ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

POLICIES AND PROCEDURES

Effective Date: September 26, 2026

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ACGME Structure and Function

1.00 Mission and Scope, Vision, and Values of the Accreditation Council for Graduate Medical Education (ACGME)

1.10 Mission and Scope

The Accreditation Council for Graduate Medical Education (ACGME) is a not-for-profit, non-governmental organization responsible for the accreditation of graduate medical education (GME) programs and the institutions that sponsor them in the United States, its territories, and possessions. Its mission is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education. The ACGME has seven Member Organizations:

- American Board of Medical Specialties (ABMS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Association of American Medical Colleges (AAMC)
- Council of Medical Specialty Societies (CMSS)
- American Osteopathic Association (AOA)
- American Association of Colleges of Osteopathic Medicine (AACOM)

Each Member Organization nominates four individuals to the ACGME Board of Directors (ACGME Board). Each Member Organization nominates two individuals per directorship, and the ACGME Board elects the directors. In addition, the ACGME Board includes three public directors, up to four at-large directors, three resident or fellow directors), and the Chair(s) of the ACGME Council of Review Committee Chairs and Council of Public Members. Two representatives of the federal government may, without vote, attend meetings of the ACGME Board.

Under the delegated authority of the ACGME Board, accreditation of Sponsoring Institutions and GME programs is carried out by the Review Committees and recognition of Sponsoring Institutions and programs is carried out by the Recognition Committees, both subject to appeal of adverse actions to the ACGME Board.

1.20 ACGME Vision

We envision a health care system where the Quadruple Aim[1] has been realized. We aspire to advance a transformed system of graduate medical education with global reach that is:

- Competency-based with customized professional development and identity formation for all physicians;
- Led by inspirational faculty role models, overseeing supervised, humanistic, clinical educational experiences;
- Immersed in evidence-based, data-driven, clinical learning and care environments defined by excellence in clinical care, safety, cost effectiveness, and professionalism;
- Located in health care delivery systems meeting local and regional community needs; and,
- Graduating residents and fellows who strive for continuous mastery and altruistic professionalism throughout their careers, placing the needs of patients and their communities first.

1.30 ACGME Values

We accomplish our Mission guided by our commitment to the Public Trust and the ACGME values of:

- Honesty and Integrity
- Accountability, Transparency, and Fairness
- Excellence and Innovation
- Stewardship and Service
- Leadership and Collaboration
- Engagement of Stakeholders

1.40 ACGME Core Staff Values

- Integrity
- Reliability
- Community
- Professional Development
- Well-Being

[1] The Quadruple Aim simultaneously improved patient experience of care, population health, and health care practitioner work life, while lowering per capita cost.

2.00 Purpose of Accreditation by the ACGME

Accreditation of Sponsoring Institutions and residency and fellowship programs by the ACGME is a voluntary, non-governmental, profession-led peer-review process that involves periodic evaluation of compliance with published accreditation requirements. ACGME accreditation serves the public interest by promoting consistent standards for graduate medical education (GME), accrediting Sponsoring Institutions and programs meeting those standards, and stimulating ongoing improvement in GME. ACGME accreditation is widely recognized by governmental and non-governmental bodies and may be considered, among other factors, for purposes that can include eligibility criteria tied to certain GME funding arrangements, satisfaction of training prerequisites relevant to licensure in many jurisdictions, hospital privileging, and specialty board certification pathways. However, the ACGME does not allocate funding, grant licensure, award privileges, confer board certification, or establish numbers of physicians in any specialty.[2]

[2] At its meeting on February 13-14, 1984, the ACGME voted to reaffirm a statement of policy originally adopted by the Liaison Committee on Graduate Medical Education, the predecessor organization of the ACGME, at its November 17-18,1980 meeting.

The ACGME reaffirmed the policy that in the accrediting process, it is not the intent or purpose of the ACGME to establish numbers of physicians in any specialty.

This remains the policy of the ACGME.

3.00 Employee and Volunteer Whistleblower Policy

3.10 Raising Issues with the ACGME

The ACGME has an open-door policy and encourages employees and volunteers to share their questions, concerns, suggestions, or complaints with someone within the ACGME who can address them properly. In most cases, an employee's supervisor is in the best position to address such matters, particularly those related to human resources.

In addition, employees and volunteers may file a report anonymously via the ACGME's Compliance Hotline managed by Red Flag Reporting ("Compliance Case Management System") at 1.877.647.3335 (client code ACGME) or www.RedFlagReporting.com. Anonymous reporting will not impact the ACGME's commitment to conducting an investigation, and reporters can receive updates on the status of a report via the Compliance Case Management System.

3.20 Reporting Issues to the ACGME Audit and Risk Committee

If an employee or volunteer has serious concern that an ACGME employee or volunteer is acting in violation of (i) any state of federal law or related regulation, or (ii) the ACGME's corporate accounting practices, internal financial controls, or audit (collectively referred to as "Protected Disclosures"), the employee or volunteer is urged to directly notify the ACGME's Audit and Risk Committee Chair through Red Flag Reporting.

The Audit and Risk Committee Chair will promptly notify the sender of receipt of the concern regarding a Protected Disclosure unless the concern was submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

4.00 Executive Committee of the ACGME

Subject to Article V, Section 13 of the ACGME Bylaws, the affairs of the ACGME shall be managed by the Executive Committee of the ACGME Board in the interim between regular or special meetings.

The Executive Committee consists of eight ACGME Directors. The ACGME Board Chair, Vice Chair or the Chair-Elect, and Treasurer shall serve in the same roles on the Executive Committee. The Chair of the ACGME Council of Review Committee Chairs shall serve on the Executive Committee. The remaining Directors on the Executive Committee shall be elected for two-year terms by the ACGME Board at its annual meeting from among the Directors on the Board.

The Executive Committee shall report to the ACGME Board as appropriate.

4.10 Policies and Procedures Advisory Committee to the Executive Committee

The Policies and Procedures Advisory shall advise the Executive Committee on new and proposed policies and procedures outlined in the ACGME Manual of Policies and Procedures.

4.11 Purpose

The Policies and Procedures Advisory Committee shall review the adequacy of the ACGME Manual of Policies and Procedures and propose revisions to the Executive Committee for consideration.

4.12 Composition

On recommendation of the ACGME Board Chair, the Governance Committee shall propose and the ACGME Board shall appoint from its members, a chair and vice-chair and Board members to serve on the Policies and Procedures Advisory Committee to the Executive Committee.

5.00 Committees of the ACGME

5.10 Description

a. Standing Committees

- Finance Committee
- Audit and Risk Committee
- Compensation Committee
- Committee on Requirements
- Monitoring Committee
- Governance Committee
- Awards Committee
- Journal Oversight Committee
- Education Committee
- Policy Committee

b. Meetings

The standing committees shall meet at the time of the regular meetings of the ACGME Board, and/or at such other times as necessary.

c. Compensation

Members of the standing committees shall receive no financial compensation for their services but shall be reimbursed for travel and other necessary expenses incurred in fulfilling their duties as committee members.

d. Membership

Director members of standing committees shall be appointed as provided in Article VIII, Section 1 of the ACGME Bylaws. The majority of the members of each standing committee shall be ACGME Directors.

In addition to the non-Director members nominated by the Council of Review Committee Chairs and the Council of Review Committee Residents (as described in Policy 6.22 and 6.32), the ACGME Board may appoint one or more non-Director members to support the needs of a standing committee, for a maximum of three consecutive one-year terms.

5.20 Finance Committee

5.21 Purpose

The Finance Committee shall:

a. prepare an annual budget for approval by the ACGME Board;

b. Meet prior to each regular meeting of the ACGME Board to review the financial status of the ACGME;

c. provide regular reports to the ACGME Board on the finances of the ACGME;

d. formulate the overall investment policies of the ACGME for its investment assets, subject to approval by the ACGME Board;

e. establish investment guidelines in furtherance of the investment policies;

f. monitor the management of the ACGME portfolio for compliance with the investment policies and guidelines and for meeting performance objectives over time; and,

g. perform such other duties relating to finances as may be assigned by the ACGME Board.

5.22 Composition

Subject to committee membership requirements in Article VIII, Section 1 of the ACGME Bylaws, on recommendation of the ACGME Board Chair, the Governance Committee shall propose and the ACGME Board shall appoint members to serve on the Finance Committee. The Committee is chaired by the ACGME Board Treasurer.

5.20 Finance Committee

5.23 Operational Guidelines

The Committee shall review ACGME revenue and expenditures during the fiscal year. The ACGME fiscal year runs from January 1 to December 31. An annual budget for the next fiscal year shall be prepared for review and approval by the ACGME Board during each annual meeting. In so doing, the Committee shall:

a. recommend for ACGME Board approval all ACGME fees, per diems, and honorariums as part of the budgeting process;

b. review ACGME investments and recommend for ACGME Board approval the ACGME investment strategy;

c. recommend for ACGME Board approval the ACGME financial reserve strategy; and,

d. review and submit recommendations to the Executive Committee and/or the ACGME Board regarding all major capital expenditures and the financial impact of policies, practices, and/or procedures requested by ACGME committees or the ACGME Board.

5.30 Audit and Risk Committee

5.31 Purpose

The Audit and Risk Committee shall:

a. recommend to the ACGME Board the selection, retention, and termination of the financial auditors of the ACGME;

b. provide oversight of the ACGME's internal system of financial control procedures and compliance activities;

c. provide oversight of the ACGME's internal system of risk management; and,

d. investigate any complaints of ACGME violation of state or federal law or of ACGME accounting practices, internal financial controls, or audit.

