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**Proposal for a New or Additional Family Medicine Practice (FMP) Site**

**Review Committee for Family Medicine**

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| --- | --- |
| Title of Program | Click here to enter text. |
| 10-digit ACGME Program ID # | Click here to enter text. |
| The signatures of the program director and the designated institutional official (DIO) attest to the completeness and accuracy of the information provided on these forms. |
| Name of Program Director | Click here to enter text. |
| Signature of Program Director and Date | Click here to enter text. |
| Name of DIO | Click here to enter text. |
| Signature of DIO and Date | Click here to enter text. |

Refer to the Program Requirements effective July 1, 2017. Please submit the full proposal electronically to the Review Committee for Family Medicine mailbox at: fmpproposals@acgme.org.

**Do not assign residents to an unapproved site.**

The requirement that programs must seek prior approval from the Review Committee for a new FMP site pertains to any site where residents will spend the majority (>50%) of their time. Additional sites the program uses to augment the continuity experience of the residents (and that do not serve as their main continuity site) do not need Review Committee approval.

A program may utilize multiple sites that independently serve as the main FMP site for an individual resident (each satisfying Requirements II.D.2.c)-k)), but may not assign an individual resident to more than one main site. Each site serving as a main FMP site requires individual approval by the Review Committee.

If this is a proposal for use of a federally designated Community Health Center (CHC), provide full details about its use and identify clearly the separate pod that will be used for the FMP site. Include a description of how and by whom on-site supervision will be provided that indicates compliance with the Program Requirements. Documentation of the authority of the program director over the educational activities must be provided.

If this FMP site will result in a change of mailing address for the program director, provide the new mailing address, phone number, fax number, and e-mail address.

Provide responses to 1 and 2 in the text boxes below:

1. State whether this is a proposal for an additional FMP site or for relocation of an existing facility. Give the rationale for opening an additional or new FMP site and the proposed date of implementation.

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| Click here to enter text. |

2. If this is a relocation from an existing site, explain whether the patient population will remain the same or the residents’ continuity experience will be interrupted.

If this is a proposal for an additional FMP site, explain how many and in what years of training residents will be assigned. If PGY-2 or PGY-3 residents are involved, address how they will be able to maintain continuity for a patient panel for two consecutive years, as is required by the Review Committee.

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| Click here to enter text. |

**PROPOSED FAMILY MEDICINE PRACTICE**

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| --- | --- |
| Name of Center | Click here to enter text. |
| Address | Click here to enter text. |
| Total Resident Complement in Program by PGY (e.g., 8-8-8) | Click here to enter text. |
| Number of Residents that will be Assigned to this FMP Site by PGY (e.g., 2-2-2) | Click here to enter text. |
| Name of Director of FMP Site | Click here to enter text. |

Attach (behind this page on a sheet no larger than 11” X 17”) a legible drawing of the floor plan of the FMP site. Where multiple centers are used, put the name and FMP site # on each drawing. Label each room to indicate its function.

Be sure that all required areas are clearly identified according to the key below. If any required areas are missing, identify the required area and explain. Demonstrate clearly on your diagram that the FMP site is separated appropriately from other activities.

**If the drawing is illegible, the Review Committee will not be able to evaluate the proposal. Do not submit a reduced copy of a blueprint.**

Please use the key provided below to identify the required areas on the FMP site drawing. Use sufficiently large letters and numbers that are easily recognizable on the drawing.

A = waiting room

B = reception/appointment desk for FMP site only

C = business office

D = records (if an electronic medical record [EMR] is not used)

1 = exam rooms (provide total number of rooms on the drawing)

2 = office lab

3 = office library

4 = resident work area

5 = precepting room

6 = other (identify and explain)

7 = conference room

8 = faculty offices

If any of these required components is not included in the FMP site, provide an explanation below, including specific details regarding location and proximity to FMP site.

