

ACGME
MANUAL OF POLICIES AND PROCEDURES
FOR
GRADUATE MEDICAL EDUCATION COMMITTEES

SEPTEMBER 10, 2002

**The Policies, Procedures and Guidelines of the
ACGME Are Contained in the Following Documents:**

- A. Manual of ACGME Policies and
Guidelines**

- B. Manual of Policies and Procedures for
ACGME Residency Review Committees**

- C. Manual of Policies and Procedures for
the Institutional Review Committee**

September 10, 2002

**Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, Illinois 60610**

Accreditation Council for Graduate Medical Education

A. Manual OF POLICIES AND GUIDELINES

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**A. MANUAL
OF ACGME
POLICIES
AND
GUIDELINES**

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I. ACGME JUNE 12, 2001

BYLAWS OF

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

ARTICLE I - NAME

This corporation, a not-for-profit corporation under the laws of the State of Illinois, shall be known as Accreditation Council for Graduate Medical Education ("ACGME").

ARTICLE II - PURPOSES AND FUNCTIONS

Section 1. Purposes: The ACGME is organized exclusively for educational or scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

The purposes of the ACGME are to develop the most effective methods to evaluate graduate medical education, to promote the quality of graduate medical education, and to deal with such other matters relating to graduate medical education as are appropriate.

Section 2. Functions: The ACGME shall

- (a) Provide for the accreditation of programs in graduate medical education according to established standards which afford fair and equitable review of the institution and program, through the residency review process;
- (b) Establish Institutional Requirements for evaluation of institutions that offer ACGME accredited graduate medical education programs;
- (c) Review and, where appropriate, approve Program Requirements submitted for evaluation of graduate medical programs in that specialty by the individual Residency Review Committees ("RRCs");
- (d) Recommend and, where appropriate, conduct studies pertinent to improving the organization and conduct of programs in graduate medical education;
- (e) Review and, where appropriate, approve proposals for new types of programs in graduate medical education for which accreditation is being sought;
- (f) Review periodically the criteria by which programs in graduate medical education are evaluated;

- (g) Provide and receive information to and from the public and governmental agencies relating to the evaluation and accreditation of programs in graduate medical education; and
- (h) Initiate studies and recommend policies to keep programs in graduate medical education responsive to public and social needs.

ARTICLE III - OFFICES

The ACGME shall have and continuously maintain in the State of Illinois a registered office and a registered agent whose office is identical with such registered office.

ARTICLE IV – MEMBERS

Section 1. Members. The members of the ACGME shall be the American Board of Medical Specialties ("ABMS"), American Hospital Association ("AHA"), American Medical Association ("AMA"), Association of American Medical Colleges ("AAMC") and Council of Medical Specialty Societies ("CMSS"). The ACGME shall have one class of members.

Section 2. Rights of the Members.

- a) Members may nominate persons to serve as directors as provided in Article V, Section 3.

Members shall have such voting rights as provided in Article V, Section 13.

Lists of actions of the meetings of the board of directors shall be sent to the chief executive officer of each member within forty-five days following the meeting of the board of directors.

Section 3. Meetings of the Members.

- a) Meetings of the members shall be called by the board of directors for the purpose of acting as provided in Article V, Section 13.

Notice of any membership meeting shall state the date, time, place, and purpose of the meeting and shall be given to the members not less than five (5) nor more than sixty (60) days prior to the date of such meeting, or as otherwise provided by law.

Four fifths of members present by representative or by proxy shall constitute a quorum.

Each member shall be entitled to one vote, by representative or by proxy, on all matters submitted to the membership as provided in Article V, Section 13.

Any action required or permitted to be taken at a meeting of the members may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by four fifths of the members, and shall be filed with the Executive Director. Such consent may be signed in counterparts and shall have the same force and effect as a four fifths vote of the members at a meeting of members.

ARTICLE V - BOARD OF DIRECTORS

- Section 1. General Powers:** Subject to Article V, Section 13, the affairs of the ACGME shall be managed by and under the direction of the board of directors.
- Section 2. Number and Residency of Directors:** The number of directors shall be twenty five. Directors need not be residents of the State of Illinois.
- Section 3. Directors Nominated by Members:** Each member may nominate persons to serve as directors, in the manner it chooses, except that no director nominated by a member shall serve simultaneously as a member of a Residency Review Committee. From among the nominees of each member, the board of directors shall elect four directors per member.
- Section 4. Additional Directors:** Three public directors, one Residency Review Committee director, and one resident physician director shall serve on the board of directors. The public directors shall be appointed by the board of directors. The Residency Review Committee director shall be the chair of the Residency Review Committee Council. The resident physician director shall be appointed by the Resident and Fellow Section of the American Medical Association. In selecting the resident physician for appointment to the board of directors, the Resident and Fellow Section shall seek the advice of national organizations representing resident physicians who are currently participating in graduate medical education.
- Section 5. Representative of the Federal Government to ACGME:** A representative of the federal government to the ACGME shall be designated by the Secretary of the Department of Health and Human Services. He/she shall be entitled to participate in meetings of the board of directors, except that he/she shall not be entitled to vote.
- Section 6. Terms:**
- a) Directors nominated by members and elected by the board of directors shall serve terms of three years, with a maximum tenure of six years. Each term shall expire immediately upon adjournment of the annual meeting of the board of directors in the third year of the three year term. Notwithstanding the foregoing, at the option of each of their nominating members, the second term of the Chair or the

Chair-Elect may be extended for a maximum of two years to enable them to complete their terms as Chair.

- b) At least six weeks prior to the annual meeting of the board of directors, each member shall notify the Executive Director of the ACGME of its nominees for terms beginning upon adjournment of the annual meeting of the board of directors.
- c) The terms of the directors nominated by members and elected by the board of directors shall be staggered so that approximately one third of the terms shall expire immediately upon the adjournment of each annual meeting of the board of directors .
- d) The public directors shall serve terms of two years, with a maximum tenure of six years. Each term shall expire immediately upon adjournment of the annual meeting of the board of directors in the second year of the two year term.
- e) The representative of the federal government shall serve at the discretion of the appointing official.
- f) The Chair of the RRC Council shall serve as a director during his/her tenure as Chair of the RRC Council.
- g) The resident physician director shall serve a two year term, and may be reappointed for one additional term. Each term shall expire immediately upon adjournment of the annual meeting of the board of directors in the second year of the two year term. The resident physician director shall be a resident physician at the effective date of his/her appointment or reappointment, but need not be a resident physician for the full extent of the two-year term.

Section 7. Regular Meetings: Regular meetings of the board of directors shall be held at least three times in each calendar year. The last regular meeting in each calendar year shall be considered the annual meeting of the board of directors. At least fourteen days' written notice shall be given for a regular meeting.

Section 8. Special Meetings: Special meetings of the board of directors shall be called by the Chair or at the request of any five directors nominated by a minimum of at least three of the five members. At least ten days' written notice shall be given for a special meeting of the board of directors, and the purpose of the special meeting shall be set forth in the notice.

Section 9. Location of Meetings: All regular and special meetings of the board of directors shall be held in Chicago, Illinois, at a location designated by the Chair, unless a different site is approved at a regular or special meeting of the board of directors.

Section 10. Quorum: A majority of the board of directors shall constitute a quorum, provided that at least two directors nominated by each of the five members and elected by the board of directors are present.

Section 11. Manner of Acting: The act of a majority of the directors present and voting at a meeting at which a quorum is present shall be the act of the board of directors, unless the act of a greater number is required by statute, these bylaws, or the Articles of Incorporation. If a quorum is not present at any meeting of the board of directors, a majority of the directors present may adjourn the meeting to another time, with at least fourteen days' written notice of the time and location of the adjourned meeting. At any adjourned meeting at which a quorum is present, any business may be transacted which might have been transacted at the original meeting. Withdrawal of directors at any meeting shall not cause failure of a duly constituted quorum at that meeting.

Section 12. Matters Requiring Seven-eighths Vote of the Directors: The following matters shall require a seven-eighths vote of the directors present and voting at any regular meeting of the board of directors at which a quorum is present:

A change in the term or terms of any director; and

Any amendment to this provision of the bylaws.

Section 13. Matters Requiring Votes of Directors and Members: Notwithstanding any other provision of these bylaws,

a) The following matters shall require first, a seven-eighths vote of the directors present and voting at any regular meeting of the board of directors at which a quorum is present, and thereafter, if the board of directors passes the matter, a four-fifths vote of the members:

Dissolution;

Sale or transfer of all assets;

Merger;

Addition of a member;

Removal of a member; and

Amendment of

Article IV, Section 2,

Article V, Sections 2, 3, or 13 of the bylaws; and,

b) The following matters shall require first, a three-quarters vote of the directors present and voting at any regular meeting of the board of directors at which a quorum is present, and thereafter, if the board of directors passes the matter, a four-fifths vote of the members:

Amendment of Article II, Section 1 of the bylaws;

Any single capital expense that exceeds 20% of the reserve fund, as defined in the annual auditors' report;

Aggregate capital expenses that would exceed 30% of the reserve fund in a given fiscal year; and

Any actions that would cause the debt to equity ratio to exceed 1.0.

Section 14. Resignation of Directors: A director may resign at any time by written notice delivered to the board of directors. A resignation is effective when the notice is delivered unless the notice specifies a future date.

Section 15. Vacancies: In the event of the death, resignation or inability to act of a director, the member which nominated that director, or the board of directors in the case of a public director, or the Residency Review Committee Chair's Council in the case of the Residency Review Committee director, or the Resident and Fellow Section of the American Medical Association in the case of a resident director, shall nominate, appoint and/or elect in the manner provided in Article V, Sections 3-4 a director to serve the unexpired term. If a vacancy exists because a member fails for 120 days to make a nomination, the board of directors shall appoint a director to fill the vacancy. A director thus appointed shall be affiliated with the member which failed to make a timely nomination.

Section 16. Compensation: Directors shall not receive any stated salaries for their services, but by resolution of the board of directors a fixed sum and expenses of attendance, if any, may be allowed for each regular or special meeting of the board, provided that nothing herein contained shall be construed to preclude any director from serving the ACGME in any other capacity and receiving reasonable compensation therefor.

Section 17. Fiduciary Duties of Directors: A director shall discharge his or her duties to the ACGME in a manner consistent with Illinois law. This shall include, but not be limited to, the discharge of his or her duties as a director in a manner he or she reasonably believes to be in the interests of the ACGME.

ARTICLE VI - OFFICERS

Section 1. Officers: The officers of the corporation shall be a Chair, a Vice-Chair, or a Chair-Elect, a Secretary and a Treasurer. The Executive Director, appointed by the board of directors pursuant to Article VI, Section 4 shall be the Secretary, ex-officio.

Section 2. Election and Term of Office:

- a) The offices of Chair and Chair-Elect shall be filled from among the directors who were nominated by the members and elected by the board of directors according to the following cycle:

Chair	ABMS	CMSS	AHA	AAMC	AMA
Chair-Elect .	CMSS	AHA	AAMC	AMA	ABMS

- b) The Chair shall hold office for a term of two years, and shall not be eligible to serve more than one whole or partial term as Chair.
- c) At the annual meeting of the board of directors, a Vice-Chair shall be elected by the board of directors from among the directors who were nominated by the members for a term of one year concurrent with the first year of the term of the Chair. At the next annual meeting of the board of directors, a Chair-Elect shall be elected by the board of directors for a term of one year concurrent with the second year of the term of the Chair. The Chair-Elect shall be elected from among the directors who were nominated by a member according to the cycle in Article VI, Section 2(a) The Chair-Elect will succeed to the office of Chair upon adjournment of the annual meeting of the board of directors at which the incumbent Chair completes the two year term. If qualified, the Vice-Chair may be elected to the office of Chair-Elect, but other qualified directors who were nominated by the same member may be considered. The offices of Vice-Chair and Chair-elect will exist only during alternate years and never concurrently.
- d) The Treasurer shall be elected by the board of directors at the annual meeting of the board of directors for a one-year term, and may serve up to three (3) consecutive terms. The Treasurer shall be a director who was nominated by a member that is not represented by either the Chair or the Vice Chair/Chair-Elect.
- e) The Vice-Chair and Treasurer may subsequently be elected to another office, but no person may hold more than one elected office simultaneously. Only persons serving as directors shall be eligible to hold offices.
- f) The Executive Committee may fill a vacancy created in any elected office by death, resignation, removal or disqualification by designating a director to fulfill the unexpired term. A vacancy in the office of chair or Chair-Elect shall be filled from among the directors who were nominated by the same member as the Chair or Chair-Elect whose office is being filled.

Section 3. Duties of Officers:

- a) The Chair shall preside at all meetings of the board of directors and the Executive Committee; appoint committees of the ACGME as provided in these bylaws; announce appointments to the board of directors and the Executive Committee; be responsible for the establishment of the agenda for meetings of the board of directors and the Executive Committee; notify directors of the date, time, and location of regular and special meetings of the board of directors; notify members of the Executive Committee of the date, time, and location of meetings of the Executive Committee; notify members of the date, time, and location of meetings of the members; preside at all meetings of members without vote unless authorized by a member to act for it at such meetings; and, in general, shall perform all duties incident to the office of chair.
- b) The Vice Chair or the Chair-Elect shall assume the Chair's duties if the Chair is absent or is unable to perform those duties.
- c) The Secretary shall be an ex-officio member of all committees without vote. The Secretary will keep accurate minutes of the meetings of the Executive Committee and the board of directors, see that all notices are duly given as required in these bylaws, maintain the records of the corporation, maintain an accurate listing of names, location and position of all official participants in the corporation, and see that all communications and documents authorized by the Executive Committee, the board of directors and the members have been properly executed.
- d) The Treasurer shall chair the Finance Committee. The Treasurer will receive regular reports of the finances of the ACGME and will communicate regularly with the staff charged with responsibility for the custody and management of all funds and securities of the corporation. At each meeting of the Executive Committee and the board of directors the Treasurer shall be prepared to give an accurate report of the financial status of the corporation and the use of all funds in the interval since the last meeting.

Section 4. Executive Director: The board of directors shall appoint an Executive Director to serve, subject to the direction of the board of directors, as the chief executive officer of the ACGME.

ARTICLE VII - EXECUTIVE COMMITTEE

Section 1. Subject to Article V, Section 13, the affairs of the ACGME shall be managed by the Executive Committee in the interim between regular or special meetings of the board of directors.

Section 2. The Executive Committee shall consist of five directors, each of whom was nominated to be a director by a member. The Chair, the Vice-Chair

or the Chair-Elect, and the Treasurer shall serve in the same roles on the Executive Committee, and each shall be the director serving on the Executive Committee from his/her respective nominating member. The directors on the Executive Committee from the remaining two members shall be elected for one year terms by the board of directors at the annual meeting of the board of directors.

Section 3. Three voting members of the Executive Committee shall constitute a quorum for the transaction of business.

Section 4. Notice of meetings of the Executive Committee shall be delivered in writing or provided by telephone at least five days prior to the meeting. Notwithstanding the foregoing, notice shall be deemed to be waived for any meeting attended by or held with the consent of all members of the Executive Committee. The Executive Committee may also hold meetings by telephone conference at any time and without prior notice if each member of the Executive Committee either participates in or consents to the telephone conference.

Section 5. The Executive Committee shall, except as otherwise provided by law or these bylaws, have all the authority and powers of the board of directors in the management of the business and affairs of the ACGME in the interim between regular or special meetings of the board of directors. A unanimous vote of all members of the Executive Committee who are present and voting at a meeting at which a quorum is present shall be required for the Executive Committee to act on behalf of the ACGME. The Executive Committee shall report its activities to the board of directors at the next regular or special meeting of the board of directors.

ARTICLE VIII - OTHER COMMITTEES

Section 1. Standing and Special Committees: The Chair shall appoint standing committees whose members shall serve for terms not to exceed the Chair's term of office. With the approval of the Executive Committee, the Chair may appoint special committees that may extend beyond the Chair's term of office.

Section 2. Nominating Committee: The Nominating Committee shall consist of one director from each member. With the approval of the Executive Committee, the Chair shall appoint the Nominating Committee annually. The Nominating Committee shall elect its own Chair. The Secretary shall serve as Secretary of the Nominating Committee and shall serve without vote. The Secretary shall provide to all members a complete list of all current directors identifying the member that nominated each individual and a copy of the election process pursuant to Article VI, Section 2 of these bylaws. From this list the Nominating Committee shall recommend one or more candidates for each office and position on the Executive Committee which must be filled at the next annual meeting of the board of

directors. Additional nominations may be made at the annual meeting by any director.

Section 3. Finance Committee: The Chair shall appoint a finance committee to prepare an annual budget for approval by the board of directors. The Finance Committee shall be chaired by the Treasurer.

ARTICLE IX - RESIDENCY REVIEW COMMITTEES

Section 1. RRC Appointing Organizations and RRC Members: The board of directors of the ACGME may appoint organizations ("RRC appointing organizations"), which may appoint voting members of Residency Review Committees. Upon adoption of these bylaws, the RRC appointing organizations of the RRCs then in existence shall be the RRC appointing organizations of the ACGME. RRC appointing organizations may be added, changed, or deleted upon approval of the existing RRC appointing organizations and the board of directors. In addition, one resident physician must serve as a *voting* member of each Residency Review Committee. Exceptions to this policy may be granted after application to and approval by the ACGME. Residency Review Committees shall function under policies and procedures approved by the board of directors.

Section 2. Duty of RRC Members to ACGME: An RRC member shall discharge his or her duties as an RRC member in a manner he or she reasonably believes to be in the interests of the ACGME.

Section 3. Removal of RRC Members. An RRC member may be removed by a majority vote of the board of directors whenever in its judgment the best interests of the ACGME would be served thereby.

Section 4. RRC Council: The RRC Council shall consist of the chair of each RRC, including the TYRC, the IRC, and the Resident Director. The RRC Council shall elect a Chair to serve a two-year term. The Chair of the RRC Council shall be a chair of an RRC at the time of election to the Chair, but need not be either a chair or a member of an RRC for the duration of the two-year term as Chair. The RRC Council shall function under policies and procedures approved by the board of directors. The RRC Council shall not have the power to bind the ACGME.

Section 5. General: Except as provided under Article XI, Section 2(c) of these Bylaws, Residency Review Committees shall not have power to bind the ACGME.

ARTICLE X - FINANCES

- Section 1. Fees and Charges:** Fees and charges for program evaluations and related proceedings shall be established by the board of directors as necessary to support the accreditation process.
- Section 2. Responsibility for Expenses of Directors for Attendance at Meetings of the Board of Directors:** Subject to ACGME policies relating to reimbursement for travel expenses, the expenses of directors for attendance at meetings of the board of directors shall be borne by the ACGME.
- Section 3. Responsibility for Expenses of the Representative of the Federal Government for Attendance at Meetings of the Board of Directors.** The expenses of the representative of the federal government for attendance at meetings of the board of directors shall be borne by the federal government.
- Section 4. Expenses of Directors for Attendance at Meetings of ACGME Committees:** When directors attend committee meetings which are not held concurrently with regular or special meetings of the board of directors, the ACGME shall reimburse them for their expenses subject to ACGME policies relating to reimbursement for travel expenses..
- Section 5. Expenses of Residency Review Committees:** The expenses of the Residency Review Committees shall be paid on the basis of policies recommended by the Finance Committee and approved by the board of directors.

ARTICLE XI - MODUS OPERANDI

- Section 1. Establishing Institutional Requirements and Program Requirements for Program Evaluations:**
- a) **Institutional Requirements:** The board of directors shall adopt Institutional Requirements for all institutions that offer ACGME accredited graduate medical education programs. The Institutional Requirements may be amended by a majority vote of the directors present and voting at any regular meeting of the board of directors at which a quorum is present, provided that the proposed change has been previously submitted in writing to the directors for review and comment.
 - b) **Program Requirements:** Each Residency Review Committee shall prepare Program Requirements for the specialty programs over which it has cognizance. The Program Requirements shall be approved by the respective Residency Review Committees, after review and comment by their RRC appointing organizations, and

then submitted for approval by the board of directors. Program Requirements may be approved by a majority vote of the directors present and voting at any regular meeting of the board of directors at which a quorum is present.

Section 2. Accreditation:

- a) Except as provided under Article XI, Subsection 2(c) of these Bylaws, the Residency Review Committees shall evaluate and make recommendations regarding the accreditation of programs in graduate medical education in accordance with the Institutional and applicable Program Requirements, notify program directors of their recommendations, and submit their recommendations to the board of directors.
- b) The board of directors shall accredit programs in accordance with the Institutional and applicable Program Requirements, following receipt of the recommendation from the appropriate RRC, and shall promptly notify the program directors of its determination.
- c) Upon application of an RRC, and following a review of its performance, the board of directors may delegate accreditation authority to the RRC. Such delegation shall be for a period to be determined by the board of directors. The board of directors shall conduct periodic reviews of the accreditation process of the RRC and of its authority to accredit.
- d) The board of directors shall have published annually the Institutional and Program Requirements for accreditation of programs in graduate medical education and the list of accredited programs.

Section 3. Accreditation Procedures: The board of directors shall be responsible for establishing the procedures for accreditation. Consideration may be given to the recommendations of medical specialty organizations and other interested parties.

Section 4. Appeals: In case of an adverse decision, as defined by the board of directors, the program or sponsoring institution shall be entitled to request a hearing before an appeals panel according to procedures promulgated by the board of directors.

Section 5. Records: Records pertaining to accreditation of programs in graduate medical education are the property of the ACGME.

