

Summary and Impact of Focused or Major Requirement Revisions INSTITUTIONAL REQUIREMENTS

This proposed revision to the ACGME Institutional Requirements (IRs) represents a major restructuring of the current version. Although the Institutional Review Committee (IRC) recommends several significant additions and deletions in this proposed revision, Designated Institutional Officials (DIOs) and other leaders in graduate medical education (GME) in particular will note that most core requirements remain unchanged or have been edited to clarify expectations. In addition, the document clarifies existing expectations regarding the scope of the Sponsoring Institution's oversight through the following two general editorial changes:

- All references to “programs” are expanded to include “fellowship” programs as well as “residency” programs. Likewise, all references to trainees are now made as “residents/fellows.”
- All references to individual training programs specify “ACGME-accredited programs.”

Requirement # 1.A.5 (Lines 28-32)

Requirement Revision (major revisions only):

The Sponsoring Institution and its ~~GME~~ ACGME-accredited programs through curricula, evaluation, and resident supervision, must support and facilitate safe and appropriate patient care and effectively collaborate with the clinical quality and patient safety programs within the Sponsoring Institution and its major participating sites. ^(Outcome)

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

The proposed revision is consistent with ACGME's mission and its commitment to support resident/fellow education that facilitates patient safety and ongoing quality improvement. This proposed revision aligns with the Common Program Requirements (CPRs), VI.A.3 regarding the responsibility of the program director: *The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.* The proposed revision confirms that it is the Sponsoring Institution's oversight responsibility to support these efforts and to ensure that all resident/fellow education occurs within and not separate from the context of patient care, quality, and safety initiatives throughout the institution and all its participating sites. ACGME's Clinical Learning Environment Review Program (CLER) will provide on-site evaluation (without implications for accreditation action in its early phase) of the effectiveness of these efforts.

- 2) improves the quality of resident education;

The proposed revision confirms the Sponsoring Institution's oversight responsibility for educational curricula, particularly for resident/ fellow attainment of competence in Practice-based Learning and Improvement (CPRs, IV.A.5.c) and Systems-based Practice (CPRs, IV.A.5.f).

- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **(see #1 and #2 above)**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

Although the proposed revision is a new addition to the current version, the CPRs, effective July 1, 2011, laid the groundwork for integration of patient safety and quality into graduate medical education (GME). As a result, no major change in institutional resources should be required. Sponsoring Institutions/ACGME-accredited programs should utilize resources for patient safety and quality that already exist within every institution.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement # I.A.8.b) (Lines 54-56); Requirement # I.A.8.c) (Lines 58-61)

Requirement Revision (major revisions only):

Governing Body: The entity which maintains fiduciary authority over the Sponsoring Institution and its ACGME-accredited programs; and, ^(Core)

Senior Institutional Executive (SIE): The most senior institutional executive who has authority to approve and provide resources to support the GME Office and the Sponsoring Institution's ACGME-accredited programs. ^(Core)

Sponsoring Institutions are free to organize themselves in the manner best suited to fulfill their mission for health care delivery. Regardless of how the Sponsoring Institution defines itself, the Sponsoring Institution is the entity that bears ultimate responsibility for compliance as defined in the Institutional Requirements. Given the various organizational structures by which Sponsoring Institutions operate, it is essential that the Governing Body must be identified as that entity to which the DIO and Graduate Medical Education Committee (GMEC) are ultimately accountable. Further in this proposed revision, the Governing Body is identified as that entity to which the GMEC provides a summary of its annual institutional review of institutional effectiveness as a sponsor of graduate medical education (GME). (see Requirements I.C.4.c – I.C.4.c).(3) (Lines 241-266) For similar reasons, the SIE who has authority to approve and provide resources to support graduate medical education must also be identifiable. It is important to note that in some Sponsoring Institutions, the IRC accepts that the SIE and the DIO may be the same individual.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and, **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement # I.A.10 (Lines 72-75)

Requirement Revision (major revisions only):

~~The DIO must establish and implement procedures to ensure that s/he or a designee in the absence of the DIO, reviews and cosigns all program information forms and any documents or correspondence submitted to the ACGME by program directors.~~