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| Click here to enter text. |

**FAMILY MEDICINE PRACTICE (FMP)**

List all the FMP sites that will be used by this program. The numbering of the FMP sites should be consistent with the information provided at the time of the last review. The new or additional FMP site being proposed should appear last. If this is a relocation, specify which FMP site it replaces.

|  |  |  |
| --- | --- | --- |
|  | **NAME of FMP Site** | **Miles from Primary Hospital/Travel Time** |
| FMP site #1 | Click here to enter text. | Click here to enter text. |
| FMP site #2 | Click here to enter text. | Click here to enter text. |
| FMP site #3 | Click here to enter text. | Click here to enter text. |
| FMP site #4 | Click here to enter text. | Click here to enter text. |
| FMP site #5 | Click here to enter text. | Click here to enter text. |

Complete the row in the table below for the proposed FMP site(s) only.

|  | **Name of FMP Site** | **Name of FMP Site Director** | **Scheduled operating hours** | **Square feet of floor space available** | **FM preceptor:resident ratio** | **# of exam rooms** | **Maximum # of resident and faculty members seeing patients in FMP site simultaneously** | **# of other learners in FMP site\***  | **Number of FMP Site Personnel** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nursing** | **Clerical** | **Technical** | **Other (specify below)** |
| ***Example*** | ***Johnston FMP Site*** | ***Tom Smith, MD*** | ***8-8 (M-F)******8-1 (S)*** | ***10,000*** | ***1:4*** | ***16*** | ***8*** | ***MS=2******OP=1*** | ***10*** | ***8*** | ***NA*** | ***NA*** |
| FMP Site #1 | Click here to enter text. | Click here to enter text. | Hours | Sq. feet | Ratio | # | # | # | # | # | # | # |
| FMP Site #2 | Click here to enter text. | Click here to enter text. | Hours | Sq. feet | Ratio | # | # | # | # | # | # | # |
| FMP Site #3 | Click here to enter text. | Click here to enter text. | Hours | Sq. feet | Ratio | # | # | # | # | # | # | # |
| FMP Site #4 | Click here to enter text. | Click here to enter text. | Hours | Sq. feet | Ratio | # | # | # | # | # | # | # |
| FMP Site #5 | Click here to enter text. | Click here to enter text. | Hours | Sq. feet | Ratio | # | # | # | # | # | # | # |

\*Specify the type and number of other learners in the FMP site. Use the following categories: medical students = MS; other residents = OR; nurse practitioners = NP; other professionals (e.g., dentists, podiatrists) = OP; Other Personnel in the FMP site: Please specify Click here to enter text.

| **Answer the following questions (answer YES or NO) for the proposed FMP site(s) only. Make sure that you complete the correct column.** | **FMP Site #1** | **FMP Site #2** | **FMP Site #3** | **FMP Site #4** | **FMP Site #5** |
| --- | --- | --- | --- | --- | --- |
| 1. Does the entry to the FMP site have signage that clearly identifies it as an FMP site? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| 2. Does the residency program director have control of the educational activities in the FMP site? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| 3. Does the residency program director have control of the activities of the support personnel in the FMP site? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| 4. Does the director of the FMP site report to the program director? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| 5. Does the appointment system ensure maximum accessibility of the resident to his/her patients in the FMP site? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| 6. Is there a business office or business function area in the FMP site? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| 7. Is there a conference room at this FMP site large enough to accommodate the residents, faculty members? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| 8. Do FMP site patients have convenient access to imaging services? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| 9. Do FMP site patients have convenient access to a diagnostic laboratory? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| 10. Do FMP site patients have access to a program physician after hours? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| 11. Do family physician faculty members see patients without residents in the FMP site? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |

Explain any NO responses.

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| Click here to enter text. |

Describe in detail any activities that take place in the FMP site that are not family medicine residency-related.

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| Click here to enter text. |

If other specialties are located on the same floor of the facility, explain and indicate on the floor plan how the FMP is a discrete unit that is separate from these areas.

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| Click here to enter text. |

Specify any other space that is not part of the FMP site that is currently allocated for administrative offices, conferences, etc., for residents/faculty members assigned to this FMP site.

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| Click here to enter text. |

If multiple FMP sites are used, describe:

1. How residents are assigned to the FMP site and whether the assignments are for all three years of training. If not, provide specific details about levels of training involved.