Section 6. New Activities: Subject to Article V, Section 13(b)(i), (n)ew activities must be approved by a majority vote of the directors present and voting at any regular meeting of the board of directors at which a quorum is present.

ARTICLE XII - PARLIAMENTARY AUTHORITY

The rules contained in the most current edition of Sturgis' Standard Code of Parliamentary Procedure shall govern the ACGME in all cases where they are applicable and where they are not inconsistent with these bylaws or any special rules of order which the board of directors may adopt.

ARTICLE XIII - INDEMNIFICATION

Section 1. Direct Indemnification: To the full extent specifically authorized by, and in accordance with the procedure prescribed in, Section 108.75 of the Illinois General Not-for-Profit Corporation Act (or the corresponding provisions of any future statute applicable to corporations organized under that Act), the ACGME shall indemnify any and all of its directors, officers, committee members, employees, agents, and other authorized representatives for expenses and other amounts paid in connection with legal proceedings (whether threatened, pending or completed) in which any such persons become involved by reason of their serving in any such capacity for the ACGME.

Section 2. Insurance: Upon specific authorization by the board of directors, the ACGME may purchase and maintain insurance on behalf of any or all officers, committee members, employees, agents, or other authorized representatives of the ACGME against any liability asserted against any such person and incurred in any such capacity, or arising out of the status of serving in any such capacity, whether or not the ACGME would have the power to indemnify them against such liability under the provisions of Section 1 of this Article.

ARTICLE XIV - BOOKS AND RECORDS

The ACGME shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of the board of directors.

ARTICLE XV - WAIVER OF NOTICE

Whenever any notice is required to be given under applicable law, the Articles of Incorporation, or these bylaws, waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

ARTICLE XVI - AMENDMENTS

Except as provided in Article V, Sections 12-13 of these Bylaws, these Bylaws can be amended at any regular meeting of the board of directors at which a quorum is present by a three-fourths vote of the directors present and voting, provided that the amendment has been submitted in writing and has been read at a previous meeting.

ARTICLE XVII - DISSOLUTION

Upon the dissolution of the ACGME, the assets of the ACGME shall be distributed to such successor organization(s) as shall continue the accreditation activities of the ACGME and which shall qualify for exemption under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding section of any future federal tax code. If no such successor organization(s) shall exist and qualify for exemption, the assets of the ACGME shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

Adopted by ACGME June 27, 2000 (Incorporation)

ACGME Approved Revision, 9/26/2000

ACGME Approved Revision, 2/13/2001

ACGME Approved Revision, 6/12/2001

ACGME Approved Revision, 9/10/2002

II. A. MISSION STATEMENT

The mission of the ACGME is to improve the quality of health in the United States by ensuring and improving the quality of graduate medical education experience for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. It uses the most effective methods available to evaluate the quality of graduate medical education programs. It strives to develop evaluation methods and processes that are valid, fair, open, and ethical.

B. PURPOSE OF ACCREDITATION

At its meeting on February 13-14, 1984, the Accreditation Council for Graduate Medical Education voted to reaffirm the statement adopted by the Liaison Committee on Graduate Medical Education, the predecessor organization of the Accreditation Council for Graduate Medical Education, at its November 17-18, 1980-, meeting, regarding the purposes of accreditation. The statement now reads as follows:

“The ACGME reaffirmed its policy that in the accrediting process, the ACGME is not intent upon establishing numbers of practicing physicians in the various specialties in the country, but rather that the purpose of accrediting by the ACGME is to accredit those programs which meet the minimum standards as outlined in the Institutional and Program Requirements. The purpose of accreditation is to provide for training programs of good educational quality in each medical specialty.”

This resolution remains the policy of the ACGME.

(Adopted by the LCGME, November 17-18, 1980
Reaffirmed by the ACGME, February 13-14-1984)

III. PROCEDURES FOR DELEGATING ACCREDITATION AUTHORITY TO RESIDENCY REVIEW COMMITTEES

A. Introduction

The responsibility for accreditation of programs in graduate medical education resides with the Accreditation Council for Graduate Medical Education (ACGME), which may delegate responsibility for accreditation to the Residency Review Committees (RRCs). According to the ACGME Bylaws, Article XI, Section 2(c):

"Upon application of an RRC and following a review of its performance, the board of directors may delegate accreditation authority to the RRC. Such delegation shall be for a period determined by the board of directors. The board of directors shall conduct periodic reviews of the accreditation process of the RRC and its authority to accredit."

In order to obtain accreditation authority, an RRC must follow the procedures outlined below.

B. Application Procedures

The RRC must write a letter to the ACGME* requesting the authority to accredit programs in the specialty over which it has cognizance. Contained in the letter of request should be the following items:

1. A statement from the RRC that it will comply with the policies and procedures of the ACGME including the currently approved version of the Manual of Policies and Procedures for ACGME Residency Review Committees.
2. An outline of any of the RRC's current procedures for conducting the review process that are unique or supplemental to those given in the Manual of Policies and Procedures.
3. A statement that the appointing organizations of the RRC have reviewed and commented on the request by the RRC to be granted accreditation authority. All comments from the appointing organizations should be included.

*Letters of petition for delegation of authority should be sent to the Executive Director, ACGME, 515 North State Street, Suite 2000, Chicago, Illinois 60610.

Approved May 19, 1981 by ACGME
Approved September 28, 2000

C. ACGME Procedure for Processing Applications

The ACGME shall use the following procedure to process applications requesting authority to accredit programs:

1. The Chair of the ACGME with the concurrence of the ACGME Executive Committee shall appoint a Committee to review RRC requests for authority to accredit residency programs. The Committee shall include at least one director of each member organization of the ACGME and the Resident Representative.
2. If, after reviewing a request for accreditation authority, the Committee believes the RRC's policies and procedures comply with the accepted procedures of the accreditation process as described in the ACGME Manual of Policies and Procedures for ACGME Residency Review Committees and other policy statements of the ACGME, the Committee may recommend to the ACGME that the RRC be granted accreditation authority.
3. If the Committee, however, recommends the application be denied and the ACGME concurs, the ACGME will return the application to the RRC with its objections. The RRC may address these concerns and reapply for accreditation authority.

D. Periodic Review of the RRC's Activity

The ACGME shall use the following process to review the activity of each RRC to whom accreditation authority has been granted. The initial term of delegation of authority to accredit shall be up to five years.

1. For detail of continuing review of RRC Activity see "Monitoring Committee", Section **(A.IV.D.G.)**
2. If, after reviewing the RRC's procedures and actions, the ACGME believes the review demonstrates that there is need for a more closely supervised process of accreditation, the ACGME will withdraw its delegation of authority to accredit.

IV. STANDING COMMITTEES OF THE ACGME

A. Committee on Strategic Initiatives

1. *Membership, Appointments, and Terms of Office*

The Committee on Strategic Initiatives (SIC) is a standing committee of the ACGME composed of nine members appointed by the Chair of the ACGME. The Committee includes at least one director from each member organization of the ACGME. In addition, the Chair of the RRC Council shall serve as a liaison between the Strategic Initiatives Committee and the RRC Council. The SIC Chair is appointed by the Chair of the ACGME.

2. *Duties*

The Committee on Strategic Initiatives of the ACGME is charged with reviewing general issues in graduate medical education; choosing specific issues to explore in depth; and advising the ACGME regarding these matters by means of position papers or recommendations for changes in standards or in accreditation procedures.

3. *Meetings*

The Committee on Strategic Initiatives shall meet at the time of the ACGME regular meetings and at such other times as may become necessary.

4. *Reporting*

The Committee shall report at the plenary sessions of the ACGME and to the Executive Committee as appropriate.

5. *Compensation*

Members of the Committee shall receive no financial compensation for their services but shall be reimbursed for travel and other necessary expenses incurred in fulfilling their duties as Committee members in accord with Article X of the Bylaws.

6. *Operational Guidelines and Procedures*

- a. The Committee on Strategic Initiatives of the ACGME will develop a list of and periodically review general issues in graduate medical education with the following in mind: Graduate Medical Education is changing rapidly as a result of major changes in the health care delivery system and in academic medical centers, which have been the traditional locus of graduate medical education. Characteristically, accrediting agencies make changes relatively slowly. In the rapidly changing environment of graduate medical education, there is a danger that accreditation of

residency programs may fail to respond to changing circumstances or will maintain standards that are not flexible enough to allow for needed innovation.

- b. Issues identified by the Committee will be prioritized so that specific matters may be discussed and explored in depth. Staff will prepare any studies or background information that will assist the Committee in its deliberations. The Committee will advise the ACGME through the preparation of position papers or recommendations for changes in standards or in accreditation procedures.

B. Committee on Finance

1. *Membership, Appointments, and Terms of Office*

The Committee on Finance is a standing committee of the ACGME composed of at least five members appointed by the ACGME Chair. Typically, at least one director from each of the ACGME's member organizations will be appointed to the Committee. Committee members shall be appointed to terms not to exceed the ACGME Chair's term of office. Members will be eligible for reappointment.

2. *Duties*

The Committee shall monitor ACGME revenue and expenditures, prepare an annual budget for ACGME review and approval, and submit recommendations to the Executive Committee and/or the ACGME regarding the financial impact of policies, practices, and procedures.

3. *Meetings*

The Committee shall meet at the time of regularly scheduled ACGME meetings and at such other times as may become necessary.

4. *Reporting*

The Committee shall report at the plenary sessions of the ACGME and to the Executive Committee as appropriate.

5. *Compensation*

Members of the Committee shall receive no financial compensation for their services but shall be reimbursed for travel and other necessary expenses incurred in fulfilling their duties as Committee members in accord with Article X of the Bylaws.

C. Committee for Review of Program Requirements

1. *Membership, Appointments, and Terms of Office*

The Committee for Review of Program Requirements (CRPR) is a standing committee of the ACGME composed of at least six members appointed by the Chair of the ACGME. At least one director from each of the ACGME's member organizations will be appointed to the Committee. They shall serve for terms not to exceed the ACGME Chair's term of office; they are eligible for reappointment. In addition, the Vice-Chair of the RRC Council shall be appointed as an ex-officio member, without vote, to serve as a liaison between the RRC Council and the Committee for Review of Program Requirements.

2. *Duties*

The Committee shall review, and make recommendations to the ACGME on, all matters pertaining to the Program Requirements submitted by the RRCs or other committees of the ACGME, including the initial approval of proposed Program Requirements in general specialties and in subspecialties, as well as the approval of all subsequent proposed revisions. The CRPR shall also review and make recommendations to the ACGME on all matters pertaining to Institutional Requirements submitted by the IRC,

A quorum of voting members of the Committee must be present for official action. Any actions or recommendations of the Committee will represent a majority vote of the Committee members present.

The Committee will serve as the first ACGME level of consideration in those cases in which a Residency Review Committee and the associated Board disagree concerning the accreditation of programs. The role of the Committee for Review of Program Requirements in these situations is enunciated in Section VI, Policies and Procedures for the Recognition of Subspecialty Areas for Accreditation.

3. *Meetings*

The Committee shall meet at the time of the ACGME regular meetings and at such other times as may become necessary.

4. *Reporting*

The Committee shall report at the plenary sessions of the ACGME and to the Executive Committee as appropriate.

5. *Compensation*

Members of the Committee shall receive no financial compensation for their services but shall be reimbursed for travel and other necessary expenses incurred in fulfilling their duties as Committee members in accord with Article X of the Bylaws.

6. *Operational Guidelines and Procedures*

- a. The CRPR will review and evaluate the basis on which decisions about program requirements are made. Such review will include both content, such as consistency with the Institutional Requirements, consistency with ACGME guidelines, clarity of language, and general reasonableness of standards; and impact, such as impact on institutions sponsoring graduate medical education, impact on education in other disciplines, and financial impact on the institution and the other residency programs in the institution. With respect to content that is specialty specific, e.g., types of procedures and experiences necessary for resident education, the Committee and the ACGME may rely on the expertise of the RRC and its parent organizations.
- b. Program Requirements will be assigned to one or more members of the Committee. The members will prepare comments for presentation to the full committee. These comments will be forwarded to the Chair of the applicable RRC or other proposing committee, at least three weeks prior to the meeting so that the RRC Chair will be able to prepare a response. The proposing committee Chair should prepare a written response so that it can be distributed to the CRPR at least one week prior to the meeting. This CRPR meeting is an open forum, in which any member or a representative of an RRC, hospital, or the public with an interest in the Program Requirements can speak to the relevant issues. The proposing committee should have full opportunity to respond to comments from interested parties.
- c. Only editorial changes believed to be major or potentially serious shall be considered by the Committee for Review of Program Requirements. Minor or editorial changes will be addressed by the RRC's Executive Director prior to presentation of the proposed revisions to the Committee for Review of Program Requirements.
- d. Minor revisions: The extent of the revision should be indicated. If only selected sections are changed, then only those sections should be considered for review and recommendation by the Committee. At the same time, the Committee may make any comments or suggestions regarding the rest of the document; these in turn will be forwarded to the RRC for consideration and comment at the time determined by the Committee for Review of Program Requirements.

This action will not preclude review and action by the Committee on the currently proposed changes.

- e. All RRCs must carry out a complete review of the Program Requirements every five years and present the document for review and approval to the ACGME through the Committee for Review of Program Requirements.
- f. If modifications in the document are approved in the course of Committee review, with the concurrence of the RRC Chair, staff may complete the editorial changes before the document is distributed.
- g. There may be special circumstances in which the proposed Program Requirements in one discipline appear to have a significant impact on residency education in other disciplines. In these instances, the procedures for the resolution of interspecialty conflicts as delineated under Section **A.IV.E.8** (RRC Council) of the Handbook of Policies and Guidelines are to be followed. If in accordance with those procedures the written report has been presented to the Committee but agreement between the involved disciplines has not been reached, the Committee will make its decision on the Program Requirements after considering all information that it judges relevant and appropriate.
- h. The chair of the proposing committee, RRC, IRC or other should represent that committee.

(ACGME Approved Revisions to Section C, 2/14/95 and 9/26/2000)

D. Monitoring Committee

1. Membership, Appointments, and Terms of Office

The Monitoring Committee is a standing committee of the ACGME composed of at least six members appointed by the Chair of the ACGME. The Committee includes at least one director of each member organization of the ACGME. A Committee chair is appointed by the Chair of the ACGME.

2. Charge

- a. Evaluate the performance of the RRCs in accrediting residency programs and to the IRC in reviewing and approving sponsoring institutions.
- b. Monitor, advise, and make recommendations to the ACGME regarding RRC and IRC, activities and delegation of accreditation authority.
- c. Build knowledge about improving accreditation practices by:

- 1) developing and distributing summary information regarding the performance of the RRCs and the IRC;
- 2) identifying and sharing the “best practices” of RRCs;
- 3) suggesting standardized approaches to Program Requirements, as appropriate, and;
- 4) with appropriate input from the Institutional Review Committee, evaluate the work of relevant RRCs in assessing compliance with the Institutional Requirements, in single program institutions.

3. *Meetings*

The Monitoring Committee shall meet at the time of the ACGME regular meetings and at such other times as may become necessary.

4. *Reporting*

The Monitoring Committee shall report at the plenary session of ACGME regular meetings. Final reports on Residency Review Committee and IRC activities and recommendations for continued accreditation authority are submitted to the ACGME for approval. Following that approval, final reports are sent to the respective Residency Review Committee Chair or the IRC chair for discussion and action as required.

5. *Compensation*

Members of the Monitoring Committee shall receive no financial compensation for their services but shall be reimbursed for travel and other necessary expenses incurred in fulfilling their duties as Committee members.

6. *Operational Guidelines and Procedures*

- a. Each RRC will be reviewed by the Monitoring Committee at least every five years. A maximum of three RRCs will be selected for review of their accreditation activities at each Monitoring Committee meeting.

The Chair of each RRC scheduled for review will be invited to attend the meeting of the Monitoring Committee to speak for the RRC and to interpret the substantive actions of the RRC.

The RRC Executive Director will prepare materials for review by the Monitoring Committee.

Approximately eight weeks prior to the ACGME meeting, members of the Monitoring Committee will be sent for review the following materials:

- 1) An RRC Report Form, including a special report on duty hours compliance*;
- 2) Minutes of RRC meetings for one reporting year;
- 3) Program Information Forms (general specialty and subspecialties);
- 4) Site Visitor report forms (if unique);
- 5) Special report forms (surgical operative log, etc.);
- 6) Program Requirements (general specialty and subspecialties);
- 7) Monitoring Committee's report for last review of the RRC;
- 8) Copy of RRC Newsletter, if applicable;
- 9) Statistical data on accreditation activities.
- 10) Narrative statement of the RRC's assessment regarding its operational efficiency and effectiveness.

*This special report includes, but is not limited to, 1) the number of programs that received duty hour citations for the reporting period, 2) the nature of the citations, 3) the number of programs requesting a waiver, 4) the number of waivers granted.

Members will complete the RRC Report Form for the RRC to which assigned for review. The report should address whether programs have been evaluated properly in relation to the Institutional Requirements and the Program Requirements; and whether the RRC has followed policies and procedures set forth by the ACGME in the *Manual of Policies and Procedures* as well as the RRC's own operating policies and procedures.

Copies of the reviewers' reports for each RRC or the IRC will be forwarded to the respective Chair. These reports are confidential and preliminary and are shared with the Chair to provide more time to respond to the Committee's comments and questions.

At the ACGME Monitoring Committee meeting, findings contained in each member's report will be discussed with the RRC or IRC Chair. After his/her departure from the meeting room, the Committee will reach a conclusion and the staff member assigned to the group will draft a final "Committee Report."

A copy of the draft of the final "Committee Report" will be mailed to all members of the Committee. Committee members will note agreement with the report, or recommend revisions, additions or deletions. ACGME staff will review the responses. Where there is any disagreement with the substance of the report, the draft and comments of the members will be discussed with the Monitoring Committee Chair and the report will be revised.

The revised report will be mailed to the RRC or IRC Chair for comment. Any response from the Chair will be forwarded to the

Monitoring Committee Chair who will then confer with staff to make changes in the report. The final report will be included in the Monitoring Committee Agenda Book for its next meeting.

At the next meeting of the ACGME, the Monitoring Committee will discuss the final reports, including any suggested changes. The final report will then be submitted to the ACGME for approval.

The final report adopted by the ACGME shall be filed with the archival copy of the minutes of the ACGME. The report will be sent to the RRC or IRC Chair with the expectation that it will serve as a basis for thoughtful discussion and action.

b. Review of Subspecialty Accreditation **(See A.VI.E)**

The Committee shall review the accreditation actions of each subspecialty area in which the RRC accredits programs.

- 1) Should the Monitoring Committee conclude that an RRC should discontinue accrediting programs in a subspecialty area, and the RRC wishes to continue accreditation of programs in that area, the RRC shall be invited to address in writing each of the seven criteria set forth in the "Criteria for Recognition" section of the "Policies and Procedures" document for presentation to the Monitoring Committee at a subsequent meeting. Interested parties, including the relevant ABMS Board, shall be permitted to comment prior to or at the meeting of the Monitoring Committee at which the RRC presents its rationale for continuing accreditation in the subspecialty area.
- 2) Following this meeting with the RRC and interested parties, the Monitoring Committee shall make a final determination on its initial recommendation that accreditation be discontinued in the subspecialty area.
- 3) Should a specialty be found in noncompliance with the criteria set forth by the ACGME, the Monitoring Committee may recommend one of the following options:
 - a) Accreditation of programs in the subspecialty area should be continued for a specified period of time to determine if the criteria can be met, at the conclusion of which time another review will be conducted.
 - b) Accreditation of programs in the subspecialty area should be discontinued at a specified date which permits contracted residents to complete the program and precludes further recruitment.

c. **Review of the Institutional Review Process**

Procedures that have been established for the review of RRCs will pertain, as applicable, to the Institutional Review Committee.

E. Residency Review Committee Council

1. *Membership, Appointments, and Terms of Office*

The Residency Review Committee (RRC) Council comprises the current chairs or designees of all RRCs under the ACGME (including the TYRC), the chair of the IRC, the resident Director. The Royal College of Physicians and Surgeons of Canada is invited to serve as an observer.

2. *Chairmanship*

The RRC Council shall elect its Chair from among its own members. The Chair shall serve a single term of two years. The elected Chair of the RRC Council shall be a chair of an RRC at the time of election, but need not be a chair or member of an RRC for the duration of the two years as chair.

The Chair of the RRC Council is a voting member of the Committee on Strategic Initiatives. At the ACGME plenary session, the chair of the RRC Council sits as the representative of the RRC Council with vote with the directors from the member organizations.

3. *Vice Chair*

The Vice Chair shall be elected for a one year term and may not represent the same specialty as the Chair. The Vice Chair shall be eligible for election to the Chair but shall not necessarily be the Chair-elect.

The Vice Chair of the RRC Council shall be appointed as an ex-officio member, without vote, to serve as a liaison between the RRC Council and the Committee for Review of Program Requirements.

4. *Duties*

The RRC Council serves as an advisory body to the ACGME concerning all matters pertaining to graduate medical education and accreditation.

The Council will serve as an intermediary between RRCs in the resolution of interspecialty conflicts, in accord with the procedures indicated below.

5. *Meetings*

The RRC Council shall meet at least once a year at the time of the ACGME regular meetings.

6. Reporting

The RRC Council will communicate with the ACGME through the chair of the RRC Council, who reports at the Strategies Initiative Committee, as well as at the Executive Committee, and at the plenary sessions.

