ACGME Common Program Requirements (Residency)
Sections I-V
Summary and Impact of Major Requirement Revisions

The ACGME Common Program Requirements Phase 2 Task Force has proposed a major revision to Sections I-V of the Common Program Requirements, with a proposed effective date of July 1, 2019. **Note that this version of the Common Program Requirements applies to specialty residency programs only.** A separate, new version of the Common Program Requirements has been developed for all fellowship programs – see the Common Program Requirements page for more information.

Where applicable, text in italics describes the underlying philosophy of the requirements in that section. These philosophic statements are not program requirements and are therefore not citable.

Review Committees may, or in some cases must, add additional requirements where indicated as “Review Committee may/must further specify.” Requirements that do not include this designation will not be subject to additional specification by a Review Committee.

**Requirement #: Int.A.**

**Requirement Revision (significant change only):**

*Graduate medical education is the crucial step of professional development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, professionalism, and scholarship.*

*Graduate medical education transforms medical students into physician scholars who care for the patient, family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many years later.*

*Graduate medical education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, and empathy required for autonomous practice. Graduate medical education results in the development of physicians who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of all members of the community. Graduate medical education values the strength that a diverse group of physicians brings to medical care.*

*Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.*
1. Describe the Task Force’s rationale for this revision:

   The preamble was added to emphasize the essential role of graduate medical education in the development of the physician and to provide context for the framework for this education that is described in the Common Program Requirements.

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

   Not applicable, as this italicized language represents a statement of philosophy and is not a program requirement.

3. How will the proposed requirement or revision impact continuity of patient care?

   NA

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?

   NA

5. How will the proposed revision impact other accredited programs?

   Not applicable, as the Common Program Requirements will apply to all accredited programs.

Requirement #: I.B.2.-I.B.2.a).(6)

Requirement Revision (significant change only):

I.B.2. There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)

I.B.2.a) The PLA should must:

I.B.2.a).(1) be renewed at least every five-10 years; and. (Core)

I.B.2.a).(2) be approved by the designated institutional official (DIO). (Core)

I.B.2.a).(3) identify the faculty who will assume both educational and supervisory responsibilities for residents; (Detail)

I.B.2.a).(4) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document. (Detail)

I.B.2.a).(5) specify the duration and content of the educational experience, and. (Detail)

I.B.2.a).(6) state the policies and procedures that will govern resident
1. Describe the Task Force’s rationale for this revision:
   The Task Force believes it is essential that PLAs are in place for rotations at participating sites. However, the Task Force also acknowledged that the current requirements place responsibility on the Review Committees to monitor whether each specific required element is included in every PLA for every program and believes it is more appropriate for this oversight to rest with the DIO. Therefore, the specific required elements have been deleted and a requirement that the DIO approve each PLA has been added. To provide guidance to program directors and DIOs as to what the PLA should include, specific recommendations regarding elements to be addressed in the PLA will be included in the Program Director Guide, which will be available prior to implementation of the revised Common Program Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   No change is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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?
   If a Sponsoring Institution’s DIO does not currently review PLAs, then additional time will be required to provide this oversight. However, the Task Force believes this already occurs in most institutions.

5. How will the proposed revision impact other accredited programs?
   NA

### Requirement #: I.C.

Requirement Revision (significant change only):

The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse workforce inclusive of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. (Core)

1. Describe the Task Force’s rationale for this revision:
   This new requirement emphasizes the value and importance of diversity in the learning and working environment, and adds an expectation that programs will actively seek to build a diverse workforce. The Task Force believes this new requirement is an important step in addressing the current lack of diversity in the profession.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
An increase in diversity within GME programs is expected to have a positive impact on the care of the diverse patient populations served by these programs.

