

Frequently Asked Questions (FAQs) About the Accreditation of New Programs and Sponsoring Institutions, Changes in Program Sponsorship and Program Mergers (Updated January 2011)

This document offers information about the application process leading to newly accredited ACGME-programs, how the accreditation of new programs affects their sponsoring institutions, and the assessment of institutional oversight for sponsors that do not undergo a separate institutional review (single Residency Review Committee [RRC] sponsors).

The document is intended to be a companion to the FAQ about the ACGME site visit (http://www.acgme.org/acWebsite/fieldStaff/fs_faq.asp) and offers general information that applies to all specialties. Specialty-specific questions should be addressed to the staff of the RRC, and questions about institutional oversight to 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 published accreditation standards, and is accomplished through a peer review process. It uses an application document completed by the program, and in many specialties/subspecialties is preceded by a site visit of the proposed program. Information about the accreditation and application process is found on the RRC's web site. Before starting an application, it may be beneficial for programs to consult with the Executive Director of the pertinent RRC to obtain helpful advice.

All applications for new programs are processed by the Applications and Data Analysis Department. In some specialties applications are paper-based (the documents can be found on the RRC's web page). In a number of specialties (initial applications in Internal Medicine and its subspecialties, Internal Medicine/Pediatrics, Sleep Medicine, Hospice and Palliative Medicine, and Pediatric Transplant Hepatology) applications are initiated or completed online through the Accreditation Data System (ADS). For applications submitted in paper form, the RRC team reviews the application for correctness and completeness (including verification of the name and signature of the designated institutional official (DIO)). Whether submitted in paper or through ADS, all application documents must be final, complete, and of high quality.

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 RRC's accreditation decision.

Question: When will my new program appear in the list of all ACGME-accredited programs and the programs listed with the National Residency Matching Program (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 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 that the program has been accredited, the program director should contact the NRMP staff to confirm it has the information that the program was granted accreditation.

Question: Will our application require a site visit?

After the application has been processed, the RRC team will send the program director an initial communication via email acknowledging receipt. This notice also indicates whether a site visit is needed prior to the RRC reviewing the application (all core program applications and a number of subspecialty program applications require a site visit). For these programs, the notice from the RRC staff 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 will it take to process our application?

The RRCs and the 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 7 to 10 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. Applications that do not require a site visit prior to RRC review may be reviewed at the Committee's next scheduled meeting.

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

Completing the application with careful attention to detail is the most important initial step for the program director. 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, program staff should consult the staff of the pertinent RRC.

Common errors that may delay scheduling of the site visit or RRC review include: 1) missing signatures, including that of the DIO, 2) missing Letters of Agreement with participating sites, 3) other inconsistent or missing information, including unanswered questions, and 4) missing information about specific RRC requirements about a new program's structure or function. To ensure these requirements are addressed in the application, it may be helpful to contact the RRC staff at the beginning of the application process to resolve any questions before completing the documents.

Question: How will the name of our new program be determined?

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. Programs may denote their affiliation with a medical school or a particular participating site 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 may add the name of the city in which the program is located (in parentheses) 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 may choose to include a major participating institution's name in its name to distinguish it from the other program under the same sponsor.

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

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

Newly accredited programs and sponsoring institutions should be reviewed within 2 to 3 years of their initial accreditation.

For additional information see the ACGME Policy and Procedure Manual at http://www.acgme.org/acWebsite/about/ab_ACGMEPoliciesProcedures.pdf, page 106.

Question: The ACGME lists dependent and independent subspecialties. What is the difference?

A new subspecialty program can be in: 1) an independent subspecialty, which can be a stand-alone program; or 2) a dependent subspecialty, which must be operated in conjunction with a core residency in the specialty). For independent subspecialty programs, 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 at the sponsoring institution or may be operated as a single RRC sponsor. 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.

Consult the ACGME web site for a list of dependent and independent subspecialties: http://www.acgme.org/acWebsite/RRC_sharedDocs/ACGME-Accredited_Specialties.pdf

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 at http://www.acgme.org/acWebsite/fieldStaff/fs_faq.asp

Question: Despite our best efforts there were some errors and added changes in our application documents. How do we convey these to the ACGME and RRC?