Deletion of this section in the current version does not indicate that the IRC is unconcerned about appropriate measures at the institutional level to address the absence of the DIO. However, in the Next Accreditation System (NAS) the IRC considers this area so basic as to preclude inclusion as an accreditation standard. In addition, since extensive implementation of the Accreditation Data System (ADS) has occurred since the current version became effective, elements for submission to a Review Committee cannot occur without appropriate sign-off at the institutional level by the DIO or a designee.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and, **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement # I.B – I.B.3 (Lines 123-134)

Requirement Revision (major revisions only):

Institutional Agreements

~~The Sponsoring Institution retains responsibility for the quality of GME, including when resident education occurs in other sites.~~

~~Current master affiliation agreements must be renewed every five years and must exist between the Sponsoring Institution and all of its major participating sites. (see ACGME Glossary for definitions)~~

~~The Sponsoring Institution must assure that each of its programs has established program letters of agreement with its participating sites in compliance with the Common Program Requirements.~~

The IRC anticipates that some form of contract or agreement between Sponsoring Institutions and their participating sites to identify the elements of their educational partnership will always exist. However, in this proposed revision, the IRC has now eliminated the expectation that these agreements will be reviewed by a site visitor, especially in the NAS. The IRC has never prescribed the elements that must be included in a Master Affiliation Agreement (MAA), nor has the IRC reviewed these documents except for the frequency with which they are regularly reviewed at the institutional level.

This process requirement is not relevant in NAS. At stake in maintaining continuous accreditation under NAS is the effectiveness of the Sponsoring Institution's oversight responsibility for resident/fellow engagement in the learning and working environment in its participating sites. Eliminating the specific requirement in the proposed revision for MAAs indicates that how the Sponsoring Institution maintains those relationships is within its purview to address.

The requirement for program letters of agreement (PLAs) remains in the CPRs, I.B.1 to I.B.1.d, as an important tool used by specialty-specific Review Committees to ensure program oversight of resident/fellow rotations across all sites used for education. Deleting this accreditation standard from proposed revision relieves DIOs from the obligation to provide evidence of monitoring this process as a component of accountability to the IRC.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and, **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement # I.C.1.d) (Line 148)

Requirement Revision (major revisions only):

[Membership: The Sponsoring Institution must have a GMEC that includes at least the following voting members: ^(Core)

a quality improvement/safety officer. ^(Core)

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;
The inclusion of the quality improvement/safety officer on the GMEC in the proposed revision underscores the integral role of quality improvement/patient safety in resident/fellow education.
- 2) improves the quality of resident education; **(see #1 above)**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
The Sponsoring Institution must assure that participation in GMEC meetings will become an added responsibility of the quality improvement/safety officer and that sufficient time will be allocated for this activity.
- 5) may change the volume and variety of patients required to provide proper educational

resources in the institution(s); and, **N/A**

6) impacts residency education in other specialties. **N/A**

Requirement # I.C.2 – I.C.2.b) (Lines 150-157)

Requirement Revision (major revisions only):

Additional GMEC members and subcommittees: In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC.
(Detail)

Subcommittees must include a peer-selected resident; and, (Detail)

Subcommittee actions must be reviewed and approved by the full GMEC. (Detail)

The IRC has noted an understandable trend over the last several years for GMECs to manage their increasing workload through development of subcommittees. This proposed revision provides guidance for membership and relationship to the larger GMEC.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and, **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement # I.C.4.c – I.C.4.c).(3) (Lines 241-266)

Requirement Revision (major revisions only):

The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome)

Institutional performance indicators should include:

ACGME notification of institutional accreditation status; (Detail)

results of the most recent CLER visit; (Detail)

results of the most recent institutional self-study visit; (Detail)

aggregate results of ACGME surveys of residents/fellows and faculty; and, (Detail)

aggregate results of ACGME-accredited program performance indicators. (Detail)

The AIR must include monitoring procedures for action plans resulting from the review.

(Core)

An executive summary of the AIR must be submitted annually to the Governing Body of the Sponsoring Institution. ^(Core)

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education;

A number of Sponsoring Institutions already conduct an “internal review” of themselves as a quality improvement activity. By expecting a Sponsoring Institution to conduct an annual evaluation of itself, the IRC recognizes the value of this practice. The ongoing expected outcome for this proposed revision is ongoing attention to and assurance of effective institutional oversight of GME. Accountability to the Sponsoring Institution’s Governing Body will be demonstrated through an annual summary of the AIR in lieu of the current version, which calls for an annual report to the governance and the organized medical staff. DIOs should note that the IRC does not indicate how the review should be conducted and by what criteria, nor do the requirements indicate the format or delivery method of the annual summary. The detail requirements are suggestions for components of the AIR.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