3. How will the proposed requirement or revision impact continuity of patient care?
   **No direct 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?
   **No additional resources will be required.**

5. How will the proposed revision impact other accredited programs?
   **NA**

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**Requirement #: I.D.2.-I.D.2.d)**

**Requirement Revision (significant change only):**

I.D.2. The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for: (Core)

I.D.2.a) access to food while on duty; (Core)

I.D.2.b) safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core)

I.D.2.c) clean and private facilities for lactation that have refrigeration capabilities and that are in close proximity to the residents’ clinical responsibilities; and, (Core)

I.D.2.d) security and safety measures appropriate to the participating site. (Core)

1. Describe the Task Force’s rationale for this revision:
   **These requirements mirror the Institutional Requirements and are intended to emphasize the shared responsibility of the program and the Sponsoring Institution in providing an environment that promotes resident well-being. Requirement I.D.2.c) is an important new requirement that ensures residents who are nursing will have access to appropriate facilities for lactation, as well as refrigeration capabilities, in close proximity to their clinical responsibilities. This is an essential element in providing for the well-being of these residents.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   **No change is anticipated.**

3. How will the proposed requirement or revision impact continuity of patient care?
   **No change 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?
   Additional resources may be required in those programs that do not currently provide lactation facilities as referenced above.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: II.A.2.

Requirement Revision (significant change only):

At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE (at least eight hours) per week of non-clinical time to the administration of the program. (Core)

[The Review Committee may further specify]

1. Describe the Task Force’s rationale for this revision:
   The Task Force recognizes that many Review Committees specify a minimum level of salary support and/or protected time for the program director to devote to the administration of the program. While the Task Force believes that Review Committees should retain the ability to specify a level of support greater than the minimum of 20% specified in this new requirement, based on factors specific to the specialty, it determined that the administrative demands of the position require this be no less than 20% salary support (at least eight hours per week).

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   It is expected that this requirement will strengthen education by ensuring that program directors are provided with adequate time to effectively administer the program.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact 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?
   Many Review Committees currently require salary support in the specialty-specific Program Requirements. In specialties that do not currently specify a minimum level of support additional financial resources may be required to comply when the Review Committee develops a new requirement specifying the required level of support.

5. How will the proposed revision impact other accredited programs?
   NA
Requirement #: II.A.3.a)

Requirement Revision (significant change only):

[Qualifications of the program director] must include requisite specialty expertise and at least three years of documented educational and/or administrative experience or qualifications acceptable to the Review Committee; (Core)

1. Describe the Task Force’s rationale for this revision:
   The Task Force notes that most specialty requirements currently specify minimum experience required for the program director and agrees it is essential that incoming program directors have sufficient experience to prepare them for the demands of the position. The proposed requirement is intended to replace existing relevant specialty-specific program requirements, and identifies a minimum of three years of educational and/or administrative experience, while allowing a program to appoint an individual who does not meet this minimum but who possesses qualifications acceptable to the Review Committee.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The requirement is designed to ensure that individuals appointed as program director possess experience that has prepared them for this important role. Specifying a minimum in terms of experience, while allowing for exceptions for qualified candidates, with Review Committee approval, will support the ability of programs to select the candidate best suited to administer the educational program. This is expected to have a positive impact on resident education.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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 additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: II.A.3.b)

Requirement Revision (significant change only):

[Qualifications of the program director] must include current certification in the specialty for which they are the program director by the American Board of _____ or by the American Osteopathic Board of _____, or specialty qualifications that are acceptable to the Review Committee; and. (Core)

[The Review Committee may further specify acceptable specialty qualifications]

1. Describe the Task Force’s rationale for this revision:
The addition of the American Osteopathic Association’s (AOA’s) certifying boards as acceptable in meeting the requirement for program director certification recognizes that graduates of ACGME-accredited programs will, in many cases, be eligible for certification by the applicable American Board of Medical Specialties (ABMS) member board and the applicable AOA certifying board, and will choose which certification to pursue. In addition, all Review Committees currently accept certification by the applicable AOA certifying board as an acceptable qualification for the program director for programs applying for ACGME accreditation during the transition to a single GME accreditation system. Further, the Task Force observed that the processes and scope (geographic and specialty) of the AOA and its certifying boards are similar to those of the ABMS.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   No change in resident education or patient care is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact 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?
   It is not expected that additional resources will be required in response to this change.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: II.A.3.d)

Requirement Revision (significant change only):

[Qualifications of the program director] must include ongoing clinical activity. (Core)

1. Describe the Task Force’s rationale for this revision:
   As described in Background and Intent for this requirement, a program director serves as a role model for faculty members and residents. The program director must participate in clinical activity consistent with the specialty, allowing the program director to role model the core competencies for the faculty and the residents.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The role modeling provided by the program director through their clinical activity is intended to benefit and support the residents’ clinical education and the quality of care they provide to their patients.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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 additional resources are anticipated.

