International Advanced Specialty Program Requirements
Summary of Revisions and Rationale

Advanced Specialty Requirements for: **Family Medicine**
Proposed Effective Date of revised requirements: **1 July 2026**

Comments are currently being solicited on revisions to the International Advanced Specialty Program Requirements for the specialty listed above. To aid those providing comment, the following table summarizes and provides a rationale for the revisions.

Submitted comments are used by the Review Committee-International to determine the final revision of the Requirements that will be posted on the ACGME-I website.

Deleted Requirements

Requirement Number	Line Number	Rationale
II.D.10.a) and b) Each FMP site must be available for patient services at times commensurate with community medical standards and practice. **a)** When an FMP site is not open, there must be a well-organized plan that ensures continuing access to each patient's personal physician, substitute family physician, or care from a physician with access to the patient's health records. **b)** Patients of an FMP site must receive education and direction as to how to obtain access to their physician, a substitute family physician, or another physician for continuity of care during hours the FMP site is	177-188	These requirements are redundant with requirement II.D.2., which requires the FMP site(s) to support continuous, accessible care. Elimination of the requirement allows programs flexibility to determine the best way, according to their local context, to provide continuous and accessible care.

©2024 ACGME International (ACGME-I)

closed.		
II.D.11. Inpatient facilities must have occupied teaching beds to ensure a patient load and variety of problems sufficient to support the education of the number of residents and other learners on the services.	190-192	The requirement is redundant with Foundational Requirement II.D.3., which requires a sufficient population and variety of patients to meet the program's educational goals and provide a breadth and depth of experience in the specialty.
II.D.12. Inpatient facilities must also provide physical, human, and other resources for education in family medicine.	194-195	The requirement is redundant with Foundational Requirement II.D.2., which requires availability of adequate resources for resident education.
IV.C. Background and Intent statements	503-510 580-582 603-610 676-682	Background and Intent statements are not requirements. Programs would not be cited on Background and Intent statements. These were meant to provide background and context to assist programs in interpreting the Program Requirements within their own health care environment. Since FAQs also fulfill this goal, the Background and Intent statements noted in the Advanced Specialty Requirements will be moved to a set of FAQs that will accompany the requirements.
IV.C.2.a) and b) **a)** Residents must receive regular reports of individual and practice productivity and clinical quality, as well as the training needed to analyze these reports. **b)** Residents must attend regular FMP business meetings with staff and faculty members to discuss practice-related policies and procedures, business and service goals, and practice efficiency and quality	520-527	These requirements are redundant with the revised IV.C.23., which was added to provide greater detail on how resident experiences in health system management must be structured.
IV.C.4. a) and b) **a)** FMP site patient	541-544	These requirements are redundant with Foundational Requirement II.D.3., which requires a sufficient population and variety of patients to

©2024 ACGME International (ACGME-I)

encounters should include care for patients younger than 10 years of age. **b)** FMP site patient encounters should include care for patients 60 years of age or older		meet the program's educational goals and provide a breadth and depth of experience in the specialty.
IV.C.6. Residents should participate in and assume progressive leadership of appropriate care teams to coordinate and optimize care for a panel of continuity patients.	569-571	The requirement is redundant with the revised IV.C.25., which requires residents to function in an interprofessional team longitudinally, and with Foundational Requirement IV.E.2., which requires the curriculum to be structured to provide increased responsibility in leadership and patient care.

Added Requirements

Requirement Number	Line Number	Rationale
II.B.1. For programs with more than 12 residents, there must be at least one core family physician faculty member, in addition to the program director, for every four residents. a) Core faculty members in programs with an approved complement of 12 or more residents should devote 40 to 60 percent of their time (16 to 24 to hours per week, or 800 to 1200 hours per year) to the program, exclusive of patient care without residents.	56-62	This requirement provides flexibility for programs of different sizes and structures to ensure appropriate faculty support. The requirement for core faculty member-to-resident ratio, Foundational Requirement II.B.5., requires a core faculty member-to-resident ratio of one to six. For larger family medicine programs, additional core faculty members are needed to assist the program director, supervise residents, help develop and evaluate the curriculum, etc. Additionally, Foundational Requirement II.B.2.e), which requires that core faculty members devote 15 hours per week to the educational program, would not be adequate. In larger programs, particularly where there are multiple FMP sites, additional time is needed for core faculty members to perform these responsibilities.
II.D.9. and II.D.9.a) Each FMP should receive advice from those outside the program on the health needs of the community. **a)** Those advising the program should be demographically diverse and have experiences that are representative of the	171-172 174-175	Since FMP sites serve the health needs of a community, it is important to receive regular input from those who represent the community being served. The input can come from other health practitioners, community members, patients and patients' families, residents, and/or other advocates who have knowledge of the community and its health needs. Each FMP site should have a unique

