

## BOARD NEWS

# The Impact of the ACGME's June 2019 Changes in Residency Requirements

Warren P. Newton, MD, MPH and Michael Magill, MD

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In the late spring of 2019, the Accreditation Council for Graduate Medical Education (ACGME) made a major change in the Common Program Requirements, eliminating core faculty time for teaching, administration, and assessment. To mitigate the impact of this, the Family Medicine Residency Committee added a requirement for an Associate Residency Director. For an average size family medicine residency, the net effect was an approximately 50% reduction in total faculty time required for residency administration, education, and assessment. In addition, the ACGME Common Program Requirements eliminated the requirement that residents take a board examination and lowered the standard for the rate of passing for those who do take the examination. To assess the impact of these changes, American Board of Family Medicine (ABFM) surveyed family medicine residency directors in July 2020. To get the results to the community as quickly as possible, this short report summarizes results and implications.

## Methods

ABFM directly surveyed the 687 Family Medicine residency directors. As shown in Table 1, survey questions were framed in a neutral way. The Association of Family Medicine Residency Director leadership encouraged completion of the survey. Analysis included simple frequency descriptions and thematic analysis of adverse impact. A code book was developed, and open-ended verbatim

comments were analyzed independently by 2 former residency directors with personal experience in the Family Medicine Review Committee, with discussion to achieve consensus on specific themes in each comment. Reviewers limited analysis to reports of actual changes, rather than speculation about possible changes. An hoc task force of the American Board of Family Medicine Board of Directors met to review the verbatim responses, identify additional themes and consider the implications of the results.

## Results

Response rate was 52.8% or 363 out of 687. Of those, 194 reported changes since June 2019: 8.2% of program directors (PDs) reported that there had been positive changes since June 2019, chiefly in increased faculty development because of Associate PDs; and 11.9% reported discussion with their institutional sponsors with confirmation of their current budget and faculty roles. Seventy-five percent or 146 reported significant and adverse impact since June of 2019, with a large majority (69.9%) reporting immediate and direct changes in budget and faculty time allocations as the result of the changes. Others reported loss of faculty involvement in assessment, mentoring, and remediation; in curriculum development and delivery; in clinical supervision, in faculty development; and in scholarship. Almost 40% reported increased burnout of faculty or the PDs themselves. An additional 9 (6.2%) reported the likelihood of an imminent cut in budget or faculty time allocation. Table 2 lists key themes, proportion of residency directors endorsing each theme, and representative quotations. Of note, most comments included more than 1 adverse impact.

With respect to lowered standards for cognitive expertise, only 5.1% (18) reported any immediate

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From the American Board of Family Medicine, Lexington, KY (WPN, MM); University of North Carolina, Chapel Hill (WPN); University of Utah, Salt Lake City (MM)

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Corresponding author: Warren P. Newton, MD, MPH, American Board of Family Medicine, 1648 McGrathiana Pkwy, Ste 550, Lexington, KY 40511-1247 (E-mail: [wnewton@theabfm.org](mailto:wnewton@theabfm.org).)

**Table 1. Questions on Impact of ACGME June 2019 Changes**

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In June 2019, the new ACGME standards for Family Medicine eliminated the requirement for protected time for residency core faculty and reduced the time required for program directors, while adding an associate director. Have these changes in standards about faculty time had any practical impact on your residency in the last year?
If YES, please specify what—discussions with hospital leadership, change in faculty time allocation or budget, clinical supervision, faculty development, or other aspects.
The 2019 Family Medicine program requirements also reduced the standard for graduates passing a board exam from 90% to 80% and eliminated the requirement that 95% of residents take a board exam. Have these changes had any impact on your residency or your residency administrative procedures?
If YES, what changes?

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ACGME, Accreditation Council for Graduate Medical Education.

impact on their residencies. Most comments indicated that PDs (PDs) had not changed their approach and kept higher standards for taking and passing a board examination. Two PDs reported that the change was beneficial: “we have been more willing to consider matching students who have had testing difficulties” and “we are more able to consider other characteristics like purpose in coming and connection to our mission and our community.” One PD connected both ACGME changes: “(I) guess... the ACGME are lowering their passing standards since they are no longer protecting teaching,” and one PD reported that their hospital had stopped paying for the test because of the removal of standards for taking the examination.

## Discussion

Our results provide important evidence that the ACGME June 2019 changes in program requirements for family medicine have had a substantial adverse impact on the learning environment of family medicine residencies. Sponsoring institutions responded to the ACGME changes rapidly. The harm was broad and deep—primarily rapid changes in budget and faculty time allocation for administration, assessment and education, but it also affected many core functions of residency education, assessment and remediation of residents, participation in didactics, clinical supervision, faculty development, and scholarship.

Response rate was only 52%. However, this was almost all achieved in a week, suggesting the importance of the topic, and the absolute numbers programs responding (363), and the high numbers of those reporting significant adversely impact (146), are substantial in their own right, representing a large proportion of Family Medicine residencies. Of note, since our survey took place in July 2020, it

is possible that some of the effects reported reflected the impact of Covid-19 on the finances of the hospitals and health systems, but the question explicitly anchored the changes in response to the June 2019 changes and very few mentioned the pandemic in their free text responses.

ABFM believes that dedicated time for teaching, assessment, and administration is a critical resource for the quality of residency education, that the June 2019 changes had a major negative impact on the learning environment in Family Medicine, and that this impact will grow as the financial impact of Covid-19 hits sponsoring institutions. Of note, these changes took place despite unanimous opposition from all organizations in Family Medicine to the original recommendations of the ACGME Committee on Requirements in the spring of 2019. Over the last year, after the ACGME board changed policy to allow specialty committees to define core faculty requirements, ABFM and the other organizations of family medicine unanimously supported the Family Medicine Review Committee’s proposals for core faculty time, but the ACGME Committee on Requirements deferred action and the ACGME has constituted another task force to consider the issue.