5. How will the proposed revision impact other accredited programs? 
   NA

Requirement #: II.A.4.a).(1)

Requirement Revision (significant change only):

[The program director must] be a role model of professionalism; (Core)

1. Describe the Task Force’s rationale for this revision:
   As stated in Background and Intent, the program director, as the leader of the residency program, must serve as a role model to residents in addition to fulfilling the technical aspects of their role. As residents are expected to demonstrate compassion, integrity, and respect for others, they must be able to look to the program director as an exemplar. It is of utmost importance, therefore, that the program director model outstanding professionalism, high quality patient care, educational excellence, and a scholarly approach to work. The program director creates an environment where respectful discussion is welcome, with the goal of continued improvement of the educational experience.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? 
   The program director’s role modeling of professionalism is essential in developing professionalism in the residents who are being educated in the program, and emphasizing this responsibility in the requirements is intended to strengthen resident education. In addition, professionalism on the part of the program director, faculty members, and residents is essential in ensuring quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care? 
   No impact 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 additional resources will be required.

5. How will the proposed revision impact other accredited programs? 
   NA

Requirement #: II.A.4.a).(2)

Requirement Revision (significant change only):

[The program director must] design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the...
1. Describe the Task Force’s rationale for this revision:
   As stated in Background and Intent, this new requirement recognizes that the mission of institutions participating in graduate medical education is to improve the health of the public. Each community has health needs that vary based upon location and demographics. Programs must understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The requirement emphasizes the importance of designing an educational program that addresses the unique needs of the community it serves, and is intended to ensure that the program curriculum allows residents to attain the knowledge and skills needed to provide quality care to the patients they serve.

3. How will the proposed requirement or revision impact continuity of patient care?
   Addressing the needs of the community in the development of the program curriculum is expected to have a positive impact on the continuity of care provided to the patients served by the program.

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?
   It is not anticipated that additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA

| Requirement #: II.A.4.a).(4)-II.A.4.a).(7) |
| Requirement Revision (significant change only): |
| [The program director must:] |
| II.A.4.a).(4) develop and oversee a process to evaluate candidates prior to appointment as program faculty members and at least annually thereafter, as outlined in V.B.; (Core) |
| II.A.4.a).(5) have the authority to appoint program faculty members at all sites; approve the selection of program faculty as appropriate; (Core) |
| II.A.4.a).(6) have the authority to remove program faculty members from participation in the educational program at all sites; approve the continued participation of program faculty based on evaluation; (Core) |
II.A.4.a).(7) have the authority to remove residents from supervising interactions that do not meet the standards of the program; (Core)

1. Describe the Task Force’s rationale for this revision: These requirements emphasize the importance of ensuring the program director has sufficient authority to select, and when appropriate, to remove program faculty members, as well as to remove residents from supervisory interactions that don’t meet program standards. As the Common Program Requirements deem the program director accountable for the program overall, it is essential that the program director has the authority described in these requirements. As specified in II.A.4.a).(4), it is also essential that the program director develop and follow a process for evaluation of candidates for appointment and reappointment as program faculty members to ensure that program standards are maintained.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Faculty members are critically important in the education of residents and it is essential that those appointed to this role meet the program standards and meet the responsibilities of faculty as described in the Common Program Requirements and specialty-specific requirements. Ensuring that the program director has sufficient authority over these appointments supports quality education, patient safety, and quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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?
   It is not anticipated that additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: II.A.4.a).(9)

Requirement Revision (significant change only):

[The program director must] provide applicants with information related to eligibility for the relevant specialty Board examination(s); (Core)

1. Describe the Task Force’s rationale for this revision:
   Completion of an ACGME-accredited residency program alone does not guarantee eligibility for certification by the applicable ABMS member board or AOA certifying board. It is essential that residents understand the eligibility requirements of the relevant specialty boards before they enter a residency program, and therefore, the program director will be required to provide this information to program applicants.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   No change is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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 additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: II.A.4.a).(10)

