



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 in 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.

Beginning June 2026, the remaining six core outcomes will be incorporated into Competency-Based Board Eligibility (CBBE). To satisfy ABFM Board Eligibility requirements, program directors, with input from the Clinical Competency Committee (CCC), must attest to each resident's competence across the fourteen required core outcomes:

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 procedures¹ most frequently needed by patients in continuity and hospital practices.

**ABFM has postponed requirement for program directors to attest to procedural competence as part of a resident's eligibility for ABFM Board Certification until June 2027. There will be an optional attestation available in 2026.*

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.

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

Required Procedures for 2027 and Beyond

ABFM has postponed until June 2027 the requirement for program directors, with input from the Clinical Competency Committee (CCC), to attest to procedural competence as part of residents' eligibility for ABFM Board Certification. Program Directors who are able to attest to competence of the procedures in 2026 will be able to, however, this will not be required for board eligibility until June 2027.

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:

- Initial certification in ACLS, ALSO, and NRP/NALS *
- 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 †
- 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 or other therapeutic injections

ABFM along with ACGME Review Committee will review and update this list regularly with input from the community. All Family Medicine Residency Core Faculty should be competent in and able to supervise these procedures. At this time, programs are not required to submit procedure counts to ABFM.

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. The POCUS training requirement is currently pending the outcome of STFM's [Project FOCUS](#).

* 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.

† There will be an option for conscientious objection during verification.

Additional Procedures (Optional)

ABFM will not require 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