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| Click here to enter text. |

1. The degree of contact among the residents from the multiple sites.

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| Click here to enter text. |

Provide the following information on the record system:

1. What kind of system is used? If an EMR is not used currently, what are the program’s plans or implementing one in the near future?

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| Click here to enter text. |

1. If an EMR is not used, explain how patients' ambulatory records are maintained in the FMP site and how easy and prompt accessibility to these records is ensured.

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| Click here to enter text. |

1. Do patients' records contain documentation of all facets of family care, including care provided in the FMP site, hospital, home, via telephone, and in other institutions? Explain if NO.

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| Click here to enter text. |

1. Do the residents have easy access to the FMP site records 24 hours a day? Explain if NO.

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| Click here to enter text. |

Describe the system that is in place to audit FMP site charts on a regular basis. If there is no system, explain.

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| Click here to enter text. |

Submit information on practice demographics (age/sex register), if known.

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| --- | --- | --- | --- |
| **Age** | **Percentage of Total Visits** | **Number of Female Visits** | **Number of Male Visits** |
| Under 2 | % | # | # |
| 2-9 | % | # | # |
| 10-19 | % | # | # |
| 20-29 | % | # | # |
| 30-39 | % | # | # |
| 40-49 | % | # | # |
| 50-59 | % | # | # |
| 60-69 | % | # | # |
| 70 and older | % | # | # |

**FMP Site Patient Population**

If the proposed facility has been used as a faculty practice, provide actual data for a one-year period, as follows:

1. Inclusive dates for which the information is provided: July 1, Year to June 30, Year

2. Total number of patient visits to FMP site last year: #

3. Number of FMP site patients admitted to the hospital last year: #

4. Percentage of these patients that will be available for resident education: %

For use of an additional FMP site or relocation of an FMP site that has not been in operation, provide specific details of the anticipated source and size of the patient population during the first year of operation.

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| Click here to enter text. |

**Primary and Participating Hospitals**

Complete this page if patients will be hospitalized at a facility not currently approved as part of the residency.

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| **Name of Hospital** | Click here to enter text. |
| **Inclusive dates for the following information** | From: Click to enter a date. | To: Click to enter a date. |
| **Hospital statistics** | Total number of available beds: | # | Average daily census: | # |

If this facility is different from the teaching site of the residents’ required rotations, explain the logistics of how they will provide continuity of care at one site while rotating to another.

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| Click here to enter text. |

***Complete this section only for services on which there are required rotations in this institution.***

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| --- | --- | --- | --- | --- | --- | --- |
|  | **# of MD/DOs on Staff** | **Annual # of Discharges** | **# of Deliveries** |  | **# of MD/DOs on Staff** | **Annual # of Discharges** |
| Family Medicine | # | # | # | Pediatrics (excluding newborns) | # | # |
| Internal Medicine | # | # |  | Newborns | # | # |
| Obstetrics and Gynecology | # | # | # | Psychiatry | # | # |
| Emergency Medicine | # | # |  | Surgery | # | # |

If the primary hospital has fewer than 135 occupied beds, provide an explanation below. The explanation should include: a description of the types of patients and spectrum of disease; the availability of support services, including physical, human, and educational resources; and the average number of patients per resident on the service. Describe any additional experiences that compensate for the low patient numbers at the primary hospital.

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| Click here to enter text. |

**Family Physician Faculty**

List the family physician faculty members who contribute 200 or more hours per year to the residency. Time devoted to the department that is not residency-related should not be included. List full-time faculty members first, then part-time paid participants, and lastly, volunteer faculty members. The Review Committee considers faculty members who contribute a minimum of 1,400 hours to the residency as “full time.”

**Column A**: Time reported here reflects contact hours with residents in the FMP site, on the inpatient service, and in private offices and other clinics or facilities. This may include time spent in residency administration. On-call and weekend time does not count. For inpatient rounds, count only time spent with residents. One faculty contact hour should be counted as one hour no matter how many residents are involved. Also identify the FMP site (see p.3) in which each faculty member functions or will function.