5.32 Composition

The Audit and Risk Committee shall consist of the public Directors of the ACGME Board and two or more additional committee members appointed as provided in Article VIII, Section 1 of the ACGME Bylaws. A majority of the Directors on the Audit and Risk Committee shall not simultaneously serve as members of the Finance Committee. At least one member of the Audit and Risk Committee must have expertise or experience in financial matters, and that member need not be a Director. Neither the President and Chief Executive Officer nor the Chief Finance and Administrative Officer of the ACGME may be a member of the Audit and Risk Committee but may advise and consult with the Audit and Risk Committee.

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5.40 Compensation Committee

5.41 Purpose

The Compensation Committee determines the annual compensation of the ACGME President and Chief Executive Officer and the Chief Finance and Administrative Officer. The Compensation Committee shall follow procedures provided by federal law to determine the compensation in a manner that results in a presumption of reasonableness under federal law.

5.42 Composition

The Compensation Committee consists of members appointed as provided in Article VIII, Section 1 of the ACGME Bylaws who are free from conflicts of interest with regard to determination of compensation.

5.50 Committee on Requirements

5.51 Purpose

The Committee on Requirements shall review and make recommendations to the ACGME Board on all matters pertaining to the requirements submitted by Review and Recognition Committees (hereafter referred to as ACGME Committees). This includes, but is not limited to, recommendations on proposed institutional, recognition, Common Program, and specialty-specific program requirements (unless otherwise specifically identified, these are collectively referred to as "requirements").

5.52 Composition

Subject to membership requirements in Article VIII, Section 1 of the ACGME Bylaws, on recommendation of the ACGME Board Chair, the Governance Committee shall propose and the ACGME Board shall appoint members to serve on the Committee on Requirements. The Council of Review Committee Chairs (CRCC) shall nominate, through the Governance Committee for appointment by the ACGME Board, one member to serve a maximum two-year term. The term of the CRCC member must not extend beyond the individual's CRCC term.

5.53 Operational Guidelines

The Committee on Requirements shall review and evaluate new and revised requirements on the basis of:

a. content, including consistency with ACGME policies and procedures, clarity of language, and general reasonableness of standards; and,

b. impact, such as effects on patient care, resident/fellow education, residency/fellowship programs in other disciplines, and on the financial position of a Sponsoring Institution and its ACGME-accredited and/or recognized programs.

With respect to content that is specialty-specific (e.g., types of procedures and experiences necessary for resident/fellow education), the Committee on Requirements and the ACGME may rely on the expertise of the appropriate ACGME Committee and comments received from the community of interest, as applicable.

The Committee on Requirements shall review each set of requirements every 10 years in accordance with Policy 10.20. In addition, the Committee on Requirements will review interim revisions proposed by the applicable ACGME Committee.

The Committee on Requirements meetings shall include an open forum in which any member or representative of an ACGME Committee or of a Sponsoring Institution, program, organization, or the public with an interest in the requirements being reviewed and discussed may speak to the relevant issues. Representatives of the proposing ACGME Committee should have opportunity to respond to comments from interested parties.

The recommendation of the Committee on Requirements shall be presented to the ACGME Board for final action.

5.54 Resolution of Inter-Specialty and Multi-Specialty Conflicts

There may be circumstances in which proposed requirements appear to have an adverse impact on either residency/fellowship education in other disciplines or on patient safety. The Committee on Requirements shall exclusively evaluate such issues and shall encourage the interested parties to articulate the issues at hand. The Committee on Requirements shall review all available information, including comments by interested parties and the public, and shall have the opportunity to ask questions and seek additional information. The Committee on Requirements shall make a recommendation to the ACGME Board on the requirements after considering all information that it judges relevant and appropriate.

5.60 Monitoring Committee

5.61 Purpose

The Monitoring Committee oversees the work of the Review Committees. In this role, it has the following responsibilities:

a. make recommendations to the ACGME Board regarding Review Committee activities and delegation of accreditation authority based on evaluation and the Review Committee's performance, including consistency of decision-making, within and among the Review Committees;

b. accrue and disseminate knowledge about improving accreditation practices by:

   1. oversight of administrative development and distribution of summary information regarding the performance of the Review Committees;

   2. identification and dissemination of salutary practices of Review Committees; and,

   3. recommendation, where appropriate, of standardized approaches to requirements construction and enforcement;

c. monitor and assess the consistent application and enforcement of the requirements;

d. recommend research on requirements and accreditation methods, including review of proposed methods and evaluation of results;

e. review accreditation data and information addressing special issues as directed by the ACGME Board; and,

f. make recommendations to the ACGME administration regarding the processes, policies and procedures for Review Committee administration, requirements construction, and accreditation decision making.

5.62 Composition

Subject to committee membership requirements in Article VIII, Section 1 of the ACGME Bylaws, on recommendation of the ACGME Board Chair, the Governance Committee shall propose and the ACGME Board shall appoint members to serve on the Monitoring Committee. The Council of Review Committee Chairs (CRCC) shall nominate, through the Governance Committee for appointment by the ACGME Board, one member to serve a maximum two-year term. The term of the CRCC member on the Monitoring Committee must not extend beyond the individual's CRCC term.

5.60 Monitoring Committee

5.63 Operational Guidelines

a. Review and Recognition Committees

The Monitoring Committee shall review the performance of each Review or Recognition Committee.

The Monitoring Committee may invite representatives of each Review or Recognition Committee, including the Review or Recognition Committee Chair, and others as appropriate, to discuss and clarify the Review or Recognition Committee's activities.

Based on the annual and/or 10-year evaluation of the Review or Recognition Committee, the Monitoring Committee shall recommend one of the following options:

1. continue to delegate accreditation or recognition authority; or,

2. continue to delegate accreditation or recognition authority with added supervision and oversight; or,

3. withdraw delegation of accreditation or recognition authority, with an accompanying plan for replacement of the accreditation or recognition function.

b. Specialty, Subspecialty, and Sub-Subspecialty Accreditation

The Monitoring Committee shall periodically review and make recommendations to the ACGME Board regarding the continued accreditation designation of a specialty, subspecialty, or sub-subspecialty.

This review shall include consideration of the number of programs that have been accredited, the number of filled resident and/or fellow positions, staff and other support requirements for accreditation, and other relevant information.

If the Monitoring Committee finds any "Criteria for Designation" (Policies 11.10, 11.20, 11.30 and 11.50) are not met, it may recommend one of the following:

1. accreditation of programs should continue for a specified period of time to determine if the criteria can be met (at the conclusion of which time another review shall be conducted); or,

2. accreditation of programs should be discontinued in which case the Monitoring Committee shall recommend an effective date of discontinued accreditation.

5.60 Monitoring Committee

5.63 Operational Guidelines

c. At the end of the five-year provisional approval period for new specialties, subspecialities, and sub-subspecialties, the Monitoring Committee shall consider whether the ACGME should continue to accredit such programs. This review shall include consideration of the number of programs that have been accredited, the number of filled resident and/or fellow positions, availability of Review Committee expertise, staff and other support requirements for accreditation, and other relevant information. The Monitoring Committee shall also consider "Criteria for Designation" (Policies 11.10, 11.20, 11.30 and 11.50).

If the Monitoring Committee finds that this information does not support the continued accreditation of programs in the specialty, subspecialty, or sub-subspecialty, it may recommend discontinuing to delegate accreditation authority and closure of these programs or transfer of the programs in the case of multidisciplinary subspecialties to a different parent specialty/Review Committee. The Monitoring Committee shall recommend a preferred plan with an effective date of this action.

5.70 Governance Committee

5.71 Purpose

The Governance Committee shall:

a. serve as the nominating committee for elected Directors who are not nominated by ACGME Member Organizations, for non-officer members of the Executive Committee, and for elected officers;

b. recommend nominees to the ACGME Board of Directors from among the director nominees of ACGME Member Organizations;

c. maintain records of skills and experience needed on the ACGME Board, and of potential nominees by category of skills and experience, including serving as a source of qualified non-Director appointees to various ACGME Board committees where permitted by the ACGME Bylaws or by the resolution creating the standing or special committee;

d. on recommendation of the ACGME Chair, propose members to serve on standing committees;

e. plan, oversee, and evaluate new Director orientation for the ACGME Board;

f. plan, oversee, and evaluate all continuing education related to the ACGME Board's role in governance, encourage participation, and leverage the qualifications and experiences of each Director to benefit the entire ACGME Board;

g. conduct at least annual evaluations of the members of the ACGME Board as a whole and share appropriately the results thereof;

h. oversee the implementation of the ACGME's policy on confidentiality and deliberate on breaches of the policy to make recommendations to the ACGME Board for action or sanctions;

i. oversee the implementation of the ACGME's policy on conflicts and dualities of interest; review all disclosed conflicts and dualities for appropriate response, if any; and deliberate on breaches of the policy to make recommendations to the ACGME Board for action or sanctions;

j. review the ACGME Bylaws and/or organizational documents of the ACGME at least biannually as to their effectiveness and currency; and,

k. perform such other duties relating to governance as may be assigned by the ACGME Board.

5.70 Governance Committee

5.72 Composition

The Governance Committee shall consist of one Director nominated by each ACGME Member Organization, at least one public Director, and the Chair of the Council of Review Committee Chairs.

5.80 Awards Committee

5.81 Purpose

a. The Awards Committee shall review and make recommendations to the ACGME Board on all matters pertaining to the ACGME Awards Program.

b. The Awards Committee shall submit nominations to the ACGME Board for the:

- Parker J. Palmer Courage to Teach Award;
- Parker J. Palmer Courage to Lead Award;
- John C. Gienapp Award;
- David C. Leach Award;
- ACGME and Gold Foundation DeWitt C. Baldwin Jr. Award;
- GME Institutional Coordinator Excellence Award;
- Debra L. Dooley Program Coordinator Excellence Award;
- Barbara Ross-Lee, DO Leadership Award; and
- Thomas J. Nasca Award and,
- other awards as determined by the ACGME Board.