7. Compensation

Members of the RRC Council shall receive no financial compensation for their services but shall be reimbursed for travel and other necessary expenses incurred in fulfilling their duties as members of the Council in accord with Article IX of the Bylaws.

8. Operational Procedures for Resolution of Interspecialty Conflicts

In order to promote cooperation among specialties and to facilitate the resolution of interspecialty conflicts in the initial development of subspecialty Program Requirements or in the revision of any Program Requirements, the RRC Council will monitor the following:

- a. Initiation of Accreditation of Subspecialty Programs
 - 1) RRCs that intend to initiate accreditation of programs in a subspecialty must inform in writing the Chairs of all other RRCs through the RRC Council.
 - 2) Chairs who have concern about the impact of the proposed subspecialty on the area(s) of training in their specialty should express this concern in writing to the RRC chair initiating the subspecialty, with a copy also submitted to the RRC Council.
 - 3) If significant concern has been expressed by other RRCs, the Chair of the RRC Council will propose a means for the concerned parties to discuss the issues, usually through their meeting under the leadership of the RRC Council Chair or a designated substitute at the time of a regularly scheduled ACGME meeting. If other arrangements are necessary, the Chair of the RRC Council will request funding from the ACGME.
 - 4) The RRC Council Chair will report the results of the meeting(s) to the full RRC Council and to the ACGME Committee for the Review of Program Requirements; the Chair of the relevant

RRC will address the report as part of the Impact/Justification Statement that is distributed with the Program Requirements.

b. Revision of Program Requirements

When the Program Requirements of any specialty or subspecialty have been completed and distributed with the Impact/Justification Statement, any Chair who believes the proposed Program Requirements will have an adverse impact on training in his/her specialty should express this concern in writing to the RRC Chair initiating the Program Requirements and may request that the RRC Council Chair convene a meeting of interested parties to try to address the perceived conflicts. The RRC Council Chair will proceed as in a. 3) above. The results of the meeting will be reported to the full RRC Council and to the ACGME Committee for Review of Program Requirements.

F. ACGME Resident Council

1. *Membership, Appointment, and Terms of Office*

The ACGME Resident Council comprises the current resident members of the ACGME and its Residency Review Committees.

2. *Council Chair*

The Resident Council shall elect its Chair from among its own members. The Chair shall serve a single term of two years. The Chair of the Resident Council may serve even if his or her term on the RRC or ACGME has expired. The Chair may sit with the ACGME Board of Directors but without vote.

3. *Duties*

The Resident Council serves as advisory body to the ACGME concerning matters pertaining to graduate medical education and accreditation.

4. *Meetings*

The Resident Council shall meet at the time of at least one ACGME meeting each year.

5. *Reporting*

The Resident Council will communicate with the ACGME through the Chair, who will report at the ACGME Executive Committee and at plenary sessions.

6. Compensation

Members of the Resident Council shall receive no financial compensation for their services but shall be reimbursed by the ACGME for travel and other necessary expenses incurred in fulfilling their duties.
(Approved: September 26, 2000)

G. Institutional Review Committee

Policies and procedures for review of institutions sponsoring residency programs including procedures for appeal of an institutional adverse action are set forth in the ***Manual of Policies and Procedures for the ACGME's Institutional Review Committee*** in Section C.

V. PROCEDURE FOR RECOGNITION OF NEW MEDICAL DISCIPLINES FOR GME

New medical disciplines shall be assessed and recognized for GME training by the ACGME using the following criteria. A group wishing to have a new discipline recognized by the ACGME must provide the information to support the conclusion that:

- The new specialty signifies the differentiation of a new specialty based on major new concepts in medical science;
- The new specialty represents a distinct and well-defined field of medical practice. It may entail special concern with the problems of patients according to age, sex or organ systems or with the interaction between patients and their environment;
- The new specialty is based on substantial advancement in medical science. The necessary training must be sufficiently complex or extended that it is not feasible to include it in established training programs.
- There will be sufficient interest and resources available to establish the critical mass of quality training programs with long term commitments for successful integrating of the graduates in the health care system nationally.
- The new discipline is recognized as legitimate and significant by the medical profession in general and the closely related specialties in particular for a consensus of the training required to perform in this new field.
- That training in the new field is recognized as the single pathway to the competent preparation of a practitioner in this discipline.

The ACGME will make the decision to accept and recognize, or not, all such new disciplines. Prior to ACGME review and assessment, an ad hoc committee will be established to review each petition for new specialty training. The Chair of the ACGME

will appoint the ad hoc committee with the concurrence of the Executive Committee. It will be composed of individuals who have had experience in graduate medical education (GME), GME accreditation, practice in the general area of the proposed new discipline, and representatives from the LCSB experienced in the critical review of new disciplines. The ad hoc committee will recommend to the ACGME that the proposal for recognition be:

1. Denied, or
2. Referred to an existing RRC for additional consideration for inclusion in the current discipline; or to be considered as new subspecialty of the existing general discipline; or
3. Recommended for "Preliminary Development" as a new discipline with a training period tentatively proposed for one or greater years.

If referred to an existing RRC for consideration as a new dependent or independent subspecialty, the established procedures of the ACGME will be followed. In some instances the newly proposed discipline may embrace elements of more than one existing RRC. In such case the involved RRCs may establish a joint working group to assess and recommend that the new discipline be directed by one existing RRC, jointly by two or more RRCs, a conjoint committee of several RRCs, or other appropriately representative bodies.

In case of a recommendation for "Preliminary Development," with the approval of the ACGME, the petitioners are authorized to develop detailed statements of Program Requirements as have been established for the current RRCs but tailored to the new discipline. Following the established ACGME procedures (see Section VI), the proposed program requirements will be vetted as all program requirements of the ACGME among the appropriate ACGME Committees (Program Requirements Committee, Monitoring Committee, in particular) existing RRCs, program director groups, RRC appointing organizations and ACGME members and other interested groups and organizations. The Ad Hoc Committee will collect the comments in response and make a new recommendation to the ACGME to proceed with the further development of the new discipline or not.

If the recommendation is for further development, the Ad Hoc Committee will recommend the structure and function of an appropriate Residency Review Committee with no more than three appointing organizations for the new discipline. The ACGME must give final approval with clear guidelines to the Monitoring Committee to assess the progress and success of the new discipline and the guiding RRC. (ACGME Approved February 15, 2000)

VI. POLICIES AND PROCEDURES FOR THE RECOGNITION OF SUBSPECIALTY AREAS FOR ACCREDITATION

Definition: Subspecialty areas are defined by the ACGME as those areas of graduate medical education which have as a prerequisite for enrollment prior speciality training.

A. Criteria for Recognition

The ACGME shall evaluate proposals for the accreditation of training programs in a subspecialty area in accordance with the criteria set forth below. This evaluation will ensure that accreditation of programs in the subspecialty area is consistent with the purpose of the ACGME, namely, to improve the quality of health care by promoting high standards for graduate medical education.

Documentation must be provided by the RRC on the professional and scientific status of the proposed subspecialty area, to include, at least, evidence of the following:

1. The existence of a body of scientific medical knowledge underlying the subspecialty—knowledge that is in large part distinct from, or more detailed than that of other areas in which accreditation is already offered. The body of knowledge must be sufficient for educating individuals in a clinical field, and not just in one or more techniques.
2. The existence of a sufficiently large group of physicians concentrating their practice in the proposed subspecialty area. Information should include the number of physicians, the annual rate of increase in the past decade, and their present geographic distribution.
3. The existence of national medical societies with a principal interest in the proposed subspecialty area. Information should include the number of refereed journals published in the subspecialty area as well as how many national and regional meetings are held annually.
4. The regular presence in academic units and health care organizations of educational programs, research activities, and clinical services so that the subspecialty is broadly available on a national basis sufficient to improve the quality of healthcare by providing high standards of medical education.
5. The evolution of the subspecialty area to the extent that the projected number of programs to be accredited will be sufficient to assure that accreditation is a cost-effective method of quality control.
6. That the duration of training is a minimum of one year in addition to the core requirements and that the educational program is primarily clinical.
7. That the impact of accrediting programs in the petitioning or proposed subspecialty area has no adverse impact upon programs of the primary specialty or adverse impact upon other disciplines.

B. Procedures for Considering Opinions of the Relevant ABMS Board

Documentation must be provided that appropriate communication has occurred between the primary Residency Review Committee (RRC) and the relevant Board(s) concerning the proposed subspecialty area. This documentation must clearly indicate one of the following options:

1. That the Board(s) awards a certificate in the subspecialty and supports accreditation in that area; or,
2. That the Board(s) does not intend to award a certificate at this time, but that it is not opposed to the RRC beginning to accredit programs in the subspecialty; or,
3. That the Board is opposed to the accreditation of programs.

When the relevant Board(s) does not award a certificate of special or added qualification in an emerging subspecialty and, in addition, is opposed to the accreditation of programs in that area, an RRC may petition the ACGME to consider the request to begin the accreditation process for that subspecialty as an exception to the criteria stipulated in this document. The request must include documentation that at least three-fourths of the RRC members agree that the accreditation of programs in the subspecialty area would benefit patient care and that the accreditation process should progress regardless of opposition by the relevant Board.

If the Committee for the Review of Program Requirements judges that there is an adequate basis for considering the above request, it shall arrange for a hearing to be held at the next ACGME meeting. The hearing will take place at a designated session of the Committee for the Review of Program Requirements in conjunction with a regular ACGME meeting. Representatives from the RRC and the Board must be invited to participate in the hearing.

In the hearing, the Committee for the Review of Program Requirements will give due consideration to all points of view and make one of the following recommendations:

- (1) To recognize the subspecialty as sufficiently well established so that the accreditation of training programs in that area may be considered; or,
- (2) To deny the request of the RRC.

If the recommendation of the Committee is to recognize the subspecialty as meriting accreditation of its training programs, the concerned Board may appeal to the ACGME for a special hearing by that body. Such a hearing will be arranged for the next meeting of the ACGME.

C. Initial Accreditation

When the ACGME decides to extend accreditation activities to a subspecialty area, the decision shall be provisional for a period of up to five (5) years. At the end of the provisional period, the ACGME shall reconsider its action using the ACGME criteria for the accreditation of programs in a subspecialty area as specified in this document. The ACGME may decide to continue accrediting in the area if the criteria are met.

If the criteria are not met, the ACGME may decide to discontinue accrediting in the area. If a decision to discontinue accreditation is made, the ACGME shall follow the procedures set forth below, under Section **A.VI.E.**

D. Procedures for Periodic Review

For areas in which accreditation already occurs and for areas which receive continued approval for accreditation after the mandatory five-year provisional review, regular review of the subspecialty areas shall occur whenever the RRC that accredits in these areas is reviewed by the Monitoring Committee. The Monitoring Committee shall use the criteria set forth in this document to determine whether accreditation in specific subspecialty areas should be continued. Accreditation shall be continued only in areas which continue to meet the criteria. If the Monitoring Committee judges that accreditation of a subspecialty area should be discontinued, the Committee will so recommend to the ACGME.

E. Procedures for Discontinuing Accreditation (See A.IV.D.6 Monitoring Committee)

If the ACGME determines that a subspecialty area no longer meets the criteria for recognition, a proposal for discontinuation of accreditation shall be announced at a regular ACGME meeting. Interested parties, including the relevant ABMS Board, shall be permitted to comment prior to or at the next regularly scheduled ACGME meeting where a final decision will be made.

After a final action is taken by the ACGME to discontinue accreditation, programs will be notified not to accept new candidates. Accreditation of those programs will be withdrawn after all the residents enrolled have completed the program.

VII. ACGME PROCEDURES ADDRESSING COMPLAINTS AGAINST RESIDENCY PROGRAMS

A. General Considerations

The general purpose of this procedure is to give appropriate attention to complaints specifically related to non-compliance of residency programs with expected standards, including due process issues. The procedure is to be used for complaints from any individual associated with a residency program,

e.g., a resident or a staff member, or an individual who has knowledge of the residency program.

Persons making such complaints should be aware of the options available to them, either as an individual or as a member of a group, for expressing concerns. These options are listed below in the recommended order in which they should be utilized depending on the complainant's relationship to the program. The options are as follows:

1. contact the program director;
2. contact the institutional graduate medical education committee or similar oversight body;
3. contact a) the institutional resident organization, or appropriate peer review group, if one exists; or b) contact the resident physicians' section of the AMA, if appropriate;
4. contact the appropriate Residency Review Committee (RRC).

Residency Review Committees are responsible only for the monitoring of a program's compliance with the Program and Institutional Requirements (Essentials of Accredited Residencies) and will not adjudicate individual disputes between persons and residency programs.

All communications regarding the complaint should be signed by the complainant and should be addressed to the Executive Director of the appropriate Residency Review Committee.

B. Types of Complaints/Confidentiality

1. Complaints related to non-compliance with a standard, are brought to the attention of the Residency Review Committee without revealing the name of the complainant unless the person has specifically stated in writing that it is permissible to reveal his/her identity. If confidentiality is appropriate, all communication with the Residency Review Committee, the program director or site visitor will maintain this confidentiality. If the criticisms are vague as to the situation that is in alleged non-compliance, the Executive Director will ask the complainant to provide more specific information before bringing the matter to the RRC.
2. Complaints related to an issue of due process involving a resident, the Executive Director of the Residency Review Committee will notify the resident that evaluation of the complaint for action by the RRC mandates identification of the concerned resident, and that written concurrence of the resident is needed before the issue may be brought to the attention of the RRC. The RRC will deal only with issues of non-compliance with

standards and will not adjudicate individual disputes concerning due process.

3. Anonymous complaints cannot be considered. If the concern is serious enough to warrant investigation, the complainant must provide his/her name and mailing address with the expectation of confidentiality as outlined above.
4. Complaints that suggest a risk of harm to the program director, staff, patients, or others from the complainant, the Executive Director of the RRC, after consultation with the RRC Chairman, has the obligation to alert the program director to the risk. The program director is to investigate the matter and provide follow-up information to the Executive Director of the RRC.

C. Residency Review Committee Action

The Executive Director will convey to the RRC for its consideration complaints that relate to non-compliance. In cases where confidentiality is appropriate, the Executive Director will compose correspondence to the Residency Review Committee which communicates the exact nature of the complaint without revealing the identity of the person(s) making the complaint.

The following options may be exercised by the Residency Review Committee:

1. Take no action on the complaint. The complainant will be so advised.
2. Investigate the complaint by notifying the program director of the complaint, stating the exact nature of the complaint and following the guidelines for confidentiality appropriate to the complaint. A copy of this notification will be sent to the Chief Executive Officer of the sponsoring institution of the program or to the appropriate institutional graduate medical education official if identified in ACGME records.

Where a complaint that satisfies the criteria outlined above has been received well in advance of the RRC's next meeting, the Executive Director may, in the interest of saving considerable time, directly inform the program director of the complaint and request a written response for consideration at the RRC's next meeting. When the program director's response is received, the complaint will be placed on the program agenda and considered by the RRC.

For complaints taken under consideration after a response from the program director has been received, the Residency Review Committee may exercise the following options:

1. Take no further action on the complaint. The complainant and the program director will be so advised.
2. Conclude that the program was not in compliance with the Essentials of Accredited Residencies with regard to the issue of the complaint. The program director will be informed of the decision and advised that the issue will be examined at the time of the next review of the program. The complainant will also be informed of the decision.
3. May decide to investigate the complaint further through a site visit of the program at which time the specific issue of alleged non-compliance with the Essentials of Accredited Residencies will be addressed as well as regular review of the entire program. The investigation of the complaint may occur at the next scheduled site visit, or the RRC may request an earlier site visit.
4. If the RRC requests a site visit, the program director will be informed that the response to the complaint should be reviewed by the institutional graduate medical education committee.
5. The program director and the complainant will be notified that the RRC has requested a site visit in preparation for a full review of the program.

When the program is reviewed following the site visit, the RRC will indicate its findings on the complaint to the program director in the regular notification letter. The complainant will also be informed of the findings on the complaint.

D. Maintenance of Complaint Documentation

The following are guidelines for maintaining documentation on complaints.

1. Documents related to complaints that do not fall within the purview of these procedures will not be maintained after appropriate communication to the complainant.
2. Documents related to complaints that fall within these procedures, including the original signed complaint document, will be maintained in complaint case files separate from the program file on the residency program named in the complaint.
3. If the complainant decides that confidentiality is not necessary or desired, or if the issue involves due process for a resident, the written statement(s) to this effect, together with all documentation on the complaint, will be maintained in the complaint case file.
4. A copy of any communication composed by the Executive Director which, in order to maintain confidentiality, restates the substance of the

complaint for review by the RRC or for informing a site visitor in preparation for an on-site visit will be maintained in the complaint case file.

5. When an RRC completes action on a complaint, the program director and the complainant will be so advised, both communications will be filed in the complaint case file, and the file will be closed and need not be further maintained.

VIII. ACGME PROCEDURE FOR RAPID RESPONSE TO ALLEGED EGREGIOUS ACCREDITATION VIOLATIONS OR CATASTROPHIC INSTITUTIONAL EVENTS

The occurrence of an alleged egregious accreditation violation or a catastrophic institutional event which, because of its urgency, must be addressed outside of the established processes of the ACGME should be reported promptly to the Executive Director of the ACGME. Any component of the ACGME accreditation process having knowledge of such an occurrence, including residents in training or member organizations, has a responsibility to report the matter promptly and directly to the ACGME Executive Director who will initiate an investigation to determine credibility and degree of urgency of the matter. Whenever the ACGME Executive Director determines that the matter disclosed is of sufficient importance and urgency to require expedited action, the following process will be initiated:

1. An ad-hoc advisory committee composed of the ACGME Executive Director, the Chair of the Institutional Review Committee, and the Chair of the Residency Review Committee Council will be convened, provided said individuals do not exhibit or declare a conflict of interest. This committee may request a formal and prompt response from the appropriate responsible individual(s), decide that an immediate on-site survey should occur, or recommend that the matter be referred to the appropriate Review Committee for immediate action.
2. If the ad-hoc committee decides that an immediate on-site survey should occur, a focused survey will be conducted by one or more members of the ACGME field staff or other knowledgeable individuals appointed by the ad-hoc advisory committee. The ACGME Executive Director will inform the appropriate responsible individual(s) in the program and institution of the site visit and the stated reason(s).
3. The site visitor(s) will conduct a focused survey of the residency program or institution considering all matters related to the alleged egregious or catastrophic accreditation violation. At the conclusion of the survey, the site visitor(s) will submit a written report to the ACGME Executive Director. The ACGME Executive Director will forward the report to either the Institutional

Review Committee or the relevant Residency Review Committee (RRC) for consideration at the next regular meeting or earlier as appropriate.

4. The RRC may take, without limitation, the following accreditation actions; Continued Provisional Accreditation (Section **B.V.B.2**), Continued Full Accreditation (Section **B.V.B.3**), Probation (Section **B.V.B.4**), Summary Withdrawal of Accreditation (Section **B.V.B.6**). If summary withdrawal is conferred, the decision would not be subject to appeal upon reconsideration, and the date for summary withdrawal of accreditation would be determined by the RRC.

IX. CONFIDENTIALITY STATEMENT

The Accreditation Council for Graduate Medical Education (ACGME) requires that its procedures and those of the Residency Review Committees be sensitive to the need both for maintaining the confidentiality of and for disclosing certain information and documents acquired during the accreditation process.

In order to comply with this requirement, ACGME

1. Holds as confidential* the following documents and the information contained therein.
 - a. Program Information Forms and/or Institutional Review Documents
 - b. Site Visit Report
 - c. Progress Report
 - d. Proceedings of review committees, appeals panels, and/or the ACGME
 - e. Correspondence between the ACGME, appeals panels, review committees, the programs and/or institutions, and
 - f. Accreditation or review actions of specific programs and/or institutions

*For purposes of this section, confidentiality applies only to the documents actually within the possession of the ACGME and its associated Review Committees. Confidentiality means that the ACGME and its associated Review Committees will not disclose the documents listed in this section nor the information contained therein except as required for ACGME accreditation procedures, or as may be required by legal process.

2. Publishes and releases, including on the ACGME Website (www.acgme.org), the following information about accredited programs and institutional reviews:
 - a. Name and address of the sponsoring institution
 - b. Name and address of major participating institution(s)
 - c. Name and address of program director
 - d. Name and address of GME coordinator
 - e. Length of program

- f. Total positions
 - g. Program accreditation and institutional review status
 - h. Date of last site visit
 - i. Date of next site visit
3. Provides the following information on request concerning ACGME and the review committees:
- a. the names and addresses of the members of ACGME and review committees
 - b. Surveys and reports conducted by ACGME and prepared for public distribution
4. In order to protect the confidential information, and the ACGME's interest in maintaining the confidentiality of the confidential information, ACGME and review committee members are required to
- a. Not make copies of, disclose, discuss, describe, distribute, or disseminate in any manner whatsoever, including in any oral, written or electronic form, any confidential information that the review committees or Council receive or generate, or any part of it, except directly in conjunction with service to ACGME;
 - b. Not use such confidential information for personal or professional benefit or for any other reason, except directly in conjunction with service to the review committees and the ACGME; and,
 - c. Dispose of all materials and notes regarding confidential information in compliance with ACGME Policies.

A breach of these rules of confidentiality could result in irreparable damage to the review committees, the ACGME and its mission, as well as to the public, and may result in removal of the member from the RRC.

