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Dear Ms. Wyatt-Johnson, Dr. Nasca and the ACGME Board of Directors:

On behalf of the 594 Family Medicine residency program director members and the 483 associate members of the Association of Family Medicine Residency Directors (AFMRD), we are writing to express our deep concerns regarding the program leadership and faculty time minimum standards stated in the final ACGME Family Medicine Program Requirements Major Revisions effective July 1, 2023.

The ACGME's stated mission 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."*** The new Family Medicine Requirements were developed with this mission in mind using an inclusive process with input from across our specialty. This allowed us to use the best evidence available to inform what program structures and processes are necessary to train family physicians who improve health care and population health in our communities<sup>1,2</sup>. It is disappointing that the ACGME Committee on Requirements (COR) did not appear to value this process or refer to this evidence when they reduced the program leadership and core faculty non-clinical time requirements from what was proposed by our Family Medicine Review Committee (FM-RC).

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<sup>1</sup> Newton WP, Mitchell KB. Shaping the Future of Family Medicine: Reenvisioning Family Medicine Residency Education. *Fam Med*. 2021;53(7):490-498. <https://doi.org/10.22454/FamMed.2021.207197>.

<sup>2</sup> Stacy Potts, Grant S. Hoekzema, Colleen K. Cagno, Eileen Anthony; Shaping GME Through Scenario-Based Strategic Planning: The Future of Family Medicine Residency Training. *J Grad Med Educ* 1 August 2022; 14 (4): 499–504. doi: <https://doi.org/10.4300/JGME-D-22-00505.1>



The Society of Teachers of Family Medicine (STFM) convened a Taskforce in 2019 to scientifically evaluate how much time should be required for core faculty and program leadership protected non-clinical time to meet the minimum educational requirements for a family medicine residency (see Table 1)<sup>3</sup>.

**Table 1: Recommendations for Protected Nonclinical Time for Faculty in Family Medicine Residency Programs**

The program director must have a minimum of 0.5 FTE protected nonclinical time to devote to the administration of the program.
The associate program director must have a minimum of 0.4 FTE protected nonclinical time to devote to the administration of the program.
Each program must have at least one associate program director. Programs with 25 or more residents require additional associate program directors (note exception; Table 2).
In programs with 13 or more residents, the program director and/or associate program director require additional protected nonclinical time above their minimum protected FTE (Table 3). The program director must assign this additional protected time to themselves or to the associate program directors to meet the minimum aggregate FTE.
The program director must have a minimum of 0.2 FTE dedicated to clinical care, either in direct patient care or in the supervision of residents.
All core faculty members—physicians and other health educators—who are not APDs must be provided with the salary support required to devote a minimum of 0.3 FTE of nonclinical time to the administration of the program (note exception).
Protected nonclinical time must not include administrative duties related to patient care (eg, completing clinic notes, reviewing test results, and coordinating care).
Associate program directors and core faculty may be part-time employees, at the discretion of the program director. These individuals must meet the minimum FTE requirements as stipulated by these guidelines.

Abbreviations: FTE, full-time equivalent; APDs, associate program directors.

The ACGME minimum requirements for non-revenue generating activities are critically important, especially during periods of institutional fiscal stress. Most sponsoring institutions look at these requirements as the “target” for what they need to provide programs and not the “floor”. This is particularly true for primary care specialties which often are under-resourced in health care institutions. Due to the push from health systems to make up for COVID-related financial shortfalls, physicians are being increasingly asked to spend more time performing direct patient care. By not providing an adequate minimum requirement to complete the required tasks of faculty and program leadership so they can adequately supervise residents and transform and modernize their education programs towards a competency based medical education (CBME) framework, the ACGME is setting up a system that threatens patient safety and decreases the quality of health care and population health. We already have evidence that this is true based on experiences of programs with the elimination of core faculty time requirements in 2019. A national survey of program directors in 2020 found that the vast majority

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<sup>3</sup> Griesbach S, Theobald M, Kolman K, et al. Joint Guidelines for Protected Nonclinical Time for Faculty in Family Medicine Residency Programs. *Fam Med*. 2021;53(6):443-452. <https://doi.org/10.22454/FamMed.2021.506206>.



of programs experienced negative impacts within one year of the change<sup>4</sup>. Without restoring a realistic baseline that is based on best evidence, family medicine programs face:

- 1) ACGME citations and warnings for not being able to meet other accreditation requirements,
- 2) Graduating residents who were inadequately supervised and evaluated, and
- 3) A large reduction in the number of physicians willing to continue working in academic family medicine.

