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Accreditation Council for Graduate Medical Education
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Dear ACGME:

On behalf of the Family Medicine Education Consortium (FMEC), we are pleased to submit these comments on the proposed revisions to the ACGME Program Requirements for Graduate Medical Education in Family Medicine.

The FMEC is a catalyst, convener, and incubator that connects family physicians and other stakeholders to improve the health communities by strengthening family medicine and medical education. The FMEC serves 14 states and the District of Columbia in the northeast region of the U.S., working with 60 medical school departments of family medicine, 195 family medicine residency programs, and thousands of family physicians in community settings. A primary focus of FMEC is encouraging quality medical education and residency training, which we accomplish by connecting faculty to share and learn from each other and promoting innovations and best practices at our Annual Meeting. Our leadership is largely program directors and faculty throughout the region. While the FMEC is not a residency program, our long-term support of residents and faculty across a large region give us unique perspectives, which we are happy to share.

We believe the changes to family medicine requirements are positive and will result in stronger training experiences and outcomes. Specifically, we offer the following comments, which are closely related to the FMEC's areas of activity.

- We strongly support the revisions to the **definition of the specialty (Introduction, B)**, which introduce concepts such as compassion, equity, social justice, and “whole person” care. We believe the passion family physicians feel for their specialty is often due to its “relationship-based” nature and the unique ability we have to provide care within the context of the family and community. Recognition of these concepts in the revised definition is commendable. The revised definition will support efforts of the FMEC and others to promote the specialty as desirable to students.
- For decades, as a multi-state organization engaging diverse health care institutions, the FMEC has promoted collaboration between training programs to share expertise and advance innovation in healthcare. We have seen the positive impact of collaboration on faculty and resident experiences and in program outcomes. Therefore, we are excited that the ACGME has prioritized the following in the new requirements: **regional learning collaboratives (I.D.1.a); optimal learning through cohorts and collaboration between**



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programs (III.B.2-III.B.4); and using regional learning collaboratives to create and share scholarly activity (IV.D.1.b.1). The FMEC's extensive region includes many rural areas and small training programs, and a strength of our Annual Meeting is to bring faculty and residents from those areas together with other programs. Formalizing this as part of training by including it in the revised requirements is commendable. Programs that may have lacked specific expertise or community-based opportunities will be more likely to gain such resources through this type of collaboration. Organizations such as the FMEC will benefit because our forums and programs will become more valuable to training programs as they try to meet these requirements. Programs such as:

- The IMPLICIT (Interventions to Minimize Preterm and Low Birth Weight Infants Using Continuous Quality Improvement Techniques) collaborative, which has engaged dozens of clinics across multiple states in improving prenatal care by providing education and promoting specific screenings for women at key points during and after pregnancy.
- The FACTS (Fertility Appreciation Collaborative to Teach the Science) project, which teaches ob/gyns and family physicians about the effectiveness rates of modern, evidence-based fertility awareness-based methods (FABMs).
- Our Integrative Health Learning Community, initiated in 2020, which helps address underlying social and behavioral determinants of health by integrating new screening, treatment and referral procedures into primary care.
- Emerging projects that will address issues such as culturally sensitive weight loss counseling and incorporating the humanities into primary care, which will be opportunities for the FMEC to work across residency programs to help them meet the new requirements.

Given the positive impacts on training, patients and communities, and supporters like the FMEC, the requirements to working across programs and learn the model for improvement are "win-win-win."

- The focus on resident well-being throughout the revisions, and specifically the need for programs to ensure **physical and psychological safety, cleanliness, accessibility, and inclusivity (I.D.1.d)**, are strongly supported by the FMEC. As program leaders, we understand the stress of residency training and have seen it compounded by factors such as the COVID-19 crisis. Showing to medical and pre-medical students that family medicine is attuned to their needs and will take steps to accommodate them will be beneficial in our efforts to strengthen the pathway into family medicine. We also believe this requirement can help move the profession from equality to equity, particularly if forward-thinking training programs consider it broadly and creatively, moving beyond physical facility issues. The new requirement can challenge programs to think about issues such as identity and privilege within their resident cohort, to make sure the program is meeting each individual's needs.
- The expansion of expected competencies from simply setting learning goals to the more comprehensive requirement that they become **adaptive learners (IV.B.1.d.1 h-j)** and base their learning goals on community needs is strongly supported. Organizations like the FMEC which offer *continuing* medical education should support efforts to send family physicians out into practice with a strong sense of the need for continuous learning and reflection on their needs and the needs of their communities.
- Finally, the FMEC is pleased to see the mandate to training programs to **include members of the community, particularly those with lived experience, on advisory committees (I.D.1.i)**. As we plan our continuing medical education programs, we often include speakers and perspectives of community members because it can be eye-opening, motivating and can lead to better care. Ensuring that programs are routinely getting such input will make them stronger.



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The new requirements, once in effect, will benefit FMEC's work to improve care throughout the region and the country by connecting institutions. They will make FMEC's efforts to encourage medical students and pre-healthcare students to choose family medicine more successful by improving the training experience and better describing the potential and excitement of family medicine. We commend the ACGME and its volunteers who developed the revision and look forward to its implementation in 2023.

Sincerely,

Raj Woolever, MD/sga

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