ACGME

June 29, 2018

Dear Members of the Graduate Medical Education Community,

Earlier this month, the ACGME Board approved a major revision of the ACGME Common Program Requirements, and approved a new version of the Common Program Requirements for fellowships, both of which are effective July 1, 2019. There are accompanying implementation guides (residency and fellowship) for Sections I-V that identify requirements that will not be subject to citation for an additional year to permit programs sufficient time to implement changes required to comply with those requirements.

The revised requirements establish a framework for all residency and fellowship programs, regardless of specialty or subspecialty, and serve as a foundation on which the specialty/subspecialty requirements are developed. The revisions include the following significant changes:

- Nearly all Common Program Requirements (Sections I-V) are now categorized as "Core," with the remainder categorized as "Outcome"
- Increased alignment with the Institutional Requirements
- New definition of core faculty, based on role in education and supervision, not tied to number of hours devoted
- Program director and faculty member qualification requirements now specify ABMS Member Board or AOA Certifying Board certification, or other qualifications acceptable to the Review Committee
- Requirement regarding program director support
  - Minimum level of support specified in the residency version, and Review Committees may require additional support
  - Review Committee to specify minimum support for fellowships
- Inclusion of a requirement for a program coordinator
  - Minimum level of support required for residencies and Review Committees may require additional support
  - Review Committee may specify minimum level of support for fellowships
- Emphasis on program mission and aims
- Fellowship version only: Elimination of sub-competency requirements related to Professionalism, Interpersonal and Communication Skills, Practice-based Learning and Improvement, and Systems-based Practice
- Broadened definition of scholarly activity
- Standardized approach to board certification examination pass rates
- Minor modifications in Section VI primarily to provide additional clarity for existing requirements, including:

- o VI.B.6.: expanded to clarify the need for programs to work in partnership with the Sponsoring Institution, and to address discrimination, and sexual and other forms of harassment
- o VI.C. : the italicized introduction to the well-being section has been expanded to emphasize the responsibility of the physician to support other members of the health care team
- o VI.C.2.: expanded to include parental leave

The process of incorporating the new Common Program Requirements into each set of specialty and subspecialty requirements is currently underway. Information about the timeline for finalizing those documents will be provided as it becomes available.

In addition, the new requirements provide Review Committees with the ability to choose between two options in each of the following three areas:

1) **Eligibility** – see fellowship version III.A.1.: program directors and DIOs will be notified no later than September 2018 as to which eligibility option each Review Committee has chosen.
2) **Dissemination of scholarly activity (IV.D.2.b) in both versions):** program directors and DIOs will be notified no later than February 2019 as to the methods of dissemination that will be required by each Review Committee.
3) **Independent practice option (fellowship version IV.E. and IV.E.1.)**: Review Committees that propose adoption of the independent practice option for subspecialties will go through a formal review and comment process to gather input from the community before finalizing the decision and forwarding to the ACGME Board for approval.

A webinar on the changes to the Common Program Requirements is being planned; details will be shared through the regular *e-Communication* in the near future.

These revisions conclude the process of reviewing and revising the Common Program Requirements that began two and a half years ago, and included the major revision of Section VI that went into effect July 1, 2017.

The ACGME and the entire GME community are indebted to the members of the Common Program Requirements Phase 1 and Phase 2 Task Forces, and to each of the organizations and individuals that provided input through the public comment process.

With sincere appreciation,

Thomas J. Nasca, MD, MACP
President and Chief Executive Officer
ACGME