Better managing the administrative burden on physicians is crucial to the future of primary care, Family Medicine, and medicine as a whole. The ACGME is creating an unnecessary burden on programs by not recognizing the significant administrative time that faculty, program directors, associate program directors, and program coordinators must spend to meet the bare minimum ACGME requirements. In addition, the new requirements demand significantly more time to establish, develop, and maintain new systems of teaching and evaluation, and new requirements for increased engagement with communities (e.g., resident panel supervision and management, patient advisory councils, individualized learning plans for all residents).

Besides the obvious issue of programs not being able to meet the ACGME requirements leading to increased ACGME warnings and citations, another potential unintended consequence of this decision is seasoned program faculty and leadership attrition and burnout.

**We request that the ACGME immediately approve prior to the July 1, 2023 implementation of these requirements a focused revision of the approved requirements that includes the following revisions:**

- 1. Revise II.A.2.a) related to program director dedicated time and support for administration of the program to include the requirement for designated associate program directors and protected time for program leadership that is in line with the STFM Taskforce recommendations in Table 3 from the paper:**

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<sup>4</sup> Newton WP, Magill MM. The Impact of the ACGME's June 2019 Changes in Residency Requirements. JABFM. 2020;33:1033–1036.



**Table 3: Recommendation for Minimum Protected Nonclinical Time for PD/APD**

Number of Approved Resident Positions.	Minimum Protected PD FTE	Minimum Number of APDs	Minimum Combined Protected APD FTE	Additional Protected FTE	Minimum Aggregate of PD and APD FTE
Exception: Fewer than 12, in a program with at least 1 year of directly shared training with another accredited family medicine program	0.5	0	n/a	0	0.5
12 or fewer	0.5	1	0.4	0	0.9
13-24	0.5	1	0.4	0.1	1.0
25-49	0.5	2	0.8	0.2	1.5
50 or more	0.5	3	1.2	0.3	2.0

Abbreviations: PD, program director; APD, associate program director; FTE, full-time equivalent.

2. **Revise II.B.4.c) related to core faculty protected FTE educational and administrative responsibilities to return to the FM-RC proposed language “must be provided with support equal to an average dedicated minimum of 25 percent time/FTE for educational and administrative responsibilities that do not involve direct patient care. (Core)”**
3. The requirements or FAQ must also specify that this time is for educational and resident administrative tasks. The ACGME should more clearly define what is meant by these responsibilities, including specifically stating that this time should not include resident supervision or administrative responsibilities related to the faculty member’s own patient care (e.g., chart completion, responding to patient messages, etc.)

The ACGME states their vision is to transform the GME system such that it is

- *“Competency-based with customized professional development and identity formation for all physicians;*
- *Led by inspirational faculty role models overseeing supervised, humanistic, clinical educational experiences;*
- *Immersed in evidence-based, data-driven, clinical learning and care environments defined by excellence in clinical care, safety, cost-effectiveness, professionalism, and diversity, equity, and inclusion;”*

The current program leadership and faculty time requirements fail to meet this vision. If the ACGME is serious about its mission and vision to promote more socially accountable and equitable graduate medical education that improves the health of populations and communities, then it must approve the focused revisions proposed. It is irresponsible to rely on sponsoring institutions to make this judgement in a health care system that systematically undervalues and under-resources primary care. We have the



support of our entire specialty including the American Board of Family Medicine<sup>5</sup>. We ask the ACGME to hear us and live up to its mission and vision.

Respectfully,

The Board of Directors of the Association of Family Medicine Residency Directors (AFMRD)

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CC: ACGME Family Medicine Review Committee (FM-RC)

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<sup>5</sup> Warren P. Newton, MD, MPH, Grant Hoekzema, MD, FAAFP, Michael Magill, MD, and Lauren Hughes, MD, MPH, MSc, MHCDS, FAAFP. Dedicated Time for Education Is Essential to the Residency Learning Environment. (J Am Board Fam Med 2022). Online only access (10/18/2022). [https://www.theabfm.org/sites/default/files/PDF/JABFM-22-0269\\_SEPTOCT2022.pdf?utm\\_source=sendgrid.com&utm\\_medium=email&utm\\_campaign=website](https://www.theabfm.org/sites/default/files/PDF/JABFM-22-0269_SEPTOCT2022.pdf?utm_source=sendgrid.com&utm_medium=email&utm_campaign=website)