

July 24, 2019

Thomas J. Nasca, MD, MACP  
President and Chief Executive Officer  
Accreditation Council for Graduate Medical Education  
401 North Michigan Avenue, Suite 2000  
Chicago, IL 60611  
[tnasca@acgme.org](mailto:tnasca@acgme.org)

Dear Dr Nasca,

The Society of Teachers of Family Medicine (STFM) applauds the ACGME for creating a task force to consider whether specialty RCs should be able to add requirements for dedicated teaching time for core faculty. **STFM asks the task force and the ACGME to give review committees the autonomy to define the amount of time their faculty needs to meet their administrative responsibilities and accreditation requirements, while devoting sufficient time and attention to preparing residents for future independent practice.**

As you've heard, the omission of quantifiable, protected time in the new Program Requirements is of grave concern to the family medicine community. Health systems leaders look to national guidelines and requirements when allocating teaching time, and we've heard from members of our Society that there is a national drive to maximize clinical productivity of academic faculty. In 2018, STFM conducted a member survey in preparation for development of a new strategic plan. In an open-ended question, members in all work settings identified workload/administrative burden/competing priorities as their biggest challenge. Many noted that expanding clinical demands were impinging on academic and education time. Following are sample responses to a question asking them to identify their biggest work-related challenge right now:

- Screws are tightening on medical educators everywhere—see more patients, publish more, teach more students, do more online training
- Too many demands, balancing patient care with teaching
- Find(ing) time to do research and teaching while asked to see more patients in the clinic
- Need for more teaching time
- I would like to have more time for academic pursuits (e.g. writing, research), but find myself being pulled into more and more clinical work. I would like more tools to advocate for balance.
- Time—trying to meet various demands regarding measuring and documenting milestones and administering PEC and other administrative work, versus actually doing real

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teaching and maintaining my own knowledge, taking care of my own clinical practice and still trying to maintain joy in my work

- Promoting scholarship in a context where many faculty are pressed to increase clinical productivity and in general, are feeling rather burned out.
- Underfunded faculty time for non-clinical residency work...navigating leadership in private institution with different mission than learning

Even before the new ACGME requirements were released, the STFM Graduate Medical Education Committee had begun work to help members – who are feeling that they no longer have time to meet their obligations to their academic programs – advocate for protected time for teaching and meeting academic and accreditation requirements. The Committee is working now to quantify the amount of time faculty has officially allocated to non-clinical work and how much time it actually takes to do required non-clinical work.

Thank you for turning ACGME's attention toward this concerning issue. We look forward to a resolution that allows faculty adequate protected time to prepare residents for future independent practice in clinical learning environments characterized by excellence in care, safety, and professionalism.

Sincerely,

A handwritten signature in black ink, appearing to read 'Frederick Chen', written in a cursive style.

Frederick Chen, MD, MPH  
President, Society of Teachers of Family Medicine

Cc: Eileen Anthony and Stacy Potts, MD

