Residency Training Requirements and the Coronavirus Pandemic:
Statement of the American Board of Family Medicine
March 20, 2020

As the COVID-19 pandemic continues to evolve rapidly, the U.S. is facing unprecedented changes in health care demands and the ways in which care is delivered, including widespread virtualization of care, “scrubbing” visit schedules of non-urgent visits, and redeployment of faculty, residents, fellows, and staff to different settings, such as screening tents and temporary care facilities. Compounding these dramatic clinical pressures is the social distancing of our communities, schools, and civic structures. Collectively, these have a major impact on the lives of residents and faculty as they try to balance their personal and family needs, while at the same time stepping up to serve their patients and communities.

On March 18, 2020, the Accreditation Council of Graduate Medical Education (ACGME) published a response to COVID-19 and residency training (https://acgme.org/Newsroom/Newsroom-Details/ArticleID/10111/ACGME-Response-to-the-Coronavirus-COVID-19). In this communication, the American Board of Family Medicine (ABFM) wishes to respond to questions from the community about the impact of the pandemic on Family Medicine Board Certification.

The ABFM and the ACGME Family Medicine Review Committee are jointly responsible for family medicine residency training in the U.S., with ABFM certifying individual physicians and ACGME accrediting residency programs. We have worked closely with the leadership of the Family Medicine RC to develop this response. We understand that the ACGME will be developing a website that will provide guidance about the accreditation of residencies.

ABFM Board Eligibility and Certification

In order for a resident to be eligible for ABFM certification, program directors must attest that the resident has met minimum training requirements as defined by the ACGME. For residents graduating in 2020, some necessary adjustments will need to be made.

ABFM will allow inclusion of precepted televisits and visits in other novel settings (e.g., tent clinics, COVID-19 diagnostic center) toward the 1650 visit minimum. We ask that you document these visits in the ways you have routinely done for in-person continuity visits.

Similarly, we understand that the situation may not allow the traditional rotation curriculum and we will approve residents for board eligibility with changes in residency rotations forced by the COVID-19 pandemic, such as subspecialty rotations, nursing home experience, or electives.

We intend to trust program directors to balance the complex needs of the current time. We also expect program directors, in collaboration with the residency Clinical Competency Committee, to make the final decisions about readiness for autonomous practice. Finally, ABFM will keep the burden of reporting to a minimum—following an attestation form and process similar to what residency directors are currently using. We will communicate any changes as necessary.

As previously communicated, any COVID-19 mandated quarantine or personal illness will count towards clinical time and will not violate the ABFM One Month Away from Continuity Care rule nor require extension of training.

Additionally, we have had questions about the impact of cancelation of the April 2020 initial certification exam on the ability of residents to obtain jobs and become credentialed after training. Residents are board eligible upon graduation as long as the program director has attested to the fact that they have met all ACGME requirements. Employers will accept board eligible or board certified status for physicians just out of residency. To move from board eligible to board
certified residents must secure an active, valid, unrestricted medical license and pass their initial certification examination. Family Medicine is the only specialty in which the certifying board offers the initial examination prior to graduation. Prior to 2012 this examination was offered in July of each year with scores being provided 8 weeks or longer after completion. It did not impact credentialing or jobs then, and we do not expect it to do so this year, especially considering the unique circumstances of a global pandemic.

While it was our desire to offer this examination before graduation, that simply is not possible this year. The test centers have closed for the next 30 days beginning March 17, 2020 and may well need to extend. We have explored alternative ways to deliver the examination, and for a variety of reasons that is not possible this year. We are focusing our energy on trying to get exam seats for thousands of family physicians in July/August, if possible, so we can still offer two exam delivery periods in 2020.

We are very sensitive to what you will be facing in the coming days. We prefer that certification is not what is top of mind at this time. ABFM is committed to focusing on the needs of all faculty and residents and will continually be evaluating for any further decisions that might be needed about certification requirements or extensions for the 2020 graduating residents. We also understand that, depending on the course of the pandemic, the experience of current first and second year residents may be altered. We will review the situation as it evolves and make changes over time that we think are necessary.

Over the longer term, the American Board of Family Medicine anticipates that the pandemic will bring significant changes in many aspects of clinical care and residency training. It has exposed many structural challenges in the organization of care in the U.S. We also believe that the upcoming major revision of our family medicine residency requirements provides an excellent opportunity to develop a new vision for what America needs from family physicians, which will impact the training they receive. When this first phase of the COVID-19 pandemic subsides, we look forward to working with you on this important goal.

We are immensely proud of the role that family medicine residents, faculty and staff are playing in caring for their patients and communities. Their professionalism, broad-based knowledge and skills, and on-the-fly flexibility represents the best of what family medicine has to offer. Program directors and residency faculty play a key role in both clinical and education—deploying residents where they need to be, providing appropriate supervisory supervision and ongoing education, while ensuring resident and patient safety, all in a context defined by uncertainty, fear and the need for constant adjustments. Stay safe, be well, and let us know what you need from our organization.

Warren Newton, MD, MPH
President & CEO
American Board of Family Medicine