

I. Institutions

A. Sponsoring Institution

Common Program Requirement:

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.

Explanation:

Since requirements in this section are for institutions, not programs, verification by members of the ACGME field staff (site visitors) takes place at the time of each program review primarily via interviews with the Designated Institutional Official (DIO). Although program directors should be knowledgeable of these requirements, they are not responsible for providing the documentation noted in this section. Requirements cover four areas: **institutional information**, **internal review**, **physical/clinical facilities**, and **accreditation for patient care**. (See [Institutional Requirements](#) [IR].)

Institutional information: An accredited residency program must operate under the authority and control of a single sponsoring institution, and that institution must document its commitment to provide the necessary educational, financial, and human resources to support GME. (See IR I.A. and IR I.B.) Master affiliation agreements are legal documents between the institution that sponsors the program(s) and Review Committee-approved participating sites to which the residents rotate for required educational experiences. They must be renewed every five years and must exist between the sponsoring institution and all major participating sites. (See IR I.C.) Master affiliation agreements are typically handled through the DIO's office and are typically prepared with legal counsel. Program directors need to know that master affiliation agreements exist with participating sites for required assignments, but they do not usually prepare these agreements themselves unless the program director is also the DIO (i.e., these are agreements between institutions, not between a program and an institution).

The review of institutions that are **single-program sponsoring institutions** (sponsors only one ACGME-accredited specialty program or one ACGME-accredited specialty program and its subspecialty program(s)) is carried out as part of the review of the specialty program by the relevant Review Committee.

Internal review: The internal review is a formal mid-cycle review conducted at the institutional level by the Graduate Medical Education Committee (GMEC) and does not substitute for the annual self evaluation that each program is required to conduct (see CPR V.C). The GMEC-sponsored internal review group must include at least one faculty member and at least one resident from within the sponsoring institution but not

I. Institutions

A. Sponsoring Institution

from within the GME program being reviewed. Additional internal or external reviewers may be included, as well as administrators from outside the program. (See IR IV.A for additional information on what is assessed and the types of data used in the review process.) The Internal review report (findings and conclusions) is not shown to the site visitor at any time during a program review. Site visitors need information about the date of the internal review, composition of the review panel, individuals interviewed, materials reviewed, and when the internal review report was reviewed by the GMEC.

Internal review reports are reviewed by site visitors only during an institutional accreditation site visit. The reports should not be included with the PIF or provided or shown to the site visitor during a program site visit. When the site visitor reviews one or more programs and their sponsoring institution during the same week, the DIO is asked to omit from the institutional review materials sent to the site visitor the internal review report(s) for any program(s) being reviewed during the same week.

Physical/clinical facilities: Institutions must provide services that help to assure that residents do not perform work extraneous to achieving educational goals and objectives. These include patient support services, such as peripheral IV access placement, phlebotomy, laboratory/pathology/radiology services, messenger and transport services, and medical records systems. Institutions must also provide resources that ensure a healthy and safe work environment for residents. These include: access to food 24 hours a day; call rooms that are safe, quiet, and private; security and safety measures including parking facilities, on-call quarters, hospital and institutional grounds, etc. (See IR II.F.) Institutions must also provide both faculty and residents ready access to adequate communication resources and technology support, ready access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format, including electronic medical literature databases with search capabilities. (See IR I.B.6-7.)

Patient care: Sponsoring institutions should be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or should be recognized by another entity with reasonably equivalent standards as determined by the Institutional Review Committee. (See IR I.D.)