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## Family Practice Forum

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# Broader Input Needed to Guidelines for Family Practice Residency Programs

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A meeting of the Residency Assistance Program (RAP) consultants was held in Chicago on August 26, 1977, to further refine the criteria which the consultants use in reviewing residency training programs. In attendance at the meeting were several individuals who also serve on the AMA Residency Review Committee for Family Practice Residency Programs. The 30 program directors in attendance were all surprised to learn that several of the RAP criteria were at variance with those being used by the Residency Review Committee. None of us was aware of these criteria. We were even more surprised to learn that these criteria are not published.

It is also interesting to note that the Essentials for a Family Practice Residency are currently undergoing revision. Apparently, a confidential draft of the new Essentials is being circulated, but I have not found a program director who has had input with respect to this document. There is, however, an opportunity for the collaborating organizations to have input, namely, The Board of Directors of the American Academy of Family Physicians, the American Board of Family Practice, and the Section on General Practice/Family Practice of the American Medical Association. Since program directors are not well represented in those bodies, one could legitimately question whether this representation is all that is needed.

The secrecy which appears to surround the criteria and the revision of Essentials is particularly striking when one compares this to the manner in which Essentials for Allied Health Training Programs are developed and revised. I happen to serve on the AMA Committee on Allied Health Education and Accreditation. In order for that body to receive recognition from the US Office of Education and the Council on Post Secondary Accreditation as an official accrediting organization, it must address itself to the "community of interests." This means that copies of the proposed Es-

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sentials must be forwarded to the program directors of each accredited program with the request that they be shared with faculty, administration, and students. Copies must also be forwarded to all organizations collaborating with the American Medical Association in accreditation. And finally, the AMA must hold an open hearing to allow all interested parties to comment on the proposed Essentials. This seems to be in direct contrast to the manner in which the Essentials for an approved family practice residency training program are reviewed and revised. It is fascinating to speculate on the reason why the US Office of Education has not insisted on similar regulations governing the accreditation of postgraduate educational programs in medicine.

In addition to there being little opportunity for input from program directors in the revision of Essentials, there is the matter of unpublished criteria and guidelines being used by the Residency Review Committee in the approval or disapproval of a program. It would appear as though the program director is left with a "guess what I am thinking" game when he is designing or revising his educational program.

It is deplorable to me, as one who has long been involved in family practice education, to observe the relative secrecy that surrounds the revision of Essentials and the development of guidelines. It would seem that we all have a vested interest in this, and that a wide input should be sought from those involved in designing and administering educational programs.

As if the above were not enough, the US Department of Health, Education, and Welfare (HEW) has developed its own set of guidelines for

grant applications for family practice training programs. They have specified in precise terms the exact amount of time that the resident must spend in the Family Practice Center if the program is to be eligible for a grant. Unfortunately, this particular guideline exceeds the amount of time that the Residency Review Committee requires the resident to spend in the Family Practice Center. However, the most unusual requirement concerns the involvement of other specialists in the training program. There must be a one half full-time equivalent (FTE) in pediatrics, internal medicine, obstetrics-gynecology, or surgery for each six residents and this must be exclusive of the hospital rotations. There must also be a one quarter FTE behavioral scientist for each six residents. Interestingly, a behavioral scientist is not defined. And, finally, there must be one full-time family physician faculty member for each six residents, exclusive of the program director. It would be interesting to know who developed these guidelines and how they were developed. Again, the "community of interests" was certainly not consulted as far as I can determine. I am not sure of the intent of these regulations, but I feel relatively confident about the nature of the end result: there will be very few programs that will qualify for a grant. I also cannot refrain from making the observation that if all of the HEW required elements are present in a program, no grant is needed!

I think that the voices of the program directors should be heard loud and clear concerning some of these issues. I would strongly urge their making their concerns known to the AMA Residency Review Committee and the Bureau of Health Manpower in HEW.