X. FIDUCIARY DUTY OF ACGME APPOINTEES

ACGME appointees have a fiduciary duty to the ACGME independent of their appointing organizations. This fiduciary duty to an incorporated ACGME under Illinois Law includes (1) a duty of care and (2) duty of loyalty. The appointees must be attentive to the needs and priorities of the ACGME, and must act in what they believe to be the best interests of the ACGME.

B. MANUAL OF POLICIES AND PROCEDURES FOR ACGME RESIDENCY REVIEW COMMITTEES

ACGME Approved Revisions:

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I. INTRODUCTION

The mission of the ACGME is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education experience for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. It uses the most effective methods available to evaluate the quality of graduate medical education programs. It strives to develop evaluation methods and processes that are valid, effective, fair, open and ethical.

In carrying out these activities the ACGME is responsive to change and innovation in education and current practice, promotes the use of effective measurement tools to assess resident physician competency, and encourages educational improvement.

Under the aegis of the ACGME, the accreditation of graduate medical education programs is carried out through the Residency Review Committees (RRCs) (including the Transitional Year (TY) Review Committee) with delegated accreditation authority. Graduate medical education programs are accredited when they are judged to be in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education. The Essentials consist of (a) an introductory Preface, (b) the Institutional Requirements which are prepared by the Institutional Review Committee, approved by the ACGME, and apply to all institutions that sponsor GME programs accredited by ACGME and (c) the Program Requirements which are prepared by a review committee for its area(s) of competence and approved by the ACGME.

The purpose of this manual is to provide policies, procedures, and guidelines for the RRCs in the accreditation of graduate medical education programs. The ACGME establishes general procedures for reviewing graduate medical education programs, for developing and maintaining records on each program, and for informing the program director and other designated parties of the action taken by the reviewing bodies. Throughout the Manual, the policies and procedures are applicable to all graduate medical education programs and the respective reviewing committees, except where some variation for a program or committee is explicitly noted. The policies, procedures, and guidelines for the Institutional Review Committee begin in section "C" of this Manual. The activities of the ACGME extend only to those institutions within the jurisdiction of the United States of America.

II. TYPES OF GRADUATE MEDICAL EDUCATION PROGRAMS

For purposes of accreditation, residency programs are divided into general specialty programs and subspecialty programs.

A. General Specialty Programs

These programs function independently within an institution(s) and are subject to all ACGME accreditation actions, policies, and procedures.

B. Subspecialty Programs

1. **Dependent Subspecialty Programs:** Some subspecialty programs are required to function in conjunction with an accredited general specialty program so that the accreditation status of the subspecialty program is related to the status of a general specialty program and they are usually reviewed conjointly by the respective RRC. These subspecialty programs are subject to ACGME accreditation actions, policies, and procedures, with some specific qualifications indicated in **B.V.C.**
2. **Independent Subspecialty Programs:** Other subspecialty programs have developed in an independent way and are not dependent upon a general specialty program. These subspecialty programs are subject to the same ACGME accreditation actions, policies, and procedures as general specialty programs.

C. Transitional Year Programs

Transitional year programs are one year in length and are designed to provide a first year of graduate medical education. They comprise a program in multiple clinical disciplines designed to facilitate the choice of and/or preparation for a general specialty. Transitional year programs are reviewed like general specialty programs and are subject to the same ACGME accreditation actions, policies, and procedures, with some specific qualifications as indicated within this manual.

III. ORGANIZATION OF REVIEW COMMITTEES

A. Residency Review Committees (RRCs)

1. **RRC Appointing Organizations**
Each RRC is sponsored by its respective specialty board, by the American Medical Association, and, for a majority of the RRCs, by a specialty society.

RRC appointing organizations may be added, changed, or deleted upon approval of the existing RRC appointing organizations and the Board of Directors.

2. COMPOSITION OF AN RRC

a. Membership

- 1) Regular. Each RRC appointing organization shall be equally represented on the RRC by designated voting members. An appointing organization may appoint a resident physician as one of its voting members.
- 2) Alternate. RRC members are expected to attend and constructively participate at each meeting. Nevertheless, an RRC may invite its RRC appointing organizations to appoint alternate members. An alternate member may be authorized by an appointing organization to replace a regular member who is unable to attend. Such alternates, therefore, should be very familiar with the accreditation process and with the work of the RRC, e.g., former members of the RRC.
- 3) *Ex-officio*. One *ex-officio* member, without vote, may be appointed by each appointing organization and may attend meetings of the RRC. A appointing organization may appoint a resident physician as its *ex-officio* member, without vote.

Ex-officio members are subject to the same rules of conflict of interest as regular members (B.IV.D) *Ex-officio* members may participate in policy discussions and in discussion of program review, but may not bring or use information about specific programs not documented nor available to the entire committee.

b. Resident Representation

Each RRC must appoint a resident physician to serve as a voting member of the committee.

The resident representative shall be in training at the time of the appointment.

c. Increase of Membership

Requests for an increase in the number of members on an RRC must be approved and budgeted by the ACGME before implementation.

d. Guests

RRCs may invite guests to attend meetings to provide information concerning a specific matter to be considered at that meeting.

Unless authorized, guests should not be present when the RRC is evaluating residency programs.

3. TENURE OF OFFICE

Each appointing organization may determine the term of service for its members. Appointments should not exceed six years.

4. STAFF

The executive director of the ACGME will appoint an executive director and other staff for each RRC.

B. Transitional Year Review Committee (TYRC)

1. COMPOSITION OF THE TYRC

a. Membership

The TYRC is composed of nine members who are appointed by the Chair of the ACGME in conjunction with the Executive Committee according to the following guidelines:

Nominees for the TYRC will be solicited from the ACGME, the RRCs, and the medical community at large. They will include people knowledgeable about Transitional Year issues and capable of serving as evaluators of Transitional Year Programs.

b. Resident Representation

The Chair of the ACGME, with the approval of the Executive Committee must appoint a resident physician who has successfully completed an accredited transitional year program to serve as a member of the TYRC.

c. Guests

The TYRC may invite guests to attend meetings to provide information concerning a specific matter to be considered at that meeting. Unless authorized, guests should not be present when the TYRC evaluates programs.

2. TENURE OF OFFICE

Appointments to the TYRC should not exceed six years; the terms of the members should be staggered so that continuity of membership is maintained.

3. STAFF

The executive director of the ACGME will appoint an executive director and other staff for the TYRC.

C. Policies and Procedures for Appointment of RRC members

1. PURPOSE

The ACGME has established the following guidance for RRC appointing organizations in appointing RRC members. This guidance should assist appointing organizations in appointing regular members of RRCs who understand the work of the ACGME and who accept the professional commitment involved in serving as an RRC member.

2. ACTION

a. Professional Qualifications. Regular Member Appointees to Residency Review Committees:

- 1) must be willing to support ACGME approved policies concerning the role of accreditation;
- 2) must be willing to give priority to attendance at RRC meetings;
- 3) must have demonstrated substantial experience in administration and/or teaching within the specialty;
- 4) must be board-certified specialists in the field; and
- 5) should have knowledge of the accreditation process.
- 6) must be from a program of quality that is in substantial compliance with the Program Requirements; and
- 7) must agree to the number of meetings and the workload in the review of programs and other tasks of the RRC;

b. Organizational and Procedural. The following guidance is provided for the appointment of regular members:

- 1) RRC members should be actively involved in graduate medical education, thus exemplifying the principle of peer review by participating on the basis of contemporary knowledge and practice.
- 2) RRC members' terms of office should be staggered so as to provide for appropriate experience and leadership on a continuing basis and to avoid jeopardizing RRC functions in the event of premature resignation of senior members.
- 3) In making appointments to the RRC, appointing organizations should coordinate their efforts to obtain appropriate representation of the respective subspecialty areas on those RRCs that accredit subspecialty programs, a wide geographic

distribution of membership on the RRC and demographic diversity with respect to gender, race and ethnicity.

- 4) Each RRC should establish a method of appointment of residents to the RRC. Appointment by the RRC appointing organizations or an appropriate specialty-specific resident association is preferred. The method of appointment need not be uniform; the role and responsibilities of the resident member is considered more important than the method of selection.
- 5) The appointing organization will be notified by the RRC Chair or the Executive Director of the ACGME of an appointee's failure to perform in accordance with the expectations set forth for RRC members.

IV. RESPONSIBILITIES OF REVIEW COMMITTEES

A. Review and Accredit Programs

Review committees shall hold regularly scheduled meetings to review programs to determine whether the programs are in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education. If a review committee holds delegated accreditation authority, it will act on the accreditation status of each program under consideration. If the review committee does not hold accreditation authority, it will submit to the ACGME a recommendation regarding the accreditation of each program. Each review committee may devise special procedures and materials to facilitate the review process.

B. Preparation of Program Requirements

Each review committee is responsible for preparation of the program requirements for the area(s) of its competency, and for periodic revisions to reflect current educational practice. Any new program requirements, or a proposal for revision of existing program requirements, must be accompanied by a justification/impact statement. Procedures and guidelines for preparation of program requirements and of justification/impact statements, as well as the procedures to be followed in obtaining approval of program requirements, are in **Section B.VIII**

C. Recommendations for Policy

An RRC may recommend to the ACGME changes in policy after providing its appointing organizations an opportunity to comment upon such recommendations.

D. Conflict of Interest

The following policies will be observed by ACGME directors and review committee members in avoiding conflict of interest situations relating to their responsibilities for accreditation of graduate medical education programs:

1. No director of the ACGME or member of a review committee (including ex-officio members and guests) will participate in the accreditation review of a program if for any reason it is determined that participation of the individual would involve a conflict of interest. Under such circumstances, the individual will withdraw from all deliberation of the issue under discussion and will leave the meeting room. This action will be recorded in the minutes of the meeting and in the History Summary for the program under consideration.
2. Members of a review committee (including ex-officio and guests) may not act or speak for or on behalf of the committee or of the ACGME without authorization by the ACGME. This does not preclude review committee members from reporting on committee activities without identifying specific programs to appropriate organizations.
3. Active members of review committees shall not serve as consultants to graduate medical education programs and shall not act as specialist site visitors. However, members of the Transitional Year Review Committee are not precluded from participating in these activities in their own specialties.

E. Fiduciary Duty of RRC Members

RRC members have a fiduciary duty to the ACGME independent of their appointing organizations. This fiduciary duty to an incorporated ACGME under Illinois Law includes (1) a duty of care and (2) duty of loyalty. RRC members must be attentive to the needs and priorities of the ACGME, and must act in what they believe to be the best interests of the ACGME.

If a member of a review committee cannot exercise a fiduciary responsibility to act in the best interest of the ACGME in the work of the review committee on any particular issue, the member should declare a conflict of interest as described in Section **B.IV.D.1**.

F. Confidentiality of Documents and Information

See Section **A.IX**

G. Use of Information on Resident Performance on Certification Examinations in Program Review

An RRC may use information pertaining to the performance of program graduates on certification examinations administered by a specialty board as one measure of the quality of a residency program. The following guidelines are set forth for RRCs using such information:

1. The Program Requirements for the specialty must indicate that such information may be used in evaluating and accrediting residency programs.
2. The information made available to the RRC by a specialty board must also be available from the board to the respective program directors.
3. An RRC which intends to use such information in accrediting residency programs should obtain sufficient information from the specialty board to evaluate the program properly and to communicate meaningfully with the program director. The information should be limited to that requested by the RRC and should be presented in a format appropriate for use by the accrediting body.
4. The specialty board must provide to the RRC such information in writing which must be included in the official file of the residency program.
5. RRCs should establish reasonable criteria and procedures for using such information in accrediting residency programs.

V. ACCREDITATION OF GRADUATE MEDICAL EDUCATION PROGRAMS

A. Procedures for Program Accreditation

1. **ACCREDITATION DOCUMENTS**
Each review committee is responsible for the development of program information forms in conjunction with the ACGME Operations and Data Analysis staff, which are completed by a program director to provide the committee with a comprehensive description of the program. The completed forms may serve for review of a continuing program or as an application for a proposed program. In addition, the review committee may prepare a report form to be completed by the site visitor. Receipt by the ACGME office of appropriately signed forms from an institution (to include new or re-applications) constitutes a request by the institution for program review and accreditation. These data may serve for analysis of trends for accreditation issues.
2. **SITE VISIT**
A site visit of a graduate medical education program is conducted by either a member of the Field Staff or by a specialist from the respective specialty. The site visitor's primary responsibility is to verify the

information which has been provided by the program director in the program information forms. The site visitor also conducts interviews with administrators, faculty, and residents in order to report on the various aspects of the program. The site visitor does not make recommendations regarding the program's accreditation status and does not participate in the accreditation decision by the review committee. A committee may set forth in a letter of notification regarding accreditation of a program specific issues to be addressed by a site visitor in the course of the next general review of the program.

Site visits will generally be accomplished by members of the Field Staff as assigned by the Director of Field Staff. An RRC may determine that a specialist should conduct the site visit for a specific program or for all programs in that specialty. Specialists should be chosen for their competence and experience in graduate medical education and in their specialty. An RRC may maintain a roster of specialists approved for this purpose.

3. REVIEW AND ACCREDITATION

Review committees may grant initial accreditation to programs upon application/re-application without a site visit.

A site visit and review of a program must be conducted before the status of an accredited program can be changed except in cases of administrative action as defined in Section **B.V.B.6.**, or as otherwise specified or approved by the ACGME for the accreditation of subspecialty programs in Section **B.V.C.** below. The respective committee reviews the completed program information forms, the site visitor's report, and related correspondence in determining whether a program is in substantial compliance with the Program Requirements for that particular area of medical education and the applicable Institutional Requirements. The review committee designates an accreditation status for each program and identifies points of partial compliance and/or non-compliance with the published educational standards. The program is evaluated on the basis of the Program Requirements and the applicable Institutional Requirements that are effective at the time of the site visit. Violations of Institutional Requirements discovered during the review of programs by an RRC in either single or multiple-program institutions should be forwarded to the IRC for review and response.

With permission of the RRC Executive Director, a program director may be permitted to submit additional or revised information that arrives sufficiently in advance of the committee meeting to allow for proper review

a. Program Review

Prior to a review committee meeting, the documents for each program to be reviewed are forwarded by the respective executive director-RRC to one or more members of the committee for review. In the course of program review at the meeting, the review committee will consider the site visitor's observations on the programs. The review committee will take formal action on each program under consideration. The executive director-RRC will prepare a formal statement of action taken by the committee on each program that will be transmitted to the program director in a letter of notification.

b. The Program File

The program file will contain the following items:

- 1) The history sheets summarizing the recommendations and actions of the review committee and the ACGME and the notification letter to the program director.

In the case of a program reapplying for accreditation after accreditation had been previously withheld or withdrawn, the accreditation history of that program may be included as part of the program file.

- 2) A copy of the most recent program information forms submitted by the program director.
- 3) A copy of the most recent site visitor's report.
- 4) All pertinent correspondence subsequent to the most recent notification letter to the program director.

4. PERIOD OF ACCREDITATION

When a program is initially accredited, accreditation commences with the date of the meeting or as specified in the letter of notification. A program remains accredited until action is taken by a review committee to withdraw accreditation of the program. Accredited programs are reviewed in accordance with cycles established for each category of accreditation, e.g., provisional, full, and probationary. A committee may reduce the length of the cycle for any one of the categories or for a specific program. A program director may petition a review committee for an early review of a program and an accredited program may be reviewed at the discretion of a committee following notice to the program director. The committee may provide a longer cycle length based on evidence of significant progress or for necessary logistical accommodations.

5. LETTER OF NOTIFICATION

All accreditation actions taken by a review committee are reported to program directors by the respective executive director-RRC who prepares formal letters of notification. The letters should be completed in a reasonable time following a committee meeting.

Letters of notification will state the action taken by the review committee, and will indicate the current accreditation status, the length of the accredited program, the number of residents approved for the program (if included in the accreditation action), and the approximate date for the next review of the program. RRC and TYRC notification letters are addressed to program directors and a copy to the designated institutional official for GME.

B. Actions Regarding Accreditation of General Specialty Programs

The following actions may be taken by an RRC regarding the accreditation status of general specialty programs and by the TYRC regarding the status of transitional year programs:

1. WITHHOLD ACCREDITATION

A review committee may withhold accreditation when it determines that the proposal for a new program does not substantially comply with the Essentials of Accredited Residencies in Graduate Medical Education. The committee will cite those areas in which the proposed program does not comply with the standards.

2. PROVISIONAL ACCREDITATION

Provisional accreditation is granted for initial accreditation of a program, or for a previously accredited program which had its accreditation withdrawn and has subsequently applied for re-accreditation. Provisional accreditation may also be used in the unusual circumstance in which separately accredited general specialty programs merge into one or an accredited program has been so altered that in the judgment of the RRC it is the equivalent of a new program.

Provisional accreditation implies that a program is in a developmental stage. It remains to be demonstrated that the proposal for which accreditation was granted will be implemented as planned. Accordingly, a review committee will monitor the developmental progress of a program accredited on a provisional basis. Following accreditation, programs should undergo a site visit in approximately two years in preparation for review by the respective committee. The interval between accreditation and the next review of the program by the RRC should not exceed three years. In the course of monitoring a program's development, a review committee may continue provisional accreditation; however, the total period of provisional accreditation should not exceed five years for programs of four years duration or less, or the length of the program plus one year for programs of five years duration or longer. With the exception

of special cases as determined by a review committee, if full accreditation is not granted within either of these time frames, accreditation of the program should be withdrawn.

When a program is accredited on a provisional basis, the effective date of accreditation is the date of the meeting or will be specifically stipulated. Under special circumstances, the effective date may be made retroactive; however, unless justified for particular reasons, it should not precede the beginning of the academic year during which the program is accredited.

3. FULL ACCREDITATION

A review committee may grant full accreditation in three circumstances:

- a. When programs holding provisional accreditation have demonstrated in accordance with ACGME procedures that they are functioning on a stable basis in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education.
- b. When programs holding full accreditation have demonstrated upon review that they continue to be in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education.
- c. When programs holding probationary accreditation have demonstrated upon review that they are in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education.

The maximum interval between reviews of programs holding full accreditation is five years; however, a review committee may specify a shorter cycle.

4. PROBATIONARY ACCREDITATION

A review committee may grant probationary accreditation in the case of programs holding full accreditation which upon review are no longer considered to be in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education.

In reviewing a program which holds probationary accreditation, a committee may exercise the following options: grant full accreditation, withdraw accreditation, or, in special circumstances, continue probationary accreditation.

The normal interval for review of programs holding probationary accreditation is two years; however, a review committee may specify a shorter cycle. A program should not hold probationary accreditation for more than four consecutive years until it is returned to full accreditation or the committee acts to withdraw accreditation. This period may be

extended for procedural reasons as when a program director exercises the right to appeal procedures or the review schedule exceeds four years. The probationary period is calculated from the date of the initial decision for probation.

5. WITHDRAWAL OF ACCREDITATION

Accreditation may be withdrawn from a program under the following conditions:

a. Noncompliance with Essentials

Accreditation may be withdrawn from programs holding either provisional accreditation or probationary accreditation as follows:

- 1) For programs holding provisional accreditation, once a review committee has notified a program director that the program has not developed as proposed to establish and maintain substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education, the program will be subject to withdrawal of accreditation for failure to be in substantial compliance with the Essentials.
- 2) For programs holding probationary accreditation, once a review committee has notified a program director that the program is accredited on a probationary basis, the program will be subject to withdrawal of accreditation for continued failure to be in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education.
- 3) In giving notification, as indicated in 1) and 2) above, a review committee must indicate the areas in which the program is judged not to be in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education. It is understood that these areas may change in the course of multiple reviews conducted from the time a program is first given notice that it is not in compliance until the withdrawal of accreditation may occur.

b. Institutional Noncompliance with Essentials

Programs will have their accreditation withdrawn by action of the ACGME when, after due warning and the opportunity for a hearing before the ACGME, the ACGME has determined that the sponsoring institution is not in substantial compliance with the Institutional Requirements.

c. Request of Program

Voluntary withdrawal of accreditation may occur at the request of the program director in the following ways:

- 1) A program director may request voluntary withdrawal of accreditation, without prejudice. It is expected that if a program is deficient for one or more of the reasons set forth in Section **B.V.B.5.**, the director will seek voluntary withdrawal of accreditation. Such requests should come from the program director, with a letter of confirmation from the chief executive officer of the sponsoring institution.
- 2) Two or more general specialty programs may be merged into a single new program. If the RRC accredits the new program, it will take concurrent action for voluntary withdrawal of accreditation, without prejudice, of the previously separate programs. The RRC will consider the expressed preference of the program director in establishing the effective date for withdrawal of accreditation of the program(s).

d. Effective Date of Withdrawal

The following policies apply when action is taken to withdraw accreditation (except for establishment of an effective date in the case of voluntary withdrawal of accreditation or withdrawal of accreditation because of inactivity or deficiency):

- 1) The effective date of withdrawal of accreditation shall not be less than one year from the date of the final action taken in the procedures to withdraw accreditation.
- 2) The effective date of withdrawal of accreditation shall permit the completion of the training year in which the action becomes effective.
- 3) Once notification has been made of the effective date of withdrawal of accreditation, no residents may be appointed to the program.
- 4) When action has been taken by a review committee to withdraw accreditation of a program, and the program has entered into appeal procedures, an application for re-accreditation of the program, or any other program request, will not be considered until the appeal action is concluded.

