

Frequently Asked Questions (FAQs) About the Accreditation of New Programs and Sponsoring Institutions, Changes in Program Sponsorship and Program Mergers

Updated July 2007

This document offers general information about the application process leading to newly accredited ACGME-programs, and how the accreditation of new programs affects the sponsoring institution. It is intended as a companion document to the FAQ about the ACGME site visit (http://www.acgme.org/acWebsite/fieldStaff/fs_faq.asp). The answers below offer general information. Specific questions should be addressed to the Department of Field Activities, the staff of the relevant Residency Review Committee (RRC) or the staff of the Institutional Review Committee (IRC).

New Program Applications

Question: How do I apply to have a program accredited by the ACGME?

ACGME accreditation of a new residency/fellowship program is based on established standards and guidelines, and is accomplished through a peer review process. The ACGME's process for accrediting new programs is based on an application document and, in many specialties/subspecialties, on a site visit of the proposed program. For many specialties/subspecialties, information about the application process is found on the RRC's web page. Before starting an application, programs may want to consult with the Executive Director of the pertinent RRC to obtain helpful advice.

Question: How does the RRC review new applications?

After receiving the completed application for a new program, the RRC and the ACGME process these documents, assign an ACGME program number, and create a new record in the ACGME's accreditation database. The RRC Executive Director then sends a letter confirming receipt of the application. This letter also indicates whether the new application requires an on-site visit prior to review by the RRC. Applications in core specialties, and those in several surgical subspecialties require a site visit. For these programs, the letter from the RRC Executive Director will be followed by a letter from the Senior Vice President, Department of Field Activities indicating the date of the site visit.

Question: How long does it take to process an application?

The RRCs and ACGME assign a high priority to the processing of new applications. At the same time, programs should expect the process to take as long as 12 months for programs requiring a site visit, since site visit schedules are set a minimum of 4 months in advance of the date of the visit. In most cases, the application documents and the site visit report will be reviewed at the next scheduled meeting of the RRC, depending on receipt of the materials prior to the agenda closure deadline of that meeting (usually 8-12 weeks prior to the date of the meeting).

Question: How can I ensure that the RRC acts on the application in a timely way?

Completing the application with careful attention to detail is the most important initial step for the program director. The written description in the application document is the primary information for the site visit (if required) and the RRC review. The information submitted should demonstrate how the requirements are met in the program. Familiarity with the program requirements by the

individuals completing the documents is crucial. For questions about the application document, the program director should consult the staff of the pertinent RRC.

One way in which the program director and administrative staff of the proposed program can contribute to the timely processing of an application is to ensure that the documents contain no errors, since this can delay scheduling of the site visit or RRC review. Common errors include 1) missing signatures, including that of the Designated Intuitional Official (DIO), 2) omitted Letters of Agreement with participating institutions, 3) inclusion of extraneous information (handbooks, brochures, manuals), not requested in the instructions 4) other inconsistent or missing information, or unanswered questions, or 5) failing to consider specific RRC requirements about the new program's structure or function, such as the requirement in internal medicine that participating sites generally cannot be located more than 50 miles away from the sponsoring institution. For the last point, it is helpful to contact the RRC staff at the beginning of the application process to resolve any questions before beginning to complete the documents.

Question: How will the ACGME determine the name of our new program?

The ACGME's practice for naming programs is to assign the name of the program's sponsoring institution, followed by the word "Program." The name of the specialty does not appear in the name of the program, with the sole exception to this rule being programs sponsored by an entity whose legal name includes the name of the specialty. A program may denote their affiliation with a medical school or a particular participating institution in the name of the program, with the express written permission of the entity to be included in the name.

For common institutional names, such as St. Luke's Hospital or University Medical Center, the ACGME will add the name of the city in which the program is located to avoid confusion. The second program in the same specialty under a given sponsoring institution generally is given the added designation of "Program A," or the second program may choose to include a major participating institution's name in its name to distinguish it from the other program.

Question: What accreditation status code will the RRC assign to my new program?

At the first review of an application, a Review Committee has the option of granting "Initial Accreditation" or withholding accreditation. Accreditation is withheld when the Committee determines that the application for a new program or sponsoring institution does not demonstrate substantial compliance with the requirements. Withheld accreditation, like other adverse actions, is first proposed, to allow the program or sponsoring institution an opportunity to rebut the citations and to document compliance with the requirements.

Initial Accreditation is conferred when a Review Committee determines that a proposal for a new program or sponsoring institution substantially complies with the requirements. Programs and sponsoring institutions should be reviewed within three years of their initial accreditation. If the program or institution has not demonstrated substantial compliance on the next review, the Review Committee may take action to extend accreditation *with warning* for one year. At the end of the additional year, if the program or sponsoring institution does not demonstrate substantial compliance with the requirements, accreditation shall be withdrawn. (See the ACGME Policy and Procedure Manual, http://www.acgme.org/acWebsite/about/ab_ACGMEpolicyProceed06_07.pdf)

Question: I have heard about dependent and independent subspecialties. What is the difference?

