

**ACGME Common Program Requirements for Graduate Medical Education
Summary and Impact of Proposed Revisions**

Proposed Effective Date: July 1, 2015

Requirement #: III.A.1

Requirement Revision:

III.A.1. All Prerequisite post-graduate clinical education required for entry into ACGME-accredited residency programs must be accomplished completed in ACGME-accredited residency programs, ACGME International-accredited residency programs, or Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited residency programs located in Canada. ^(Core)

III.A.1.a) Residency programs must receive verification of each applicant's level of competency in the required clinical field using ACGME Milestones assessments from the prior training program. ^(Core)

III.A.1.b) Review Committees will not grant exceptions to these eligibility requirements for residency education. ^(Core)

1. Describe the ACGME's rationale for this revision:

III.A.1 In September, 2012, ACGME adopted revisions to the Common Program Requirements, with an effective date of July 1, 2015, providing that prerequisite clinical education for entry into ACGME-accredited residency programs must be accomplished in ACGME-accredited residency programs or Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited residency programs located in Canada.

The following were considerations in adopting these eligibility revisions:

Programs other than those accredited by ACGME/RCPSC lack accreditation oversight similar to that of ACGME. Resident education in these programs, therefore, is not monitored or evaluated according to ACGME/RCPSC standards.

Preliminary residents entering ACGME-accredited core specialty programs participate in patient care under supervision. All members of the health care teams delivering this care have expectations of resident education and demonstrated competence based on the Milestones achieved by ACGME/RCPSC-trained individuals. These Milestones are unknown for non-ACGME/RCPSC trained individuals.

The completion of prerequisite ACGME/RCPSC-accredited training is extremely important in promoting the quality and safety of patient care and resident education in the residency program. ACGME cannot confirm for the public either the type or the quality of education received by residents who train in programs that are not accredited by ACGME or RCPSC.

The current proposed revision expands III.A.1 to allow residents who have completed prerequisite training in an ACGME International (ACGME-I)-accredited residency program.

ACGME-I provides accreditation oversight similar to that provided by ACGME.

ACGME-I-accredited residency programs evaluate resident competency using the Milestones framework, determine resident progress through a clinical competency committee based on multidimensional evaluation systems approved by ACGME-I, and report achievement of those Milestones semiannually to ACGME-I. The eligibility requirements in the Common Program Requirements have thus been revised to allow completion of prerequisite post-graduate clinical education in ACGME-I accredited residency programs as a pathway into ACGME-accredited residency programs.

It is important to note that neither the 2012 revisions nor these proposed revisions exclude any person with current eligibility for ACGME-accredited training due to the type of undergraduate medical education. Graduates of US allopathic schools, osteopathic schools, and foreign medical schools who satisfy ECFMG requirements will continue to be eligible to enter programs in accredited specialties that require prior clinical training upon completion of that training in an ACGME- or RCPSC-accredited program.

III.A.1.a) This requirement provides that, in addition to verification of the applicant's prior training, the program will receive verification from the prior training program of the applicant's level of competency using Milestones assessments by the Clinical Competency Committee. This is intended to require that residents accepted into residency programs are adequately qualified to begin training at an advanced level and under the level of supervision defined in the specialty requirements, and that the assessment of competency for incoming residents is based on ACGME Milestones.

III.A.1.b) was added to clarify that the ACGME requirements do not provide for exceptions to the eligibility requirements for entry into residency programs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

By providing that prior training occurred in programs accredited by ACGME, ACGME-I or RCPSC, the proposed requirements promote quality and safety of patient care. By requiring that, at entry to a residency program, all residents have completed an ACGME or ACGME-I Milestones-based assessment, the requirements promote competency of all residents and excellence in the educational program. Furthermore, in settings where residents do not achieve the expected level of performance in certain dimensions of the ACGME or ACGME-I Milestones, the receiving program director and faculty are made aware of the areas for further development, and are better able to customize the clinical education and evaluation of that resident in order to achieve satisfactory performance in those Milestones.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact on continuity of patient care is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change in institutional resources is anticipated as a result of the proposed revision. As all ACGME and ACGME-I accredited programs will have begun evaluation of all enrolled residents in the Milestones framework using approved (in the process of accreditation) evaluation systems and established Clinical Competency Committees by the implementation date of these eligibility requirements, no incremental resources will be required to comply with these eligibility requirements.