6. SUMMARY WITHDRAWAL OF ACCREDITATION

a. Regardless of a program's accreditation status, a review committee may summarily withdraw a program's accreditation upon a clear showing of noncompliance with accreditation standards as follows:

- 1.) A catastrophic loss or complete change of resources, e.g., faculty, facilities, or funding; or

2.) A program judged egregiously noncompliant with stated accreditation standards, such that the quality of resident education is seriously compromised.

- b. A review committee may summarily withdraw a program's accreditation pursuant to an egregious accreditation violation pursuant to the ACGME Procedure for Rapid Response to Alleged Egregious Accreditation Violations (See Section **A.VIII**);
- c. The effective date of summary withdrawal shall be determined by the review committee considering a reasonable time for resident placement. Summary withdrawal of accreditation by a review committee is not subject to appeal.
- d. The sponsoring institution is responsible to direct resources for placement of the affected residents.
- e. Once notification of summary withdrawal is made to the program, no residents may be admitted to the program.
- f. The program and/or the sponsoring institution may request reconsideration of the summary withdrawal. A written request for reconsideration must be received by the Executive Director of the applicable review committee within thirty days of the program's receipt of notification of summary withdrawal of accreditation.
- g. The review committee will meet by call or otherwise, within 14 days of receipt of the request for reconsideration, to determine whether the action should be confirmed.
- h. If the action is rescinded, the program's accreditation status will revert to its previous status and the review committee will set a date for the next site visit.

7. ADMINISTRATIVE WITHDRAWAL OF ACCREDITATION

- a. Delinquency of Payment
Programs which are judged to be delinquent in payment of fees are not eligible for review and shall be notified by certified mail, return receipt requested, of the effective date of administrative withdrawal of accreditation. On that date, the program will be removed from the list of ACGME accredited programs.
- b. Noncompliance with Accreditation Actions and Procedures
A program director may be deemed to have withdrawn from the voluntary process of accreditation and a review committee may take appropriate action to administratively withdraw accreditation if that director refuses to comply with the following actions and procedures:

- 1) To undergo a site visit and program review.
- 2) To follow directives associated with an accreditation action.
- 3) To supply a committee with requested information.
- 4) To maintain current data through the ACGME Web Accreditation Data System (Web ADS)

c. Program Inactivity

A review committee may administratively withdraw accreditation of a program, regardless of its accreditation status if the program has been inactive for two or more years, without requesting and being granted official “inactive status” (see 6e). The effective date of withdrawal shall be determined by the review committee, considering the circumstances for the withdrawal of accreditation.

d. Inactive Status in Lieu of Withdrawal of Accreditation

A subspecialty program in otherwise good standing that has not been active (had residents) for two or more years may request “inactive status” in lieu of withdrawal of accreditation if it is contemplated to reactivate the program within the next two years. The RRC may stipulate what assurances must be provided for re-activation to be sure the program continues in substantial compliance. For dependent subspecialty programs, “inactive status” does not exempt from policies related to accreditation status. Unless the general specialty program is in full or continued accreditation the dependent subspecialty is not eligible for “inactive status.” Programs with residents may not elect to become inactive until all residents have left the program.

In any event a program may not retain accreditation for more than four consecutive years without residents even with “inactive status” for two years.

8. WARNING PROCEDURE

A review committee may use a special procedure to advise a program director that it has serious concern about the quality of the program and that the program's future accreditation status may be in jeopardy. In keeping with the flexibility inherent in the accreditation process, each committee may use this procedure in accordance with its own interpretation of program quality and use of the different accreditation categories. This procedure is not considered an adverse action and, therefore, is not subject to appeal procedures.

The warning procedure may be used as follows:

a. For a Program with Provisional Accreditation

A review committee may elect to continue provisional accreditation, but include in the letter of notification a statement that the program will be reviewed in approximately one year, following a site visit, at

which time withdrawal of accreditation will be considered if the program has not achieved satisfactory development in establishing substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education.

- b. For a Program with Full Accreditation
A review committee may elect to continue full accreditation, but include in the letter of notification a statement that the program will be reviewed in approximately one year, following a site visit, at which time probationary accreditation will be considered if the program is not in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education.
- c. Interval between Reviews
Review committees may extend the interval before the next review to two years as in cases where program improvements may be addressed more appropriately within two years rather than one year.

9. DEFERRAL OF ACCREDITATION ACTION

A review committee may defer a decision on the accreditation status of a program. The primary reason for deferral of accreditation action is lack of sufficient information about specific issues, which precludes an informed and reasonable decision. When a committee defers accreditation action, the program retains its current accreditation status until a final decision is made.

10. RESIDENT COMPLEMENT

The complement of residents in a program must be commensurate with the total capacity of the program to offer for each resident an educational experience consistent with accreditation standards. Thus, a review committee may indicate that a program is accredited to train a specific number of residents as a maximum at any one time. In addition, a committee may indicate the number of residents to be trained in each year of the program. A review committee may also indicate that a minimum number of residents is considered necessary in each program to provide an effective learning environment.

11. PARTICIPATING INSTITUTIONS

The sponsoring institution of a program may utilize one or more additional institutions to provide necessary educational resources. In such cases, a review committee may evaluate whether each participating institution contributes meaningfully to the educational program.

12. PROGRESS REPORTS

A review committee may request a progress report from a program director. The committee should specify the exact information to be provided. When a progress report is requested, a specific due date should be included in the request. The progress report should be

reviewed by the sponsoring institution GMEC and signed by the chair of the GMEC or to the Designated Institutional Official (DIO). The RRC may, among other things, change the pending cycle length (either longer or shorter) on the basis of the degree of progress reported.

C. Actions Regarding Accreditation of Subspecialty Programs

The accreditation status of a subspecialty program that is required to function in conjunction with an accredited general specialty program is related to, or dependent upon, the status of that program. Because of this dependency, only a limited number of accreditation actions are appropriate.

1. DEPENDENCY OF SUBSPECIALTY PROGRAM ON GENERAL SPECIALTY PROGRAM

- a. A request for initial accreditation of a subspecialty program will be considered only if the accreditation status of the general specialty program is full accreditation and the general specialty program is judged by the RRC to be in good standing, i.e., is not involved in any phase of the appeals procedures. Under special circumstances, an RRC may grant initial accreditation to a subspecialty program when the general specialty program holds provisional accreditation. Further, a review committee may withhold accreditation when it determines that the new dependent subspecialty program does not relate appropriately to the general specialty program of the RRC.
- b. If a general specialty program with full accreditation is subsequently accredited on a probationary basis, this simultaneously constitutes an administrative warning of potential loss of accreditation to any subspecialty program that is attached to the general specialty program.
- c. If any program has its accreditation withdrawn, simultaneously the accreditation of any subspecialty program that is attached to the withdrawn program is administratively withdrawn, as well.
- d. Ordinarily the subspecialty program is reviewed in conjunction with the general specialty program; occasionally the subspecialty program may be on a shorter review cycle.

2. ACCREDITATION ACTIONS FOR SUBSPECIALTY PROGRAMS

- a. **Withhold Accreditation**
An RRC may withhold accreditation when it determines that the proposal for a new subspecialty program does not substantially comply with the Essentials of Accredited Residencies in Graduate Medical Education. The RRC will cite those areas in which the proposed program does not comply with the standards.

- b. **Accreditation**
The subspecialty program has demonstrated substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education and is attached to an accredited general specialty program.
- c. **Accreditation with Warning**
The accredited subspecialty program has been found to have one or more areas of non-compliance with the Essentials that are of sufficient substance to require correction.
- d. **Accreditation with Warning, Administrative**
The general specialty program to which the subspecialty program is attached has been granted accreditation on a probationary basis. This action simultaneously constitutes an administrative warning of potential loss of accreditation to any subspecialty program that is attached to the general specialty program.
- e. **Withdraw Accreditation**
An accredited subspecialty program is considered to be not in substantial compliance with the Essentials and has received a warning about areas of noncompliance.
- f. **Withdraw Accreditation, Administrative**
If a general specialty program has its accreditation withdrawn, simultaneously the accreditation of any subspecialty program that is attached to the general specialty program is administratively withdrawn.
- g. **Other Actions by an RRC**
The policies and procedures on Withdrawal of Accreditation of general specialty programs in Section **B.V.B.5.** above, as well as those on Deferral of Action, Resident Complement, Participating Institutions, and Progress Reports governing general specialty programs, as indicated in Section **B.V.B. 8-11** above, also apply to the actions concerning subspecialty programs.

3. **ACCREDITATION ACTIONS FOR SELECTED SUBSPECIALTY PROGRAMS**

Those subspecialty programs that are not dependent upon the accreditation status of another program are subject to all ACGME accreditation actions, just like general specialty programs.

D. Proposed Adverse Actions and Appeal Procedures

1. **ADVERSE ACTIONS**

For general specialty and transitional year programs, the following accreditation actions are considered to be adverse: withhold accreditation; probationary or continued probationary accreditation; withdraw accreditation; and a reduction in the resident complement, unless requested by the program director.

For subspecialty programs dependent upon an accredited general specialty program, only the actions of withhold accreditation, withdraw accreditation, and reduce the resident complement are considered to be adverse.

2. ACGME PROCEDURES FOR PROPOSED ADVERSE ACTIONS

The following procedures will be implemented when a Residency Review Committee (RRC) determines that a program is not in substantial compliance with the *Essentials of Accredited Residencies in Graduate Medical Education (Essentials)*. [Note: Here and elsewhere in these *Procedures for Proposed Adverse Actions*, reference to “Residency Review Committee” also includes the ACGME’s Transitional Year Review Committee.]

- a. When an RRC determines that an adverse action is warranted, the RRC will first give notice of its proposed adverse action to the program director and to the Designated Institutional Official of the sponsoring institution. This notice of proposed adverse action will include the citations that form the basis for the proposed adverse action, a copy of the site visitor’s report, and the date by which the program may submit, in writing, its response to each of the citations and to the proposed adverse action. [Note: Here and elsewhere in these *Procedures for Proposed Adverse Actions*, the word “action” reflects delegation of accreditation authority to the RRC. In the event of a decision by an RRC not holding delegated authority, read “recommendation of an RRC and action by the ACGME” throughout the procedures.]
- b. The program may provide to the RRC written information revising or expanding factual information previously submitted; challenging the findings of the site visitor; rebutting the interpretation and conclusions of the RRC; demonstrating that cited areas of noncompliance with the published standards did not exist at the time when the RRC reviewed the program and proposed an adverse decision; and contending that the program is in compliance with the standards. The RRC will determine whether the information may be considered without verification by a site visitor.
- c. The RRC will complete its evaluation of the program at a regularly scheduled meeting, as indicated to the program director in the notice

of proposed adverse action. The RRC may confirm the adverse action or modify its position and take a nonadverse action.

- d. If an RRC confirms the adverse action, it will communicate to the program director the confirmed adverse action and the citations, as described above, including comments on the program director's response to these citations.
- e. The letter of notification, which will include information on the right of the program to appeal the RRC's decision to the ACGME, will be sent to the program director, and the DIO. The program director may appeal the decision; otherwise, it is final. If the decision is accepted as final, the program director may subsequently request a new review in order to demonstrate that the program is in compliance with the standards.
- f. Upon receipt of notification of a confirmed adverse accreditation action, the program director must inform, in writing, the residents and any applicants who have been invited to interview with the program that the adverse action has been confirmed, whether or not the action will be appealed. A copy of the written notice must be sent to the executive director of the RRC within 50 days of receipt of the RRC's letter of notification.

3. ACGME PROCEDURES FOR APPEAL OF ADVERSE ACTIONS

- a. If a Residency Review Committee (RRC) takes an adverse action, the program may request a hearing before an appeals panel. [*Note: Here and elsewhere in these *Procedures for Appeal of Adverse Actions*, reference to "Residency Review Committee" also includes the ACGME's Transitional Year Review Committee.*] [*Note: Here and elsewhere in these *Procedures for Appeal of Adverse Actions*, the word "action" reflects delegation of accreditation authority to an RRC. In the event of a decision by an RRC not holding delegated authority, read "recommendation of an RRC and action by the ACGME" throughout the procedures.*] If a written request for such a hearing is not received by the executive director of the ACGME within 30 days following receipt of the letter of notification, the action of an RRC will be deemed final and not subject to further appeal.

Requests for a hearing must be sent express mail to: Executive Director, Accreditation Council for Graduate Medical Education, 515 North State Street, Suite 2000, Chicago, Illinois 60610.

If a hearing is requested, the appeals panel will be appointed according to the following procedures:

- 1) The ACGME shall maintain a list of qualified persons in each specialty as potential appeals panel members.
 - 2) For a given hearing, the program shall receive a copy of the list of potential appeals panel members and shall have an opportunity to delete a maximum of one-third of the names from the list of potential appeals panel members. Within 15 days of receipt of the list, the program shall submit its revised list to the executive director of the ACGME.
 - 3) A three-member appeals panel will be constituted by the ACGME from among the remaining names on the list.
- b. When a program requests a hearing before an appeals panel, the program reverts to its status prior to the appealed adverse action until the ACGME makes a final determination on the status of the program. Nonetheless, at this time residents and any applicants who have been invited to interview with the program must be informed in writing as to the confirmed adverse action by an RRC on the accreditation status. A copy of the written notice must be sent to the executive director of the RRC within 50 days of receipt of the RRC's letter of notification.
 - c. Hearings conducted in conformity with these procedures will be held at a time and place to be determined by the ACGME. At least 25 days prior to the hearing, the program shall be notified of the time and place of the hearing.
 - d. The program will be given the documentation of the RRC action in confirming its adverse action.
 - e. The documents comprising the program file, the record of the RRC's action, together with oral and written presentations to the appeals panel, shall be the basis for the recommendations of the appeals panel.
 - f. The appeals panel shall meet and review the written record, and receive the presentations. The appropriate RRC shall be notified of the hearing and a representative of the RRC may attend the hearing to be available to the appeals panel to provide clarification of the record.

Proceedings before an appeals panel are not of an adversary nature as typical in a court of law, but rather, provide an administrative mechanism for peer review of an accreditation decision about an educational program. The appeals panel shall not be bound by technical rules of evidence usually employed in legal proceedings.

The program may not amend the statistical or narrative descriptions on which the decision of the RRC was based. The appeals procedures limit the appeals panel's jurisdiction to clarification of information as of the time when the adverse action was proposed by the RRC. Information about the program subsequent to that time cannot be considered in the appeal. Furthermore, the appeals panel shall not consider any changes in the program or descriptions of the program which were not in the record at the time when the RRC reviewed the program and confirmed the adverse decision. [Note: Option: When there have been substantial changes in a program and/or correction of citations after the date of the proposed action by the RRC, a program may forego an appeal and request a new evaluation and accreditation decision. Such an evaluation will be done in accordance with the ACGME procedures, including an on-site survey of the program. The adverse status will remain in effect until a reevaluation and an accreditation decision have been made by the RRC.] Presentations shall be limited to clarifications of the record, arguments to address compliance by the program with the published standards for accreditation, and the review of the program in the context of the administrative procedures governing accreditation of programs. Presentations may include written and oral elements. The appellant may make oral arguments to the appeals panel, but the oral argument will be limited to two hours in duration.

The appellant shall communicate with the appeals panel only at the hearing or in writing through the executive director of the ACGME.

The appeals panel shall make recommendations to the ACGME whether there is substantial, credible and relevant evidence to support the action taken by the RRC in the matter that is being appealed. The appeals panel, in addition, will make recommendations as to whether there has been substantial compliance with the administrative procedures governing the process of accreditation of graduate medical education programs.

- g. The program may submit additional written material within 15 days after the hearing. The intention to submit such material must be made known to the appeals panel at the hearing.
- h. The appeals panel shall submit its recommendations to the ACGME within 20 days after receipt of additional written material. The ACGME shall act on the appeal at its next regularly scheduled meeting.
- i. The decision of the ACGME in this matter shall be final. There is no provision for further appeal.

- j. The executive director of the ACGME shall, within 15 days following the final ACGME decision, notify the program under appeal of the decision of the ACGME.
- k. See VI.A.4 Finance for expenses associated with appeals.

E. Notification of Residents and Applicants

Program directors must inform current residents as well as applicants, that is, all persons invited to come for an interview, of the accreditation status of the program as follows:

1. All residents in a program should be aware of the accreditation status of the program and must be notified of any change in the accreditation status. During resident interviews, site visitors will routinely inquire when and how residents and applicants were informed of the accreditation status of the program or any change thereof.
2. If an adverse action regarding the accreditation status of a general specialty program is confirmed by an RRC, the program director must ensure that all residents and applicants of the general specialty and the dependent subspecialty programs are advised in writing of the adverse action regarding the general specialty program's accreditation status. This written notification must be made even if the program director requests a hearing before an appeals panel. For applicants, the information on accreditation status must be provided in writing prior to having them come to the program for an interview. A copy of the written notification must be submitted to the executive director-RRC within fifty days of the date of the notification letter advising the program director of the adverse action.
3. When a review committee withholds accreditation of a proposed program, residents enrolled in a formerly accredited program and applicants who have anticipated accreditation of the proposed program must be advised by the program director in writing of the failure of the program to obtain accreditation and a copy of that notification must be submitted to the executive director-RRC within fifty days of the date of the letter of notification to the program director, regardless of institutional intent to appeal that decision.
4. A copy of the letters to residents and applicants must be kept on file by the program director.

Review committee executive directors will monitor compliance with the requirement to notify residents and applicants in the case of adverse actions and will advise the review committee if a program director has failed to comply with the specified procedures. If a program director fails to comply, the review committee shall notify the sponsoring institution's

GMEC to take appropriate action to ensure that residents are notified of the program's current accreditation status.

F. RRC/IRC Notification of Program Changes

The Executive Director of the relevant RRC/IRC must be notified promptly of any major changes in the organization of the program, including changes in program directors, institutional sponsorship, loss of significant resources (including key faculty), or discontinuation of rotations to participating institutions. Since the complement of residents in a program must be commensurate with the total capacity of the program to offer each resident an educational experience consistent with accreditation standards, any change in the total number of residents in the training program must be reported to the RRC Executive Director as well. Notification of these changes should be made through the ACGME Web based Accreditation Data System (Web ADS).

Each program must provide accurate and complete data on various aspects of the program as required for the ACGME to fulfill its public responsibilities.

VI. FINANCE (Also See C.VI)

A. Fee Structure

The ACGME charges fees to defray the cost of accreditation. These fees are annually determined by the ACGME.

1. ACCREDITATION FEE

The ACGME will impose a yearly accreditation fee on all accredited programs. This fee covers all of the ongoing costs associated with accreditation, including the following services: the site visit (Field Staff or specialist, program or institutional), preparation and distribution of information forms, review of the completed program materials by a review committee, operative log processing and reporting, notification regarding the decision of the review committee.

There will be separate accreditation fees for programs with more than five (5) residents and those with five (5) or fewer.

2. APPLICATION FEE

A fee is charged for processing applications of programs seeking initial accreditation or re-accreditation.

3. INACTIVE FEE

Programs that have been deemed inactive in accordance with section V.B.6.d will be assessed an inactive fee.

4. APPEALS FEE

In the event of an appeal of an adverse action there will be an appeals

fee. In addition, the program and the ACGME will divide equally the following costs associated with the appeal: cost of court reporter, as well as actual expenses for travel, meals, and hotel for appeals panel and RRC member.

5. **CANCELED or POSTPONED SITE VISIT FEE**
Should a program cancel or postpone a scheduled site visit the ACGME may impose a cancellation fee penalty. This penalty may be imposed at the discretion of the Director for Field Staff activities.
6. **PROCEDURE**
Fees are payable within 30 days upon receipt of the invoice.

B. Expenses

The ACGME defrays expenses for accreditation proceedings in accordance with financial policies established annually. Claims for reimbursement will be submitted to the executive director of the ACGME.

1. COMMITTEE MEETINGS

- a. **Facilities**
Charges for facilities and services associated with a review committee meeting, such as meeting rooms, food service, or special arrangements are paid by the ACGME.
- b. **Members**
Review committee members are reimbursed for expenses associated with their attendance at review committee meetings. Members are reimbursed for actual travel expenses as well as for meals and hotel expenses up to a specific per diem rate. The rate of per diem is established annually by the ACGME.

Committee members may not accept payment for service on the RRC, to include travel upgrades at the expense of the appointing organization or the ACGME, honoraria, or similar rewards except from the ACGME.

- c. **Ex officio Members**
Ex officio members of a review committee will be reimbursed for expenses by their appointing organization in accordance with the regulations of that organization.
- d. **Resident Member**
A resident member appointed by a review committee shall be reimbursed for actual expenses for travel, meals and hotel under ACGME guidelines for attendance at review committee meetings.

- e. **ACGME Staff**
Expenses incurred by the members of the secretariat shall be reimbursed by the ACGME.
 - f. **Guests**
Guests will be eligible for reimbursement of expenses if they are attending the meeting at the request of a review committee.
2. **SITE VISIT**
Members of the Field Staff are reimbursed for expenses in accordance with their contractual relationship. Specialist site visitors are reimbursed for transportation, meals, and lodging, and receive an honorarium for the service rendered. The honorarium is determined on an annual basis by the ACGME.

