

**ACGME Program Requirements for Graduate Medical Education
in Family Medicine
Summary and Impact of Focused Requirement Revisions**

Requirement(s) #: II.B.4.c).(1)

At a minimum, each required core faculty member must be provided with the salary support required to devote a minimum of 30 percent FTE of non-clinical time to the program. ^(Core)

1. Describe the Review Committee's rationale for this revision. **The Committee received hundreds of comments from the discipline specific to the disallowance of core faculty salary support. With the recent ACGME Board of Directors' approval of the revised Common Program Requirements that allow for specialty-specific specification in this domain, the Committee revisited the feedback from the discipline and proposes an FTE percentage that it feels will accommodate the very diverse set of family medicine programs (large, small, rural, etc.). As this is a subset of II.B.4.c), the intent is that salary support be protected for those core faculty members who meet the ratio requirement, and not for any additional core faculty members designated by the program director.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Core faculty members are critical to the success of a family medicine residency program. Providing protected time for these individuals, will allow them to have a greater focus on key educational/administrative responsibilities for duties that include serving on core residency committees, (i.e., the Clinical Competency Committee and/or Program Evaluation Committee), curriculum development and implementation, advising and mentoring individualized learning plans, involvement in the recruitment and retention of residents and faculty members, providing "absence management," in the event of the program director's departure, and many more as may be assigned by the program director.**
3. How will the proposed requirement or revision impact continuity of patient care? **N/A**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **Whether an institution or program will need additional resources to comply with the requirement may depend on how the resources are already distributed to the family medicine program.**

How will the proposed revision impact other accredited programs? **N/A**