5. How will the proposed revision impact other accredited programs?
Programs in specialties that currently permit programs to accept residents with prior training not accredited by ACGME, ACGME-International, or RCPSC will not be permitted to do so under the proposed revisions to the eligibility requirements. Upon approval of the revised common program requirements, the program requirements for those specialties will be updated to eliminate language that is in conflict with the new common program requirements.

Requirement # III.A.2	
Requirement Revision:	
III.A.2.	<u>Eligibility Requirements – Fellowship Programs</u>
	<u>All required Prerequisite</u> clinical education for entry into ACGME-accredited fellowship programs must meet the following qualifications: <u>be completed in an ACGME-accredited residency program, an ACGME International-accredited residency program, or an RCPSC-accredited residency program located in Canada.</u> ^(Core)
III.A.2.a)	<u>Fellowship programs must receive verification of each applicant's level of competency in the required clinical field using ACGME Milestones assessments from the core residency program.</u> ^(Core) for fellowship programs that require completion of a residency program, the completion of an ACGME-accredited residency program or an RCPSC-accredited residency program located in Canada.
III.A.2.b)	<u>Fellow Eligibility Exception</u>
	<u>A Review Committee may grant the following exception to the fellowship eligibility requirements:</u>
	<u>An ACGME-accredited fellowship program may accept an exceptionally qualified applicant*, who does not satisfy the eligibility requirements listed in III.A.2., but who does meet all of the following additional qualifications and conditions:</u> ^(Core) for fellowship programs that require completion of some clinical education, clinical education that is accomplished in ACGME-accredited residency programs or RCPSC-accredited residency programs located in Canada.
III.A.2.b).(1)	<u>Assessment by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training, and review of the summative evaluations of training in the core specialty, and</u> ^(Core)
III.A.2.b).(2)	<u>Review and approval of the applicant's exceptional qualifications by a subcommittee of the GMEC, and</u> ^(Core)
III.A.2.b).(3)	<u>Satisfactory completion of the United States Medical Licensing Examination (USMLE) Steps 1, 2, and, if the applicant is eligible, 3, and</u> ^(Core)
III.A.2.b).(4)	<u>For an international graduate, verification of Educational</u>

Commission for Foreign Medical Graduates (ECFMG) certification, and ^(Core)

III.A.2.b).(5)

Applicants accepted by this exception must complete fellowship Milestones evaluation (for the purposes of establishment of baseline performance by the Clinical Competency Committee), conducted by the receiving fellowship program within 6 weeks of matriculation. ^(Core)

III.A.2.b).(5).(a)

If the trainee does not meet the expected level of competency following entry into the fellowship, the trainee must undergo a period of remediation, overseen by the Clinical Competency Committee. This period of remediation must not count toward time in fellowship training. ^(Core)

~~[The Review Committee may specify that prerequisite clinical education must be accomplished only in ACGME-accredited programs.]~~

~~*An exceptionally qualified applicant has (1) completed a non-ACGME-accredited residency program in the core specialty, and (2) demonstrated clinical excellence, in comparison to peers, throughout training. Additional evidence of exceptional qualifications include (3) participation in additional clinical or research training in the specialty or subspecialty; (4) demonstrated scholarship in the specialty or subspecialty; and (5) demonstrated leadership in the field of the specialty or in specialty organizations.~~

~~[Each Review Committee will decide whether the exception specified above will be permitted. If the Review Committee will not allow this exception, the program requirements will include the following statement]:~~

III.A.2.c)

