

**NOTE:** This information is accurate as of **March 27, 2020**. The ACGME continues to evaluate the COVID-19 pandemic situation on an ongoing basis, and updates will be issued as the situation changes and more information emerges. Please review the latest updates on the ACGME website at [www.acgme.org](http://www.acgme.org) and [www.acgme.org/COVID-19](http://www.acgme.org/COVID-19).

## From the Review Committee for Transitional Year

The first obligation of every person in the United States is mitigation/control of the COVID-19 pandemic. The moral obligation of all physicians during the pandemic is to do their part in the treatment of its victims. The accreditation of programs should be a distant consideration to those obligations, but inevitably arises in the minds of residents/fellows, faculty members, and program directors. On March 13, 2020, the ACGME published general guidance for resident/fellow education and training in the face of the pandemic: <https://acgme.org/Newsroom/Newsroom-Details/ArticleID/10085/ACGME-Resident-Fellow-Education-and-Training-Considerations-related-to-Coronavirus-COVID-190>. That statement emphasizes that residents/fellows should receive proper training in the use of personal protective equipment (PPE), should be appropriately supervised in their clinical activities, and must continue to adhere to ACGME work hour requirements. The latter is important, even in these most challenging times, because the best available data has clearly documented that exceeding the 80-hour-per-week limit results in increased risk of patient harm and increased risk of self-harm, such as needle sticks. Transposed to the current pandemic, that self-harm due to exhaustion could result in infection with the virus due to lapses in isolation protocols, and in the use of PPE and other mechanisms of self-protection.

Over the past weeks, the Review Committee has received several specialty-specific questions not addressed in the general accreditation information provided by the ACGME and it will attempt to respond to these concerns here. If your program has a question not addressed, please contact Review Committee Executive Director Cheryl Gross, MA, CAE: [cgross@acgme.org](mailto:cgross@acgme.org).

## General Residency Completion Guidance

ACGME-accredited programs are obligated to graduate only those residents/fellows who have demonstrated the ability to perform all medical and diagnostic procedures considered essential for the area of practice. It is ultimately the responsibility of the program director, with consideration of recommendations from the program's Clinical Competency Committee (CCC), to assess the competence of an individual resident. Required rotations, for instance, are just one part of the determination of whether that resident successfully completes the program. An individual who has not met all case minima may be deemed by the program director/CCC to be competent and allowed to complete the program as scheduled. Another individual who has exceeded all case minima may not be deemed by the program director/CCC to be competent and will be required to extend the educational program until competence can be demonstrated. These considerations apply at all times, not just during the current crisis.

As a result of the COVID-19 pandemic and its effects on transitional year residents, it is possible that some programs will find it necessary to extend the period of residency for some residents. Naturally, the longer the pandemic impacts the country, the more residents' periods of residency may be extended. Extension of the educational program as a result of the current circumstances must not be viewed as reflecting poorly on the affected residents in any way. Rather, it is a

reflection of the program and the program director's obligation to the public, the ACGME, and the residents themselves, in response to circumstances beyond the program's control.

The ACGME accredits programs. It does not certify individuals. The Transitional Year Review Committee will defer to the program director to ultimately decide whether an individual resident has achieved the required competence by a certain date. What an extension of the educational program would eventually mean for a given individual in terms of the board certification process will be determined by the applicable specialty certifying board.

### **USMLE Step 3/COMLEX-USA Level 3 Graduation Requirement**

A new program requirement that went into effect in July 2019 states that residents must take USMLE or COMLEX-USA Level 3 prior to completion of the transitional year program [PR IV.B.1.c).(1)]. Considering the recent cancellations of these examinations, the Review Committee has waived this requirement, and 2020 graduates will not be required to have taken the examination prior to graduation. Each state will have its own requirements for physician licensing, and programs should follow the guidance provided by the applicable state licensing board.

### **Rotations Required for Program Completion**

In light of the COVID-19 pandemic, the Transitional Year Review Committee will be flexible and lenient related to concerns about resident schedules, education, and experience, including ambulatory and emergency medicine rotation requirements. While making changes, program directors are encouraged to adhere to the spirit of the requirements, often described in the associated "Background and Intent" sections. Out of the Transitional Year Review Committee's control are rotations required by residents' categorical programs or those that may impact the residents' future board certifications, so programs should check with the categorical program on any changes to the rotation schedule for their incoming residents. Work hour and supervision requirements must still be followed, regardless of the rotation.

### **Elective Rotations**

For the 2019-2021 academic years, the Review Committee will waive limits and requirements for elective rotations. Programs are encouraged to innovate as they can help residents continue in their didactics and training through the end of the year.

### **Vacations/Paid Time Off/Sick Time/Quarantine**

Again, the Review Committee will allow programs to be flexible in terms of need for time off or quarantine. Programs are again encouraged to provide residents with alternatives to in-person rotations to ensure that any required time away from the hospital can continue to be productive from an educational standpoint.

### **Impact on Programs**

The ACGME and its Review Committees use the standard of substantial compliance, rather than absolute compliance, in making accreditation decisions. Accreditation decisions include the accreditation status of the program but also include the levying of citations and areas for improvement. In making accreditation decisions, the Review Committee thoughtfully considers all available information from and about a program (e.g., Case Logs, Resident/Fellow and Faculty Survey results, and the program Annual Update). During the next Annual Update, the program should delineate for the Review Committee how it was affected by the pandemic in the Major Changes and Other Updates section of the Accreditation Data System (ADS), if applicable. Programs must bear in mind that they have an obligation, not just to the ACGME, but to the public and to their residents, to graduate only those residents they believe are able to perform all medical and diagnostic procedures considered essential for completion of the transitional year residency program.

## **Impact on Residents and Programs**

We find ourselves in a health crisis unprecedented in the recent history of our nation. This pandemic has, and will continue to have, a profound impact on the personal lives of everyone in the country. In residency programs, it has and will disrupt annual, monthly, weekly, daily, and even moment-to-moment scheduling. It has and will disrupt the availability of personnel, equipment, and supplies. It has and will disrupt the number and types of procedures performed. It has and will threaten not only the well-being but the very lives of the residents/fellows, program directors, faculty members, coordinators, and other individuals associated with our programs. But despite all of those very real, unfortunate, and, in some instances, devastating effects of the COVID-19 pandemic, there are opportunities that are truly unique, at least in our lifetimes. In coping with this historic challenge, residents/fellows and faculty members will witness the value of preventive care and coordinated public health systems. They will, by necessity, grow through interdisciplinary and interprofessional teamwork in ways never before possible. They will experience in real time the extreme boundaries of systems-based care. And, they will develop deep, life-long friendships that can only be born through mutual adversity. When this passes, as it inevitably will, our world will be changed. But, our health care systems, our programs, and each of us will be better on the other side.