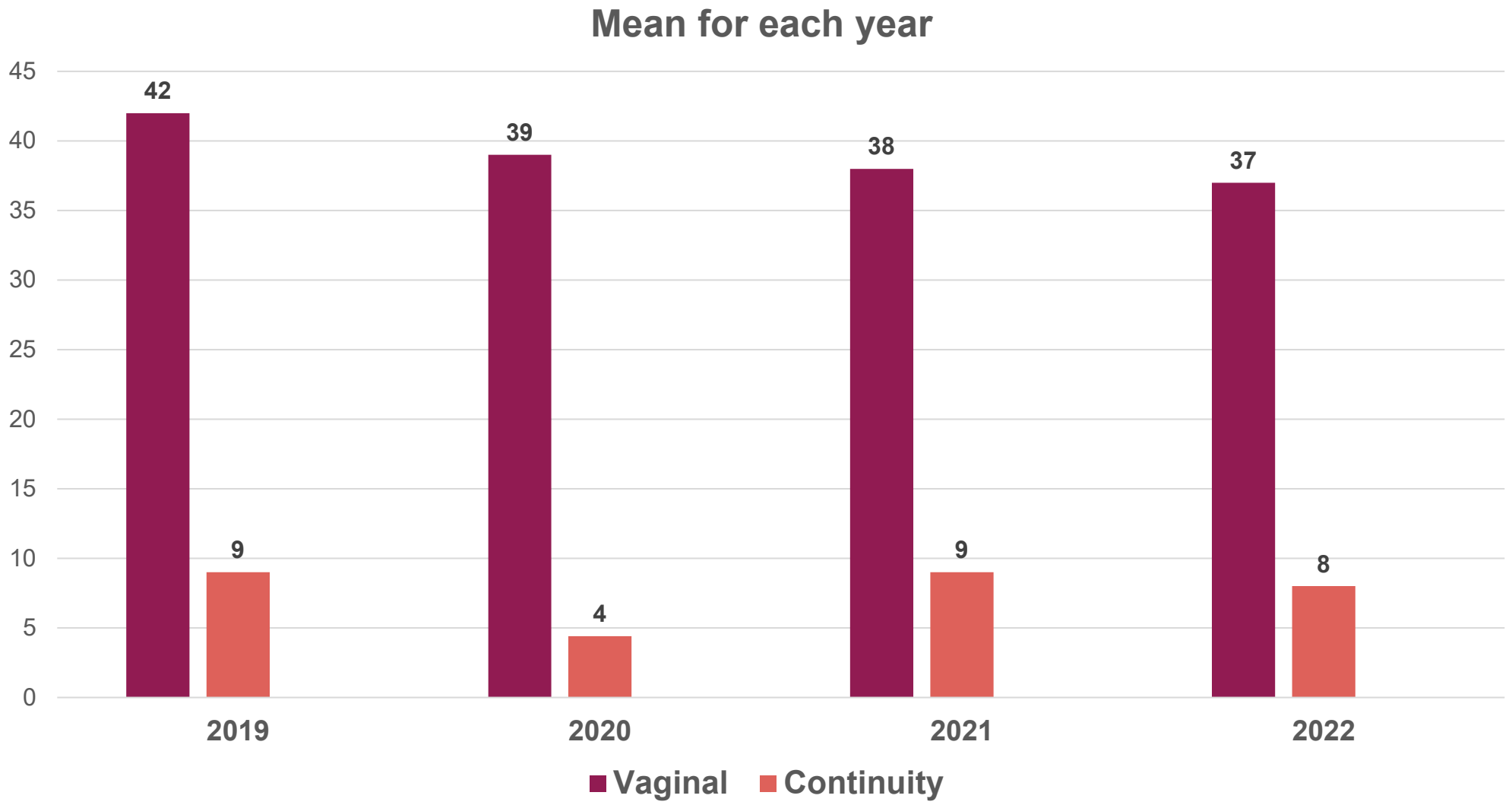


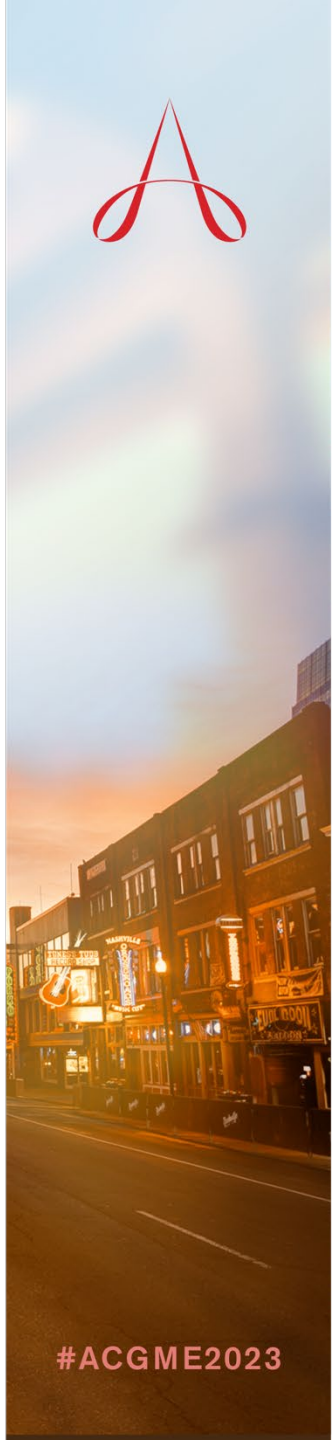
2019-2022 Graduate Continuity Data





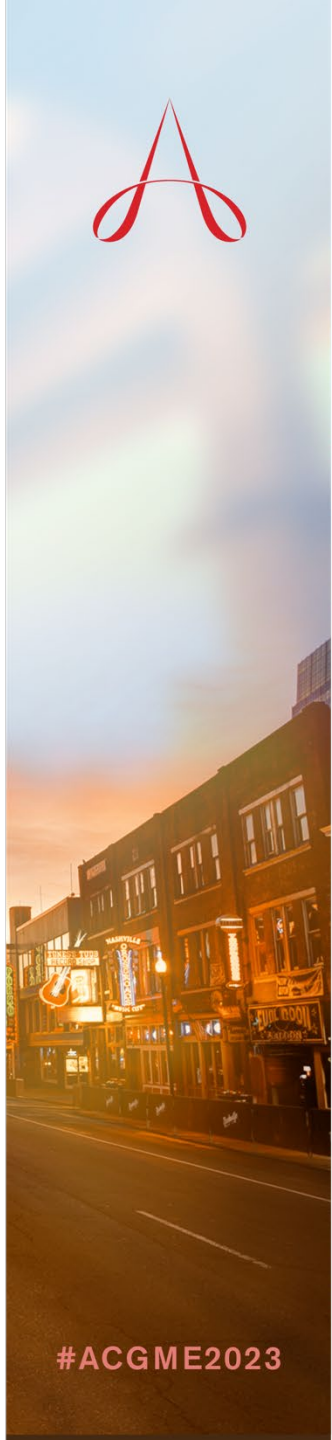
2019 – 2022 Graduate Obstetric Data





FM Data Statistics: 2021-2022

- FM had 2nd highest number of newly accredited programs in AY 21-22 with 17 (*IM had 18*).
- FM has 14,657 active residents across all 722 accredited programs.
- FM has a diverse pool of residents: 26% from URM's
  - 7,151 – White
  - 3,502 – Asian
  - 1,554 – Hispanic, Latino or of Spanish origin
  - 1,182 – Black or African American
  - 44 – American Indian or Alaskan Native
  - 8 – Native Hawaiian or Pacific Islander
  - 639 – Multiple Race/Ethnicity
  - 369 – Other
  - 209 - Unknown



Leadership transition and timelines

- Introducing Dr. Lou Edje, MD as your new RC-FM chair (*three-year term, beginning July 1, 2023*)!

- Introducing Dr. Shantie Harkisoon, MD as your new Vice-chair (*two-year term, beginning July 1, 2023*)

Questions?


2023
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