The ACGME accepts only one (1) application form, and programs that desire to submit a complete revised application will be charged a second application fee. If a site visit has been scheduled, the visit would need to be canceled and rescheduled. The second application form must be submitted through the same process as the initial application. The Department of Field Activities, members of the Field staff and the RRC teams cannot accept any added application documents, new or revised, directly from a program or sponsoring institution.

If the program has updated information that it feels MUST be submitted PRIOR to the site visit this must be received no later than 14 days prior to the site visit. This addendum must be submitted via an express mailing service (FEDEX),

signature required, and it must be sent to the appropriate RRC team for filing and forwarding to the Field Staff office for applications that require a site visit.

If, during the site visit, the program has additional information, the site visitor MUST initial EACH page of the document signifying that this information is included in their review. The program must send the initialed document to the appropriate RRC team within 48 hours using an express mailing service (FEDEX). The ACGME field representative cannot accept a fully completed application as “additional information.” In addition, other than the initial addendum, no other new Information can be accepted by the RRC team after the site visit has occurred.

Institutional Oversight of New Programs

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). Institutions with multiple core programs in the same specialty are subject to the institutional review.

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 1 Family Medicine program and its subspecialties), the core program provides a written response to a set of questions related to institutional oversight shown in 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).

This information will be reviewed by the ACGME site visitor and the RRC. 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 in 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?

Institutions with single programs or programs in a specialty and its subspecialties do not require a separate institutional review. When a second RRC grants accreditation of a second core program, the process toward formal institutional review begins. The sponsoring institution receives a letter from the ACGME indicating 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 a new institutional application.

At its first review of a sponsoring institution the IRC has the option of conferring initial accreditation, or withholding accreditation if it determines the institution does not demonstrate substantial compliance with the institutional requirements. Withheld institutional accreditation, like other adverse actions, is presented as “proposed” to give 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 relinquish sponsorship, and a letter from the proposed sponsoring institution (the DIO and the institution’s senior administrative official) indicating willingness to sponsor the program. 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.

Several RRCs require a site visit prior to a transfer of sponsorship, and programs 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.

Our 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) one program absorbs the other, or 2) the two residencies combine to form a third “new” program. In the first 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 the second 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 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. In both types of mergers, the ACGME requires that one sponsoring institution be identified and that the new program has a single program director. For any 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 we notify?

Programs may file requests for changes, additions or deletions of participating sites with the ACGME's Accreditation Data System (ADS). The system will alert the staff of the pertinent RRC. Generally, the request for changes in major participating sites must be accompanied by 1) a master affiliation agreement if a new major participating site is added, and 2) program letters of agreement for each program that will send residents to the new site. This letter a) identifies the faculty members who assume 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 many 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 to be reviewed at that meeting.

Attachment 1

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

For institutions that are a single-program institution (e.g., an institution sponsoring only a family practice program) or an institution with a core program and one or more subspecialty programs accredited by the same Residency Review Committee (e.g., family practice and its sports medicine subspecialty), the institutional review will be conducted in conjunction with the review of the program.

Programs in these categories are expected to provide information in these areas:

- 1) An institutional statement of commitment of the necessary financial, educational and human resources to support the GME program(s) and documentation that the statement has been approved by the governing body, administration and the teaching staff.
- 2) A description of the formal method by which a periodic evaluation of the program's educational quality and compliance with the program requirements occurs. This also should clarify how residents and faculty in the program are involved in the evaluation process.
- 3) A description of how the institution complies with the Institutional Requirements regarding "Resident Eligibility and Selection" and documentation of the criteria for the selection, evaluation, promotion and dismissal of residents in accordance with the Program and Institutional Requirements.
- 4) A summary of 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. (It is important not to append the resident contract/agreement to the PIF but state when it is given to residents and applicants, and to have a copy available for verification by the site visitor with the various items required by the ACGME numbered according to the Institutional Requirements.)
- 5) A description of the grievance (due process) procedures that are available to residents, including the composition of the grievance committee, and mechanisms for handling complaints and grievances related to actions that could result in dismissal, non-renewal of a resident's contract, or other actions that could significantly threaten a resident's intended career development.