

Frequently Asked Questions: Family Medicine
(Effective: 1 July 2026)
Review Committee-International
ACGME International

Question	Answer
Program Personnel and Resources	
How is the required resident-to-faculty member ratio of four-to-one computed? <i>Advanced Specialty Requirement: II.B.1.</i>	The ratio of four residents to one faculty member is computed for each clinic session.
What types of faculty members satisfy the requirement for faculty expertise in behavioral health? <i>Advanced Specialty Requirement: II.B.5.</i>	A qualified family physician, psychiatrist, psychologist, nurse, or other behavioral health professional would meet the requirement for such faculty expertise. “Qualified” implies a specific interest, education/training, and experience in providing behavioral health services to family medicine patients.
Can a polyclinic be the primary clinical site for more than one family medicine residency program? <i>Advanced Specialty Requirement: II.D.1.</i>	Yes. However, each program must have a clearly defined area within the polyclinic with a unique identifier and distinct panel of physicians and patients. All family medicine residency programs within the polyclinic may share appropriate diagnostic and therapeutic equipment. Diagnostic laboratory and imaging services should be located nearby.
Specialty-Specific Educational Program	
What are the suggested targets for resident panel size? <i>Advanced Specialty Requirement: IV.C.5.c)</i>	The Review Committee-International has not specified resident panel size. The appropriate panel size may be determined by utilizing measures of resident clinic access, the amount of time a resident is in clinic, and the exposure necessary for development of resident competence in the Family Medicine Practice (FMP) site. The correct panel size will be the number that best fits these measures; it is expected that this number will vary across programs.

<p>What counts as a patient encounter in the FMP site?</p> <p><i>Advanced Specialty Requirement: IV.C.6.</i></p>	<p>Patient encounters at the FMP site may include telephone visits, electronic visits, telehealth visits, group visits, and patient peer education sessions.</p>
<p>What are the important learning objectives for family medicine residents during rotations in the care of hospitalized adults and critically ill adults?</p> <p><i>Advanced Specialty Requirements: IV.C.8.</i></p>	<p>Inpatient experiences should be structured to allow residents to develop competence in interpersonal and communication skills by communicating with patients and patients' family members experiencing acute medical problems. The experience should also allow residents to develop professional competence by demonstrating compassion, respect for patient autonomy, and responsiveness to patient needs. The inpatient and critical care experiences should also allow residents to develop competence in systems-based practice through team-based care involving other physician specialists and non-physician members of the health care team. Additionally, the experience should provide opportunities to learn how families deal with critical illness and loss and how to deliver bad news.</p>
<p>What patient care settings are permitted for experiences caring for critically ill patients?</p> <p><i>Advanced Specialty Requirement: IV.C.8.a)</i></p>	<p>Examples of patient care settings where residents can have experience treating critically ill patients are medical or surgical intensive care units, cardiac care units, post-operative critical care units, neonatal intensive care units, or step-down units. Whatever the setting, resident experiences must be with patients who are severely ill and who require intensive monitoring and/or organ system support.</p>
<p>What patient care settings can be used for experiences caring for older patients?</p> <p><i>Advanced Specialty Requirement: IV.C.10.</i></p>	<p>Clinical experiences caring for older patients across a continuum of sites can occur in nursing homes, patient homes, or rehabilitation facilities. The intent of the requirement is that residents have experience managing care across all settings. Residents are not required to be the primary care practitioner for patients in these settings.</p>
<p>What patient care settings are permitted for the required 200 hours (two months) of clinical experience in the care of children and adolescents in the ambulatory setting?</p> <p><i>Advanced Specialty Requirement: IV.C.12.</i></p>	<p>These clinical experiences can occur in polyclinics or well child clinics, or by providing care to a resident's panel of pediatric patients at an FMP site.</p> <p>Experiences caring for children and adolescents in the emergency room do not count toward this requirement.</p>

<p>What educational goals are appropriate for clinical experiences in obstetrics?</p> <p><i>Advanced Specialty Requirement: IV.C.16.</i></p>	<p>Experiences in obstetric care provide residents with an opportunity to deliver continuity of care to their panel of patients. These experiences are also intended to provide residents with opportunities to learn to recognize common problems associated with pregnancy and delivery, and to provide opportunities for residents to develop competence in making referrals for obstetric care. The requirement can be met through participation in deliveries, providing prenatal and postpartum care, and through simulation.</p>
<p>Is supervision of a resident by a family medicine physician required during labor and delivery?</p> <p><i>Advanced Specialty Requirement: IV.C.16.</i></p>	<p>No. The presence of a family medicine physician is not mandatory during labor or delivery experiences. The following health care practitioners can supervise residents during labor and delivery: family medicine physician; obstetrician; senior resident in an ACGME-I-accredited obstetrics and gynecology residency program; certified nurse midwife; or third-year resident in an ACGME-I-accredited family medicine residency program with sufficient labor and delivery experience. Not all of those listed must be present.</p>