The IRC recognizes that conduct of the AIR will require utilization of resources, especially at the GME Office level. However, the process and procedures by which the AIR is conducted are the responsibility of the DIO and GMEC. This process and procedures are not subject to scrutiny by the IRC except in those cases where the IRC’s annual review of institutional performance data indicates the possibility of an ineffective AIR process. The Sponsoring Institution is free to conduct the AIR in the manner it sees fit, requiring compliance only for the outcome and core requirements.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement # I.C.4.d – I.C.4.d).(2) (Lines 268-296)

Requirement Revision (major revisions only):

The GMEC must demonstrate effective oversight of ACGME program accreditation through an Annual Program Review (APR) process. ^(Outcome)

Components of an APR protocol and template should include:

the ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the evaluation; ^(Detail)

the most recent accreditation letters of notification from previous ACGME reviews

and progress reports sent to the respective Review Committees; ^(Detail)

the most recent APR report; ^(Detail)

reports from previous GMEC Special Reviews of the program; ^(Detail)

results from internal or external resident/fellow, faculty, and patient surveys; and,
^(Detail)

annual performance data provided by the ACGME. ^(Detail)

The APR protocol should outline the reporting structure and monitoring procedures after the APR is completed.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education;

Since 2005, the CPRs have required that every program engage in an annual program evaluation. (see CPRs, effective July 1, 2011, V.C.1 – V.C.2) By including this proposed revision for an APR process, the IRC emphasizes the role of the GMEC to ensure that the annual program evaluation is a meaningful activity which will result in ongoing improvement at the program level. As with the AIR (see previous major revision above), DIOs should note that the IRC does not indicate the processes and procedures by which the GMEC will oversee the APR. The detail requirements are suggestions for components of the APR.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

As with the AIR, the IRC recognizes that conduct of the APR will require utilization of resources, especially at the GME Office level. However, since process and procedures of the APR are the responsibility of the DIO and GMEC, and not subject to scrutiny by the IRC except in those cases where the IRC's annual review of institutional performance data indicates the possibility of an ineffective APR process, the Sponsoring Institution is free to conduct the APR in the manner it sees fit, requiring compliance only for the outcome and core requirements.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement # I.C.4.e) – I.C.4.e).(2) (Lines 299-342)

Requirement Revision (major revisions only):

The GMEC must provide evidence of quality improvement efforts by maintaining a GMEC Special Review process for programs that warrant intervention beyond the APR. ^(Outcome)

Minimum components of a GMEC Special Review protocol and template must include:
^(Core)

criteria for initiating a GMEC Special Review; ^(Core)

Committee membership from within the Sponsoring Institution but not from within the department of the ACGME-accredited program under review that is comprised of; ^(Core)

at least one faculty member; ^(Core)

at least one resident/fellow; and, ^(Core)

additional internal or external reviewers and administrators which may include the DIO, as determined by the GMEC. ^(Detail)

Interviews with:

the program director; ^(Core)

several core faculty from the ACGME-accredited program; ^(Core)

at least one peer-selected resident/fellow from each PGY-level in the ACGME-accredited program; and, ^(Core)

other individuals as deemed appropriate by the GMEC Special Review committee depending on the circumstances of the Review. ^(Detail)

Specific outcome measures. ^(Core)

The GMEC Special Review protocol must outline a reporting structure, monitoring procedures and timeline, including written recommendations and procedures for follow up to improve ACGME-accredited program performance in specified areas. ^(Core)

Note that the proposed revision related to the GMEC Special Review indicates that committee membership must be “outside the department of the ACGME-accredited program under review” and not “outside the program under review.” This change was made to minimize the potential for conflicts of interest.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education;

DIOs will recognize the similarities between the GMEC Special Review and the internal review process outlined in the current version of the Institutional Requirements. The standard has been renamed so as to avoid confusion with the existing standards for internal review. The GMEC Special Review should be used by GMECs as a tool to support those programs that demonstrate an inability to provide effective resident/fellow education, through results of the APR or results of Review Committee accreditation review or some other internal means. Unlike the AIR and APR, many of the standards in the proposed revision related to the GMEC are core requirements because the IRC considers the structure of the GMEC Special Review process to have a direct bearing on its effectiveness, as validated in part by experience over the years with the internal review process

both by the IRC and, anecdotally, by the DIO community. Because the GMEC Special Review is required as an interventional process, the IRC will focus on its application and use, especially when reviewing potentially adverse decisions by Review Committees in their respective reviews of annual program data and program self-study site visits.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

