Frequently Asked Questions: Family Medicine
(FAQs related to Family Medicine Program Requirements effective July 1, 2019)
Review Committee for Family Medicine
ACGME

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.]*	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).
Personnel	
Who should serve as a role model for residents in inpatient adult, inpatient pediatric, and maternity care? *[Program Requirement: II.B.1.c)(1)-(3)]*	The Committee considers core and non-core family medicine faculty members as appropriate role models in these areas. The Committee anticipates there may be faculty members providing different areas of this role modeling and not necessarily the same faculty members providing care in all three areas.
What qualifications are acceptable for faculty members dedicated to the integration of behavioral health? *[Program Requirement: II.B.2.j.)]*	A qualified family physician, psychiatrist, or other behavioral health professional would meet the requirement for such faculty expertise. "Qualified" implies a specific interest, education/training, and experience in behavioral health.

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Educational Program	
How is substantial compliance determined for requirements that no longer include minimum numbers for resident maternity care experience? *[Program Requirement: IV.B.1.b).(1).(c)]*	The Committee expects that programs provide experiences that give residents the opportunity to acquire and demonstrate competence in prenatal, intra-partum, and postpartum care as described in the Program Requirements. The Committee allows flexibility to program directors and faculty members to develop a systematic process to determine that at the end of the 36-month program a resident is competent to practice family medicine independently. The Committee understands that while all programs are expected to be in substantial compliance, there may be programs that go beyond and offer areas of additional focus for those residents seeking added experience in various areas (such as maternity care). Programs will still report data relating to resident experiences in maternity care through the ACGME's Accreditation Data System (ADS). The Committee will review data yearly to help determine whether minimum criteria are required in the future.
What are the Committee's expectations regarding rotation length? *[Program Requirement: IV.C.1.a)]*	The Review Committee expects that faculty members and residents have enough of a relationship to allow for high quality assessment and feedback. So although rotation duration will naturally vary, there should be a structure of rotational experiences to allow proper assessment. The effectiveness may be assessed via the annual ACGME Resident and Faculty Survey results.
Must family medicine faculty members accompany residents on home visits? *[Program Requirement: IV.C.4.c)]*	Faculty members must be involved with reviewing charts, discussing cases and any required follow-up, evaluating residents, etc., but are not required to accompany residents on home visits with patients.
What is the Committee's expectation regarding nursing home definitions and requirements, and do experiences at skilled nursing facilities or skilled nursing units meet these requirements? *Program Requirement: IV.C.4.c)]*	The Review Committee recognizes that long-term care may include both temporary and ongoing long-term care. A skilled nursing facility or skilled nursing unit usually provides temporary long-term care, bridging inpatient care with dismissal to home management, or movement to a nursing home setting. A skilled nursing facility may provide some portion, but not a majority of a resident's experience in long-term care.

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Question	Answer
Can residents count experiences with continuity patients seen in the hospital toward the required 1,650 patient encounters in the family medicine practice (FMP) site? *[Program Requirement: IV.C.4.e)]*	No. The expectation is that 1,650 are patients exclusive to an FMP site. A hospital as a setting does not fit that criterion.
Can residents count ambulatory pediatric patient encounters toward the required 1,650 FMP pediatric patient encounters? *[Program Requirement: IV.C.4.e).(2)]*	No. The expectation is that the 1,650 patient encounters are in the outpatient setting. Continuity visits with hospitalized patients are expected, but do not count towards the FMP visit numbers.
What is the implication of using "and" versus "or" regarding hours/months of certain patient exposures/experiences? *[Program Requirements: IV.C.6.a); IV.C.7.; IV.C.8.; IV.C.9.]*	The nature of these requirements is to allow for flexibility in designing curricular experiences without time restrictions, while ensuring adequate experience for each resident. If a requirement uses “and,” the program must document *both* hours *and* patient numbers; if a requirement uses “or,” the program can use either measurement.
Can time spent caring for children in the urgent care setting be used to meet the required 75 hospital or emergency setting visits. *[Program Requirement: IV.C.8.b)]*	The expectation is that residents have a minimum number of encounters with very ill children to prepare them for independent practice. The Committee does not consider an urgent care setting in and of itself as satisfying the spirit of the requirement. However, the program does have some flexibility to determine what constitutes a very ill pediatric patient, as well as the specific urgent care setting (as these might vary considerably based on region, severity of patients seen, etc.). Therefore, the Committee does not recommend that the urgent care setting be the *only* option for meeting this requirement. If, however, the program director can make the argument based upon the patients being seen and the type of setting, etc., it might serve to satisfy some of the required experiences.
How should programs demonstrate compliance with the requirement for 75 emergency department encounters with children? *[Program Requirement: IV.C.8.b)]*	The Committee does not prescribe the method to track the experiences, allowing programs flexibility.

