

Our patients and health care system need competent, comprehensively trained, personal family physicians who can perform a broad scope of services.

The new family medicine residency requirements were crafted to be less proscriptive and allow programs more latitude in how residents are trained to fulfill the program mission, meet community needs and prepare for future practice, while maintaining an emphasis on comprehensiveness. We will rely on competency-based assessment¹ to guide the desired outcomes, rather than just numbers or time spent in a curricular domain.

The Accreditation Council for Graduate Medical Education's (ACGME) Family Medicine Review Committee (FM-RC) accredits family medicine residencies; the American Board of Family Medicine (ABFM) and American Osteopathic Association (AOA) certify individuals. A starting point for the work of both organizations is a common understanding of the desired outcomes of family medicine residency training. Over the last six weeks, with input from many people and organizations, we have developed the following draft statement of the outcomes of family medicine residency education. Initially, the ACGME Family Medicine Review committee drafted this document based on the Entrustable Professional Activities (EPAs)² developed by all the of family medicine organizations (AAFP, ABFM, ACOFP, ADFM, AFRMD, NAPCRG, STFM) as a part of *Family Medicine for America's Health* along with the ACGME core competencies with input from the ABFM. This draft was then reviewed at the Summit on Implementation of Competency-Based Medical Education (CBME) on January 20-21, 2023. All family medicine organizations participated in this summit; after learning about the residency outcomes frameworks developed by the College of Family Physicians of Canada, the American Board of Pediatrics and the American Board of Surgery, the group made specific additions and suggestions for this document. The ACGME Review Committee and the American Board of Family Medicine then reviewed the document again, aligning this document with the new Family Medicine Program Requirements³ which begin in July 2023 and the ACGME Family Medicine definition of the specialty.

The intent of this draft document is to describe a shared model. The intent of the core outcomes of residency training, for all Family Medicine residencies across

the United States, with the understanding that residencies and fellowships can add additional competencies.

The ACGME will use this draft to design the new data elements necessary for monitoring residency programs via WebADS (Accreditation Data System) and the resident survey, and the ABFM will use this list to set standards for board eligibility for individuals. We hope that our partners in the family of family medicine will use these outcomes to help develop an assessment framework, including the systems and technology for assessments and the faculty and residency development necessary for the future. The ACGME Family Medicine Review Committee and ABFM are committed to learning alongside the community, to adjusting as needed in the coming years, and to providing grace for residency programs, faculty and residents.

The specialty's plan for residency redesign is ambitious, and CBME is only a part of it. However, if we done right, the implementation of CBME will support the other components of residency redesign and direct the necessary faculty development and development of the family medicine practice and optimal learning environment.

Core Outcomes of Residency Training in Family Medicine

The ACGME, the ABFM, and family medicine residency programs and faculty across the country promise the patients and communities they serve that residents who complete ACGME accredited training in Family Medicine will be able to:

1. Develop effective communication and constructive relationships with patients, clinical teams, and consultants.
2. Practice as personal physicians, providing first-contact access, comprehensive, and continuity medical care for people of all ages in multiple settings and coordinate care by helping patients navigate a complex health care system.
3. Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages for people of all ages while supporting patients' values and preferences.

4. Evaluate, diagnose, and manage patients with undifferentiated symptoms, chronic medical conditions, and multiple co-morbidities.
5. Diagnose and manage common mental health conditions in people of all ages.
6. Diagnose and manage acute illness and injury for people of all ages in the emergency room or hospital.
7. Perform the procedures most frequently needed by patients in continuity and hospital practices.
8. Care for low-risk patients in prenatal care, labor and delivery, and post-partum settings.
9. Effectively lead, manage, and participate in teams that provide care and improve outcomes for the diverse populations and communities they serve.
10. Model lifelong learning and engage in self-reflection.
11. Assess priorities of care for individual patients across the continuum of care-- in-office visits, emergency, hospital, and other settings, balancing the preferences of patients, medical priorities, and the setting of care.
12. Model professionalism and be trustworthy for patients, peers, and communities.

References:

1. Holmboe ES. The Transformational Path Ahead: Competency-Based Medical Education in Family Medicine. *Fam Med*. 2021;53(7):583-589. <https://doi.org/10.22454/FamMed.2021.296914>.
2. "Entrustable Professional Activities (EPAS)." *AFMRD*, <https://www.afmrd.org/page/epa>.
3. ACGME Program Requirements for Graduate Medical Education in Family ... https://www.acgme.org/globalassets/pfassets/programrequirements/120_familymedicine_2023.pdf.

