



Effective July 1, 2023, the ACGME implemented new [Program Requirements for Graduate Medical Education in Family Medicine](#). These requirements represent an ongoing substantial change for residency programs, faculty, and residents alike. Beginning in June 2026, residency programs will be asked to verify that each resident has satisfactorily completed the ACGME requirements for residency training in family medicine, successfully achieved the core competencies, and are ready for autonomous practice. Residents are expected to meet the following core competencies:

Competency: Practice as personal physicians, providing first contact, comprehensive and continuity care, to include excellent doctor-patient relationships, excellent care of chronic disease, routine preventive care, and effective panel and patient management.

Competency: Diagnose and manage acute illness and injury for people of all ages in the emergency room or hospital.

Competency: Provide comprehensive care of children, including diagnosis and management of the acutely ill child and routine preventive care.

Competency: Develop effective communication and constructive relationships with patients, clinical teams, and consultants.

Competency: Model professionalism and trustworthiness for patients, peers, and communities. Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents must demonstrate competence in compassion, integrity, and respect for others.

Competency: Practice as personal physicians, to include care of women, the elderly, and patients at the end of life, with excellent rate of continuity and appropriate referrals.

Competency: Provide care for low-risk patients who are pregnant, to include management of early pregnancy, medical problems during pregnancy, prenatal care, postpartum care and breastfeeding, with or without competence in labor and delivery.

Competency: Diagnose and manage common mental health problems in people of all ages.

Competency: Model lifelong learning and engage in self-reflection.

Competency: Perform the [procedures](#)¹ most frequently needed by patients in continuity and hospital practices.

Competency: Practice as personal physicians, to include musculoskeletal health, appropriate medication use and coordination of care by helping patients navigate a complex health system.

Competency: 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.

Competency: 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.

Competency: Evaluate, diagnose, and manage patients with undifferentiated symptoms, chronic medical conditions, and multiple comorbidities.

Competency: 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.

For more information about CBBE, please contact the ABFM Residency Team at residency@theabfm.org.

¹ ABFM does not require tracking of procedure counts. You are welcome to monitor procedure progress for each resident in the way that best fits your program's needs. During the final verification process, you will simply attest to whether each resident is competent or not competent in the required procedures.

American Board of Family Medicine

1648 McGrathiana Pkwy, Suite 550 • Lexington, KY 40511
877-227-7437 • www.theabfm.org



Residency | August | 2025