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How should programs develop the list of required procedural competencies? *[Program Requirements: IV.C.21.a)-IV.C.21.a).(2)]*	The list of procedures required to be performed by practicing family physicians varies based upon the needs of a community, therefore, the Review Committee expects the program director and faculty members to develop a list of required procedures based upon the needs of the local FMP and recommendations of organizations such as the American Academy of Family Physicians (AAFP), the Society of Teachers of Family Medicine (STFM), and the Association of Family Medicine Residency Directors (AFMRD).
The Learning and Working Environment	
What are the expectations of the Committee with respect to faculty members precepting the resident via teleconference? *[Program Requirement: VI.A.2.]*	It is the responsibility of the program and institution to ensure that in situations in which a faculty member is precepting via telemedicine (resident has the face-to-face encounter with patient), there is either direct or indirect supervision available to the resident as needed, as compliance with the supervision requirements still applies.
What are some examples of indirect supervision? *[Program Requirement: VI.A.2.c).(2).(a)-(b)]*	**Indirect supervision with direct supervision immediately available:** The resident is seeing patients in the FMP and the supervising physician faculty member in the precepting room is immediately available to see the patient together with the resident as needed. The faculty member is in another area of the hospital, but is immediately available to see the patient together with the resident in the labor and delivery department as needed. **Indirect supervision with direct supervision available:** A resident is on call for the family medicine service and needs advice from the physician faculty member in order to manage a patient's care. This can be done either by telephone or electronically. After communication with the resident, if the physician faculty member determines additional assistance is needed, he or she is available and able to go to the hospital and see the patient together with the resident
Who should be included on the interprofessional teams? *[Program Requirement: VI.E.2.]*	Examples of professional personnel who may be part of the interprofessional teams include nurses, physician assistants, advanced practice providers, pharmacists, social workers, psychologists, dentists, occupational and physical therapists, and care coordinators.

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Can patient encounters during internal moonlighting count toward the required 1,650 encounters? *[Program Requirements: IV.C.4.e) and VI.F.5-VI.F.5.c)]*	No. Resident experiences while moonlighting (internal or external) may not be used to meet minimum accreditation requirements.
Other	
What is the timetable for review of an application for a new program?	The review process for a new program application takes approximately 12 months from the time the application is received by the ACGME until the Review Committee evaluates the application. Programs should consult the MATCH and ERAS for their deadlines. An accreditation application site visit will be scheduled. Once the Site Visit Report is submitted, the file will be prepared for consideration by the Review Committee at its next available meeting. Residents should not be appointed prior to accreditation of the program.
Can an accredited program move from one hospital to another?	The Executive Director of the Review Committee should be informed of such plans, and will advise the program regarding the steps that must be followed. A program is accredited as it was constituted at the time of its last review. It may not be "moved" without Review Committee approval. If a Sponsoring Institution wants to relocate a residency program from one hospital to another, a site visit may be required. If the primary clinical site wants to retain the program, the issue should be resolved locally between the hospital and its Sponsoring Institution. The welfare of the residents currently in the program must be considered.

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How can the Sponsoring Institution for a program be changed?	In order to change the sponsor of a core program, a letter signed by the designated institutional officials (DIOs) of both the relinquishing Sponsoring Institution and the accepting Sponsoring Institution should be submitted (two separate letters may be submitted). The existing sponsor should agree explicitly to the change in sponsorship. The proposed sponsor should agree to assume the responsibilities of a Sponsoring Institution that are outlined in the ACGME Institutional Requirements. The letter should contain a statement on the impact the change will have upon the structure and curriculum of the residency. If the change is approved, the program name and listing will be changed as appropriate. Questions should be addressed to the Executive Director of the Review Committee, as well as to the Executive Director of the Institutional Review Committee, both at the ACGME. Contact information can be found on the ACGME website.
What is the process for merging two programs?	Contact the Executive Director to discuss the type of merger and how to describe it for the Review Committee's consideration. When two programs combine to form a new entity, documentation describing the proposed combined program is required. The Executive Director will advise whether a site visit will be required prior to Committee review of the proposal. A request for voluntary withdrawal of accreditation, and the date of closure, must be submitted using ADS by each of the currently accredited programs. The newly constituted program will be issued a new ACGME program number.
Where and how should non-family medicine faculty members be listed in the ADS Annual Update?	After all of the family medicine faculty members in a program have been entered, identify the individuals responsible for teaching family medicine residents in the following areas: (listed in this order) Human Behavior/Mental Health; Adult Medicine; Cardiology; Critical Care; Obstetric Care; Gynecologic Care; Surgery; Orthopaedics; Sports Medicine; Emergency Medicine; Neonates, Infants, Children and Adolescents; Older Patient; Skin. Provide the American Board of Medical Specialties (ABMS)/American Osteopathic Association (AOA) certification information for all faculty members.
How should a family medicine faculty member who also teaches geriatric medicine or another subspecialty be listed in the ADS Annual Update?	The ADS Annual Update should contain the individual's primary specialty information (ABFM/AOBFP certification date) along with information on the most recent date of subspecialty certification.

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