5.82 Composition

Subject to committee membership requirements in Article VIII, Section I of the ACGME Bylaws, on recommendation of the ACGME Board Chair, the Governance Committee shall propose and the ACGME Board shall appoint members to serve on the Awards Committee. The Vice Chair of Council of Review Committee Chairs (CRCC) will serve a two-year term on the Awards Committee which may extend beyond the term as Vice Chair of the CRCC. There must be a resident or fellow member on the Awards Committee.

A current member of the ACGME Coordinator Advisory Group will serve on the Awards Committee as a voting member.

5.90 Journal Oversight Committee

5.91 Purpose

The Journal Oversight Committee shall:

a. guide the business affairs of the *Journal of Graduate Medical Education* (*JGME*) with the aim of promoting high-quality scholarship and dissemination;

b. ensure *JGME*'s financial viability and editorial independence; and,

c. make recommendations to the ACGME Board regarding structure, support, and production of *JGME*.

5.92 Composition

Subject to committee membership requirements in Article VIII, Section 1 of the ACGME Bylaws, on recommendation of the ACGME Board Chair, the Governance Committee shall propose and the ACGME Board shall appoint members to serve. the Journal Oversight Committee, who shall include at least one public Director. The Editor-in-Chief will serve in a non-voting, ex-officio capacity. There must be a resident or fellow member on the Journal Oversight Committee.

5.93 Operational Guidelines

The Journal Oversight Committee shall:

a. monitor all activities associated with the publication of *JGME*, including receipt, at least annually, of a report on *JGME* from the senior administration of the ACGME and senior editorial staff of the journal;

b. approve the selection of the Editor-in-Chief and advise appointment of deputy editors and associate editors to ensure a wide range of expertise;

c. approve the duties of the Editor-in-Chief, deputy editors, and associate editors;

d. periodically evaluate the Editor-in-Chief, review the Editor-in-Chief's evaluations of the deputy editors and associate editors, and make decisions on retention;

e. approve the remuneration of the Editor-in-Chief within a budget that has been approved by the ACGME Board;

f. review and recommend to the ACGME Board changes in pricing, publication volume, publication frequency, and distribution of *JGME*;

g. work with the ACGME's senior administration, the Editor-in-Chief, and the Managing Editor, to develop and implement a budget to support *JGME*, which will annually be subject to the approval of the ACGME Board;

h. offer guidance in matters of overall direction for *JGME*, as requested by the Editor-in-Chief or the ACGME Board; and,

i. report at least annually to the ACGME Board on *JGME* operations.

5.94 Meetings

The Journal Oversight Committee shall meet during at least two of the regular ACGME Board meetings and, as needed, by teleconference to discuss ongoing efforts for review and endorse any proposed policies. Subject to the approval and oversight of the ACGME Board as stated herein, the Journal Oversight Committee shall oversee the business activities of *JGME*.

5.100 Education Committee

5.101 Purpose

The Education Committee shall:

a. monitor the quality and performance of ACGME-sponsored education activities;

b. serve as a resource for the development of new ACGME education activities and initiatives; and,

c. make recommendations to the ACGME Board with regard to ongoing educational activities and development of new education initiatives.

5.102 Composition

Subject to committee membership requirements in Article VIII, Section I of the ACGME Bylaws, on recommendation of the ACGME Board Chair, the Governance Committee shall propose and the ACGME Board shall appoint members to serve on the Education Committee.

5.110 Policy Committee

5.111 Purpose

The Policy Committee shall develop and recommend positions to the ACGME Board relating to policy issues that affect accreditation and graduate medical education.

5.112 Composition

Subject to committee membership requirements in Article VIII, Section 1 of the ACGME Bylaws, on recommendation of the ACGME Board Chair, the Governance Committee shall propose and the ACGME Board shall appoint members to serve on the Policy Committee.

6.00 Councils of the ACGME

6.10 Description

a. Purpose

The Council of Review Committee Chairs, the Council of Review Committee Residents, and the Council of Public Members advise the ACGME in matters pertaining to graduate medical education accreditation and recognition.

b. Meetings

The Councils typically meet at least twice a year and may meet at the time of the regular meetings of the ACGME Board and at such other times as necessary.

c. Reporting

The Councils shall report to the ACGME Board and to the Executive Committee as appropriate.

d. Compensation

Council members shall receive no financial compensation for their services but shall be reimbursed for travel and other necessary expenses incurred in fulfilling their duties as Council members.

6.20 ACGME Council of Review Committee Chairs

6.21 Purpose

The ACGME Council of Review Committee Chairs (CRCC) recommends to the ACGME administration and the ACGME Board approaches to improve educational outcomes within and across clinical specialties, policies and procedures that guide accreditation and recognition, and other matters as charged by the ACGME administration or the ACGME Board.

6.22 Composition

The CRCC is composed of the current chairs of all Review and Recognition Committees, two residents or fellow ACGME Directors, and one public Director appointed by the ACGME Board. A representative from the Organization of Program Director Associations, and a representative from the Veterans Administration are official observers without vote.

The CRCC shall elect its Chair from among its own members. The CRCC Chair shall serve a single term of two years and must be a Committee Chair at the time of election but need not be a Committee Chair or member for the duration of the two-year term. The CRCC Chair shall serve as a Director on the ACGME Board and as a voting member of the Executive Committee.

The CRCC shall also elect its Vice Chair from among its own members for a two-year term. The CRCC Vice Chair may participate in meetings of the ACGME Board, except that the Vice Chair shall not be entitled to vote.

The first year of the term of the CRCC Chair shall be the second year of the term of the CRCC Vice Chair, and the second year of the term of the CRCC Chair shall be the first year of the term of the CRCC Vice Chair.

The CRCC shall nominate, through the ACGME Board Chair and the Governance Committee for appointment by the ACGME Board, one of its members to serve a two-year term as a voting member on each of the following: Committee on Requirements, Monitoring Committee, Awards Committee, Journal Oversight Committee, and Education Committee. One CRCC member will be appointed by the CRCC Chair to serve as a liaison to the Council of Review Committee Residents. The terms of the CRCC Chair and CRCC Vice Chair and the standing committee terms of the CRCC standing committee members shall begin and end upon adjournment of the annual meeting of the ACGME Board.

6.30 ACGME Council of Review Committee Residents

6.31 Purpose

The ACGME Council of Review Committee Residents (CRCR) serves as an advisory body to the ACGME concerning resident/fellow matters, graduate medical education, accreditation, and recognition.

6.32 Composition

The CRCR is composed of the current resident and/or fellow members of the ACGME Board and the Review and Recognition Committees and one ACGME public Director appointed by the ACGME Board.

The CRCR shall elect its Chair from among its own members. The CRCR Chair shall serve a single term of two years. The CRCR Chair must be a member of a Committee at the time of election but need not be a Committee member for the duration of the two-year term. The CRCR Chair shall serve as a Director on the ACGME Board.

The CRCR shall also elect its Vice Chair from among its own members for a one-year term. The CRCR Vice Chair shall be eligible for election as CRCR Chair only upon expiration of the term as Vice Chair. In the absence of the CRCR Chair, the Vice Chair may participate in meetings of the ACGME Board, except that the Vice Chair shall not be entitled to vote.

The CRCR shall nominate, through the ACGME Board Chair and the Governance Committee for appointment by the ACGME Board, one of its members to serve as a voting member on the Awards Committee and the Journal Oversight Committee. The terms of the CRCR Chair and CRCR Vice-Chair, and the standing committee terms of the CRCR standing committee members, shall begin and end upon adjournment of the annual meeting of the ACGME Board.

6.40 ACGME Council of Public Members

6.41 Purpose

The ACGME Council of Public Members serves as an advisory body to the ACGME, increasing engagement on behalf of the American public.

6.42 Composition

The ACGME Council of Public Members is composed of one public member from each Review and Recognition Committee that has a public member; the public Directors of the ACGME Board; and, at the discretion of the ACGME Board, one or more at-large public members chosen by the ACGME Board who shall also determine the length of the additional public member term(s).

The Council of Public Members shall elect its Chair from among its own members. The Council of Public Members Chair shall serve a single term of two years. The term of the Council of Public Member Chair shall begin and end upon adjournment of the annual meeting of the ACGME Board. The Council of Public Members Chair must be a member of a committee at the time of election but need not be a committee member for the duration of the two-year term. The Council of Public Members Chair shall serve as a Director on the ACGME Board.

The Council of Public Members shall also elect its Vice Chair from among its own members for a two-year term.

The first year of the term of the Council of Public Members Chair shall be the second year of the term of the Council of Public Members Vice Chair, and the second year of the term of the Council of Public Members Chair shall be the first year of the term of the Council of Public Members Vice Chair.

7.00 ACGME Conduct

7.10 Fiduciary Duty

Members of the ACGME Board and Review and Recognition Committees hold a fiduciary duty to the ACGME. They must be attentive to the needs and priorities of the ACGME and must act in what they reasonably believe to be the best interests of the ACGME.

If any member cannot discharge this fiduciary duty of acting in the best interest of the ACGME on any particular issue, the member should declare a conflict or duality of interest as described in Policy 7.20.

7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

The mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education. In furtherance of this mission, the ACGME engages in accreditation, recognition, and accreditation and recognition-related activities. The integrity of the ACGME, its accreditation and recognition decisions, and the activities it undertakes, depend on:

a. the avoidance of conflicts of interest, or even the appearance of such conflicts, by the individuals involved in those decisions and activities; and,

b. appropriately addressing dualities of interest by those same individuals.

At the same time, the ACGME acknowledges that the leaders of the ACGME also have significant professional, business, and personal interests and relationships. Therefore, the ACGME has determined that the most appropriate manner in which a Director/Committee member addresses actual, apparent, or potential conflicts of interest and/or dualities of interest begins with full disclosure of any relationship or interest that might be construed as resulting in such a conflict or duality. Disclosure under this policy should not be construed as creating a presumption of impropriety or as automatically precluding someone from participating in an ACGME activity or decision-making process. Rather, it reflects the ACGME's recognition of the many factors that can influence a person's judgment and a desire to make as much information as possible available to all participants in ACGME-related matters.

