



Effective July 1, 2023, the ACGME implemented new [Program Requirements for Graduate Medical Education in Family Medicine](#). The American Board of Family Medicine (ABFM) remains committed to supporting programs as we collectively advance residency redesign through Competency-Based Medical Education (CBME) and Competency-Based Board Eligibility (CBBE).

## Background

In December 2022, the ACGME Family Medicine Review Committee, in collaboration with the ABFM, began developing core competencies for family medicine residency training. With input from the ABFM Residency Task Force, Executive Committee, stakeholders, and the family medicine community, the ACGME and ABFM established required core outcomes to guide CBBE in March 2023.

In June 2024, program directors attested that each graduating resident was competent to five competencies: practicing as personal physicians with comprehensive and continuity care, diagnose and manage acute illnesses and injuries, provide comprehensive care of children, demonstrating effective communication and relationships, and modeling professionalism.

In June 2025 four additional competencies were introduced, which included: practicing as personal physicians—including care for women, elderly and end of life patients with appropriate referrals, care for low-risk pregnant patients, diagnose and manage common mental health problems, and model lifelong learning and self-reflection.

As scheduled, the following six core outcomes will be integrated into Competency-Based Board Eligibility (CBBE) beginning in June 2026:

- Perform the procedures most frequently needed by patients in continuity and hospital practices.
- Practice as personal physicians, to include musculoskeletal health, appropriate medication use and coordination of care by helping patients navigate a complex health system.
- Provide preventative care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable, stages for people of all ages while supporting patients' value and preferences.
- Assess priorities of care for individual patients across the continuum of care – in-office visits, emergency, hospital, and other settings, balancing the preferences of patients and medical priorities.
- Evaluate, diagnose, and manage patients with undifferentiated symptoms, chronic medical conditions, and multiple comorbidities.
- Effectively lead, manage, and participate in teams that provide care and improve outcomes for the diverse populations and communities they serve.

To meet ABFM Board Eligibility requirements, program directors must attest to each resident's competence across all fifteen core competencies, with input from the Clinical Competency Committee (CCC). This attestation will be required for ABFM Board Eligibility beginning in June 2026 and for all subsequent graduates.

## Required Procedures and Training for 2026 and Beyond

Procedures—their indications, consent, performance, complications, interpretation, and billing—are a foundational component of Family Medicine. These procedures are intended to be educational experiences necessary for continuity of care in an outpatient setting. It is expected that Family Physicians will learn new procedures over their careers, as they adapt to meet the needs of their communities. The following is a list of required procedures in which all Family Medicine residents must demonstrate competence by the time of graduation:

- Biopsy, skin (such as excisional, punch, or shave)
- Bracing/splinting of upper extremity or ankle
- Destruction of skin lesions,acrochordon removal
- EKG interpretation
- I&D superficial abscess
- Interpretation of basic x-rays including chest, KUB, spine, and extremities
- Joint injection/aspiration of large joints such as knee or shoulder
- Long-acting Reversible Contraception: IUD insertion and removal or implant insertion and removal <sup>†</sup>
- Pap smear sampling and interpretation of results
- Simple laceration repair with sutures; suture and staple removal
- Toenail procedures including excision of ingrown nails and the management of onychomycosis
- Trigger point injections
- Initial certification in ACLS, ALSO, and NRP/NALS <sup>\*</sup>

ABFM along with ACGME Review Committee will review and update this list regularly with input from the community. At this time, programs are not required to submit procedure counts.

POCUS will be a required procedure in 2027. We recognize the importance of POCUS training within the specialty and believe that achieving excellence and consistency in its implementation will require a coordinated, specialty-wide initiative. STFM and other organizations are starting this process. The POCUS training requirement is currently pending the outcome of STFM's Project FOCUS.

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<sup>\*</sup> NRP or NALS are meant to represent a systematic course with an assessment. Please use the course already in place at your hospital's nursery. If the hospital does not use one of these courses or similar, a rotation that covers the principles of resuscitation, teamwork, and assessment will be an acceptable alternative.

<sup>†</sup> There will be an option for conscientious objection during verification.

## Additional Procedures (Optional)

ABFM is not requiring attestation of competence in the following procedures for Board Eligibility. However, residency programs are encouraged to provide training in additional outpatient and inpatient procedures based on community needs, program mission, and available resources. Ideally, residency programs should inform applicants and the public about which procedures their residents are trained to perform competently.

- ATLS
- Anoscopy
- Appendectomy
- Arterial blood gases
- Arterial lines
- Bartholin Cyst
- CT interpretation
- Caesarian section
- Casting
- Central line insertion
- Chest-tube placement
- Circumcision
- Colonoscopy
- Colposcopy
- Dilation and curettage/elimination
- Endometrial aspiration/biopsy
- Esophageal-gastro-duodenoscopy (EGD)
- Infant I/O cath/Suprapubic Bladder Aspiration
- Intubation
- LEEP
- Lumbar puncture
- MRI interpretation
- Management of normal vaginal deliveries and related procedures
- Mastery of Phlebotomy and IV access, including cut-downs, intraosseous access
- Neonatal resuscitation, bag mask ventilation
- Office microscopy
- Osteopathic manipulation
- PALS
- PICC lines
- Paracentesis
- Pulmonary function testing
- Thoracentesis
- Treadmill stress testing
- Umbilical lines
- Vacuum assisted deliveries
- Vasectomy
- Ventilation