The resources required to maintain a GMEC Special Review process are much less extensive than those required to maintain the mid-cycle internal review process on a regular basis. Therefore, the IRC expects there will be an opportunity to shift resources formerly devoted to maintaining internal review scheduling and monitoring to other functions, including the GMEC Special Review, the APR, and the AIR.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and, **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement # I.D. – I.K.3 (Lines 344-411)

Requirement Revision (major revisions only):

Communication with program directors: The GMEC must:

~~Ensure that communication mechanisms exist between the GMEC and all program directors within the institution.~~

~~Ensure that program directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites.~~

Resident duty hours: The GMEC must:

~~Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements.~~

~~Consider for approval requests from program directors prior to submission to an RRC for expectations in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours in compliance with ACGME Policies and Procedures for duty hour exceptions.~~

Resident supervision: Monitor programs' supervision of residents and ensure that supervision is consistent with:

~~Provision of safe and effective patient care;~~

~~Educational needs of residents;~~

~~Progressive responsibility appropriate to residents' level of education, competence, and experience; and,~~

~~Other applicable Common and specialty/subspecialty-specific Program Requirements.~~

~~Communication with the Medical Staff: Communication between leadership of the medical staff regarding the safety of patient care that includes:~~

~~The annual report to the OMS;~~

~~Description of resident participation in patient safety and quality of care education; and,~~

~~The accreditation status of programs and any citations regarding patient care issues.~~

~~Curriculum and evaluation: Assurance that each program provides a curriculum and evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.~~

~~Resident status: Selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program Requirements.~~

~~Oversight of program accreditation: Review of all ACGME program accreditation letters of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance.~~

~~Experimentation and innovation: Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirements, including:~~

~~Approval prior to submission to the ACGME and/or respective Review Committee;~~

~~Adherence to Procedures for "Approving Proposals for Experimentation or Innovative Projects" in ACGME Policies and Procedures; and,~~

~~Monitoring quality of education provided to residents for the duration of such a project.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

The areas indicated above in the proposed revision have all been eliminated from the previous listing of GMC responsibilities. In many cases, these deletions have been addressed in other areas of the proposed revision (e.g., Resident Supervision, Curriculum and Evaluation); identified by the IRC as implied throughout the proposed revision (e.g., Communication with Program Directors);

eliminated from the revised ACGME Policies and Procedures (e.g., Experimentation and innovation); or, no longer necessary in light of other areas of the proposed revision (e.g., Communication with the Medical Staff).

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement # II.A.3 (Lines 430-433)

Requirement Revision (major revisions only):

The Sponsoring Institution, in collaboration with each ACGME-accredited program, must ensure that the DIO and the program directors pursue continuing professional development education that is applicable to their role as ~~GME~~ educational leaders. ^(Core)

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education;

In the transition to NAS, the DIO and program directors must demonstrate competency as educational leaders. Satisfactory completion of periodic accreditation documents such as a Program Information Form or Institutional Review Document no longer suffices as evidence of effective GME. Sponsoring Institutions must ensure that DIOs and program directors participate in continuing professional development that focuses on their GME leadership and oversight responsibilities.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

Sponsoring Institutions are required to provide the support necessary for professional development of the DIO and program directors.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement # II.B.3 (Lines 447-448)

Requirement Revision (major revisions only):

Programs receive adequate financial support for faculty members to ensure both effective supervision and quality resident/fellow education. ^(Core)

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

The current version of the Institutional Requirements may imply, but fails to state specifically that adequate financial support must also be provided to faculty. This proposed revision confirms that the Sponsoring Institution bears this responsibility.

- 2) improves the quality of resident education; **(see #1 above)**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

Faculty must work in an environment wherein they receive adequate compensation to meet the expectations for providing effective and appropriate GME.