Insofar as actual, apparent, or potential conflicts and dualities of interest can be addressed before they are manifest in ACGME Board or Committee meetings or otherwise, they should be referred to the ACGME Board or applicable Committee Chair for resolution (with assistance and advice of the ACGME President and Chief Executive Officer) and failing satisfactory resolution to all involved, to the Governance Committee for resolution. Insofar as actual, apparent, or potential conflicts of interest and dualities of interest are not so resolved, and they become manifest in ACGME Board or Committee meetings, the ACGME Board or Committee shall address them consistent with this policy, or if permitted by time, refer them to the Governance Committee for resolution.

On or before January 31 of each year, the ACGME President and Chief Executive Officer and each Committee shall submit to the Governance Committee a report listing the date and a brief account (need not include names) of each disqualification occurring during the previous calendar year.

The Governance Committee of the ACGME Board has the responsibility to provide oversight for compliance with this policy.

7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.21 Definitions

a. Conflict of Interest

A conflict of interest occurs when a Director/Committee member has a financial interest (as defined in this policy), which is declared or determined under this policy to be a personal and proprietary financial interest to the Director/Committee member or a close member of the Director's/Committee member's family that relates to an ACGME decision or activity.

b. Duality of Interest

A duality of interest occurs when a Director/Committee member has an interest, which is declared as or determined under this policy to be a competing fiduciary obligation that does not involve a personal and proprietary financial interest. (Usually, this relates to a fiduciary obligation to another not-for-profit corporation with an interest in ACGME accreditation requirements and policies.) A duality of interest sufficient in gravity to destroy the trust necessary for fiduciary service in the interest of the ACGME and the public on an issue shall disqualify a Director/Committee member from fiduciary service on that issue.

c. Apparent Conflict or Duality

An apparent conflict or duality of interest is one which is perceived, but not actual. (Since third parties act or draw conclusions on what they perceive, an apparent, but unresolved, conflict or duality needs to be addressed.)

d. Potential Conflict or Duality

A potential conflict or duality of interest is one that has not yet occurred, but is predictable if a Director/Committee member is about to assume:

1. ownership or investor status;

2. a compensation arrangement; or

3. fiduciary responsibility.

7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.21 Definitions

e. Financial Interest

A financial interest is personal and proprietary if a Director/Committee member has, directly or indirectly, through business, investment, or family (spouse, parent, child or spouse of a child, brother, sister, or spouse of a brother or sister):

1. an ownership or investment interest in any entity (other than a publicly held entity) with which the ACGME has a contract or transactional arrangement, or in any entity (other than a publicly held entity) whose products or services are in competition or potential competition with those intrinsic to the ACGME contract or transactional arrangement; or,

2. a compensation arrangement with any entity or individual with which/whom the ACGME has a contract or transactional arrangement in which the compensation is in excess of one thousand dollars ($1,000.00) in any year, or with any entity whose products or services are in competition or potential competition with those intrinsic to the ACGME contract or transactional arrangement; or,

3. an actual or potential ownership or investment interest in any entity (other than a publicly held entity) with which the ACGME is considering or negotiating a contract or transactional arrangement, or in any entity (other than a publicly held entity) whose products or services are in competition or potential competition with those intrinsic to the potential ACGME contract or transactional arrangement; or,

4. a compensation arrangement with any entity or individual as to which/whom the ACGME is considering or negotiating a contract or transactional arrangement, or with any entity or individual whose products or services are in competition or potential competition with those intrinsic to the potential ACGME contract or transactional arrangement.

   Compensation includes direct and indirect remuneration, as well as gifts or favors (in general those amounting to less than $50 per calendar year are exempt from this Policy).

7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.22 Procedure – Conflict of Interest – Contract or Transaction

a. Disclosure of Conflicts

All Directors/Committee members who have, or who are advised that they may have, (a) an actual, apparent, or potential conflict of interest (personal or proprietary financial interest) or (b) bias for or against a Sponsoring Institution or program under review, must disclose the conflict and all relevant facts to the ACGME Board Chair (ACGME Board Vice Chair if the ACGME Board Chair is conflicted or unavailable) or Committee Chair (Committee Vice Chair if the Committee Chair is conflicted or unavailable; Committee-selected designee if the Committee Chair is conflicted or unavailable, and there is no Committee Vice Chair). A disclosure statement form shall be provided to each Director and Committee member annually for completion and return, but disclosure is most appropriate whenever conflicts arise or are suspected.

b. Self-Declared Conflict (Disqualifying)

1. A Director/Committee member may declare an actual, apparent, or potential conflict of interest relating to ACGME Board or Committee action on a contract or transaction and shall disclose all facts material to the conflict of interest. Such disclosure and declaration shall be reflected in the minutes of the meeting, which need not state all the facts disclosed by the Director/Committee member.

2. The conflicted Director/Committee member shall not participate in or be permitted to hear the ACGME Board's or Committee's discussion of the contract or transaction except to disclose material facts and to respond to questions. The Director/Committee member shall not attempt to exert personal influence with respect to the contract or transaction, either at or outside the meeting.

3. The Director/Committee member having an actual or apparent conflict of interest may not vote on the contract or transaction and shall not be present in the meeting room when the vote is taken. Such a person's ineligibility to vote on that matter shall be reflected in the minutes of the meeting.

4. Depending upon the facts involved, the ACGME Board Chair or Committee Chair may also conclude that certain confidential or proprietary information should not be shared with the person having the actual, apparent, or potential conflict.

c. Same State or Territory (Accreditation Actions)

A Director/Committee member (a) employed by an ACGME-accredited Sponsoring Institution or program headquartered in the same state or territory as a Sponsoring Institution or program being considered for accreditation/recognition action by a Review or Recognition Committee or the ACGME Board and/or (b) having a bias for or against a Sponsoring Institution or program being considered for accreditation/recognition action by a Review or Recognition Committee or the ACGME Board shall withdraw from all discussion on the accreditation/recognition action and leave the meeting room. The person shall not attempt to exert personal influence with respect to the accreditation/recognition action, either at or outside the meeting.

7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.22 Procedure – Conflict of Interest – Contract or Transaction

d. ACGME Determined Conflict (Disqualifying)

1. In the event it is not entirely clear that an actual, apparent, or potential conflict of interest exists, the Director/Committee member with an alleged or suspected conflict shall disclose the circumstances to the ACGME Board Chair (ACGME Board Vice Chair if the ACGME Board Chair is conflicted or unavailable) or the Committee Chair (Committee Vice Chair if the Committee Chair is conflicted or unavailable; Committee-selected designee if the Committee Chair is conflicted or unavailable and there is no Committee Vice Chair), who shall determine whether there exists an actual, apparent, or potential conflict of interest.

2. The Director/Committee member may request a vote of the ACGME Board or Committee if the Director/Committee member disagrees with the determination of the ACGME Board Chair or Committee Chair. The Director/Committee member may be present and may speak during ACGME Board or Committee discussion of the relevant facts regarding the actual, apparent, or potential conflict of interest, but shall leave the room for other discussion and voting. An actual, apparent, or potential conflict may be found to exist by a simple majority vote, with the Director/Committee member involved not voting, but being counted for quorum purposes and shown as abstaining.

3. Depending upon the facts involved, the ACGME Board Chair or Committee Chair may also conclude that certain confidential or proprietary information should not be shared with the person having the actual, apparent, or potential conflict.

7.23 Procedure – Addressing Number of Persons Voting

If, upon conclusion of the Conflict of Interest Procedure (Policy 7.22), the number of persons remaining to discuss and vote on a matter is less than half the total number of persons, those persons excluded under Policy 7.22.c. (Same State or Territory) who would not otherwise be excluded under the Conflict of Interest Procedure (Policy 7.22) may participate in discussion and vote on the appeal of the Sponsoring Institution or program.

7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.24 Duality of Interest

a. Disclosure of Dualities and Possible Dualities

Prior to ACGME Board or Committee action on an issue, each Director/Committee member who has, or is advised by one or more on the ACGME Board or ACGME Committee that the individual may have, an actual, apparent, or potential duality of interest as regards an action being taken or to be taken by the ACGME Board or Committee, must disclose the duality and all relevant facts to the ACGME Board Chair (ACGME Board Vice Chair if the ACGME Board Chair is conflicted or unavailable) or the Committee Chair (Committee Vice Chair if the Committee Chair is conflicted or unavailable; Committee-selected designee if the Committee Chair is conflicted or unavailable and there is no Committee Vice Chair).

1. The affected Director/Committee member shall inform the ACGME Board or Committee how the individual Director/Committee member has acted in the public's best interest to resolve the duality.

2. Annual Disclosure Form: A disclosure statement form shall be provided to each Director/Committee member annually for completion and return, but disclosure is most appropriate whenever dualities arise or are suspected.

b. Self-Declared Actual, Apparent, or Potential Duality

1. Self-Declared Actual, Apparent, or Potential Duality (Non-Disqualifying)

Prior to ACGME Board or Committee action on a matter or issue, a Director/Committee member may declare an actual, apparent, or potential duality of interest on an issue, and also declare that the Director/Committee member can discharge the fiduciary duty relating to that issue in a manner that the Director/Committee member reasonably believes is in the interests of the ACGME and the public. Unless the ACGME determines, as provided herein, that the Director/Committee member has an actual, apparent, or potential duality of interest on an issue and that the Director/Committee member cannot discharge the fiduciary duty relating to that issue in a manner that is in the interests of the ACGME and the public, the Director/Committee member may participate regarding that issue.