**Column B**: Time reported here reflects the degree to which role modeling occurs in the FMP site. It may not be included in the time committed to the residency.

| **Name, Degree** | **Name of Board****(if Currently Certified)** | **Date of Most Recent Recertification** | **A** | **B** |
| --- | --- | --- | --- | --- |
| **Total Hours/Year****Devoted to Family Medicine Residency****-------****Identify FMP Site at which Faculty Member Functions** | **Hours/Year Seeing****Patients in FMP Site Without Residents** |
| *Example:**Paulik Jas, MD* | *ABFM* | *2006* | *1,400**FMP site #1* | *200* |
| Program Director: |  |  |  |  |
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The following is a statement of what the Review Committee expects of a facility that will function as a FMP site within an accredited residency program.

Family Medicine Practice Site - A Discrete Unit

This is the model unit that must be contained within walls and is clearly identified as the “Family Medicine Practice Site” on the door of entry to it. When one enters the door of the FMP site, one finds all of the components listed as required, and nothing else. That is, there are no non-residency-related activities taking place within the walls of the FMP site.

While this unit may be on the same floor as other specialty clinics or private practices, it must be a discrete unit that is separated from those activities by walls.

Family Medicine Practice Site – Other Participants

The Program Requirements state that non-residency activities may not take place in the FMP site. Family physicians may have their offices in the FMP site only if they are identified as teaching faculty members who contribute at least 400 hours per year to the residency.

Physicians from other specialties\*\* may have offices in the FMP site, in which they see private patients, if they contribute at least 1,400 hours per year to the family medicine residency and no more than 600 hours are devoted to seeing their own private practice patients in the FMP site without FM residents.

Other clinics, such as occupational medicine, may take place in the FMP site if these activities are directed by the members of the family medicine faculty and exist for the purpose of teaching the family medicine residents.

Accredited programs in family medicine-sports medicine and in family medicine-geriatric medicine may take place in the FMP site.

\*\*If a private practice is used as the FMP site for the rural component of a 1-2 program, all of the physicians in the practice must be actively involved in the education of the family medicine residents. Their involvement in the teaching program must be documented by the program director at the time of each review. Because of the small number of residents at the rural site, the faculty members need not contribute the hours listed above to the program.

**USE OF COMMUNITY HEALTH CENTERS (CHCs)**

The following are guidelines for program directors who propose using a CHC as an FMP site. The Review Committee will focus on these points in the evaluation of such proposals.

1. The program director must have authority and responsibility for the educational program of the residents and be able to ensure that the Program Requirements are met. Documented evidence that the program director will have sufficient control over the educational activities in the CHC must be provided. This should involve assurance of control over the numbers of patients that will be seen by residents and their assignment to resident panels in family groups (appointment system), hospitalization of patients where residents can follow them under the supervision of program faculty members, hours of operation, etc. A signed agreement between the Board of the CHC and the residency must be submitted with the proposal.

2. The facility must have all of the areas specified in the Program Requirements for a FMP site. If the space utilized by the residency in the CHC is not designated for the program’s exclusive use, the program must provide evidence that the integrity of the educational program will be preserved. The Review Committee will determine the acceptability of the proposed arrangements.

3. The appointment and assignment of faculty preceptors in the CHC must be under the control of the program director who must ensure the presence of qualified faculty members, to monitor their development and evaluation and to ensure their availability for the needs of the residency program. The requirements for preceptor availability are the same as for FMP sites.

4. Residents and patients in the CHC must have access to adequate laboratory and imaging facilities, as well as to other required clinical services and consultation, as expected in any FMP site.

5. The support staff of the CHC (nursing, billing, clerical, etc.) must be adequate for service and education.

6. The patient charts and record system must be adequate and in compliance with the requirements for 24-hour accessibility, documentation of resident experience, audits, etc.

7. Residents must be able to admit and care for their continuity patients, including obstetrical patients and those in nursing homes, who are hospitalized from the CHC, and patients must have access to their physicians or designated substitutes after clinic hours.

8. Behavioral science education must be integrated into the residents’ experiences in the CHC in the manner that is expected in all FMP sites.

9. There must be adequate peer interaction among residents who are assigned to the CHC, as well as formally structured mechanisms for the integration of these residents into the full residency. This must involve an initial period of orientation as well as regular attendance at conferences.