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

The IRC expects that Sponsoring Institutions already meet this obligation.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement # III.A – III.A.6.c) (Lines 537-602)

Requirement Revision (major revisions only):

~~Participate on committees and councils whose actions affect their education and/or patient care~~
Institutional Oversight for Patient Care in the Learning and Working Environment: The Sponsoring Institution is responsible for oversight and documentation of resident/fellow engagement in improvement processes within patient care and the learning and working environment. ^(Core)

Patient safety: The Sponsoring Institution must provide opportunities for residents/fellows to:

report errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal; and ^(Core)

contribute to inter-professional root cause analysis or other similar risk reduction teams. ^(Core)

Quality improvement: The Sponsoring Institution must provide opportunities for residents/fellows to:

use data to improve systems of care, reduce health care disparities, and improve patient outcomes; and ^(Core)

participate in inter-professional quality improvement initiatives. ^(Core)

Transitions of care: The Sponsoring Institution must:

facilitate professional development for faculty and residents/fellows regarding effective transitions of care; and ^(Core)

ensure that participating sites engage residents/fellows in standardized transitions of care consistent with the setting and type of patient care. ^(Core)

Supervision: The Sponsoring Institution must oversee:

supervision of residents/fellows consistent with institutional and program-specific policies; and ^(Core)

mechanisms by which residents/fellows can report inadequate supervision in a protected manner that is free from reprisal. ^(Core)

Duty hours, fatigue management and mitigation: The Sponsoring Institution must oversee:

resident/fellow duty hours consistent with the Common and specialty/subspecialty-specific requirements across all programs, addressing areas of noncompliance with duty hours standards in a timely manner; ^(Core)

systems of care and a learning and working environment that facilitate fatigue management and mitigation for faculty and residents/fellows; and, ^(Core)

an educational program for core faculty and residents/fellows in fatigue management and mitigation. ^(Core)

Professionalism: The Sponsoring Institution must provide systems to educate and monitor:

residents'/fellows' and core faculty fulfillment of educational and professional responsibilities, including scholarly pursuits; ^(Core)

accurate and honest reporting of duty hours information by residents/fellows; and, ^(Core)

identification of resident mistreatment. ^(Core)

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

This entire proposed revision incorporates the six focus areas for the CLER program identified in the *ACGME Policies and Procedures* revised to outline accreditation in the NAS. This section also provides additional evidence of ACGME's commitment to fulfill its mission to improve health care through accreditation and operationalizes the requirement outlined in the Institutional Requirement I.A.5 (see above).

Under the current version of the Institutional Requirements, Sponsoring Institutions are asked to identify "three but not more than five" activities related to patient safety and quality improvement in which residents/fellows were involved and for which the DIO, GMEC, and GME Office were engaged in their planning and/or execution. In the proposed revision, these focus areas include foundational activities that reflect how integration of patient safety and quality improvement are demonstrated in the context of resident/fellow education. The Sponsoring Institution is held accountable for ensuring that these activities occur. CLER site visits will validate the effectiveness of these efforts. However, in the first phase of CLER visits, data from CLER site visit reports to Sponsoring Institutions will not be included in institution-specific data presented to the IRC.

- 2) improves the quality of resident education; **(see #1 above)**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **(see #1 above)**

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

Many of the activities identified for each focus area in this proposed revision are already included in the CPRs. Some activities will require additional planning and staff support. However, patient safety and quality improvement activities are a required component of every accredited health care facility. As a result, any resources required for complying with these standards will likely be directed toward planning effective integration of these activities with resident/fellow education.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement # IV.A.4 – IV.A.4.b) (Lines 712-726)

Requirement Revision (major revisions only):

Resident selection

~~The Sponsoring Institution must ensure that its programs select from among eligible applicants on the basis of residency program related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, religion, color, national origin, disability, or any other applicable legally protected status.~~

~~In selecting from among qualified applicants, it is strongly suggested that the Sponsoring Institution and all of its programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available.~~

These previous requirements are self-evident and also are obligatory in other regulations that apply to student and employee selection through both Federal law and other applicable agencies. In addition, specialties have different expectations related to matching residents/fellows, including policies applicable through these matching agencies themselves. The phrase “strongly suggested” is not appropriate for requirement language.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and, **N/A**
- 6) impacts residency education in other specialties. **N/A**

Requirement: # V – V.B.3 (Lines 931-1069)

Requirement Revision (major revisions only):

Internal Review (entire section)

The entire section regarding Internal Reviews in the current version of the Institutional Requirements has been removed in lieu of other, more relevant activities to align with goals of the NAS, in particular, the Annual Program Review process (APR) and the GMEC Special Review.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and, **N/A**
- 6) impacts residency education in other specialties. **N/A**