A new residency program can be: (1) a core (specialty) program (leading to initial board certification); (2) a Transitional Year Program (a one-year experience in multiple clinical disciplines to prepare residents for entry into clinical specialties at the second post-graduate year);

(3) an independent subspecialty (for which entry requires completion of a core residency, but which can be a stand-alone program); or (4) a dependent subspecialty (which requires completion of a core program prior to entry, and must be operated in conjunction with a core residency program in that specialty).

For programs in an independent subspecialty, it is not required that the sponsoring institution operates a program in the associated core specialty, and the program may be the only ACGME accredited program under a given sponsoring institution. In contrast, a dependent subspecialty program must be under the same sponsoring institution, and should be geographically proximate. The exception is that some dependent subspecialties may be sponsored by a specialized institution (e.g., a children's hospital) under common ownership or in close relationship with the institution sponsoring the core program. The accreditation of the subspecialty program is dependent on the continued accreditation of its core program.

See the ACGME web site for *a list of dependent and independent subspecialties* (www.acgme.org/acWebsite/RRC_sharedDocs/sh_progs_depIndSubs.asp).

Question: How do I prepare for my first accreditation site visit?

For specific information about the site visit, consult the *ACGME's FAQ for site visits*. (http://www.acgme.org/acWebsite/fieldStaff/fs_faq.asp).

Question: How does the ACGME charge for new program applications?

A non-refundable fee is charged for processing applications of programs seeking initial accreditation or re-accreditation. *A listing of all accreditation fees* (http://www.acgme.org/acWebsite/GME_info/gme_feesAccred.asp) can be found on the ACGME's web site. The application fee is charged for all applications, regardless of the accreditation decision by the Review Committee.

Question: When will my new program appear in the list of all ACGME-accredited programs and the programs listed in the NRMP match to allow applicants to find it?

A short time after the RRC has reviewed a new program, the program director and the DIO of the sponsoring institution will receive notification of the RRC's accreditation action. If the new program received initial accreditation, it will subsequently be included in the list of accredited programs on the ACGME web site. To view this information, select the *Accredited Programs* link from the ACGME homepage (www.acgme.org). This information is available to everyone, including potential residents, other programs, and the general public. Once a program receives notification from the ACGME, the program director should contact the NRMP to indicate that the new program was granted accreditation.

Institutional Review Questions

Question: What requirements apply to new ACGME-accredited programs?

Accredited programs must be in substantial compliance with the Program Requirements (PRs) in their specialty and with the Institutional Requirements (IRs), which apply to all sponsoring institutions. The IRs address the sponsoring institution's responsibility to provide administrative oversight and to protect residents and their learning environment. Specific standards include the requirement for a commitment to graduate medical education, expectations for resident contracts and conditions of their education and employment, and requirements for institutional efforts to assess and improve the quality of the accredited residency programs.

Sponsoring institutions are divided into multiple-program institutions and single-program institutions. Multiple-program institutions sponsor two or more ACGME-accredited specialty programs and their subspecialty program(s); single-program institutions sponsor only one ACGME accredited specialty program or one specialty program and its subspecialty program(s). For multiple-program sponsors, the ACGME conducts a separate institutional site visit, and a review by the Institutional Review Committee. For single-program sponsors (such as one (1) Family Medicine program and its subspecialties), the core program is expected to provide a written response to a set of questions related to institutional oversight. This information will be reviewed by the ACGME site visitor and the RRC. Institutions with multiple core programs in the same specialty are subject to the institutional review.

The accreditation status and cycle length for a single-program sponsoring institution is the same as the cycle awarded to the program. The questions that need to be answered by “single-RRC” sponsoring institutions are shown at **Attachment 1** to this document. For the majority of specialties, these questions are incorporated into the electronic Part 1 of the program information form (PIF).

Question: My institution has programs under one RRC and now is applying for a program under a second RRC. How will this change our institutional accreditation?

When a second RRC grants approval of a program, the process toward formal institutional review begins. The sponsoring institution receives a letter from the Senior Vice President, Department of Field Activities indicating that it will undergo its first institutional site visit approximately 18 to 24 months after the date of the letter. No application fee is assessed for new multiple-program sponsoring institutions.

At its first review of a sponsoring institution the IRC has the option of conferring initial accreditation, or withholding accreditation, if it determines that the institution does not demonstrate substantial compliance with the institutional requirements. Withheld institutional accreditation, like other adverse actions, is presented as “proposed” to allow the institution the opportunity to rebut.