©2024 ACGME International (ACGME-I)

community.		advisory committee. For example, programs with three FMP sites should have three separate advisory committees.
IV.A.1.b).(1).(e)-(e).(vi) Residents must demonstrate competence in providing care to patients who may become pregnant including: **i)** diagnosing pregnancy and managing early pregnancy complications, to include diagnosis of ectopic pregnancy, and pregnancy loss, and, as permitted in the country or jurisdiction, providing options for unintended pregnancy; **ii)** providing low-risk prenatal care; **iii)** providing care for common medical problems arising from pregnancy or coexisting with pregnancy; **iv)** performing an uncomplicated spontaneous vaginal delivery; **v)** demonstrating basic skills in managing obstetrical emergencies; and, **vi)** providing postpartum care to include screening and treatment for postpartum depression, breastfeeding support, and family planning.	319-320 321-326 327 328-330 331-332 333-334 335-337	Outlining the specific competencies associated with providing obstetric care will provide guidance to programs in developing and evaluating the curriculum. Providing options for unintended pregnancy is only required in those countries or jurisdictions where it is permitted and part of family medicine practice.
IV.A.1.b).(1).(i)-(k) Residents must demonstrate competence in: **(i)** providing routine newborn care, including neonatal care following birth; **(j)** providing preventive health care to children, including for development, nutrition,	 351-352 353-356	These requirements ensure opportunities for residents to develop competence in caring for children of all ages with diverse issues, including well care, acute care, and chronic care. Outlining the specific competencies associated with providing care to newborns and children will provide guidance to programs in developing and evaluating the curriculum. IV.A.1.b.(1).(k) is necessary because,

©2024 ACGME International (ACGME-I)

exercise, immunization, and addressing social determinants of health; **(k)** managing care of ill children including recognition, triage, and stabilization for common illnesses and injuries in children	 357-359	although family physicians will rarely care for ill children in an inpatient setting, residents need to develop competence to recognize ill children and access resources for appropriate care.
IV.A.1.b).(1).(n) Residents must demonstrate competence in diagnosing and managing common dermatological conditions.	368-369	Clinical experience in dermatology is required, and family physicians often serve as the first point of care for dermatologic conditions in their patients.
IV.C.1. Educational experiences should be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback.	512-516	Education and patient safety are impacted by the length of clinical rotations. Programs must consider the length of a rotation when planning educational experiences.
IV.C.5.b) Each resident's panel of continuity patients must be of sufficient size and diversity to ensure adequate education, as well as patient access and continuity of care. **IV.C.5.c)** Panel size and composition for each resident must be regularly assessed and rebalanced as needed. **IV.C.5.c).(1)** Resident panels should be calculated and readjusted for the appropriate size and diversity (demographics and medical conditions) required for optimal education, patient access, and continuity of care every 12 months.	554-556 558-559 561-564	Family physicians are generalists who care for diverse individuals of all ages and at all life stages. Residents need to build competence in comprehensive care, and a diverse panel of patients is essential to allow strong continuity relationships. Residents' panels of patients need to be regularly reviewed and revised to ensure quality patient care and to make certain that clinical experiences represent the breadth and depth of practice in family medicine within the country or jurisdiction. This review can occur during a resident's semiannual review or at the end of each academic year.
IV.C.7.-IV.C.7.b) There must	584-587	Programs must regularly review resident

©2024 ACGME International (ACGME-I)

be a specific subspecialty curriculum to address the breadth of patients seen in family medicine. **a)** Every resident must have exposure to a variety of medical and surgical subspecialties throughout the educational program. **b)** The curriculum should address any gaps in the clinical experience through other structured rotations and FMP continuity.	 588-589 590-591	clinical experiences and revise clinical rotations and/or patient panels to ensure that each resident's clinical experiences represent the full scope of family practice within the country or jurisdiction. This review can occur at the time of each resident's semiannual performance evaluation.
IV.C.8.b) The experience (in caring for hospitalized adults) should include the care of patients through hospitalization and transition of care to outpatient follow-up.	600-601	Residents should have experience in providing care to patients transitioning from inpatient to outpatient care. This may occur when a member of a resident's panel is hospitalized and/or when a resident is assigned to an inpatient rotation.
IV.C.16.a) Residents must care for pregnant patients in the outpatient setting, including prenatal care and the care of medical issues that arise in pregnancy. **IV.C.16.b)** Each resident should care for postpartum patients, including care for parental-baby pairs. **IV.C.16.c)** Some of the maternity experience should include the prenatal, intrapartum, and postpartum care of the same patient in a continuity care relationship.	666-668 670-671 673-675	Comprehensive women's health care includes maternity care and is a defining feature of family medicine. The proposed requirements and revisions require a minimum level of education and training that provide every graduate with the opportunity to develop competence in caring for women throughout all life stages consistent with the family medicine approach to comprehensive care. Obstetric experience must include continuity of care during the prenatal, intrapartum, and postpartum period. This experience may occur when a patient from a resident's panel becomes pregnant and/or when a resident is assigned to an obstetrics rotation.
IV.C.19.-IV.C.19.b) Residents must have a dedicated experience in the diagnosis and management of common mental illness, including interprofessional training in cognitive behavioral therapy, motivational interviewing, and psychopharmacology. **a)** This experience should	690-695 697-698	Family medicine physicians are often the first point of contact for patients with behavioral health issues and mental illness. Broad experience, including the incorporation of behavioral health in all aspects of patient care, is critical to developing competence in family medicine. The experience can be provided as a separate rotation or can be integrated. The interprofessional team can include psychiatrists, clinical psychologists, social workers, nurses, therapists, and/or