2. Self-Declared Actual, Apparent, or Potential Duality (Disqualifying)

A Director/Committee member declaring an actual, apparent, or potential duality of interest on an issue, and that the Director/Committee member cannot discharge the fiduciary duty relating to that issue in a manner that the Director/Committee member reasonably believes is in the interests of the ACGME and the public, shall not participate regarding that issue.

7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.24 Duality of Interest

c. ACGME Determined Actual, Apparent, or Potential Duality (Disqualifying)

1. In the event it is not clear that a disqualifying actual, apparent, or potential duality of interest exists, the Director/Committee member with an actual, alleged, suspected, or possible actual, apparent, or potential duality shall disclose the circumstances to the ACGME Board Chair (ACGME Board Vice Chair if the ACGME Board Chair is conflicted or unavailable) or the Committee Chair (Committee Vice Chair if the Committee Chair is conflicted or unavailable; Committee-selected designee if the Committee Chair is conflicted or unavailable, and there is no Committee Vice Chair), who shall determine whether there exists a disqualifying actual, apparent, or potential duality of interest, i.e., whether an actual, apparent, or potential duality of interest exists that is sufficient in gravity to destroy the trust necessary for fiduciary service to the ACGME and the public on an issue.

2. The Director/Committee member involved may request a vote if the Director/Committee member disagrees with a disqualification decision of the ACGME Board Chair or Committee Chair. The Director/Committee member involved may be present and may speak during ACGME Board or Committee discussion of the relevant facts but shall leave the room for executive session discussion and voting. A disqualifying actual, apparent, or potential duality may be found to exist by a two-thirds vote, the Director/Committee member involved not voting, but being counted for quorum purpose and shown as abstaining.

d. Addressing Duality (Disqualifying)

Upon a disqualifying actual, apparent, or potential duality of interest being either declared or determined regarding an action being taken or to be taken by the ACGME Board or the ACGME Committee, the duality shall be noted in the minutes. The Director/Committee member with the actual, apparent, or potential duality shall not participate in the debate or vote on the action, and, at the discretion of the ACGME Board Chair or Committee Chair, shall not have access to certain confidential information.

7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.25 Procedure—Specialties under Consideration

a. Prior to and during an ACGME Board or Committee meeting at which a specialty is being considered (including but not limited to specialties addressed by the Monitoring and Requirements Committees), Directors/Committee members of the same specialty as that under consideration shall not (a) review, (b) participate in ACGME Board or Committee discussion, (c) participate in ACGME Board or Committee vote, and/or (d) moderate ACGME Board or Committee consideration of that specialty.

b. Prior to and during an ACGME Board or Committee meeting at which a specialty is being considered (including but not limited to specialties addressed by the Monitoring Committee and Committee on Requirements), no Director/Committee member shall (a) review, (b) participate in ACGME Board or Committee discussion, (c) participate in ACGME Board or Committee vote, and/or (d) moderate ACGME Board or Committee consideration of any specialty as to which the Director/Committee member, because of the individual's background or otherwise, feels the Director/Committee member cannot fairly participate in consideration.

c. During an ACGME Board or Committee meeting, prior to consideration of a specialty, the ACGME Board or Committee will determine whether any Director/Committee member, because of a conflict of interest, should not participate in consideration of the specialty.

d. If, as a result of the above process, two or fewer Directors/Committee members remain eligible to participate in ACGME Board or Committee recommendation on a specialty, the ACGME Board Chair shall appoint a Director without such conflicts to participate as an ad hoc Committee member for recommendation on a specialty.

e. A Director/Committee member having a conflict of interest shall withdraw from all consideration of the specialty and shall leave the meeting room during consideration.

7.26 Procedure—Consultant/Field Representative

A person shall not serve as an institutional or program consultant or as institutional or program Field Representative to graduate medical education Sponsoring Institutions or programs inside or outside the United States while serving on the ACGME Board or a Review or Recognition Committee.

7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.27 Failure to Disclose Conflict and Duality of Interest

If the Governance Committee has reasonable cause to believe (based on information from the ACGME President and Chief Executive Officer or other sources that a Director/Committee member has knowingly and deliberately failed to disclose an actual, apparent, or potential conflict or duality of interest, it shall inform the Director/Committee member of the bases for such belief and afford the Director/Committee member an opportunity to explain the alleged failure to disclose.

If, after hearing the response of the Director/Committee member and making such further investigation as may be warranted in the circumstances, the Governance Committee determines that the Director/Committee member has in fact knowingly failed to disclose an actual, apparent, or potential conflict or duality of interest, it shall recommend appropriate action or sanctions to the ACGME Board. The recommendation shall reflect the Governance Committee's view of the violation's seriousness and the degree of harm or potential harm to the ACGME.

7.30 Annual Disclosure—Directors and Committee Members

Annually each Director/Committee member shall be provided with and asked to review a copy of this policy and to acknowledge in writing that the Director/Committee member has done so and that the Director/Committee member agrees to follow this policy.

Annually each Director/Committee member shall complete a disclosure form identifying any relationships, positions, or circumstances in which the Director/Committee member is involved that the Director/Committee member believes could contribute to an actual or apparent conflict or duality of interest. Any such information regarding the business interests of a person or a family member thereof shall generally be made available only to the ACGME Board Chair, the President and Chief Executive Officer, and any committee appointed to address conflicts and dualities of interest, except to the extent additional disclosure is necessary in connection with the implementation of this policy.

7.40 Confidentiality

The ACGME acknowledges that adherence to confidentiality of the information acquired during the accreditation process is vital to its operation. Intrinsic to accreditation is the promotion of candor within its process, which may include constructive criticism that leads to improvement in the educational quality of an institution or program. Maintaining confidentiality within the accreditation process promotes this candor. Confidentiality means that the ACGME and its committees will not disclose the documents listed in this policy nor the information contained therein, except as required for ACGME accreditation purposes, as may be required legally, or as provided in Policies 7.41, 17.00 d., and 18.20 b. To meet the requirement of confidentiality, the ACGME holds as confidential the following documents and the information contained therein:

a. institutional and program files, including without limitation: institutional review information; program information; institution and program accreditation history; Site Visit Reports; progress reports; Case Log data; survey data; and records of Committee consideration;

b. appeals files;

c. additional documents and correspondence recording accreditation actions and consideration thereof by the ACGME; and,

d. personal resident/fellow physician information, and protected health information submitted to the ACGME.

A breach of confidentiality could result in irreparable damage to the Review and Recognition Committees, the ACGME and its mission, and the public, and may result in removal of a director, committee member, or ACGME employee.

7.40 Confidentiality

7.41 Published Information Released through ACGME

The ACGME publishes and releases a list of Sponsoring Institutions and programs accredited by the ACGME on its website (www.acgme.org) and other media, including the following information:

a. names and addresses of Sponsoring Institutions;

b. names and addresses of major participating site(s);

c. names and addresses of designated institutional officials and program directors;

d. names and addresses of the institutional and program coordinator(s);

e. specialty and length of programs;

f. total number of resident/fellow positions;

g. institutional and program accreditation, institutional and program accreditation status, institutional and program recognition status, and effective date (current, and for the previous 10 years);

h. date of last Self-Study; and,

i. date of next Self-Study (if applicable).

Summary data and other information about Sponsoring Institutions, programs, resident/fellow physicians, or resident/fellow physician education that is not identifiable by person or organization may be published by the ACGME or in collaboration with other entities in a manner appropriate to further the quality of graduate medical education consistent with ACGME policies and the law.

Individual resident/fellow physician data may be submitted to specialty certification boards upon written or electronic authorization of the individual resident/fellow physician and programs, as appropriate.

7.40 Confidentiality

7.42 Confidentiality Administration

To protect confidential information, as described in Policy 7.40, the ACGME assumes responsibility to:

a. not make copies of, disclose, discuss, describe, distribute, or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any confidential information, or any part of it, that the Review or Recognition Committees receive or generate, except directly in conjunction with service to the ACGME;

b. not use such confidential information for personal or professional benefit or for any other reason, except directly in conjunction with service to the Review or Recognition Committees and/or the ACGME;

c. not use any generative or other artificial intelligence applications with confidential information, regardless of form, that the Review or Recognition Committees receive or generate, except insofar as such use is authorized by the ACGME President and Chief Executive Officer and,

d. dispose of all materials and notes regarding confidential information in compliance with ACGME policies.

The confidentiality obligations continue to apply to former Review and Recognition Committee members. A former Review or Recognition Committee member may serve as a consultant to an institution or program but shall continue to maintain the confidentiality of confidential ACGME information. Such an individual may not serve as a consultant for an institution or program that has an accreditation decision pending before the ACGME in which decision, or part thereof, the former member participated as a Review or Recognition Committee member. If a former Review or Recognition Committee member, while serving as a consultant, receives information from an institution or program, the former member may discuss such information with the institution or program, if the same information was submitted to the Review or Recognition Committee. However, the former Review or Recognition Committee member may not discuss the consideration of the institution or program by the Review or Recognition Committee in which the former Review or Recognition Committee member participated or otherwise became aware by virtue of the Review or Recognition Committee membership.

7.50 Policies Governing Review and Recognition Committee Member Conduct

Upon appointment by the ACGME Board, all Review and Recognition Committee members must sign an agreement to comply with these ACGME Policies and Procedures, including those relating to fiduciary duty, conflict and duality of interest, and confidentiality. Ex-officio attendees must sign an agreement to comply with these ACGME Policies and Procedures, including those related to conflict and duality of interest and confidentiality.

Members of a Review and Recognition Committees may not act for or on behalf of the Review and Recognition Committee or the ACGME without explicit authorization by ACGME administration. This does not preclude Review and Recognition Committee members from reporting on general Committee activities to appropriate organizations.