Sponsorship Changes and Mergers

Our program would like to transfer sponsorship to another institution. What is required for this type of change?

Transfer of sponsorship requires a letter from the program’s current sponsoring institution (the DIO and the institution’s senior administrative official) indicating willingness to give up sponsorship, and a letter from the proposed sponsoring institution (the DIO and the institution’s senior administrative official) indicating willingness to sponsor. The letters should be addressed to the Executive Director of the program’s RRC, with a copy to the Senior Vice President, Department of Field Activities.

Many RRCs require a site visit prior to a transfer of sponsorship, and programs and institutions planning to transfer sponsorship should contact the Executive Director of their RRC before initiating the process. Upon transfer of sponsorship, the name of the program is changed to conform to that of the new sponsoring institution in all ACGME records.

My program is planning to merge with another program. Will the resulting program be a new application?

Two options exist for processing planned mergers between two accredited programs: 1) the two separate residencies combine to form a third “new” program; or 2) one program absorbs the other.

In the first case, the new merged program constitutes a new application for accreditation, and will receive a new program number and initial accreditation by the RRC, followed by the voluntary withdrawal of accreditation from the two previous programs.

In the second case, the program that will remain proposes to add rotations to the other institution and demonstrates how all residents will participate in common training. The “absorbed” program will request voluntary withdrawal pending a successful merger. In each proposed merger, the RRC reserves the right to decide whether the proposed change is so extensive that it constitutes a new program application.

In both cases, prior to submitting a proposal to merge, the program leadership should contact the RRC staff to discuss the proposed merger, and to confirm what information will be required, the deadline for submission of the merger proposal, and the amount of time needed for the RRC to act on the request for merger. In both types of mergers, the ACGME requires that one sponsoring institution be identified (though the name of the program may reflect the former sponsors) and that the new program has one program director. For most RRCs, either type of merger requires a site visit and full RRC review. For a merged program, the program director needs to provide responses to citations from the most recent reviews of both programs that merged into the existing one.

Question: We are planning changes in our list of participating sites? Who do I notify?

Programs may file requests for changes, additions or deletions of participating sites with the ACGME’s Accreditation Data System (ADS). The system will then alert the staff of the pertinent RRC. Policies for changes in participating sites vary somewhat among RRCs (see the [ACGME FAQ on master affiliation agreements and program letters of agreements](#)).

Generally, the request for changes in major participating sites must be accompanied by 1) a master affiliation agreement if a new major participating institution is added, and 2) program letters of agreement for each program that will send residents to the new site. The letter of agreement a) identifies the faculty members who assumes educational and supervisory responsibilities for the residents; b) specifies their responsibilities for teaching, supervision, and formal evaluation of the residents; c) defines the duration and content of the educational experience; and d) indicates the policies and procedures that govern resident education during the assignment.

Other documents required by most RRCs include: 1) an educational justification for the change in rotation; and 2) the current and proposed block diagram of resident rotations. Requests for changes in affiliations that require review by the RRC must be received by the RRC team a minimum of six weeks prior to an RRC meeting in order to be reviewed at that meeting.

Attachment 1

Institutions Sponsoring a Single Residency Program or Programs under the Purview of one RRC

For those institutions that are either a single-program institution (e.g., an institution sponsoring only a family practice program) or an institution with multiple residencies that are all accredited by the same Residency Review Committee (e.g., family practice and sports medicine), the institutional review will be conducted in conjunction with the review of the program.

Programs in these two categories are to provide short written answers to the following institutional questions.

- 1) Provide an institutional statement that commits the necessary financial, educational and human resources to support the GME program(s) and provide documentation that the statement has been approved by the governing body, administration and the teaching staff.
- 2) Describe the formal method by which a periodic evaluation of the program's educational quality and compliance with the program requirements occurs. Explain how residents and faculty in the program are involved in the evaluation process.
- 3) Describe how the institution complies with the Institutional Requirements regarding "Resident Eligibility and Selection" and the development of appropriate criteria for the selection, evaluation, promotion and dismissal of residents in accordance with the Program and Institutional Requirements.
- 4) Summarize how the institution complies with the ACGME Institutional Requirements regarding resident support, benefits and conditions of employment to include the details of the resident contract or agreement as outlined in the ACGME Institutional Requirements. (Do not append the resident contract/agreement to the PIF but state when it is given to the residents and applicants. Have a copy available for verification by the site visitor on the day of the survey with the various items required by the ACGME numbered according to the Institutional Requirements.)
- 5) Describe in detail the grievance (due process) procedure(s) that is available to residents, including the composition of the grievance committee, and mechanisms for handling complaints and grievances related to actions that which could result in dismissal, non-renewal of a resident's contract, or other actions that could significantly threaten a resident's intended career development.