VII. OPERATIONAL RESPONSIBILITIES

A. Residency Review Committees

1. **Chair OF RRC**
An RRC chair should be elected for a two-year term from the voting membership. All voting members of an RRC shall be eligible for the chairship and the chair shall be eligible for re-election. If the chair for any reason relinquishes the chairship prior to the completion of the term, the RRC shall elect a new chair.
- An RRC chair shall call and preside over regularly scheduled meetings of the RRC. The chair will ensure that the RRC conducts its responsibilities in accordance with the policies and procedures contained in this manual and in other official documents of the ACGME. The chair will direct the RRC in taking official action to be recorded on each residency program under consideration. The RRC Chair will attend the ACGME Council of Chairs meeting.
2. **VICE-Chair**
The vice-chair should be elected for a term not to exceed two years from the voting membership and shall not have been appointed to the RRC by the same appointing organization as the chair. The vice-chair shall assume the duties of the chair in the latter's absence.
3. **RRC MEMBERS**
The primary responsibility of an RRC member shall be to review residency programs to determine whether they are in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education. An RRC member shall carry out this responsibility in accordance with guidance contained in Section **B.IV.** of this manual. An RRC member may also be requested to participate in the preparation of

accreditation materials used by the RRC for reviewing residency programs. RRC members are expected to attend each of the regular RRC meetings and to have reviewed the materials in advance to participate constructively in the deliberations. Repeated failure to do either may require the Chair of the RRC requesting the appointing organization to appoint a replacement.

B. Transitional Year Review Committee

1. Chair OF TYRC

The TYRC chair should be elected for a two-year term from the voting membership. All voting members of the TYRC shall be eligible for the chairship and the chair shall be eligible for re-election. If the chair for any reason relinquishes the chairship prior to the completion of the term, the TYRC shall elect a new chair.

The TYRC chair shall call and preside over regularly scheduled meetings of the review committee. The chair will ensure that the committee conducts its responsibilities in accordance with the policies and procedures contained in this manual and in other official documents of the ACGME. The chair will direct the TYRC in taking official action to be recorded on each residency program under consideration.

The chair shall be responsible for signing the official record of the action taken by the TYRC for each program reviewed at a meeting.

2. VICE-Chair

The vice-chair should be elected for a two-year term from the voting membership of the TYRC. The vice-chair shall assume the duties of the chair in the latter's absence.

3. TYRC MEMBERS

The primary responsibility of a TYRC member shall be to review transitional year programs to determine whether they are in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education. A TYRC member shall carry out this responsibility in accordance with guidance contained in paragraph IV. of this manual. A committee member may also be requested to participate in the preparation of accreditation materials used by the TYRC for reviewing programs. TYRC members are expected to attend each of the regular TYRC meetings and have reviewed the materials in advance sufficient to participate constructively in the deliberations. Repeated failure to do either may require the appointment of a replacement.

C. Procedures for Removal of a Member from a Residency Review Committee

The ACGME Bylaws state in Article IX, Section 3, that an RRC member may

be removed by a majority vote of the board of directors whenever in its judgment the best interests of the ACME would be served thereby. In the case of a request to remove an RRC member, the board may act on its own, or in a response to a recommendation from an RRC Chair or an RRC appointing organization. The following procedures will be followed by the ACGME:

1. The affected RRC member will be given written notice of the proposed request to include a statement of the reasons for the proposed request;
2. The affected RRC member will be informed in writing that s/he has an opportunity to provide a written response to the request and to appear before the Executive Committee of the ACGME in person. The affected RRC member has the option of voluntary resignation at which point these procedures will be terminated.
3. Written notice of the proposed request will be given to the affected RRC (addressed to its Chair) and to the RRC appointing organization that appointed the affected RRC member;
4. The affected RRC and RRC appointing organization will be informed in writing that they have an opportunity to comment upon the proposed request either orally before the Executive Committee at its next meeting, or in writing prior to the Executive Committee's next meeting before a recommendation is made; and
5. A recommendation of the Executive Committee on the proposed request will be forwarded to the ACGME at its next regularly scheduled meeting for action.

(Approved ACGME Executive Committee, February 13, 2001; RRC Council, May 11, 2001 and ACGME, June 11, 2001)

D. Executive Director of Residency Review Committees

The Executive Director of Residency Review Committees (executive director-RRC) is responsible for all administrative matters pertaining to the review committees to which the executive director - RRC is assigned and directs the committee's day-to-day activities as follows:

1. Directs the planning and organization of the RRC's meetings, including the development of the RRC's agendas.
2. Directs the RRC's program review work to ensure that all accreditation actions follow ACGME policies and procedures.
3. Plans and provides training for new RRC members in the areas of

program review and RRC policies and procedures.

4. Participates in the decision-making process of the RRC by advising on ACGME policies and procedures and monitoring RRC decisions for adherence to them and for fairness in the application of the published standards.
5. Analyzes program files and review materials before and after meetings and prepares texts of Committee accreditation actions in accordance with published standards and ACGME policies and procedures.
6. Supervises the preparation and dissemination of the letters notifying programs and institutions of RRC accreditation decisions.
7. Provides consultation to program directors and other institutional officials regarding RRC accreditation decisions, the accreditation process, and ACGME and RRC policies and procedures.
8. Coordinates the review and revision of Program Requirements to ensure that they are prepared in accordance with ACGME guidelines.
9. Develops Program Information Forms and site visitor guidelines, with RRC consultation, to collect appropriate information for residency program accreditation.
10. Represents the RRC and ACGME in the communication of information, both in oral and written form, regarding ACGME accreditation of residency programs.
11. Supports and directs the work of ACGME committees and/or special projects as assigned.

E. Mechanism for Transacting RRC Business Via Conference Telephone Calls

1. INTRODUCTION

The Accreditation Council for Graduate Medical Education recognizes that on rare occasions it may not be possible to gather a quorum of the members of a particular Residency Review Committee together for the purpose of conducting RRC business. (For the purpose of this document), a quorum shall constitute a majority of the voting members of the committee.)

There are basically two situations when it may be necessary to utilize conference telephone calls. These are:

- a. When, due to conditions beyond the control of the chair or executive

director-RRC, it is not possible to gather a quorum of the voting members to attend a regularly scheduled meeting; or

- b. When, due to an emergency situation it is necessary to transact official business between regularly scheduled meetings and it is not possible to arrange a meeting in time to consider the question(s) in a timely fashion and have a quorum of the voting members present.

2. PROCEDURE

It is important that all reasonable efforts to hold a meeting of the voting members be exhausted before the conference telephone call be utilized. When the conference call is utilized, the following procedure must be followed:

- a. The executive director-RRC shall be responsible, either by mail or telephone, for determining if a majority of the voting members wish to hold the meeting by telephone conference call.
- b. No meeting by conference telephone call shall be conducted unless a majority of the voting members specifically authorize such a meeting.
- c. The executive director-RRC shall be responsible for making all arrangements for a conference telephone call.
- d. All members (including the executive director-RRC and ex-officio members) must receive all material relative to the subject matter to be considered, prior to making a decision whether or not to hold a conference telephone call.
- e. If at all possible, all members (including the executive director-RRC, ex-officio members and all other parties necessary and appropriate to the business of the meeting) of the RRC should participate in the conference call. At least a quorum of voting members must be involved.
- f. The executive director-RRC shall keep minutes of the discussion and action(s) taken as a result of the conference call.
- g. All votes taken during conference telephone calls shall be by the roll call method.
- h. The executive director-RRC shall be responsible for conducting and recording all votes taken during conference telephone calls.
- i. Minutes of the conference call shall be prepared promptly by the executive director-RRC and sent to all members of the RRC for

review and correction. A written response approving or correcting the minutes must be received from all voting members participating in the conference telephone call prior to forwarding recommendation(s) to the ACGME.

- j. Any new information introduced during the conference call must be submitted in writing to the executive director-RRC, for inclusion with the minutes, prior to forwarding recommendation(s) to the Accreditation Council for Graduate Medical Education.

VIII. ACGME GUIDELINES AND OUTLINE FOR PROGRAM REQUIREMENTS

A. Steps Involved in Development and Approval of Program Requirements

The development and revision of Program Requirements is one of the responsibilities of a Residency Review Committee (RRC). RRCs are expected to review their Program Requirements periodically; at least every five years they must carry out a complete review of the document and present it to the ACGME for review and approval.

The procedures approved by ACGME call for the following steps:

1. Revision of the Program Requirements and preparation of a justification/impact statement for the proposed revision by the RRC or other ACGME Committee;
2. Since it is good practice to allow those who will be evaluated by the educational criteria to have some input into their development, it is suggested that an RRC send an early draft of revised Program Requirements to all program directors in the specialty so that they will have an opportunity to comment before the document is submitted for final approval.
3. Distribution of the revised Program Requirements and the justification/impact statement to the appointing organizations of the RRC as well as to the member organizations of the ACGME, and all other RRCs for their review and comment.
4. Review by the RRC of the comments submitted by the various organizations and revision of the document to accommodate these suggestions if they are acceptable to the RRC.* If the RRC disagrees with a suggestion submitted by an ACGME member organization, an appointing organization of an RRC, or another RRC, it should provide a written statement explaining the disagreement (there is no requirement that the comments submitted by one sponsor organization be distributed to the other sponsor(s) nor is there a requirement that the document into which the sponsor's comments have been incorporated be sent back to

all of the sponsors for additional review and comment);

5. Submission of the following to ACGME:
 - a. The revised Program Requirements, and justification/impact statement,
 - b. Official communications regarding the proposed revision from the RRC's appointing organizations and from other respondents,
 - c. A statement from the RRC explaining why suggestions from the appointing organizations have not been accepted, if this is the case.

B. Procedures for Major or Minor Revisions of Program Requirements

1. MAJOR REVISIONS OF PROGRAM REQUIREMENTS:

- a. RRCs request comments from RRC appointing organizations and from program directors early in the development/revision of program requirements.
- b. When the document is ready for distribution for review and comment, addressees (RRC Chairpersons and member organizations of the ACGME) are notified by memorandum that the document is available from the ACGME/RRC website.
- c. RRCs should expedite final review of comments and further revision of the document by such means as electronic communications, delegation to an ad hoc committee, or delegation to an RRC member.
- d. Ordinarily, the effective date for implementation of approved program requirements will be the following July 1, or January 1, at least six months following the ACGME meeting at which the requirements were approved. Under special circumstances the ACGME may designate an earlier or later date and make this information available on the ACGME website.

2. MINOR REVISIONS OF PROGRAM REQUIREMENTS

- a. These procedures apply for revisions that are editorial in nature, that clarify a standard for common understanding without changing the standard, or that update standards that are technical or specialty specific as with procedures or equipment in the specialty.
- b. RRC distribute a revised document to their appointing organizations for information and comment and simultaneously forward the revised document to the ACGME Committee for the Review of Program Requirements.
- c. Ordinarily, with ACGME approval, the effective date of

implementation of the program requirements will be 60 days following the date of general distribution of the document. If substantial objections are received from an addressee(s) within 60 days following approval and distribution, the requirements will be considered not effective, and the RRC will follow the standard procedure for revision and approval of requirements.

C. Use of Numbers in Program Requirements

It has been acknowledged by many of the groups involved in the development, review and approval of Program Requirements that the use of numbers per se is not inappropriate. However, the use of numbers should be reviewed carefully in relation to the following principles:

1. Numerical criteria which are contained in educational standards should be educationally appropriate and defensible.
2. Numerical standards should generally be approximations and be interpretive examples of standards which are essentially qualitative. In general, the numbered standards should indicate minima and, if possible, should be stated as ranges rather than as absolute numbers.

D. Guidelines for the Preparation of Justification/impact Statement to Accompany New Specialties/Subspecialties and Requests for Revisions of Program Requirements

1. Introduction and Purpose:

The Committee for Review of Program Requirements of the ACGME reviews proposals by the RRC to create or revise Program Requirements for residency education in their respective disciplines. The majority of these changes are minor and represent alterations which are consistent with some change in practice pattern or evolution of the discipline. In some cases, however, the changes are major and represent not only alterations which affect the residents and educators in the specialty but also affect other specialties whose body of knowledge or activities overlap the specialty in question. Also of concern is the possibility that some change in education activities or in the residency requirements for a discipline may materially affect or alter the pattern or nature of patient care and/or the resource allocation of the sponsoring institution(s).

The Committee for Review of Program Requirements recognizes that changes may at times result in changes in practice patterns in hospital and ambulatory settings, and also that in most if not all cases, these potential changes have been carefully evaluated by the leaders of the discipline prior to submitting a request for revision. To simplify the work of both the RRCs and the Committee, however, it is appropriate that an RRC submitting a proposal complete a

justification/impact statement and include it with the proposal for consideration by the Committee for Review of Program Requirements . Such statements should be specific in their definition of the potential effect of the change on the patient, the residents, the institution, the residents in other disciplines, and the conduct of the medical practice in the institution. At the same time, it is recognized that the focus of these statements should be on the specific educational needs that will be filled in making these changes.

Questions/issues to be responded to by the Residency Review Committee (Please respond to each question/issue for each substantive area of proposed change, as appropriate.):

1. *Impact on resident education.*

How will the proposed change improve the quality of resident education?

2. *Impact on patient care.*

a. How will the proposed change affect the way the resident, the service, and the staff provide the patients with continuing care? (Answer if appropriate to the change.)

b. Will there be any additional costs for patient care? If so, please explain.

3. *Impact on faculty resources.*

Will an increase in number of faculty from within the discipline or from other disciplines be required? If so, please explain.

4. *Impact on the Institutional Facilities, Services, Faculty*

a. Will there be required institutional resources for the educational or service unit as a result of the proposed change?

b. Will there be any additional costs to the institution(s) in this regard? If so, please explain.

5. *Impact on other services and educational programs in the institution.*

a. If these changes are implemented, will there be an adequate volume and variety of patients to provide proper educational resources in the institution(s)?

b. How will other services or departments of the institution be affected by the change?

6. Implementation.

- a. When is the effective date of this proposed change? Please rationalize the requested effective date based upon the need for faculty, institutional services, financial, or other support.

E. A Glossary of Selected Terms Used in GME Accreditation

Applicant: Persons invited to come for an interview for a GME program.

Consortium: Two or more organizations or institutions that have come together to pursue common objectives (e.g., GME). A consortium may serve as a “sponsoring institution” for GME programs if it is formally established as an ongoing institutional entity with a documented commitment to GME.

Desirable: A term, along with its companion “highly desirable,” used to designate aspects of an educational program that are not mandatory but are considered to be very important. A program may be cited for failing to do something that is desirable or highly desirable.

Essential: (See “Must”.)

Fellow: A physician in a program of graduate medical education accredited by the ACGME that is beyond the requirements for eligibility for first board certification in the discipline. Such physicians may also be termed as “resident” as well. Other uses of the term “fellow” require modifiers for precision and clarity, e.g., “research fellow.”

Institution: An organization having the primary purpose of providing educational and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium, an educational foundation).

- A. *Major participating Institution:* An institution to which residents rotate for a required experience and/or those that require explicit approval by the appropriate RRC prior to utilization. Major participating institutions are listed as part of an accredited program in the *Graduate Medical Education Directory*.
- B. *Participating Institution:* An institution that provides specific learning experiences within a multi-institutional program of GME. Subsections of institutions, such as a department, clinic, or unit of a hospital, do not qualify as participating institutions.
- C. *Sponsoring Institution:* The institution that assumes the ultimate responsibility for a GME program.

Institutional Review: The process undertaken by the ACGME to judge whether a sponsoring institution offering GME programs is in substantial compliance with the Institutional Requirements.

Intern: Historically, “intern” was used to designate individuals in the first year of GME; less commonly it designated individuals in the first year of any residency program. Since 1975 the *Graduate Medical Education Directory* and the ACGME have not used the term, instead referring to individuals in their first year of GME as residents.

Internal Review: The formal process undertaken by a sponsoring institution of its individual ACGME-accredited programs in conformity with Section I.B.3.c. of the Institutional Requirements to evaluate the sponsored programs.

Must (Shall, Essential): Terms used to indicate that something is required, mandatory, or done without fail. These terms indicate absolute requirements.

Program: The unit of specialty education, comprising a series of graduated learning experiences in GME, designed to conform to the Program Requirements of a particular specialty.

Resident: A physician in a program of graduate medical education accredited by the ACGME. Other uses of the term “resident” require modifiers.

Scholarly Activity: Educational experiences that include active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship; active participation in journal clubs, research conferences, regional or national professional and scientific societies, particularly through presentations at the organizations’ meetings and publications in their journals; participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities. May be defined in more detail in specific Program Requirements.

Shall: (See “must.”)

Should: A term used to designate requirements that are so important that their absence must be justified. The accreditation status of a program or institution is at risk if it is not in compliance with a “should.”

Substantial Compliance: The determination of substantial compliance results from a judgment based on all available information as to the degree that the entity being evaluated meets accreditation standards.

Suggested: A term, along with its companion “strongly suggested,” used to indicate that something is distinctly urged rather than required. An institution or a program

will not be cited for failing to do something that is suggested or strongly suggested.

IX. ACGME POLICY ON “MOONLIGHTING” BY GME RESIDENT

ACGME Approved June 27, 2000

Characteristically the physician in the United States accepts the responsibility for his or her patients regardless of time or calendar. If the physician may be unavailable, arrangements are made for appropriate coverage. It is in this philosophical context that graduate medical education (GME) carries the same connotation of total engagement of the resident for the care of his or her patients and the attendant dedication to the learning of the skills, knowledge and professional behaviors of the educational program. Obviously, finite limits of the work schedule must be observed to provide for study, assimilation of knowledge and appropriate rest and recreation for good mental and physical health. Further, recognizing that the physician with a well-balanced life style may well provide more for his or her patients, these elements must be incorporated as well.

All of this suggests that while the physician resident may be totally dedicated to the care of his/her patients and to the learning opportunity, there are realistic limits that must be observed. Thus the Residency Review Committees have attempted in different ways to recognize prudent limits on work requirements so that the learning objectives are not compromised.

In recent years, an additional burden has been placed on some residents. The high cost of education in general and medical education in particular has forced many medical school graduates to borrow large sums of money to complete their undergraduate and MD degree programs. Increasingly, the available loan programs do not defer payments after medical school and those that do add even more burdensome interest. Resident stipends are often not sufficient to cover the cost of living and loan repayments. Thus, residents may seek opportunities to earn additional money during residency to assist in educational loan repayments.

The circumstance of working as a physician outside of one's authorized training program is called “moonlighting”. Moonlighting has been discouraged in the past for several reasons. First, it clearly competes with the opportunity to achieve the full measure of the educational objectives of the residency. Not only does the added time burden take away from study; it reduces rest and the ability for a more balanced lifestyle. Nevertheless, many residents find the need for money to be compelling, and wish to use their time away from their training program to meet financial obligations.

First and foremost, the moonlighting workload must not interfere with the ability of the resident to achieve the goals and objectives of their GME program. The program director must monitor resident performance to assure that factors such as resident fatigue are not contributing to diminished learning or performance, or detracting from patient safety. The program director must also monitor the number of hours and the nature of the workload of residents engaging in moonlighting

experiences.

Residents must not be required to engage in “moonlighting.”

All residents engaged in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs. It is the responsibility of the institution hiring the resident to moonlight to determine whether such licensure is in place, adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties.

The program director must acknowledge in writing that s/he is aware that the resident is moonlighting, and this information must be part of the resident’s folder.

X. EFFECTIVE DATE

The effective date of the *Manual of Policies and Procedures for Graduate Medical Education Review Committees* and any further revisions is the last date printed on the title page. All review committee meetings subsequent to the effective date will be guided by the document as published.

IX. AMENDMENTS AND EXCEPTIONS

The *Manual of Policies and Procedures for Graduate Medical Education Review Committees* may be amended at any time by the ACGME.

A review committee may recommend changes to the *Manual of Policies and Procedures for Graduate Medical Education Review Committees* to improve the accreditation process. Such recommendations will be evaluated by the ACGME.

A review committee may request from the ACGME authority to deviate from the operational policies and procedures set forth in the *Manual of Policies and Procedures for Graduate Medical Education Review Committees* where it can be demonstrated that such exceptions will improve the process of accreditation for that area of graduate medical education. Such policies and procedures are published in conjunction with the Program Requirements for training programs in the specialty.

**C. MANUAL OF POLICIES AND
PROCEDURES
FOR THE
INSTITUTIONAL REVIEW
COMMITTEE**

ACGME Approved Revisions:

February 1996
September 2001
September 2002

I. INTRODUCTION

The mission of the ACGME is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education experience for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. It uses the most effective methods available to evaluate the quality of graduate medical education programs. It strives to develop evaluation methods and processes that are valid, effective, fair, open and ethical.

In carrying out these activities the ACGME is responsive to change and innovation in education and current practice, promotes the use of effective measurement tools to assess resident physician competency, and encourages educational improvement.

Under the aegis of the ACGME, the review of institutions is carried out through the Institutional Review Committee (IRC) with delegated authority. Institutions receive a favorable status when they are judged to be in substantial compliance with the Institutional Requirements. The Institutional Requirements are part of the “Essentials of Accredited Residencies in Graduate Medical Education” which consist of (a) an introductory Preface, (b) the Institutional Requirements which are prepared by the IRC, approved by the ACGME, and apply, in part, to all programs, and (c) the Program Requirements which are prepared by a review committee for its area(s) of competence and approved by the ACGME.

The purpose of this manual is to provide policies, procedures, and guidelines for the IRC in the review of institutions. The ACGME establishes general procedures for reviewing institutions, for developing and maintaining records on each institution, and for informing the Designated Institutional Official and other designated parties as identified by the IRC of the action taken by the IRC. Throughout the Manual, the policies and procedures are applicable to all institutions and the IRC, except where some variation for institutions is explicitly noted. The activities of the ACGME extend only to those institutions within the jurisdiction of the United States of America.

