

October 11, 2022



American Board
of Family Medicine



Claudia J. Wyatt-Johnson, MA
Chair, Board of Directors
Accreditation Council for Graduate Medical Education
401 N. Michigan Avenue, Suite 2000
Chicago, IL 60611

Thomas J. Nasca, MD, MACP
President and Chief Executive Officer
Accreditation Council for Graduate Medical Education
401 N. Michigan Avenue, Suite 2000
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Dear Ms. Wyatt-Johnson, Dr. Nasca and the ACGME Board of Directors:

We write on behalf of the specialty of family medicine to request reconsideration of the decision of the Committee on Requirements (COR) and the ACGME Board of Directors to reject the Family Medicine Review Committee's request for a variance regarding support for dedicated educational time for residency faculty.

As you know, there has been great engagement of the family medicine community in re-envisioning family medicine residency education. Despite the pandemic, over 3,500 people participated in surveys, focus groups were conducted by all of the national organizations of family medicine, a national summit was held, and 36 peer-reviewed articles were published over two years. This was all in addition to and coordinated with the ACGME scenario planning process of November 2020. We believe that the proposed major revision published by the ACGME Family Medicine Review Committee in December 2021, and improved by extensive comments from the community, captured the broad innovations the specialty wanted to better meet the needs of the country. These include:

- Transition to competency based medical education and assessment (CBME)
- Emphasis on reforming residency practice
- Community engagement to address disparities and social determinants of health
- Development of residency learning networks
- A partial return of the faculty time dedicated to residency education taken away by the ACGME in June of 2019.

We believe that the proposed changes were the most significant and important ones since the founding of our specialty in 1969, and that they are necessary to position family physicians to meet the crisis of American health care evident in our declining life expectancy, disparities in health outcomes, out of control cost, and burnout among physicians and their clinical teams.

The leadership of the national family medicine organizations (the American Academy of Family Physicians, the American Board of Family Medicine, the American College of Osteopathic Family Physicians, the Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors, the Society of Teachers of Family Medicine and the North American Primary Care Research Group) met in Boston on August 20 to review what has happened. We are very disappointed in the process of review at the COR level. We expect peer review by the COR to be both constructive and critical. Each of the major changes proposed, however, has been eliminated or greatly attenuated. Thus, we have two requests.

First, we formally ask that the ACGME Board of Directors reconsider the request for additional time dedicated to residency education. This is essential to create an effective program learning environment and is aligned with the ACGME's longstanding commitment to excellence in education, along with its mission to improve the health of the public through graduate medical education. Additional residency faculty educational time is necessary because of the changes proposed by the Review Committee. In particular, the transition to CBME requires significant faculty time and development, as recently



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FAMILY MEDICINE

underscored by many specialties at the ABMS/ACGME summit on CBME on August 11-12. Our request was grounded in the ACGME's own data over 10 years describing family medicine faculty time dedicated to residency education, supported by the recommendations of a national expert panel, and by published evidence of the devastating impact of the ACGME decision of June 2019 which cut dedicated time for education for family medicine residency faculty by two thirds. Importantly, the requested changes represent only a partial return to the situation before June 2019. We have published in the peer reviewed literature both the survey of program directors conducted by the Association of Family Medicine Residency Directors describing the impact of the 2019 cuts and the case for dedicated educational time. These papers are attached.

Second, we request transparency about the role, structure and function of the COR. Basic information about the COR role and membership is not available on the ACGME website. It appears to outside observers that the COR peer reviewers have been allowed to thwart the will of the specialty. Yet their expertise in primary care residency education and their rationale for rejecting the strategy of the specialty remain unknown.

We understand from Dr. Nasca that there is not a formal appeal process within the ACGME structure. Therefore, we are appealing for reconsideration directly to the Board of Directors as the responsible governing body of the ACGME. We believe the specialty of family medicine should have a major voice in the future of residency education in family medicine. We would welcome the opportunity to discuss the options we see with representatives of the ACGME Board.

We feel compelled to add a broader concern, illustrated by the COR decision, that the overall ACGME accreditation process is not working specifically for family medicine or for primary care overall. As recommended by the recent National Academies report on Implementing High-Quality Primary Care, reinvestment in primary care is critical for the health of the country, and a key part is re-envisioning primary care residency training. One size does not fit all. We believe that family medicine has done its part to develop an ambitious plan for transformation of residency education in family medicine—and now all of the family medicine organizations have plans underway to support the major changes in residency education. We ask that the ACGME to do its part.

We look forward to your response.

Sincerely yours,

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