

MEMORANDUM

TO: Family Medicine Leadership Council Attendees

FROM: Warren Newton, MD MPH
Karen Mitchell, MD

RE: Duration of Family Medicine Residency Education

DATE: August 3, 2021

We write to introduce the Saturday morning session on the duration of residency education in Family Medicine.

As all of you know, Family Medicine has been involved over the last 18 months in an extensive discussion about the future of Family Medicine Residency Education. All organizations and over 3,500 people have participated, culminating in the December national summit and 36 peer-reviewed papers published in the July issue of *Family Medicine*.

The spotlight has now shifted to the ACGME Family Medicine Writing Group, led by Stacy Potts, which will be drafting the residency standards. With support from ACGME administration, the writing group conducted a scenario-based future planning process in November and identified tentative major themes for the major revision in March, which were then open to public comment. That public comment was extensive—thank you to all of you!--and the writing group held a virtual national meeting on June 23 to brainstorm solutions for problematic issues.

Critical to discussion of what and how to teach is the issue of duration of Family Medicine Residency education. Since 1969, Family Medicine Residency education has been three years. There are good arguments for keeping this duration, nicely summarized by Dr. Woolever in the special edition (attached). At the same time, over the last 10 years, a trial of 4 vs 3 years of training has been conducted with extensive formal evaluation, and support is increasing for 4 years. Dr. Douglass' commentary (attached) makes the case for 4 years. Peer reviewed papers of the outcomes of 3 vs 4 years are beginning to appear—outcomes in terms of applications and finances already, with one on cognitive knowledge under review and ones on scope of practice and readiness for practice in process. But duration of residency education may not be limited to the number of years in formal residency

programs: one could alternatively envision a third phase of mentored apprenticeship just after residency before Board Certification, similar to what other specialties do. Examples are summarized in another commentary which is attached.

Duration of residency education is a salient and critical issue for us at this juncture of time. An increasing literature argues for “imprinting”: what residents learn in residency, including quality and cost-effectiveness, lasts for at least 10-20 years. If we want to address the quadruple aim, therefore, residency education must be an important part of the strategy. At the same time our specialty is committed to advancing competency-based assessment, which will require substantial development and may ultimately influence the length of training, and will need to balance experience, assessment, and confidence in what we want in graduates. Dr. Fowler’s commentary on the lessons from Canada is very valuable and is also attached. Finally, as the ABFM and the ACGME RC leaders raised the issue of duration of residency education with the leadership of ACGME, there has been a striking openness to extending the length of training. As Tom Nasca mentioned to Warren Newton on July 5th, the ACGME is very supportive of a four-year residency program, given our focus on competency assessment and on meeting the needs of society. If we want to do this, Dr. Nasca offered to go to CMS with us to advocate for funding for 4 years. This message was a surprise to all of us!

So where do we go now? Obviously, the discussion is moving rapidly, but we thought that it would be important to take advantage of the FMLC meeting to get some initial input from the leadership of the specialty. We want to stress that we are still at the beginning of the discussion, with many details to be worked out, and that the issue of dedicated time for education is still unresolved. On Saturday morning, we will assume you have read the background articles, and will only briefly present the case for 3 years and options for longer training. We will preserve more than 2/3rds of our time for discussion and input, and conduct pre and post zoom polling.

Thank you in advance for your engagement and wisdom.