The Review Committee for _____ will not allow exceptions to the Eligibility Requirements for Fellowship Programs in III.A.2. ^(Core)

Previously approved language:

~~III.A.2. Prerequisite clinical education for entry into ACGME-accredited fellowship programs must meet the following qualifications:~~

~~III.A.2.a) for fellowship programs that require completion of a residency program, the completion of an ACGME-accredited residency program or an RSPSC-accredited program located in Canada.~~

~~III.A.2.b) for fellowship programs that require completion of some clinical education, clinical education that is accomplished in ACGME-accredited residency programs or RSPSC-accredited residency programs located in Canada.~~

~~[The Review Committee may specify that prerequisite clinical education must be accomplished only in ACGME-accredited programs.]~~

1. Describe the Review Committee's rationale for this revision:

In September, 2012, ACGME adopted revisions to the Common Program Requirements, with an effective date of July 1, 2015, providing that prerequisite clinical education for entry into ACGME-accredited fellowship programs must be accomplished in ACGME-accredited residency programs or RCPSC-accredited residency programs located in Canada.

The following were considerations in adopting these eligibility revisions:

Programs other than those accredited by ACGME/RCPSC lack accreditation oversight similar to that of ACGME. Resident education in these programs, therefore, is not monitored or evaluated according to ACGME/RCPSC standards.

Residents entering ACGME-accredited fellowship programs participate in patient care under supervision. In addition, entering subspecialty residents are expected to supervise, advise, and instruct junior residents in the underlying specialty in actual patient care. All members of the health care team have expectations of resident education and demonstrated competence based on the Milestones achieved by ACGME/RCPSC-trained individuals. These Milestones are unknown as to non-ACGME/RCPSC trained individuals.

The completion of prerequisite ACGME/RCPSC-accredited training is extremely important in promoting the quality and safety of patient care and resident education in the fellowship program. ACGME cannot confirm for the public either the type or the quality of education received by residents who train in programs that are not accredited by ACGME or RCPSC.

ACGME-I provides accreditation oversight similar to that provided by ACGME. ACGME-I-accredited residency programs evaluate resident competency using the Milestones framework, determine resident progress through a clinical competency committee based on multidimensional evaluation systems approved by ACGME-I, and report achievement of those Milestones semiannually to ACGME-I. The eligibility requirements in the Common Program Requirements are thus being revised to allow completion of prerequisite post-graduate clinical education in ACGME-I accredited residency programs as a pathway into ACGME-accredited fellowship programs.

The revision regarding exception to the eligibility requirements is proposed to allow programs to appoint fellows with exceptional qualifications who do not meet the eligibility criteria specified in III.A.2. This exception may only be used for candidates with exceptional qualifications and should not be used routinely as an alternate pathway to fellowship training.

It is important to note that neither the 2012 revisions nor these proposed revisions exclude any person with current eligibility for ACGME-accredited training due to the type of undergraduate medical education. Graduates of US allopathic schools, osteopathic schools, and foreign medical schools who satisfy ECFMG requirements will continue to be eligible to enter programs in accredited specialties that require prior clinical training upon completion of that training in an ACGME- or RCPSC-accredited program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The qualifications and conditions provided in the proposed requirements are intended to promote quality and safety of patient care by providing that fellows who enter fellowship training by this exception meet the expected level of competency. Fellows not meeting the expected level of competency at entry must be provided with an opportunity for remediation as needed before continuing the program.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact on continuity of care is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The institution's GMEC will be responsible for reviewing and approving the qualifications of applicants appointed by this exception. The time that this will require will depend on the frequency with which programs in the institution seek to appoint fellows using this exception. Institutions accepting fellows requiring remediation will need to provide additional training to achieve that remediation.
5. How will the proposed revision impact other accredited programs?
Each Review Committee will determine whether the exception provided in the proposed requirements will be adopted. Once this determination has occurred, programs will be notified as to whether the requirements for each specialty will permit exceptions. It is expected that these determinations will be made by December 31, 2013.