7.60 Board and Review and Recognition Committee Attendance

Whenever an ACGME Director or Review or Recognition Committee member fails to attend two or more of any four consecutive regular meetings of the ACGME Board or Review or Recognition Committee, the Governance Committee shall:

a. invite the Director or Review or Recognition Committee member to submit a written explanation of any extraordinary circumstances underlying the absences; and,

b. make a recommendation to the ACGME Board as to whether it should take any action for failure of the director or Review or Recognition Committee member to attend two or more of any four consecutive meetings of the ACGME Board or Review or Recognition Committee.

7.70 Directors' Attendance at Board Standing Committee Meetings

Subject to ACGME policy on conflicts and dualities of interest, upon invitation of a standing committee through its Chair, ACGME Directors who are not members of the standing committee may attend all or parts of a meeting of the standing committee as observers. Standing committee Chairs may exercise discretion in allowing a Board Director to speak and address agenda issues. In addition, subject to ACGME policy on conflicts and dualities of interest, the ACGME Board Chair may attend meetings of all standing committees as an ex-officio attendee, and public Directors have an invitation to attend meetings of all standing committees, even if they are not members of those committees.

8.00 Financials

8.10 Fee Structure

The ACGME charges fees to defray the costs of accreditation. These fees are annually determined by the ACGME.

a. Accreditation Fee

The ACGME shall charge a yearly accreditation fee to all accredited programs and Sponsoring Institutions. This fee covers all the costs associated with ongoing accreditation, including the following services:

- site visits;
- collection, preparation, and distribution of data;
- review of program materials;
- surveys and Case Log processing and reporting;
- selecting, organizing, and convening peer-review committees; and,
- notification of accreditation decisions.

Accreditation fees are determined by program size and are published on the ACGME website.

b. Application Fee
A non-refundable fee is charged for processing applications for new or previously withdrawn or withheld programs seeking accreditation. This fee is assessed upon receipt of the application.

c. Appeal Fee
In the event of an appeal of an adverse action, an appeal fee shall be assessed. In addition, the appellant and the ACGME shall equally share the expenses incurred by the ACGME related to the appeal.

d. Canceled or Postponed Site Visit Fee
If a program cancels or postpones a scheduled site visit, the ACGME shall charge a cancelation fee. This fee may be waived at the discretion of the Senior Vice President, Field Activities.

e. Due Date
Fees for annual accreditation are payable within 60 days of the invoice date. Fees for applications are payable within 30 days of the invoice date.

f. Non-Payment of Fees
Failure to pay the fees listed above may result in an Administrative Withdrawal of Accreditation decision by the ACGME Board.

8.20 Expenses

The ACGME defrays expenses in accordance with financial policies established annually.

a. Facilities

Charges for facilities and services associated with meetings, such as meeting rooms, food service, or special arrangements, are paid by the ACGME.

b. ACGME Board Directors and Committee Members

The ACGME shall assume responsibility for reasonable travel and lodging costs related to attendance at meetings. The ACGME will reimburse up to $125 per day for meal expenses during travel and/or meeting days.

Directors and members may not accept payment for service while on or representing the ACGME Board or any ACGME committee, including travel upgrades at the expense of the nominating organization or the ACGME, honoraria, or duplicative remuneration.

c. Ex-Officio Attendees of a Review or Recognition Committee

Ex-officio attendees of a Review or Recognition Committee shall not be reimbursed for expenses by the ACGME.

d. ACGME Staff Members

Expenses incurred by ACGME staff members shall be reimbursed by the ACGME.

e. Guests and Consultants

Guests and consultants shall be eligible for reimbursement of expenses if they are attending a meeting at the request of the ACGME Board or a Review or Recognition Committee.

9.00 Review and Recognition Committees

The function of Review and Recognition Committees (hereafter referred to as “committees” limited to this policy) is to set accreditation or recognition standards (i.e., requirements) and to provide peer evaluation of Sponsoring Institutions or residency and fellowship programs. The purpose of the evaluation is to assess whether a Sponsoring Institution or program is in substantial compliance with the applicable Institutional, Program, and/or Recognition Requirements, and to confer an accreditation or recognition status.

9.10 ACGME Delegation of Authority to Review and Recognition Committees

The responsibility for the accreditation and recognition of Sponsoring Institutions and programs in graduate medical education resides with the ACGME Board, which may delegate responsibility for accreditation and recognition to the committees. Article XI, Section 2, d) of the ACGME Bylaws states:

> “Upon application of a Review Committee or a Recognition Committee, and following a review of its performance, the Board of Directors may delegate accreditation and/or recognition authority to the Review or Recognition Committee. Such delegation shall be for a period to be determined by the Board of Directors. The Board of Directors shall conduct periodic reviews of the accreditation and recognition process of the Review and Recognition Committee and of its authority to accredit and recognize.”

The ACGME Board provides oversight of the committees through the Monitoring Committee. If the Monitoring Committee recommends, and the ACGME Board approves, withdrawal of delegated accreditation or recognition authority, at the same time, the ACGME Board will also adopt a plan for uninterrupted accreditation or recognition of the affected Sponsoring Institutions and/or programs.

9.20 Committee Membership

9.21 Member Qualifications

At the time of appointment, committee members, with the exception of resident/fellow and public members, should be actively involved in graduate medical education in a Sponsoring Institution or program with an ACGME accreditation or recognition status, as applicable, other than warning or probation and should demonstrate substantial experience in and/or administration of a Sponsoring Institution or program. Additional qualifications may be identified by each committee as appropriate.

a. Committee Members

Committee members, with the exception of resident/fellow and public members, must have appropriate certification through a member board of the American Board of Medical Specialties or a certifying board of the American Osteopathic Association, or have other qualifications acceptable to the committee and ACGME Board.

b. Resident/Fellow Members

Resident/fellow members must be enrolled in an ACGME-accredited residency or fellowship program at the time of appointment and at the time of any extension of appointment.

c. Public Members

Public members should be persons of recognized ability and integrity and, by virtue of education, life experiences, and/or public service, possess special qualifications for bringing a "public" perspective to the ACGME. Public members shall not (1) be physicians, (2) be/have been non-physician health care providers, (3) be/have been in a health care leadership role, (4) have substantial personal or financial interests in the practice of medicine, and/or (5) be/have been directly involved in medical education administrative or educational functions.[3]

9.22 Member Nomination and Appointment

The ACGME Board establishes Review and Recognition Committee complement based on recommendations from the ACGME administration regarding the total number and distribution of committee member positions among nominating organizations.

Review Committee nominating organizations may be changed or deleted upon unanimous recommendation of the existing nominating organizations for that Review Committee and approval by the ACGME Board.

Each Committee solicits nominations from nominating organizations approved by the ACGME Board, the public, and/or the graduate medical education community.

[3] The definition of a public member shall apply to appointments, reappointments, and any extensions effective September 26, 2026.

Committees soliciting nominations should do so with sufficient notice to allow a nominating organization to identify and submit the names of at least two candidates for each vacancy to the committee's Executive Director at least 12 months before the date of the appointment.

9.20 Committee Membership

9.23 Committee Member Terms

All members of a committee have full voting rights and may participate and vote on all matters, subject to the ACGME policy regarding conflicts and dualities of interest (Policy 7.20). With the exception of the resident/fellow member, committee members shall be appointed to six-year terms. Upon completion of a six-year term, a member may not be appointed again to the same committee.

The term of the resident/fellow member is two years. Upon completion of the term, the resident/fellow member may not be appointed again to the same committee as a resident/fellow member. However, the resident/fellow member may serve as Chair of the Council of Review Committee Residents even if the term as Chair continues after the individual has left the Review or Recognition Committee.

9.24 Member Responsibilities

Each committee member must:

a. participate in an orientation before reviewing Sponsoring Institutions or programs;

b. adhere to ACGME policies and procedures;

c. attend meetings (Policy 7.60);

   Whenever a committee member fails to attend two or more of any four consecutive regular meetings, the ACGME Governance Committee shall:

   1. invite the member to submit a written explanation of any extraordinary circumstances underlying the absences; and,

   2. make a recommendation to the ACGME Board as to whether it should take any action for failure of the member to attend two or more of any four consecutive meetings.

d. agree to and perform the tasks associated with membership; and,

e. be evaluated on performance by other members of the committee and appropriate ACGME staff members.

9.20 Committee Membership

9.25 Removal of Committee Members

a. Reasons for Removal

Consistent with Article IX, Section 6 of the ACGME Bylaws, a committee member may be removed by a majority vote of the ACGME Board when, in the judgment of the Board, the best interests of the ACGME would be served. This may include, but is not limited to, the following:

1. failure of the member to perform committee responsibilities appropriately, violation of rules of confidentiality, an unreconcilable conflict of interest that occurs after appointment, or routine failure to attend meetings; and/or

2. unprofessional, illegal, or unethical conduct detrimental to the ACGME, including conduct that occurs outside of the member's responsibilities with the committee.

b. Process for Removal

In removing a committee member, the following procedures shall apply:

1. The President and Chief Executive Officer of the ACGME shall provide the committee member in question with written notice of the proposed removal, which must include an explanation of the reason for the proposed removal. The committee member shall be given an opportunity to provide a written response to the allegation.

2. If the allegation is deemed to warrant removal of the committee member, the President and Chief Executive Officer of the ACGME shall present the information and a recommendation to the ACGME Executive Committee.

3. The committee member shall be given the opportunity to appear before the ACGME Executive Committee.

4. The recommendation of the ACGME Executive Committee shall be presented for action to the ACGME Board at its next meeting. During this process, the committee member in question may not attend committee meetings. The decision of the ACGME Board is final and not subject to appeal.

5. The action and rationale of the ACGME Board shall be communicated by the President and Chief Executive Officer of the ACGME to the committee member. The action shall be communicated to the nominating organization, the Executive Director and Chair of the committee (or the Vice Chair if the committee member in question is the Chair). The details of the action shall be considered confidential and shall not be otherwise shared.