Requirement Revision (significant change only):

[The program director must] provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)

1. Describe the Task Force’s rationale for this revision:
   This proposed requirement was added to bring the Common Program Requirements into alignment with Institutional Requirement III.A.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   No changes in resident education or patient care are anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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?
   Given that this requirement currently exists in the Institutional Requirements, it is not anticipated that additional resources will be necessary.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: II.A.4.a).(12)-II.A.4.a).(12).(a)

Requirement Revision (significant change only):

II.A.4.a).(12) ensure the program’s compliance with the Sponsoring
### II.A.4.a).(12).(a)

The program, in partnership with its Sponsoring Institution, must not require residents to sign a non-competition guarantee or restrictive covenant. *(Core)*

1. **Describe the Task Force’s rationale for this revision:**
   *The Task Force noted that Sponsoring Institutions maintain policies and procedures related to employment and non-discrimination, and that it is essential that programs demonstrate compliance with these policies and procedures. Additionally, the Task Force noted that Institutional Requirement IV.L. should be mirrored in the Common Program Requirements to emphasize that programs may not require residents to sign a non-competition guarantee or restrictive covenant.*

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   *No change in education or patient care is anticipated.*

3. **How will the proposed requirement or revision impact continuity of patient care?**
   *No change 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 additional resources will be required.*

5. **How will the proposed revision impact other accredited programs?**
   *NA*

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### Requirement #: II.A.4.a).(13)

Requirement Revision (significant change only):

[The program director must] document and provide upon request verification of residency education for all residents within 30 days of program completion, including those who leave the program prior to completion. *(Core)Detail*

1. **Describe the Task Force’s rationale for this revision:**
   *The requirement now specifies a timeframe within which the program director must provide verification of residency education. The intent is to prevent delays in providing this information, which may prevent residents from beginning training in another program or obtaining employment.*

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   *No change is anticipated.*

3. **How will the proposed requirement or revision impact continuity of patient care?**
No change 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 additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: II.B.2.e)-II.B.2.e).(4)

Requirement Revision (significant change only):

<table>
<thead>
<tr>
<th>II.B.2.e)</th>
<th>[Faculty members must] at least annually pursue formal faculty development designed to enhance their skills; (Core)</th>
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<tbody>
<tr>
<td>II.B.2.e).(1)</td>
<td>as educators; (Core)</td>
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<tr>
<td>II.B.2.e).(2)</td>
<td>in quality improvement and patient safety; (Core)</td>
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<tr>
<td>II.B.2.e).(3)</td>
<td>in fostering their own and their residents' well-being; and, (Core)</td>
</tr>
<tr>
<td>II.B.2.e).(4)</td>
<td>in patient care based on their practice-based learning and improvement efforts, (Core)</td>
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1. Describe the Task Force’s rationale for this revision:
   The requirements related to faculty development are essential in ensuring that faculty members who participate in resident education achieve and maintain the skills required to do so effectively. The emphases on quality improvement and patient safety, well-being, and practice-based learning and improvement are critically important in developing these skills in residents, as faculty members serve as role models for residents in these areas.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   These requirements are intended to strengthen resident education and patient care by ensuring that education is provided by faculty members with the skills required to be effective teachers and role models.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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?
   Although many programs are already doing this, there may be some additional cost for programs to develop new educational programs for their faculty.
5. How will the proposed revision impact other accredited programs?  

NA

Requirement #: II.B.3.a).(1)

Requirement Revision (significant change only):

[Physician faculty members must] have current certification in the specialty by the American Board of _____ or American Osteopathic Board of _____, or possess qualifications judged acceptable to the Review Committee. (Core)

1. Describe the Task Force’s rationale for this revision:
   The addition of the AOA’s certifying boards as acceptable in meeting the requirement for faculty certification recognizes that graduates of ACGME-accredited programs will, in many cases, be eligible for certification by the applicable ABMS member board and the applicable AOA certifying board, and will choose which certification to pursue. In addition, AOA certification has been deemed to meet the faculty certification requirement during the transition to a single GME accreditation system. Further, the Task Force observed that the processes and scope (geographic and specialty) of the AOA and its certifying boards are similar to those of the ABMS.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   The proposed requirement is not expected to result in a change in education or patient care.

