



ACGME

Review Committee for Family Medicine - Resident 2016 Annual Report

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION REVIEW COMMITTEE FOR FAMILY MEDICINE

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The ACGME maintains Residency Review Committees (RRC) for each medical specialty. Each RRC is responsible for setting accreditation standards, evaluating program compliance with educational standards, and conferring accreditation status to residency programs that meet these requirements. I am excited to have joined the ACGME Residency Review Committee for Family Medicine (RRC-FM) this spring. I am taking over for Dr. Nicholas A. Weida who did a fantastic job representing resident interests to the committee for the previous two years.

As the resident member of the RRC I serve as a fully participating member of the committee. My role involves reviewing family medicine residency programs, providing resident perspective regarding a number of issues that come before the committee, and serving on subcommittees and working groups for special projects as needed.

Additionally, I serve as a member of the Council of Review Committee Residents (CRCR), which is comprised of the resident members from each specialty RRC. This past year the CRCR discussion centered on resident wellness and a subcommittee on resident wellbeing was formed at our most recent meeting. We are also working toward improving resident participation in the ACGME process to improve engagement and encourage innovation at the resident level.

The past few years have seen a significant transition in both the review process and the educational program requirements for Family Medicine residencies. Starting in July 2014, the RRC-FM started utilizing the Next Accreditation System (NAS) and transitioned to yearly program evaluations. This marked a significant change from the previous system in which programs were assigned accreditation cycle lengths and reviewed at varying intervals. Specifically, the RRC now reviews yearly data submitted by each program and uses it to decide whether potential areas of concern are present, and if so, consider additional review or a site visit. Overall, annual program review allows for a more continuous process of evaluating accreditation than was previously feasible.

Another major change has been the development of the Family Medicine Milestones. Beginning July 2014, programs started using the milestones to assess each family medicine residents' progression along the six competencies specific to family medicine. This should assist in providing a more specific barometer regarding resident progress through their training and allow for more targeted feedback. Family Medicine Residency Programs will be submitting information regarding their residents' progression along the milestones as part of the annual data that is submitted in the NAS. More information regarding the NAS and the Milestones Initiative can be found on the ACGME website at www.acgme-nas.org.

Finally, starting in July 2014 the updated Family Medicine Program Requirements went into effect. These new guidelines mark a significant departure from the previous standards. One of the most significant changes is that the new requirements have been re-classified as Core, Detail, and Outcome. While Core requirements are common to all programs, the use of detail requirements allows programs that are meeting core requirements and achieving particularly strong educational outcomes to bypass the detailed requirements in lieu of a more innovative approach to resident training. The complete set of updated program requirements can be found on the ACGME website at: <https://www.acgme.org/acgmeweb/tbid/132/ProgramandInstitutionalAccreditation/MedicalSpecialties/FamilyMedicine.aspx>. Taken in concert, The NAS, Milestones Initiative, and updated Program Requirements are all part of a concerted effort by the ACGME to focus more on educational outcomes and to reduce the burden associated with the current structure and the process-based approach.

The next few years will involve a significant transition in GME training and I am excited regarding many of the upcoming changes in the way we train and evaluate the training of family medicine residents. I look forward to the opportunity to represent resident interests to the RRC-FM during this time of transition. Please feel free to contact me if you have any questions regarding any of the initiatives discussed above, my role with the committee, or your own interest in future involvement with the ACGME and the RRC.

Sincerely,

Amanda Ashcraft Pannu MD
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The University of Rochester Family Medicine Residency Program

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