9.30 Committee Structure

9.31 Committee Size

The ACGME Board shall determine the number of members of each committee based on the overall workload, including the number of Sponsoring Institutions or programs under the committee's purview. Requests for changes in the number of members of a committee must be submitted to the ACGME President and Chief Executive Officer and are subject to approval by the ACGME Board.

9.32 Committee Composition

a. Committee Chair

1. Each committee Chair shall be elected from the membership of the committee for a three-year term and shall not be eligible for re-election upon conclusion of that term. If the Chair for any reason relinquishes the position prior to the completion of the term, the committee shall elect a new Chair. A committee member must have at least two years remaining in their six-year committee term to be elected to the Chair position. A committee member's that term may be extended by one year to fulfill the three-year term as Chair.

2. Each committee Chair shall call and preside over meetings of the committee. The Chair shall ensure that the committee discharges its responsibilities in accordance with ACGME policies and procedures. The Chair shall attend the meetings of the ACGME Council of Review Committee Chairs.

b. Committee Vice Chair

1. The Vice Chair should be elected by the committee for a term of two years, which may be extended.

2. In the Chair's absence, the committee's Vice Chair shall assume the duties of the Chair.

c. Resident/Fellow Member

Each committee must include at least one resident or fellow member.

d. Public Member

Each committee must include at least one public member.

9.30 Committee Structure

9.32 Committee Composition

e. Other Committee Meeting Attendees

1. Ex-Officio

Each nominating organization may designate one ex-officio person to attend the business portion of regularly scheduled committee meetings without vote. Ex-officio attendees shall only receive the materials related to the business portion of the meeting. Ex-officio attendees shall not attend the program review portion of the meeting.

Ex-officio attendees are subject to the same rules of conflict and duality of interest and confidentiality as voting members.

A nominating organization that engages in consulting to graduate medical education programs:

a) may send a person to attend regularly scheduled committee meetings in an ex-officio capacity, but that person, while serving in that capacity, shall not (1) serve as an institutional or program consultant in graduate medical education, or (2) have any responsibility for such consulting, including without limitation, being a person to whom any such consultant reports directly or indirectly as a matter of that individual's employment or as a volunteer;

b) may not advertise in connection with its consulting to graduate medical education institutions or programs that a person appointed by the nominating organization is an ex-officio attendee of the committee; and,

c) shall provide evidence to the ACGME of the steps taken by the nominating organization to ensure that:

i. it follows (a) and (b) immediately above;

ii. the ex-officio appointed by it complies with ACGME conflict and duality of interest and confidentiality policies; and,

iii. any information (confidential or otherwise) learned by its appointed ex-officio attendee is not transferred to anyone within the nominating organization having any responsibility for consulting with graduate medical education institutions or programs.

9.30 Committee Structure

9.32 Committee Composition

2. Staff Members, Consultants, and Guests

a) Staff members, consultants, and guests are subject to the ACGME policies related to conflict and duality of interest and confidentiality.

b) During institutional/program review, staff members, consultants, and guests may provide information or clarification for matters related to Sponsoring Institutions and programs under review but may not participate in Sponsoring Institution and program accreditation or recognition decisions.

c) On occasion, ACGME Board Directors may attend Committee meetings. These directors may observe Sponsoring Institution or program review and policy discussions but may not participate in Sponsoring Institution or program review discussion or accreditation/recognition decisions.

9.40 Review Committee Responsibilities

Each Review Committee functions under accreditation authority delegated by the ACGME Board.

Review Committees shall:

a. accredit Sponsoring Institutions and/or programs consistent with established ACGME policies and procedures using the Institutional and Program Requirements, as applicable;

b. confer an accreditation status for each Sponsoring Institution or program being evaluated, subject to appeal of adverse actions to the ACGME Board;

c. prepare, revise, and/or recommend, institutional and/or program requirements to reflect current educational and clinical practice; and participate in preparation and/or revision of and/or comment on the Common Program Requirements; and,

d. initiate discussion in matters of policy, best practice, and innovation relating to graduate medical education.

9.40 Recognition Committee Responsibilities

Each Recognition Committee functions under recognition authority delegated by the ACGME Board.

Recognition Committees shall:

a. prepare, revise, and recommend to the ACGME Board standards (recognition requirements) with which Sponsoring Institutions and/or programs must substantially comply to be conferred recognition;

b. review and evaluate Sponsoring Institutions and/or programs for substantial compliance with these standards; and,

c. confer a recognition status on each Sponsoring Institution and/or program that seeks or seeks to maintain recognition, and that complies substantially with the Recognition Requirements, subject to appeal of adverse actions to the ACGME Board.

9.50 Conduct of Committee Meetings

Committee meetings should be conducted as follows:

a. Committees shall meet at regularly prescribed intervals to conduct business. The length and frequency of meetings should be determined by workload. Any additional meetings or extended meetings require prior administrative approval.

b. A simple majority of the voting members must be present for all policy and accreditation/recognition decisions.

c. During deliberations and conduct of business, committee members must function in a manner consistent with the ACGME policies and procedures regarding fiduciary duty, conflict and duality of interest, and confidentiality (Policies 7.10-7.40).

d. All accreditation-/recognition-related actions must comply with ACGME policies and procedures.

e. ACGME Committee staff members shall record meeting minutes, including the accreditation/recognition actions taken.

f. A committee may conduct a regular or special meeting by telephone conference or interactive technology by means of which all persons participating in the meeting can communicate with each other.

g. When circumstances cause a committee to reschedule a confirmed meeting for reasons such as inclement weather, a national emergency, or other emergency situation, relevant staff members will follow the procedures outlined in the ACGME's Meeting Cancellation Policy.

9.60 Advisory Committees

a. A Review Committee may have one or more temporary advisory committees to:

   1. review applications for accreditation for programs in a new specialty or subspecialty and make recommendations to the Review Committee relating to the applications or portions thereof;

   2. assist the Review Committee in developing the Program Requirements for a new specialty or subspecialty; and/or,

   3. to perform other functions.

b. An advisory committee to review applications for accreditation may be established upon request by a Review Committee and approval by the ACGME Board. The request shall include at least:

   1. the function(s) of the advisory committee;

   2. the rationale for establishing the advisory committee;

   3. the estimated duration of the advisory committee's tenure;

   4. the expertise of the members of the advisory committee, and,

   5. the number of members of the advisory committee.

c. Members of an advisory committee shall have the same confidentiality, conflicts/duality, and fiduciary responsibilities to the ACGME as do Review Committee members.

d. Members of an advisory committee to review applications shall be nominated by the Review Committee and appointed by the ACGME Board. Other advisory committees may be established upon approval of the ACGME President and Chief Executive Officer.

10.00 Procedures for Development and Approval of Requirements

10.10 New or Revised Requirements

ACGME committees must submit proposed new or revised institutional, program, or recognition requirements to the ACGME Committee on Requirements. Proposed requirements must be reviewed by the Vice President, Accreditation Standards, after which the Committee on Requirements shall review and make recommendations to the ACGME Board on the approval of the proposed new or revised requirements, pursuant to Policy 10.20.

10.20 Revisions of Requirements

Prior to drafting major revisions to existing requirements, all ACGME committees must solicit input on the requirements currently in effect from the community of interest and the public through the ACGME website and other communication channels, as appropriate.

a. After consideration of the comments received, the applicable committee shall complete the revisions in the format required by the ACGME, including preparation of a complementary Rationale Statement.

b. New Requirements, and major or interim revisions to existing Requirements, must be subject to public review and comment. The proposed revised Requirements document and the Rationale Statement shall be posted on the ACGME website. A 45-day period of public comment shall commence upon notification of the community of interest, including the public.

    1. ACGME Board Directors and committee members shall not provide written comments on the proposed new or revised requirements individually or on behalf of their programs (if applicable), institutions, or other organizations, except that:

        a) committee Chairs may submit written comments on behalf of their committee; and,

        b) a committee whose Chair is an ACGME Board Director shall submit that committee's comments through its Vice Chair.

    2. Requirements must be reviewed every 10 years. If a committee deems that no revisions are necessary, the existing Requirements document must still be posted for public comment. If no comments are received, a letter explicitly stating that the review has been accomplished and that no revisions are required must be submitted by the committee to the Committee on Requirements.

    3. Interim revisions may be considered at scheduled intervals between major requirement revisions, which will typically be every three years. On rare occasions, upon the recommendation of a committee to the administration of the ACGME, or otherwise from the administration of the ACGME, and with the approval of the ACGME Board, revisions may be considered between these scheduled intervals.

c. Comments shall be evaluated by the committee, and that committee shall determine which suggestions will be incorporated into the proposed new or revised Requirements for submission to the Committee on Requirements. The committee shall submit all comments received, along with their responses, to the Committee on Requirements, together with the proposed new or revised Requirements document

d. The review of proposed new or revised Requirements documents shall occur at a meeting of the Committee on Requirements, whose recommendations shall be forwarded to the ACGME Board for action.

e. The typical effective date for revisions shall be July 1 as approved by the ACGME Board. The ACGME Board shall consider the recommendation of the relevant committee for the effective date of implementation of new or revised Requirements. The effective date must provide sufficient time for institutions or programs to implement changes.

f. In rare circumstances, the President and Chief Executive Officer of the ACGME may propose to the ACGME Executive Committee a plan to alter and/or expedite the revision process. In such circumstances and with Executive Committee approval, ACGME administration will prepare a draft revision and follow the plan. A decision regarding final approval for revisions should remain with the ACGME Board

g. On initial approval of new Requirements, the effective date will be the date on which the requirements are approved by the ACGME Board unless otherwise indicated by the ACGME Board. The ACGME Board shall consider a recommendation of a committee as to the effective date

10.30 Rationale and Impact Statement for Proposed Requirements

The ACGME committee proposing requirements must prepare a statement describing the rationale for each substantial change and the anticipated impact of the proposed requirements on patient care, resident/fellow education, other accredited programs, and/or the allocation of resources within a Sponsoring Institution. At the time of the required 45-day review and comment period, this rationale and impact statement will accompany the proposed Requirements document when it is posted for public comment to actively solicit input related to the impact of each of the proposed requirements. The committee shall consider this information in finalizing the Requirements.