The collaboration between ACGME and American Board of Medical Specialties (ABMS) is a distinctive and very positive feature of American Medicine: the ACGME accredits residencies and the ABMS boards certify individuals. Over the past 15 years, ABFM and the Family Medicine Review Committee have worked closely together to catalyze innovation in residency education, reduce disparities of cognitive expertise for International Medical Graduates (IMGs)<sup>1</sup> and to test the validity of milestones<sup>2</sup> and we are working closely to bring evidence and community dialog to bear on the upcoming major revision of the residency requirements.<sup>3,4</sup> Let us now work together to

**Table 2. Adverse Impact of ACGME 2019 Changes: Key Themes, Frequency, and Representative Quotations**

Kind of Impact	Frequency Absolute Number and % of Residencies with Adverse Impact	Representative Quotations
Direct impact on budget/faculty time allocation	108 (69.9%)	<ul style="list-style-type: none"> <li>Reduction in the amount of faculty time allocated for education by 4 to 6 hours per week per faculty member.</li> <li>Expectation “do more with less” — Budget slashed since “only want clinical” very minimal admin time for PD/APD/Faculty!!!</li> <li>(Administrators) state that if the need were truly real, then ACGME would not have removed language.</li> </ul>
Increasing faculty burnout	40 (27.4%)	<ul style="list-style-type: none"> <li>Most faculty do these tasks at night and on weekends and are feeling burned out. I have lost 2 faculty over the last year due to burn out.</li> <li>Increased stress and burnout at a time we can least afford it.</li> </ul>
Faculty participation in didactics, curriculum, culture	34 (23.3%)	<ul style="list-style-type: none"> <li>My faculty and I have less time for advising, curriculum development, didactic development, chart reviews.</li> <li>Shrinking the breadth of our faculty affects learning opportunities for residents and richness of discussions around residency curriculum.</li> <li>Being a new program director, having the PD time cut and increased. . . clinical care has made it difficult to give the attention necessary to the curriculum.</li> </ul>
Increasing program director burnout	19 (13.0%)	<ul style="list-style-type: none"> <li>(as a) PD that I am left to figure all of these things out on my own. . . I am burning out quickly and have terrible job satisfaction . . . no one else has time to help due to their clinical obligations. I am also being pushed to increase my clinical duties and it leaves very little time and energy to further develop curriculum, which is something that needs some attention according to our internal resident survey.</li> </ul>
Clinical supervision	14 (9.6%)	<ul style="list-style-type: none"> <li>Reduction in direct observation of the residents.</li> <li>Quality of supervision decreases.</li> <li>Pressure to generate more visits. . . and the protected time cuts make supervision . . . and mentoring residents impossible.</li> </ul>
Assessment, evaluation, mentoring, remediation	13 (8.9%)	<ul style="list-style-type: none"> <li>Pressure to generate more visits for faculty and the protected time cuts make supervision . . . and mentoring residents impossible.</li> </ul>
Challenges managing faculty	13 (6.3%)	<ul style="list-style-type: none"> <li>Finding coverage for resident clinics has been much more of a challenge.</li> <li>Our faculty . . . salaries are being challenged. Given the lack of required protected time, the expectation of RVU production has increased. The expectation is that they need to increase their RVU generating time in order to maintain their salary.</li> </ul>
Resident and faculty scholarship	11 (6.9%)	<ul style="list-style-type: none"> <li>We have less organizational support for residency work and scholarly activity as a result.</li> <li>Faculty is also having difficult time meeting their scholarly and administrative goals.</li> </ul>

*Continued*

**Table 2. Continued**

Kind of Impact	Frequency Absolute Number and % of Residencies with Adverse Impact	Representative Quotations
Faculty development	10 (6.8%)	<ul style="list-style-type: none"> <li>• It has been extremely difficult to get core faculty and APD protected time to . . . work on scholarly projects for themselves and with residents and attend conferences.</li> <li>• Discussions with hospital leadership led to change in faculty time allocation. . .and reduction in faculty development opportunities.</li> <li>• Pressure to generate more visits for faculty . . . and the protected time cuts make . . . assistance with research, faculty development and mentoring residents impossible.</li> </ul>
Challenges with APD implementation	10 (6.8%)	<ul style="list-style-type: none"> <li>• We had to pay new APD more while decreasing their clinical time and productivity.</li> <li>• With a small faculty - burdensome not helpful.</li> <li>• When extra supervision time is needed, the core faculty lose their admin time and they see that the PD and APD keep their time.</li> </ul>
Loss of faculty/difficulty replacing	8 (5.5%)	<ul style="list-style-type: none"> <li>• We lost 2 FTE core faculty this year directly because of the requirement change.</li> <li>• It will impact (us) in future years. . .due to inability to recruit an adequate number of faculty members.</li> </ul>

ACGME, Accreditation Council for Graduate Medical Education; APD, associate program director; FTE, full time equivalent; PD, program director; RVU, relative value unit.

Note: Many comments included more than one adverse impact.

restore the learning environment in family medicine residencies.

## Summary

The ACGME June 2019 changes in residency requirements are having a powerful and adverse effect on the learning environment in family medicine residencies. The ACGME has had longstanding commitment to both excellence in education and to serving the needs of the public. ABFM urges its friends and partners at the ACGME to reaffirm these principles and reconsider their June 2019 decision.

To see this article online, please go to: <http://jabfm.org/content/33/6/1033.full>.

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