II. TYPES OF INSTITUTIONS

For purposes of institutional review, institutions are divided into *multiple program institutions*, which sponsor two or more ACGME-accredited graduate medical education programs, and *single program institutions*.

A. Multiple Program Institutions Reviewed by the IRC

Multiple program institutions sponsor two or more ACGME-accredited graduate medical education programs. The policies and procedures presented in this manual pertain to this type of institution for which the IRC maintains responsibility with the exception stated below in Section **C.II.B**. Multiple-program institutions sponsor the vast majority of programs in graduate medical education.

B. Single and Multiple Program Institutions Reviewed by One RRC

The review of institutions that sponsor only one ACGME-accredited graduate medical education program is carried out as part of the review of the specialty program by the Residency Review Committees (RRCs). In addition, institutions which sponsor two or more ACGME-accredited programs that are all evaluated by a single RRC, such as a core residency program and its subspecialty(s), have their institutional review by the relevant RRC as an integral part of the survey and evaluation of the programs. Questions tailored to such institutions are completed by the program director, as part of the specialty's Program Information Forms. The site visitor who carries out the specialty site visit will verify matters of institutional commitment, support, and oversight. The specialty site visit report will include any information relevant to the Institutional Requirements that will provide the basis for comments and decisions regarding the review of these institutions by the RRCs at the time they make their accreditation decisions.

Violations of Institutional Requirements discovered during the review of programs by an RRC in either single or multiple-program institutions may be forwarded to the IRC for review and response.

III. ORGANIZATION OF INSTITUTIONAL REVIEW COMMITTEE

A. Composition of the Institutional Review Committee

1. Membership

The Institutional Review Committee (IRC) shall be composed of ten (10) members who are appointed by the chair of the ACGME in conjunction with the Executive Committee according to the following guidelines:

- a. One member of the IRC should be a current representative on the ACGME and will be appointed initially for two years.
- b. Nominees for the IRC will be solicited from the member

organizations of the ACGME, the Board of Directors, the RRC Council, and the graduate medical education community at large to include recognized resident organizations for resident nominees.

- c. One resident member will be appointed as a voting member of the IRC with full responsibilities of membership.
2. Increase of Membership
Requests for an increase in the number of members on the IRC must be approved and budgeted by the ACGME before implementation.
3. Guests
The IRC may invite guests to attend meetings to provide information concerning a specific matter to be considered at that meeting. Unless authorized, guests should not be present when the IRC evaluates institutions.

B. Policies and Procedures for Appointment of IRC Members

1. Purpose
The ACGME has established the following guidelines for appointing IRC members. These guidelines should assist those nominating members to the IRC to nominate those who understand the work of the ACGME and who accept the professional commitment involved in serving as an IRC member.
2. Guidelines
 - a. Professional Qualifications. Nominees recommended for appointment to the IRC
 - 1) must be willing to support ACGME approved policies concerning the role of accreditation;
 - 2) must be willing to give priority to attendance at IRC meetings;
 - 3) should have demonstrated experience in institutional administration and/or institutional oversight of GME programs;
 - 4) should be familiar with the Institutional Requirements and have experience with their implementation;
 - 5) should have knowledge of the institutional review process;
 - 6) must be from an institution with a quality institutional review that is in substantial compliance with the Institutional Requirements; and,
 - 7) must agree to the number of meetings and the workload in the review of institutions and other tasks of the IRC.

- b. Organizational and Procedural. The following guidelines are provided for the appointment of IRC members by the ACGME:
- 1) IRC members should have experience or be actively involved in institutional oversight of graduate medical education, thus exemplifying the principle of peer review by participating on the basis of contemporary knowledge and practice.
 - 2) IRC members' terms of office should be staggered so as to provide for appropriate experience and leadership on a continuing basis and to avoid jeopardizing IRC functions in the event of premature resignation of senior members.
 - 3) In making appointments to the IRC, the ACGME shall coordinate its efforts to obtain appropriate representation of a wide geographic distribution of membership from a variety of institutional sponsors and demographic diversity with respect to gender, race and ethnicity.
 - 4) The ACGME will be notified by the IRC Chair or the Executive Director of the ACGME of an appointee's failure to perform in accordance with the expectations set forth for IRC membership.

C. Tenure of Office

1. Chair
The chair shall be elected for two years from the voting membership of the IRC and shall be eligible for reappointment for an additional two years if his/her term of membership on the IRC has not expired. The duties of the chair are enumerated in Section **C.VII.A.**
2. Vice-Chair
The vice-chair shall be elected for two years from the voting membership of the IRC and shall be eligible for reappointment for an additional two years if his/her term of membership on the IRC has not expired. The duties of the vice-chair are enumerated in Section **C.VII.B.**
3. Other Members
Appointments to the IRC will be for specific terms. The resident member shall be appointed for two years; other members shall be appointed to serve an initial term of three years which is renewable for an additional three years upon approval of the ACGME. The duties of the members are enumerated in Section **C.VII.C.**

D. Staff

The ACGME executive director will appoint an executive director and staff for

the IRC.

IV. RESPONSIBILITIES OF THE INSTITUTIONAL REVIEW COMMITTEE

A. Review of Institutions

The IRC shall hold regularly scheduled meetings to review institutions to determine whether they are in substantial compliance with the *Institutional Requirements*. The committee may propose special procedures and materials to the ACGME to facilitate the review process.

The IRC will hold delegated authority from the ACGME for the letters of report (LOR), including the first, second, and third successive proposed and confirmed unfavorable LORs.

B. Preparation of Institutional Requirements

The IRC may propose revisions to the Institutional Requirements. The proposed revisions will be submitted to the ACGME, and the process for approval will proceed according to Article **XI**, Section **1a**, of the ACGME Bylaws.

The recommended effective date for revisions to the Institutional Requirements will be approximately one year from the date of final approval by the member organizations.

C. Recommendations for Policy

Through the Executive Committee, the IRC may recommend changes in institutional review policy to the ACGME. Such changes must be recommended to the plenary ACGME and approved.

D. Conflict of Interest

The following policies will be observed by IRC members to avoid conflict-of-interest situations relating to their responsibilities for institutional review.

- I. IRC members shall not participate in the review of an institution or discussion of any ACGME-accredited programs if for any reason it is judged that participation of that individual would involve a conflict of interest. Under such circumstances, the individual will withdraw from all deliberation of the issue under discussion and will leave the meeting room. This action will be recorded in the minutes of the meeting in Appendix A, Summary of Actions, for the institution under consideration.

2. Members of the IRC shall not serve as institutional consultants or institutional site visitors to institutions that sponsor graduate medical education programs while serving on the IRC.

E. Fiduciary Duties of IRC Members

1. Members of the IRC may not act for or on behalf of the committee or the ACGME without authorization by the ACGME. This does not preclude IRC members from reporting on committee activities to appropriate organizations.
2. Members of the IRC have a fiduciary duty to the ACGME which includes the IRC. This duty includes (1) a duty of care and (2) duty of loyalty. The IRC must be attentive to the needs and priorities of the ACGME, and must act in what they believe to be the best interests of the ACGME.
3. If a member of the IRC cannot exercise a fiduciary responsibility to act in the best interest of the ACGME and in the work of the IRC on any particular issue, the member should declare a conflict of interest as described in Section **C.IV.D**.

F. Confidentiality of Documents, Information, and IRC Responsibilities

1. The ACGME requires that its procedures and those of the review committees be sensitive to the need both for maintaining the confidentiality of and for disclosing certain information and documents acquired during the accreditation and/or the institutional review process.

ACGME's policies and procedures concerning confidentiality are in Section "A.IX" of the "Handbook of ACGME's Policies and Guidelines" and apply to the IRC.

V. INSTITUTIONAL REVIEW GUIDELINES

A. Procedures for Institutional Review

1. Institutional Review Document
The IRC is responsible for the development and revision of the Institutional Review Document (IRD) which is completed by the designated institutional official who has the authority and the responsibility for the oversight and administration of the GME programs. The IRD provides the committee with a comprehensive description of the institution's responsibilities for GME and its compliance with the Institutional Requirements. Submission of an appropriately signed IRD by the designated institutional official constitutes a request by the institution for review.
2. Site Visit

A site visit of an institution sponsoring graduate medical education programs is conducted by a member of the field staff. The site visitor's primary responsibility is to verify the information that has been provided by the designated institutional official in the IRD. The site visitor also conducts interviews with the designated institutional official, administrators, faculty, and a peer-selected representative group of residents in order to report on the various aspects of the institution. The site visitor does not make recommendations regarding the institution's status and does not participate in the decision of the IRC. The IRC may set forth in an LOR specific issues to be addressed by a site visitor in the course of the next review of the institution.

Site visits are generally accomplished by members of the ACGME Field Staff as assigned by the Director of Field Activities. On occasion, the IRC may determine that a specialist should conduct the site visit for a specific institution. Specialists should be chosen for their knowledge of institutional review, the Institutional Requirements and oversight of GME to include experience in GME. Specialists must not be current members of the IRC.

3. Institutional Review Process

The IRC will conduct an initial site visit and review of those institutions with two or more ACGME-accredited programs with the exception of the multiple-program institutions described in Section **C.II.B.**

A site visit and review of an institution must be conducted before the status of the institution can be changed except in cases of administrative action as defined in Section **C.V.B.12.**

The committee reviews the completed IRD, the site visitor's report, and related correspondence to determine whether an institution is in substantial compliance with the Institutional Requirements through the documentation and implementation of policies necessary to provide an environment appropriate for ACGME-accredited programs. The IRC designates a favorable or unfavorable status for each institution and identifies points of partial compliance and/or noncompliance with the published educational standards. The institution is evaluated on the basis of the Institutional Requirements that are effective at the time of the site visit.

The designated institutional official may be permitted to submit additional or revised information that arrives sufficiently in advance of the committee meeting to allow for proper review.

a. Institutional Review by the IRC

Prior to an IRC meeting, the documents for each institution to be reviewed are forwarded by the executive director for the IRC to one

or more members of the committee for review. In the course of the review at the meeting, the committee will consider the reviewers' observations on the institutions. The committee will take formal action on each institution under consideration. The executive director will prepare a formal statement of action taken by the committee on each institution which will be transmitted to the designated institutional official in a letter of report (LOR).

b. The Institutional File

The institutional file will contain the following items:

- 1) The history sheets summarizing the recommendations and actions of the committee and the ACGME and a copy of the LOR sent to the Designated Institutional Official.
- 2) A copy of the most recent IRD submitted by the designated institutional official.
- 3) A copy of the most recent site visitor's report
- 4) All pertinent correspondence subsequent to the most recent LOR to the institution

4. Period of Review

When an institution is initially reviewed, the review status commences with the date of the meeting or as specified in the LOR. An institution remains on its current status until action is taken by the IRC, or by the ACGME as in the case of an appeal, to change the status of the institution. Institutions are reviewed in accordance with cycles established for each category of review, e.g., favorable, continued favorable, unfavorable, continued unfavorable with warning. The maximum length of the cycle for a favorable review is 5 years; for an unfavorable review, 2 years. The IRC may reduce the length of the cycle for any one of the categories or for a specific institution. A designated institutional official may petition the IRC for an early review of an institution and an institution may be reviewed at the discretion of a committee following notice to the designated institutional official. The IRC may provide a long cycle length based on evidence of significant progress or for necessary logistical accommodations.

5. Letter of Report (LOR)

All actions taken by the IRC are reported to the institutions by the executive director who prepares formal LORs. The letters should be completed in a reasonable time following a committee meeting.

The LOR will state the institutional review status, the approximate date of

next survey, and any other associated actions taken by the IRC. Letters are addressed to the designated institutional official.

B. Actions Regarding Review of Institutions

The following actions may be taken by the IRC regarding the status of institutions:

1. Favorable Status

A favorable action is taken by the IRC to an institution that has adequately demonstrated on review that it is in substantial compliance with the Institutional Requirements. A favorable action may include citations by the IRC.

2. Favorable Status with Warning Procedure

The IRC may use a special procedure to advise an institution that it has serious concern about institutional compliance with the requirements and that the institution's future favorable status may be in jeopardy. The IRC may use this procedure in accordance with its own interpretation of substantial compliance with Institutional Requirements. This procedure is not considered an adverse action and, therefore, is not subject to reconsideration under the "Procedures for Proposed Adverse Actions" in Section **C.V.D.**

3. Unfavorable and Continued Unfavorable Status

- a. An unfavorable action is taken by the IRC when an institution has not adequately demonstrated on review that it is in substantial compliance with the Institutional Requirements.

In reviewing an institution that holds an unfavorable status, the IRC may exercise the following options: grant favorable status, withdraw the accreditation of all of the programs in the institution, or, in special circumstances, continue the unfavorable status.

The normal interval for review of institutions holding an unfavorable status is two years; however, the IRC may specify a shorter cycle. An institution should not hold unfavorable status for more than four consecutive years until it is returned to favorable status. This period may be extended for procedural reasons as when a designated institution official exercises the right to appeal the withdrawal status or the review schedule exceeds four years. The unfavorable period is calculated from the date of the initial decision for unfavorable status.

An unfavorable or continued unfavorable report always includes citations indicating the areas in which the institution is judged not to be in compliance with the requirements.

The procedures for addressing proposed unfavorable or continued unfavorable actions are outlined in the “Procedures for Proposed Adverse Actions” in Section C below..

4. Withdrawal of Accreditation of all ACGME-Accredited Programs

If an institution is judged not in substantial compliance following either an unfavorable or continued unfavorable action, the IRC will propose the withdrawal of accreditation of all ACGME-accredited programs sponsored by the institution. The procedures for a proposed withdrawal status will be followed as outlined in the “Procedures for Proposed Adverse Actions,” Section C below. If the withdrawal status is confirmed by the IRC at the next regularly scheduled meeting, the institution, pursuant to the “Procedures for the Appeal of a Withdrawal of all ACGME-Accredited Programs” in Appendix A, will be given the opportunity to have a hearing before the ACGME to show cause why the decision should not be implemented. The show-cause hearing will be scheduled to coincide with the next regular meeting of the ACGME.

5. Notification of Right to Appeal

If the decision of the ACGME is to sustain the withdrawal status after a show-cause hearing, the ACGME shall promptly notify the institution of its decision to withdraw the accreditation of all programs sponsored by the institution. At the same time, the ACGME will inform the institution of its right to appeal the decision in accord with the “Procedures for the Appeal of a Withdrawal of all ACGME-Accredited Programs” contained in Appendix A.

6. Effective Date of Withdrawal of Programs

The withdrawal of accreditation of all ACGME-accredited programs shall be effected in accordance with a schedule to be determined by the IRC, but shall not be less than one year from the date of the final action taken in accordance with the ACGME procedures for the withdrawal of the accreditation of programs.

7. Unfavorable Actions and Applications for New Programs

Once an unfavorable action or a continued unfavorable has been confirmed, program directors in the sponsoring institution may not apply for accreditation of any new programs until the unfavorable status has been removed following a site visit of the institution and review by the IRC, or when a withdrawal status has been reversed by the ACGME upon

appeal.

8. Deferral of Action

The IRC may defer a decision on the status of an institution. The primary reason for deferral of action is lack of sufficient information about specific issues, which precludes an informed and reasonable decision.

9. Progress Reports

The IRC may request a progress report from a designated institutional official. The IRC will specify the information that is to be provided. When a progress report is requested, a specific due date will be included in the request. The progress report should be reviewed by the sponsoring institution's GMEC and co-signed by the chair of the GMEC. The IRC may, among other things, change the pending cycle length (either longer or shorter) on the basis of the degree of progress reported. Under most circumstances, the progress report will be returned to the IRC member who reviewed the program initially and requested the progress report.

10. SUMMARY WITHDRAWAL OF ACCREDITED PROGRAMS

- a. Regardless of an institution's status, the IRC may summarily withdraw all of the institution's accredited programs upon a clear showing of noncompliance with IRC standards as follows:
 - 1.) A catastrophic loss or complete change of resources, e.g., faculty, facilities, or funding; or
 - 2.) An institution judged egregiously noncompliant with stated institutional standards, such that the quality of resident education is seriously compromised.
- b. The IRC may summarily withdraw all of the institution's accredited programs pursuant to an egregious violation of standards pursuant to the ACGME Procedure for Rapid Response to Alleged Egregious Accreditation Violations (See Manual B, Section VIII);
- c. The effective date of summary withdrawal shall be determined by the IRC considering a reasonable time for resident placement. Summary withdrawal of accreditation by the IRC is not subject to appeal.
- d. The sponsoring institution is responsible to direct resources for placement of the affected residents.
- e. Once notification of summary withdrawal is made to the

institutions, no residents may be admitted to the programs.

- f. The program and/or the sponsoring institution may request reconsideration of the summary withdrawal. A written request for reconsideration must be received by the Executive Director of the applicable review committee within thirty days of the program's receipt of notification of summary withdrawal of accreditation.
- g. The review committee will meet by call or otherwise, within 14 days of receipt of the request for reconsideration, to determine whether the action should be confirmed.
- h. If the action is rescinded, the program's accreditation status will revert to its previous status and the review committee will set a date for the next site visit.

11. Administrative Withdrawal of Institutional Review

- a. **Delinquency of Payment**
Institutions which are judged to be delinquent in payment of program accreditation fees are not eligible for review and shall be notified by certified mail, return receipt requested, of the effective date of administrative withdrawal of accreditation of all the programs sponsored by the institution. On that date, the programs will be removed from the list of ACGME accredited programs and the institution will be removed from the list of sponsoring institutions.
- b. **Noncompliance with Actions and Procedures**
A designated institutional official may be deemed to have withdrawn from the voluntary process of institutional review and the IRC may take appropriate action to administratively withdraw accreditation of all ACGME-accredited programs in the institution if the DIO refuses to comply with the following actions and procedures:
 - 1) to undergo a site visit and institutional review
 - 2) to follow directives associated with an institutional review action
 - 3) to supply the IRC with requested information.
- c. **Institutional Deficiency**
The IRC may administratively withdraw accreditation of all ACGME-accredited programs in an institution, regardless of their accreditation status.
 - 1) The institution has sustained a catastrophic loss or complete change of resources, e.g., faculty, facilities, or funding, such that the institution is judged unfit to sponsor ACGME-accredited

programs.

C. ACGME Procedures for Proposed Adverse Actions

The following procedures will be implemented when the Institutional Review Committee (IRC) determines that the institution is not in substantial compliance with the Institutional Requirements.

1. When the IRC determines that an adverse action is warranted (adverse actions are unfavorable, continued unfavorable, withdrawal) the IRC will first give notice of its proposed adverse action to the designated institutional official (DIO) of the sponsoring institution. This notice of proposed adverse action will include the citations that form the basis for the proposed adverse action, a copy of the site visitor's report, and the date by which the institution may submit, in writing, its response to each of the citations and to the proposed adverse action. [Note: Here and elsewhere in these Procedures for Proposed Adverse Actions, the word "action" reflects delegation of institutional review authority to the IRC by the ACGME.]
2. The institution may provide to the IRC written information revising or expanding factual information previously submitted; challenging the findings of the site visitor; rebutting the interpretation and conclusions of the IRC; demonstrating that cited areas of noncompliance with the published standards did not exist at the time when the IRC initially reviewed the institution and proposed an adverse decision; and contending that the institution is in compliance with the standards. The IRC will determine whether the information may be considered without verification by a site visitor.
3. The IRC will complete its evaluation of the institution at a regularly scheduled meeting, as indicated to the DIO in the notice of proposed adverse action. The IRC may confirm the adverse action or modify its position and take a nonadverse action (favorable decision).
4. If an IRC confirms the adverse action, it will communicate to the DIO the confirmed adverse action and the citations, as described above, including comments on the institution's response to these citations. The date of the next survey will be specified in the case of unfavorable or continued unfavorable actions. Upon receipt of a confirmed unfavorable or continued unfavorable action, the DIO may subsequently request a new review in order to demonstrate that the institution is in compliance with the standards.
5. The DIO may appeal the decision ONLY in instances where an action has been taken to withdraw the accreditation of all ACGME-accredited

programs sponsored by the institution; otherwise, the withdrawal status is final. (The “Procedures for the Appeal of a Withdrawal of all ACGME-Accredited Programs” are in Appendix A.)

D. Notification of Residents, Program Directors and RRCs

1. Resident Notification

Designated institutional officials must ensure that current residents as well as applicants (those invited to interview with the programs in the institution) are informed of the institution’s status as follows:

- a. In the case of a confirmed unfavorable, confirmed continued unfavorable, or a confirmed withdrawal of all ACGME-accredited programs’ report on the institution, residents and applicants must be advised in writing by the designated institutional official of the institution’s adverse status, and a copy of the written notification must be submitted to the executive director of the IRC within 50 days of the date of the adverse Letter of Report. In the case of a confirmed withdrawal report, the DIO must inform the residents and applicants in writing of the adverse action and the effective date of the withdrawal of the programs, whether or not the action is appealed.
- b. In the case of a Letter of Report where the ACGME has sustained withdrawal of all ACGME-accredited programs sponsored by the institution after either a show-cause hearing or a hearing before a Board of Appeals, all residents and applicants must be advised in writing that accreditation of all ACGME-accredited programs sponsored by the institution has been withdrawn. The effective date of withdrawal of the programs must be stated. The designated institutional official shall provide the ACGME executive director with a copy of such written notification promptly after receiving a copy of the final action of the ACGME withdrawing accreditation of the ACGME-accredited programs.