©2024 ACGME International (ACGME-I)

include identification and treatment of substance abuse disorders. **b)** Treatment should include pharmacologic and non-pharmacologic methods and an interprofessional team.	 699-700	pharmacists.
IV.C.23.a) Residents must attend regular FMP business meetings with staff and faculty members to discuss practice-related policies and procedures, service goals, and practice efficiency and quality. **IV.C.23.b)** Residents must receive regular data reports of individual/panel and practice patterns, as well as the training needed to analyze these reports.	726-728 730-732	Outcome data are critical to improving quality in practice. Model practices will provide data to physicians to participate in ongoing improvement efforts, and residents need education and experience in using data to engage in ongoing practice improvement.
IV.C.23.d) At some point during the residency, each resident should participate in a health system or professional group committee.	738-739	Residents should have opportunities to participate on committees associated with the FMP site or the health system, or be involved in professional groups in family medicine. These experiences can occur at any time during a resident's educational program. Programs should strive to provide ongoing experiences with the same committee to allow residents to develop leadership skills.
IV.C.25. Clinical experiences should be structured to facilitate learning in a manner that allows residents to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement.	743-746	Quality patient care is delivered by a team. Programs should provide opportunities for residents to learn how each interprofessional team member contributes to a patient's overall health goals. Programs should also provide opportunities for residents to develop competence in working with a team to provide continuity of care. This requirement gives programs flexibility to determine specific members of the interprofessional team who commonly provide continuity care in a family practice setting in the country or jurisdiction.

Requirements with Major Revisions. Additions are underlined and deletions are ~~crossed out~~.

Requirement Number	Line Number	Rationale
II.B.8. The program, in partnership with its Sponsoring	92-99	The requirement was revised to acknowledge the shared responsibility of the

©2024 ACGME International (ACGME-I)

Institution, must ensure that there is ~~There must be~~ a structured program of faculty development that involves regularly scheduled activities designed to enhance ~~the effectiveness~~ faculty members' skill in ~~of teaching,~~ administration, leadership, scholarship, clinical practice, ~~and behavioral components~~ professionalism and teaching effectiveness, including evaluation, assessment and curriculum development. ~~of faculty members' performance.~~		Sponsoring Institution and the program to provide faculty development opportunities in a broad range of areas.
II.D.3. If multiple FMP sites are used for resident education, each must meet the criteria for the primary practice and be ~~approved by the Review Committee-International~~ reviewed by the family medicine program and approved by the Sponsoring Institution prior to use by the program.	118-121	The Review Committee-International will no longer review and approve FMP sites. Programs and their Sponsoring Institutions are encouraged to use the ACGME-I Advanced Specialty Requirements in Family Medicine along with local requirements and/or regulations to establish appropriate criteria and develop specific procedures for evaluating sites.
II.D.7. ~~Each FMP site must involve all members of the practice in ongoing performance improvement and demonstrate use of outcomes in improving clinical quality, patient satisfaction, patient safety, and financial performance~~. Each FMP site must demonstrate use of outcome data by assessing the following: clinical quality for preventive care and chronic disease; demographics; health inequities; patient satisfaction; patient safety; continuity with a patient panel; referral and diagnostic utilization rates; and, if applicable, other non-clinical audits such as financial performance and waiting times.	147-155	The revision adds important outcome data in the area of patient care and non-clinical measures of effectiveness.
III.E.1. The program must have at least ~~four~~ two residents at each educational level.	205	The requirement was revised to provide greater flexibility to programs and allow for circumstances where residents are on leave

©2024 ACGME International (ACGME-I)

		from the program for medical reasons, to fulfill parenting responsibilities, complete military obligations, etc.
III.E.2. The program should have a total of at least ~~12~~ six on-duty residents.	207	See rationale for III.E.1. above.
IV.C.14.a) This ~~must~~ should include a ~~structured~~ sports medicine experience.	654	The revision changes the requirement from a ‘must’ statement (which requires exact implementation) to a ‘should’ statement (which allows programs to innovate and fulfill the requirement according to medical practice in their country or jurisdiction).

©2024 ACGME International (ACGME-I)