3. How will the proposed requirement or revision impact continuity of patient care?  
   No change 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 additional resources will be required.

5. How will the proposed revision impact other accredited programs?  

NA

Requirement #: II.B.4.-II.B.4.b)

Requirement Revision (significant change only):

II.B.4. Core Faculty

Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)
II.B.4.a) At a minimum, the core faculty must include the program faculty who are members of the Clinical Competency Committee and Program Evaluation Committee. (Core)

II.B.4.a).(1) Any additional core faculty members must be designated by the program director. (Core)

II.B.4.b) Core faculty members must complete the annual ACGME Faculty Survey. (Core)

[The Review Committee may specify the minimum number of core faculty and/or the core faculty-resident ratio]

1. Describe the Task Force’s rationale for this revision:
   While the term “core faculty” has been used for several years in the ACGME’s Accreditation Data System (ADS) and appears in some specialty requirements, it was not previously defined in the Common Program Requirements. The Task Force believes that the new requirement provides program directors the flexibility to designate core faculty members based on their role in the program, rather than tying that designation to a number of hours per week devoted to the program. The Task Force notes that the requirements do not specify that core faculty members must be physicians, and that programs may designate non-physician faculty members who have a significant role in resident education as core faculty members. In addition, the revised requirements related to scholarship focus on scholarly activity for the program as a whole, rather than for individual faculty members. Therefore, program directors will be able to select as core faculty members those individuals most involved in resident teaching and best able to complete the Faculty Survey.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The change allows faculty members with a significant role in resident education, including non-physician faculty members if applicable, to be identified as core faculty members.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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 additional resources are required.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: II.C.-II.C.2.

Requirement Revision (significant change only):

II.C. Program Coordinator
II.C.1. There must be a program coordinator. (Core)

II.C.2. At a minimum, the program coordinator must be supported at 50% FTE (at least 20 hours per week) for administrative time. (Core)

[The Review Committee may further specify]

1. Describe the Task Force’s rationale for this revision:
The Task Force believes that a program coordinator is essential to the effective administration of the program. The program coordinator provides the program director with assistance in managing the administrative components of the program, and, in many cases, has additional responsibilities not related to program administration. This new requirement is intended to ensure that coordinators are provided with sufficient time to support the program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The support provided by the program coordinator is essential to ensuring that the administrative aspects of the program are managed effectively and, therefore, the program coordinator contributes significantly to resident education.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact 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?
Programs that do not currently have a program coordinator or whose coordinator devotes less than 50 percent of their time to the program will be required to provide additional support to comply with the new requirement. It is noted that coordinators may support more than one program and/or have additional responsibilities beyond the program, provided that the minimum 50 percent time commitment to the program is met.

5. How will the proposed revision impact other accredited programs?
NA

Requirement #: III.A.2.-III.A.2.a)

Requirement Revision (significant change only):

III.A.2. All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, or in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. (Core)
III.A.2.a) Residency programs must receive verification of each applicant's resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations assessments from the prior training program after acceptance but prior to matriculation. (Core)

[The Review Committee may further specify prerequisite postgraduate clinical education]

1. Describe the Task Force’s rationale for this revision:
   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 the ACGME-I, and report achievement of those Milestones semiannually to the 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 with Advanced Specialty Accreditation as a pathway into ACGME-accredited residency programs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   No change is resident education or patient care is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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 additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: IV.A-IV.A.1.b)

Requirement Revision (significant change only):

IV.A. The curriculum must contain the following educational components: (Core)

IV.A.1. a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates; (Core)

IV.A.1.a) The program’s aims must be made Overall educational goals for the program, which the program must make available to program applicants, residents, and faculty members. (Core)
IV.A.1.b) A program with additional ACGME recognition status must demonstrate how requirements associated with such recognition are integrated into the curriculum. (Core)

1. Describe the Task Force’s rationale for this revision:
   The Task Force recognizes that programs vary in terms of mission and that some programs seek to prepare residents for careers in academic medicine, while others focus primarily on educating physicians who will work in community settings. It is important that the program curriculum be designed to adequately prepare residents for their future practice. Further, the requirements now reinforce the expectation that programs with ACGME recognition, such as Osteopathic Recognition, integrate the requirements for such recognition into the curriculum.