2. Program Director Notification

In the case of all favorable actions, confirmed adverse actions, or a sustained adverse action taken by the ACGME after either a show-cause hearing or a hearing before an Appeal Panel, the designated institutional official is required to make the Letter of Report available immediately to all program directors of ACGME-accredited programs under the sponsorship of the institution.

3. Residency Review Committee Notification

- a. In the case of confirmed withdrawal of accreditation of all ACGME-

accredited programs sponsored by the institution, all affected RRCs shall be notified in writing by the executive director of the IRC.

- b. In the case of a sustained withdrawal of accreditation of all ACGME-accredited programs sponsored by the institution taken by the ACGME after either a show-cause hearing or a hearing before an Appeal Panel, all affected RRCs shall be notified in writing by the ACGME executive director that accreditation of all ACGME-accredited programs sponsored by the institution has been withdrawn.

E. ACGME Procedures for Appeal of Adverse Actions

The procedures for appeal of a withdrawal of all ACGME-accredited programs in the institution may be found in Appendix A of this Manual.

F. IRC Notification of Institutional Changes

The Executive Director of the IRC must be notified promptly of any major changes in the organized of the institution, including changes in Designated Institutional Officials, institutional sponsorship, loss of significant resources (including faculty and GME personnel responsible for institutional oversight), and institutional merges and dissolutions.

Each institution must provide accurate and complete data on various aspects of the institution at the time of the formal institutional review and as required above for the ACGME to fulfill its public responsibilities.

VI. FINANCE

A. Fee Structure

The ACGME does not charge fees to defray the cost of an institutional review.

B. Expenses

The ACGME defrays expenses for accreditation and review proceedings in accordance with financial policies established annually. Claims for reimbursement shall be submitted to the ACGME Executive Director.

I. Committee Meetings

- a. **Facilities**
Charges for facilities and services associated with a committee meeting, such as meeting rooms, food service, or special arrangements, are paid by the ACGME.

- b. **Members**
IRC members are reimbursed on a per diem basis for expenses associated with their attendance at review committee meetings. Members are reimbursed for actual travel expenses (coach class) as well as for meals and hotel expenses up to a specific per diem rate. The rate of per diem is established annually by the ACGME.
- c. **ACGME Staff**
Expenses incurred by the members of the ACGME staff are reimbursed by the ACGME.
- d. **Guests**
Guests will be eligible for reimbursement of expenses if they are attending the meeting at the request of the committee.

2. **Site Visit**

Members of the field staff are reimbursed for expenses in accordance with their contractual relationship.

VII. OPERATIONAL RESPONSIBILITIES

A. Chair of Institutional Review Committee

The IRC chair shall call and preside over regularly scheduled meetings of the committee. The chair will ensure that the committee conducts its responsibilities in accordance with the policies and procedures contained in this manual and in other official documents of the ACGME. The chair will direct the committee in taking official action to be recorded on each institution under consideration.

B. Vice-chair

The vice-chair shall assume the duties of the chair in the latter's absence.

C. Institutional Review Committee Members

Institutional Review Committee members shall be responsible for the following:

1. the review of institutions to determine whether they are in substantial compliance with the Institutional Requirements. An IRC member shall carry out this responsibility in accordance with guidance contained in Section **C.V.A.3** of this manual concerning review of institutional files.
2. participating in the preparation of materials used by the IRC for reviewing

institutions

3. the review of and periodic revision of the Institutional Requirements for submission to the ACGME for approval
4. exercising fiduciary responsibility in accord with the Section **C.IV.E.**, of this manual
5. abiding by ACGME policies concerning conflict of interest and rules of confidentiality in accord with Sections **C.IV.D-F.**, of this manual.

Failure to fulfill these responsibilities, follow ACGME policies and procedures for review committees, to attend IRC meetings, or accomplish work within prescribed deadlines provides sufficient grounds for the ACGME to appoint a replacement member.

D. Executive Director of the IRC

The executive director of the IRC is responsible for all administrative matters pertaining to the IRC and directs the committee's day-to-day activities as follows:

1. Directs the planning and organization of the IRC's meetings, including the development of the IRC's agendas.
2. Directs the IRC's institutional review work to ensure that all review actions follow ACGME policies and procedures.
3. Plans and provides training for new IRC members in the areas of institutional review and IRC policies and procedures.
4. Participates in the decision-making process of the IRC by advising on ACGME policies and procedures and monitoring IRC decisions for adherence to them and for fairness in the application of the published standards.
5. Analyzes institutional files and review materials before and after meetings and prepares texts of institutional review actions in accordance with published standards and ACGME policies and procedures.
6. Supervises the preparation and dissemination of the letters of report notifying institutions of IRC decisions.
7. Provides consultation to designated institutional officials and other GME officials regarding IRC decisions, the institutional review process, and ACGME policies and procedures.
8. Coordinates the review and revision of Institutional Requirements to

ensure that they are prepared in accordance with ACGME guidelines.

9. Develops the Institutional Review Document with IRC consultation to collect appropriate information for institutional review.
10. Represents the IRC and ACGME in the communication of information, both in oral and written form, regarding ACGME review of institutions.
11. Supports and directs the work of other ACGME committees and/or special projects as assigned.

E. Mechanism for Transacting RRC Business Via Conference Telephone Calls

There may be circumstances, as provided for in the procedures for transacting Institutional Review Committee business via conference telephone calls, whereby the IRC may use the conference call mechanism to accomplish its work. These procedures are in the *Manual of Policies and Procedures for ACGME Residency Review Committees* in Section B.VII.D and will apply to the IRC.

VIII. ACGME GUIDELINES FOR INSTITUTIONAL REQUIREMENTS

A. Development and Approval of Institutional Requirements

The development and revision of Institutional Requirements is one of the responsibilities of the Institutional Review Committee (IRC). The IRC is expected to review the Institutional Requirements periodically; at least every five years, the IRC must carry out a complete review of the document and present it to the ACGME for review and approval.

The procedures approved by ACGME call for the following steps:

1. Revision of the Institutional Requirements and preparation of a final revised document for review by the ACGME prior to approval.
2. Since it is good practice to allow those who will be evaluated by the educational criteria to have some input into their development, it is suggested that the IRC send an early draft of revised Institutional Requirements to all designated institutional officials so that they will have an opportunity to comment before the document is submitted for final approval.
3. Distribution of the revised Institutional Requirements to the member organizations of the ACGME, the Board of Directors of the ACGME, the RRC Chairs, the designated institutional officials, and any other parties

deemed appropriate by the IRC for their review and comment.

4. Review by the IRC of the comments submitted by the various organizations and individuals and revision of the document to accommodate these suggestions if they are acceptable to the IRC.
5. Submission of the following to ACGME:
 - a. The revised Institutional Requirements,
 - b. A statement from the IRC explaining the rationale for the changes.

B. Procedures for Major or Minor Revisions of Institutional Requirements

1. Major Revisions of Institutional Requirements
 - a. The IRC may request comments from constituents as listed above in Section **C.VIII.A.3.**, early in the development/revision of Institutional Requirements.
 - b. When the document is ready for distribution for review and comment, constituents are notified by memorandum that the document is available from the ACGME website.
 - c. The IRC should expedite final review of comments and further revision of the document by such means as electronic communications, delegation to an ad hoc committee, or delegation to an IRC member.
 - d. Ordinarily, the effective date for implementation of approved Institutional Requirements will be the following July 1, or January 1, at least six months following the ACGME meeting at which the requirements were approved. Under special circumstances the ACGME may designate an earlier or later date and make this information available on the ACGME website.
2. Minor Revisions of Institutional Requirements
 - a. These procedures apply for revisions that are editorial in nature, that clarify a standard for common understanding without changing the standard, or that update existing standards to keep them current.
 - b. The IRC distributes a revised document to ACGME Board of Directors for information and comment and simultaneously forwards the revised document to the ACGME's member organizations.
 - c. Ordinarily, with ACGME approval, the effective date of

implementation of the institutional requirements will be 60 days following the date of general distribution of the document. If substantial objections are received from an addressee(s) within 60 days following approval and distribution, the requirements will be considered not effective, and the IRC will follow the standard procedure for revision and approval of requirements.

VIII. EFFECTIVE DATE OF MANUAL

The effective date of the Manual of Policies and Procedures for Institutional Review and any further revisions is the last date printed on the title page. All review committee meetings subsequent to the effective date will be guided by the document as published.

IX. AMENDMENTS AND EXCEPTIONS

The Manual of Policies and Procedures for Institutional Review may be amended at any time by the ACGME.

The IRC may recommend changes to the *Manual of Policies and Procedures for Institutional Review* to improve the review process. Such recommendations will be evaluated by the ACGME.

Appendix A

ACGME INSTITUTIONAL REVIEW

PROCEDURES FOR THE APPEAL OF A WITHDRAWAL OF ALL ACGME ACCREDITED PROGRAMS

1. Grounds for Withdrawal Action

When the Institutional Review Committee (IRC) has determined after an unfavorable or continued unfavorable review that an institution is not in substantial compliance with the Institutional Requirements, the IRC will confirm the withdrawal of accreditation of all ACGME-accredited programs sponsored by the institution. The withdrawal of accreditation shall be effected in accordance with a schedule to be determined by the IRC, but shall not be less than one year from the date of the final action taken in accordance with the ACGME procedures for the withdrawal of the accreditation of residency programs.

2. Accreditation Status, Public Release

Upon implementation of the procedures as described in either paragraphs 3 or 7 below, the following policies will apply:

- a. The prior accreditation status of the ACGME-accredited programs shall remain in effect until the ACGME's action to withdraw the accreditation of programs sponsored by the institution becomes final.
- b. The ACGME, when providing information to the public as to the accreditation status of ACGME-accredited programs in an institution that is pursuing an appeal under paragraphs 3 or 7, shall advise that the sponsoring institution is appealing an adverse action by the IRC.

3. Imposition of an Adverse Action (Show-Cause Hearing)

When the IRC has confirmed the withdrawal of accreditation of all ACGME-accredited programs sponsored by the institution, the sponsoring institution shall be promptly notified in writing of the adverse action and the specific areas of noncompliance found by the IRC to support the imposition of the adverse action. The IRC shall also inform the sponsoring institution of the following:

- a. That the sponsoring institution has the right to request a hearing before the ACGME at its next regularly scheduled meeting to show cause why the decision should not be implemented.
- b. That the sponsoring institution must make written request for a show-cause hearing within twenty (20) days from the date of receipt of the notice of the

ACGME's withdrawal action. Such request shall be addressed to the Executive Director of the ACGME.

- c. That the residents and applicants must be advised in writing of the withdrawal status with the effective date, and a copy of the written notification must be submitted to the executive director of the Institutional Review Committee within 50 days of the date of the unfavorable LOR.
- d. If no written request for a show-cause hearing is made within the time period specified in section 3b above, the IRC action will become final as of that date.

4. Conflict of Interest

If the sponsoring institution requests the show-cause hearing, the ACGME will provide the institution with the names of its board of directors and will inform the institution of those ACGME directors who had removed themselves from the deliberations of the withdrawal action because of a perceived or real conflict of interest and who would not participate in the show-cause hearing nor any further deliberations of the ACGME in resolving the issues of the withdrawal action.

The sponsoring institution may request the ACGME to exclude other directors who in the institution's opinion have a conflict of interest or may be prejudiced against the institution for any reason. The sponsoring institution shall provide information or documentation to support its request for the deletion of said directors from participation, and shall file such request in writing with supporting documentation with the office of the ACGME Executive Director within ten (10) days of receipt of the names of the representatives. The ACGME Executive Director shall decide if the request for each such deletion shall be granted or denied.

5. Additional Documentation for Show-Cause Hearing

The sponsoring institution may submit additional documentation or written arguments pertaining to the lack of substantial compliance cited by the IRC or the appropriateness of the imposition of the withdrawal action. The institution, however, may not amend the narrative descriptions on which the decision of the IRC was based. Furthermore, the ACGME shall not consider any changes in the institution or narrative descriptions which were not in the record at the time when the IRC reviewed the institution and proposed the withdrawal action. Presentations shall be limited to clarifications of the record and arguments to address compliance by the institution with the published standards. Thirty (30) copies of such documentation must be filed with the office of the ACGME Executive Director at least fourteen (14) days prior to the meeting at which the ACGME will conduct the show-cause hearing.

6. Show-Cause Hearing

At the next meeting of the ACGME following the request of the sponsoring institution for a show-cause hearing, the ACGME, with a quorum being present, shall conduct a hearing at which the institution will show cause why the IRC's withdrawal action should not be implemented.

The ACGME chair, or designate, will preside over the show-cause hearing. All relevant information upon which the adverse decision was made to withdraw the institution's ACGME accredited programs will be considered as described in paragraph 5. The ACGME Executive Director and staff, as deemed appropriate by the ACGME Executive Director, shall be present at the show-cause hearing to provide the ACGME with administrative support and assistance as may be necessary. Legal counsel designated by the ACGME may be present for the purpose of advising the ACGME on the conduct of the hearing under the published standards and rules of procedure of the ACGME. The ACGME may be represented at the show-cause hearing by the Chair of the IRC, or designate, who shall have the right to make a presentation to the ACGME and to comment on the presentation of the sponsoring institution. The appellant institution may be represented by legal counsel. While strict adherence to the formal rules of evidence will not be required, irrelevant or unduly repetitious statements may be ruled out of order. The hearing will be conducted as follows:

- I. Introductory statement of the chair.
- II. Oral presentation by the appellant institution (one hour).
- III. Questions by ACGME members and staff.
- IV. Recess (15 minutes).
- V. Closing statements (15 minutes).
- VI. Adjournment.

The ACGME shall decide if the withdrawal action should be sustained or modified. The ACGME shall make this decision in Executive Session immediately following the show-cause hearing.

7. Notification after Show-Cause Hearing (Appeal Hearing)

If the ACGME decides to sustain the withdrawal action, the ACGME shall promptly notify the institution of its decision to withdraw the accreditation of all ACGME-accredited programs sponsored by the institution. At the same time, the ACGME will inform the institution of the following:

- a. That the sponsoring institution has the right to request a hearing before an Appeal Panel of three members.
- b. That the sponsoring institution must make a written request for such a hearing within fifteen (15) days from the date of receipt of the notice of the ACGME's decision to confirm its withdrawal action. Such request shall be addressed to the office of the ACGME Executive Director.
- c. That all residents and applicants must be advised in writing that accreditation of all ACGME educational programs sponsored by the institution has been withdrawn. The designated institutional official shall provide the ACGME executive director with a copy of such written notification promptly after receiving a copy of the final unfavorable action of the ACGME withdrawing accreditation of the ACGME-accredited programs.
- d. If no written request for such a hearing is made within the time period specified in section 6b above, the ACGME action will become final as of that date.

8. List of Appeal Panel Members

The ACGME shall maintain a list of persons who are knowledgeable and experienced in graduate medical education, institutional matters, and who have volunteered to serve on the Appeal Panel upon request. No person shall be included on the list if he or she has served as a director of the ACGME within the previous five years.

9. Selection of Appeal Panel Members. Preparation of Hearing

Upon receipt of a written request from the sponsoring institution for a hearing before an Appeal Panel, the ACGME Executive Director shall send the institution a list of the Appeal Panel members.

- a. The sponsoring institution may delete one-third of the names on the list and must return the list to the ACGME Executive Director within ten (10) days of receipt of this list.
- b. The ACGME Executive Director shall select a panel of three (3) members from the names remaining on the list. Said three members shall constitute the Appeal Panel to conduct the hearing.
- c. The ACGME Executive Director shall set the date of the hearing at a time acceptable to the Appeal Panel; however, said hearing date shall not be less than forty-five (45) days from the date of the ACGME's action to sustain its withdrawal action at the show-cause hearing, nor more than one-hundred-twenty (120) days from said date. The ACGME Executive Director shall notify the Appeal Panel and the sponsoring institution of the date, time and place of the scheduled hearing.

- d. The ACGME Executive Director shall prepare a complete file of all documents concerning the institution that were available to the ACGME and which the ACGME was entitled to rely upon in sustaining the withdrawal action. Additional documentation filed in connection with the show-cause hearing on the withdrawal action by the ACGME shall also be included in the file. The ACGME Executive Director shall send copies of said file to the Appeal Panel and to the sponsoring institution.
- e. Once the Appeal Panel has been established, neither the sponsoring institution nor any director of the ACGME shall contact any member of the Appeal Panel, personally or in writing, concerning the matter under appeal, except in writing filed with the ACGME Executive Director. Any such writing shall be made a part of the record and copies thereof shall be provided to all interested parties.
- f. The ACGME Executive Director shall have the authority to decide promptly any procedural or administrative issue not covered by these rules that may arise prior to the appeal hearing.

10. Continuance of Hearing, Absence of an Appeal Panel Member

Except for the most serious reasons, no continuation or deferral of the scheduled hearing shall be permitted. In the event that a panel member is unable to attend the hearing, the two remaining panel members will conduct the hearing at the scheduled time. A transcript of the proceedings will promptly be provided to the absent panel member, who will promptly review said transcript and then confer with the other two panel members to participate in the panel's decision.

11. Additional Documentation for Hearing

The sponsoring institution may submit additional documentation pertaining to the areas of noncompliance cited by the ACGME or the appropriateness of the imposition of the withdrawal action. The institution, however, may not amend the narrative descriptions on which the decisions of the IRC and ACGME were based. Furthermore, the Appeal Panel shall not consider any changes in the institution or narrative descriptions which were not in the record at the time when the IRC reviewed the institution and proposed the final unfavorable action. Presentations shall be limited to clarifications of the record and arguments to address compliance by the institution with the published standards. Fifteen (15) copies of such documentation must be filed with the ACGME Executive Director at least fourteen (14) days prior to the scheduled hearing.

12. Hearing before Appeal Panel

At the scheduled hearing, the Appeal Panel shall select a chair from among their members. The chair shall preside over the hearing and shall make such rulings on the evidence and the procedure as may be necessary. The ACGME Executive Director and staff, as deemed appropriate by the Executive Director, shall be present at the hearing to provide the Appeal Panel with administrative support and assistance as may be necessary. Legal counsel designated by the ACGME may be present for the purpose of advising the Appeal Panel on the conduct of the hearing under the published standards and rules of procedure of the ACGME. At the scheduled hearing, the sponsoring institution may be represented by legal counsel and may make such oral argument to the Appeal Panel as the sponsoring institution sees fit, but limited to the institution's areas of noncompliance as found by the ACGME and the appropriateness of the withdrawal under the published standards and procedures of the ACGME.

- a. The proceedings shall be transcribed by a certified court reporter.
- b. The ACGME may be represented at the hearing by the Chair of the IRC, or designate, who shall have the right to make a presentation to the Appeal Panel, and to comment on the presentation of the sponsoring institution
- c. The proceedings before the Appeal Panel are not of an adversary nature as in a court of law, but rather provide an administrative mechanism for review of a decision about an institution's substantial compliance with the requirements for sponsorship of graduate medical education programs. The Appeal Panel shall not be bound by technical rules of evidence usually employed in legal proceedings, but may accept such evidence as it deems to be pertinent to the issues presented.
- d. The ACGME Executive Director shall arrange for all administrative services and facilities necessary for the conduct of the hearing.

13. Decision of Appeal Panel

At the conclusion of the hearing, the Appeal Panel shall meet in executive session to review the proceedings and to make a determination on all issues before the panel.

The Appeal Panel shall determine whether each of the areas of noncompliance cited by the ACGME is supported by substantial credible evidence, based on the entire file and all presentations made in the hearing. The Appeal Panel shall then make a determination whether, based upon all of the evidence, the withdrawal action of the ACGME should be sustained or reversed.

The Appeal Panel shall prepare a written report of its determination and the basis upon which its determination was made. The report will constitute a recommendation to the ACGME. The report shall be sent to the ACGME Executive Director, who shall promptly send copies to each member of the ACGME.

14. ACGME Reconsideration

At the next meeting of the ACGME, following the issuance of the report of the Appeal Panel, the ACGME shall reconsider its prior determination by reviewing the recommendations contained in the report of the Appeal Panel.

- a. No further written arguments or documentation may be filed, but the reconsideration will be based upon the full record, including all documents filed since the proposed withdrawal action was taken by the IRC.
- b. The ACGME shall issue a written report containing its decision and the basis upon which the decision was made. The decision of the ACGME shall be final.
- c. A copy of the ACGME report containing its final decision shall be sent to the sponsoring institution by the ACGME Executive Director.

15. Resident Notification of Accreditation Status After Hearing

The sponsoring institution shall be required to notify all residents and applicants of the accreditation status of ACGME-accredited programs sponsored by the institution for which the ACGME has withdrawn accreditation.

The sponsoring institution shall provide the ACGME Executive Director with a copy of such notification promptly after receiving a copy of the final unfavorable action of the ACGME withdrawing accreditation of the ACGME educational programs.

16. Costs of Hearings

The costs of the show cause and appeal hearings conducted by the ACGME shall be allocated in the following manner:

- a. The sponsoring institution appealing an ACGME decision shall bear all of the expenses involved in the development and presentation of its appeal and in the travel and other expenses of its representatives present at the hearings.
- b. The ACGME shall bear the expenses of ACGME directors, staff and Appeal Panel members necessary to conduct the hearings, and for the provision of appropriate meeting facilities.
- c. The ACGME shall bear the cost of transcribing the hearings. The institution or program will be required to pay for any copies it desires.