   This requirement formalized the concept that not all programs in the same specialty look the same, that program directors should be conscious of the program’s mission(s) in designing the curriculum, and that, as long as they are satisfying the Program Requirements, they have the opportunity to innovate to achieve their specific aims.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Incorporating a set of program aims into the program curriculum is expected to help programs better align their curriculum with the institution’s mission and the needs of the patients served by the program, and to guide development of a program that will best prepare residents for their intended future practice. This is expected to positively impact the care of patients served by the program, and patients cared for by program residents after they leave the program.

3. How will the proposed requirement or revision impact continuity of patient care?
   Similar to the previous question’s response, this change is expected to have a positive impact of continuity of patient care.

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 additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: IV.B.1.a)-IV.B.1.f).(2)

Requirement Revision (significant change only):

The categorizations of all competency and sub-competency requirements under Professionalism, Patient Care and Procedural Skills, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, and Systems-based Practice have been changed from “Outcome” to “Core.”

1. Describe the Task Force’s rationale for this revision:
The Task Force recognizes that the competency and sub-competency requirements listed in these sections describe expected outcomes of resident education. However, the ACGME does not collect outcome data specific to these requirements, and the Task Force, therefore, concluded that these would be more appropriately categorized as “core” requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   As the expectation regarding resident experience and development of competence remains unchanged, no impact in these areas is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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 additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: IV.B.1.e).(2)

Requirement Revision (significant change only):

Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. (Core)

1. Describe the Task Force’s rationale for this revision:
   The Task Force identified the need for increased emphasis during residency on education related to partnering with patients around their care goals, including end-of-life goals. These are often difficult conversations and the new requirement emphasizes the need for residents to learn how to communicate effectively and compassionately with patients and families when there are no more medications or interventions that can achieve the patient’s goals or provide meaningful improvements in quality of life.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The proposed requirement is intended to improve patient care by ensuring that residents understand the importance of discussing the patient’s goals, values, and choices surrounding end of life, and that they are able to do so effectively and compassionately.

3. How will the proposed requirement or revision impact continuity of patient care?
   As above, this change is expected to have a positive impact on continuity of care.
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 additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: IV.C.1.

Requirement Revision (significant change only):

The curriculum must be structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity. (Core)

[The Review Committee may further specify]

1. Describe the Task Force’s rationale for this revision:
   This requirement reflects the need for programs to consider the impact of frequent rotational transitions, such as occurs when residents are scheduled for a series of short rotations, and the resulting disruption in supervisory continuity, on patient care. It is also intended to address the impact of assigning supervising faculty members for very brief assignments. Review Committees are encouraged to consider whether additional requirements related to rotation length, frequency of rotational transitions, and supervisory continuity, including length of supervisory assignments, are appropriate for the specialty.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The intent of the requirement is to ensure that programs consider the impact of frequent rotational changes and the accompanying lack of supervisory continuity on patient care. This new requirement prioritizes patient safety and education in curriculum planning.

3. How will the proposed requirement or revision impact continuity of patient care?
   The requirement is intended to minimize the frequency of rotational transitions and emphasize the importance of supervisory continuity. It is expected that this will have a positive impact on continuity of patient care.

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?
   It is not anticipated that additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: IV.D.1.-IV.D.2.b).(2)

Requirement Revision (significant change only):
### IV.D.1. Program Responsibilities

**IV.D.1.a)** The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. *(Core)*

**IV.D.1.b)** The sponsoring institution and program must allocate adequate educational resources to facilitate resident and faculty involvement in scholarly activities. *(Core)*

[The Review Committee may further specify]

**IV.D.1.c)** The curriculum must advance residents’ knowledge and practice of the scholarly approach to evidence-based patient care. *(Core)*

### IV.D.2. Faculty Scholarly Activity

**IV.D.2.a)** Among their scholarly activity, programs must have efforts in at least three of the following domains: *(Core)*

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

**IV.D.2.b)** The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:

[Review Committee will choose to require either IV.D.2.b).(1) or both IV.D.2.b).(1) and IV.D.2.b).(2)]

**IV.D.2.b).(1)** faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor. *(Outcome)*

**IV.D.2.b).(2)** peer-reviewed publication. *(Outcome)*

1. Describe the Task Force’s rationale for this revision:
The scholarly activity requirements have been substantially revised and moved from other sections into a new Scholarship section.

As described in Background and Intent, the scholarly approach can be defined as a synthesis of teaching, learning, and research with the aim of encouraging curiosity and critical thinking based on an understanding of physiology, pathophysiology, differential diagnosis, treatments, treatment alternatives, efficiency of care, and patient safety. While some faculty members are responsible for fulfilling the traditional elements of scholarship through research, integration, and teaching, all faculty members are responsible for advancing residents’ scholarly approach to patient care.

The intent of IV.D.1.a) is to ensure that there is scholarly activity occurring within the program, and to remove the perception that all faculty members must be involved in scholarly activity. The requirement also recognizes that the volume and type of scholarly activity occurring in a program is frequently tied to the mission of the program, and that programs designed to prepare residents for careers in academic medicine may place a heavier emphasis on research leading to peer-reviewed publication, while programs educating residents for community-based practice may emphasize other elements of scholarly activity, as described in IV.D.2.a).

IV.D.2.b) allows Review Committees to determine that the means of dissemination of scholarly activity addressed in IV.D.2.b).(1) are acceptable, or to also require peer-reviewed publication as stated in IV.D.2.b).(2).

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The changes are intended to allow incorporation of scholarly activity into the program in a manner consistent with the mission and aims of the program. This flexibility allows programs to focus on the types of scholarly activity that will best support program goals and prepare residents for their future practice.

3. How will the proposed requirement or revision impact continuity of patient care?
   The changes should not impact continuity of patient care.

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 additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA


Requirement Revision (significant change only):

V.A.1.d) The program director or their designee, with input from the Clinical Competency Committee, must:
V.A.1.d).(1) meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)

V.A.1.d).(2) assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)

V.A.1.d).(3) develop plans for residents failing to progress, following institutional policies and procedures. (Core)

1. Describe the Task Force’s rationale for this revision:
   The changes to the requirements in this section reflect the importance and value of meetings between the program director (or designee) and the residents to review performance evaluations and Milestones progression. This information may then be used in the development of individualized learning plans for residents. The requirements also highlight the need for programs to develop plans for residents who are experiencing difficulties in achieving progress along the Milestones, and the need to ensure due process in these instances, as detailed in the Sponsoring Institution’s policies and procedures.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Meetings to discuss evaluations and Milestones progression, and the development of individualized learning plans, are expected to improve resident education by ensuring that residents are able to identify areas in which further growth is needed, and helping them to develop a plan to achieve those goals.

   These requirements facilitate the transition to competency-based education by permitting individual residents to focus more on areas of need than on those where the Milestones have already been achieved.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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 Task Force recognizes that the feedback described in the requirements is currently occurring in many programs and that no increase in resources will be required to comply. In some programs, additional time from the program director or designee may be required related to assisting residents in the development of individualized learning plans.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: V.B.2-V.B.3.

Requirement Revision (significant change only):
V.B.2. Faculty members must receive feedback on their evaluations at least annually. *(Core)*

V.B.3. Results of the faculty evaluation should be used as a basis for faculty development plans. *(Core)*

1. Describe the Task Force's rationale for this revision:
   The quality of the faculty's teaching and clinical care is a determinant of the quality of the program and the quality of the residents' future clinical care. Therefore, the program has the responsibility to evaluate and improve the program faculty members' teaching, scholarship, professionalism, and quality care. This section mandates annual evaluation of the program's faculty members for this purpose.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The added emphasis on faculty development guided by faculty member evaluations is expected to support program improvement efforts.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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?
   It is not anticipated that additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA

Requirement #: V.C.2.a)-V.C.2.a).(7).b

Requirement Revision (significant change only):

V.C.2.a) The Program Evaluation Committee must include the following elements in its assessment of the program. The program must monitor and track each of the following areas:

V.C.2.a).(1) curriculum; *(Core)*

V.C.2.a).(2) outcomes from prior Annual Program Evaluation(s); *(Core)*

V.C.2.a).(3) ACGME letters of notification, including citations, Areas for Improvement, and comments; *(Core)*

V.C.2.a).(4) quality and safety of patient care; *(Core)*

V.C.2.a).(5) aggregate resident and faculty:

V.C.2.a).(5).(a) well-being; *(Core)*
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<td>aggregate faculty:</td>
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<td>V.C.2.a).(7).(a)</td>
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<td>V.C.2.a).(8).(a)</td>
<td>Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and, (Detail)</td>
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<td>V.C.2.a).(8).(b)</td>
<td>The program must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program, (Detail)</td>
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<tr>
<td>V.C.2.a).(9)</td>
<td>progress on the previous year's action plan(s). (Core)</td>
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1. Describe the Task Force’s rationale for this revision:
The requirements were expanded to provide programs with greater specificity regarding the essential elements of the Annual Program Evaluation.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   
   **Comprehensive, annual evaluation of the program is essential in maintaining a quality educational program and in identifying areas for improvement. The revisions in this section are intended to guide programs in their efforts to assess and improve the educational program.**

3. How will the proposed requirement or revision impact continuity of patient care?
   
   **No change 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?
   
   **It is not expected that additional resources will be required.**

5. How will the proposed revision impact other accredited programs?
   
   **NA**

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**Requirement #: V.C.4.a)**

**Requirement Revision (significant change only):**

The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board. (Core)

1. Describe the Task Force’s rationale for this revision:
   
   **The Task Force noted that the goal of ACGME-accredited residency education is to produce physicians who seek and obtain certification in the specialty. It is therefore expected that program directors will encourage graduates to take the specialty certification exam administered by the ABMS member board or AOA certifying board.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   
   **Board certification rates are one measure of the quality of a program’s educational curriculum.**

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

5. How will the proposed revision impact other accredited programs?
   
   **No change is anticipated.**

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**Requirement #: V.C.4.b)-V.C.4.f)**
Requirement Revision (significant change only):

| V.C.4.b) | For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile. (Outcome) |
| V.C.4.c) | For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile for pass rate. (Outcome) |
| V.C.4.d) | For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile. (Outcome) |
| V.C.4.e) | For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile for pass rate. (Outcome) |
| V.C.4.f) | For each of the exams referenced in V.C.4.b)-e), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program. (Outcome) |

1. Describe the Task Force’s rationale for this revision:
   Setting a single standard for pass rate that works across specialties is not supportable based on the heterogeneity of the psychometrics of different examinations. By using a percentile rank, the performance of the lower five percent (fifth percentile) of programs can be identified and set on a path to curricular and test preparation reform.

   There are specialties where there is a very high board pass rate that could leave successful programs in the bottom five percent (fifth percentile) despite admirable performance. These high-performing programs should not be cited, and V.C.4.f) is designed to address this.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The requirement will not directly require a change in resident education, however, board pass rate is an indicator of program quality, and programs failing to meet the
requirements above will be expected to implement changes in the educational program needed to improve graduate performance on the exam.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change 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 additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA

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<th>Requirement #: V.C.4.g)</th>
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<tbody>
<tr>
<td>Requirement Revision (significant change only): Programs must report in the Accreditation Data System (ADS) board certification rates annually for the cohort of residents that graduated seven years earlier. <em>(Core)</em></td>
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1. Describe the Task Force’s rationale for this revision:
   It is essential that residency programs demonstrate knowledge and skill transfer to their residents. One measure of that is the qualifying or initial certification exam pass rate. Another important parameter of the success of the program is the ultimate board certification rate of its graduates. Graduates are eligible for up to seven years from residency graduation for initial certification. The ACGME will calculate a rolling three-year average of the ultimate board certification rate at seven years post-graduation, and the Review Committees will monitor it.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The ultimate board pass rate is one indicator of the program’s performance that may help the program identify the need for improvement.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact 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 additional resources will be required.

5. How will the proposed revision impact other accredited programs?
   NA