10.40 Editorial Revisions of Existing Requirements

After approval by the ACGME Board, Requirements documents shall be edited by the ACGME Editorial Services staff before they are posted on the ACGME website. Any such editing shall not substantively change approved requirements.

10.50 Revisions to the Common Program Requirements

The ACGME Board has responsibility for oversight of the Common Program Requirements. The ACGME Council of Review Committee Chairs shall participate in the process of revising the Common Program Requirements. Proposed revisions to the Common Program Requirements may be submitted by any program director, resident, fellow, Review Committee, designated institutional official, ACGME Member Organization, nominating organization, the ACGME Board, or the public.

Major revisions to the Common Program Requirements shall occur every 10 years. Interim revisions may be considered at scheduled intervals between major revisions, which will typically be every three years. On rare occasions, upon the recommendation of the administration of the ACGME and as directed by the ACGME Board, revisions may be considered between these scheduled intervals.

Revisions to the Common Program Requirements shall be conducted by a committee convened by the ACGME Board and composed of members of the ACGME Board and the Council Review Committee Chairs. At the recommendation of the President and Chief Executive Officer of the ACGME and the approval of the Executive Committee of the ACGME Board, the ACGME administration may propose draft language for consideration by this committee. The committee shall:

a. request comments from ACGME Member Organizations, the committees, nominating organizations, standing committees and Councils of the ACGME Board, program directors, designated institutional officials, and the public;

b. revise or develop a draft of the revised Common Program Requirements;

c. post the draft on the ACGME website for a 45-day public comment period;

d. request comment on the draft by the Council of Review Committee Chairs; and,

e. review the comments of the Council of Review Committee Chairs, together with all comments received, make revisions to the draft, and submit the proposed revised Common Program Requirements and a recommended effective date to the Committee on Requirements.

10.60 Waivers to the Common Program Requirements for Multi-Center Educational Research Trials

The ACGME Board may review and approve requests for waivers to the Common Program Requirements to permit the conduct of multi-center educational research trials designed to answer questions fundamental to development or modification of the Common Program Requirements. Such proposals must first gain approval of the involved specialty Review Committee(s) and the administration of the ACGME.

Decisions of the ACGME Board related to multi-center educational research trials are final. There is no appeal of these decisions.

10.70 Procedures for Developing Program Requirements for Specialties Using a Common Set of Program Requirements in a Multidisciplinary Subspecialty

The ACGME administration shall appoint an ad hoc committee to include representatives of the specialties participating in a new multidisciplinary subspecialty. The relevant Review Committees shall agree to adhere to one set of Program Requirements. For subsequent revisions of the Program Requirements, the relevant Review Committees must reach agreement on the revisions. The requirements submitted to the Committee on Requirements must represent the consensus of all participating Review Committees.

If the Review Committees are unable to reach consensus on one or more of the requirements, the Committee on Requirements will encourage the involved parties to articulate the issues at hand. The Committee on Requirements shall review all available information, including comments by interested parties and the community of interest, and shall have the opportunity to ask questions and seek additional information. The Committee on Requirements shall make a recommendation to the ACGME Board on the Program Requirements after considering all information that it judges relevant and appropriate.

11.00 Procedures for Accreditation Designation

The ACGME Board shall evaluate proposals and determine whether the ACGME will accredit programs in a new specialty; subspecialty; sub-subspecialty; combined format (Policy 15.00 b. 3.); or medical or medical-related specialty that is not a core specialty, subspecialty or sub subspecialty for which accreditation is not currently being offered. If approved, the ACGME Board will either establish a new Review Committee, or delegate accreditation authority to one or more existing Review Committees.

Combining resident/fellow education in two or more disciplines does not constitute, in and of itself, the creation of a new specialty, subspecialty, or sub-subspecialty for the purpose of designation.

11.10 Criteria for Designation of a Specialty for which Accreditation Will Be Offered

The proposal for accreditation designation in a new specialty shall be sent to the President and Chief Executive Officer of the ACGME.

Proposals for designation of a new specialty for which accreditation will be offered must provide evidence, at minimum, that the specialty:

a. demonstrates that the clinical care of patients and safety will be improved through accreditation designation of education in the discipline;

b. is sufficiently distinct from other specialties based on major new concepts in medicine and the delivery of patient care;

c. represents a new and well-defined field of medical practice;

d. is based on substantial advancement in medical science;

e. offers educational content that cannot be incorporated within established specialty residency programs;

f. will generate sufficient interest and resources to establish the critical mass of quality residency programs with long-term commitment for successful integration of the graduates in the health care system nationally;

g. at a minimum, maintains at least 50 active programs and 200 residents nationally;

h. is recognized as the single pathway to the competent preparation of a physician in the new specialty; and,

i. has one or more national medical societies with a principal interest in the proposed specialty.

Upon receipt of a proposal for accreditation designation of a new specialty, the proposal will be posted on the ACGME website for a 45-day period of public review and comment.

11.20 Criteria for Designation of a Subspecialty or Sub-Subspecialty for which Accreditation Will Be Offered

The ACGME accredits programs in subspecialties and sub-subspecialties when it can be demonstrated that the clinical care of patients and their safety will be improved through accreditation of the educational program in the discipline.

Proposals for designation of a new subspecialty or sub-subspecialty for which accreditation is being sought shall be submitted to the President and Chief Executive Officer of the ACGME. These proposals must provide documentation on the professional and scientific status of the new subspecialty or sub-subspecialty, including at minimum, evidence of the following:

a. the clinical care and safety of patients will be improved through the accreditation of subspecialty or sub-subspecialty programs in the discipline;

b. the existence of a body of scientific medical knowledge underlying the subspecialty or sub-subspecialty that is:

    1. clinically distinct from other areas in which accreditation is already offered; and,

    2. sufficient for educating individuals in a clinical field, and not simply in one or more techniques.

c. the existence of a sufficiently large group of physicians who concentrate their practice in the proposed subspecialty or sub-subspecialty;

d. the existence of national medical societies with a principal interest in the proposed subspecialty or sub-subspecialty;

e. the regular presence in academic units and health care organizations of educational programs, research activities, and clinical services such that the subspecialty or sub-subspecialty is broadly available nationally;

f. a projected number of programs sufficient for ACGME accreditation to be an effective method for quality evaluation, including current and projected numbers for each participating specialty if the subspecialty is multidisciplinary;

g. the duration of the subspecialty or sub-subspecialty program is at least one year beyond education in the associated specialty; and,

h. a primarily clinically based educational program.

Upon receipt of a proposal for designation of a new subspecialty or sub-subspecialty, the proposal will be posted on the ACGME website for a 45-day period of public review and comment.

11.20 Criteria for Designation of a Subspecialty or Sub-Subspecialty for which Accreditation Will Be Offered

If the subspecialty or sub-subspecialty is multidisciplinary, the ACGME Board will designate the Review Committees that will review programs in the subspecialty or sub-subspecialty based on the projected numbers of programs by specialty and in accordance with Policy 11.20. For participating specialties not expected to reach a threshold of five programs within five years, programs must apply for accreditation to one of the designated Review Committees. If at any time in the future, there are five or more programs from a participating specialty that is not a designated Review Committee, that specialty Review Committee may be newly designated to review programs in that subspecialty or sub-subspecialty.

11.30 Criteria for Designation of a Sponsoring Institution-Based Fellowship for Which Accreditation Will Be Offered

Sponsoring Institution-based fellowships are designated as fellowships for which accreditation will be offered upon the ACGME's strategic recognition of health care and population health needs that are not being fully met through current specialty-based graduate medical education accreditation.

The ACGME accredits Sponsoring Institution-based fellowships when it can be demonstrated that the clinical care of patients and their safety will be improved through accreditation of the educational program. Sponsoring Institution-based fellowship programs provide educational experiences that promote the integration of clinical, administrative, and leadership competencies that address the broad healthcare needs in the United States.

Proposals for designation of new Sponsoring Institution-based fellowships for which accreditation will be offered shall be submitted to the President and Chief Executive Officer of the ACGME. These proposals must provide documentation on the professional and scientific status of the new Sponsoring Institution-based fellowship, including, at a minimum, evidence of the following:

a. the clinical care and safety of patients and populations will be improved through the designation of the proposed fellowship;

b. the existence of a body of knowledge underlying the proposed fellowship that is (i) distinct from other areas in which accreditation is already offered, and (ii) sufficient for providing educational experiences that promote the integration of clinical, administrative, and leadership competencies that address the broad system-based needs of health care environments;

c. the existence and/or need for a sufficiently large group of physicians to apply the knowledge and skills of the proposed fellowship in their healthcare environments;

d. the existence of national medical or medical-related societies with substantial physician membership, and with a principal interest in the proposed fellowship;

e. the presence in academic units or health care organizations of educational programs and research activities such that there is national interest in establishing fellowship programs;

11.30 Criteria for Designation of a Sponsoring Institution-Based Fellowship for Which Accreditation Will Be Offered

f. a projected number of programs sufficient for ACGME accreditation to be an effective method for quality evaluation, including current and projected numbers of fellowship programs;

g. the duration of the Sponsoring Institution-based fellowship programs is at least one year;

h. Physicians who have completed a residency program in a core specialty designated for accreditation by ACGME are eligible to enter Sponsoring Institution based fellowships; and,

i. the educational program of the fellowship is primarily experiential.

Upon receipt of a proposal for designation of a new Sponsoring Institution-based fellowship, the proposal will be posted on the ACGME website for a 45-day period of public comment.

The ACGME Board may designate the Institutional Review Committee or a newly appointed Review Committee to review Sponsoring Institution-based fellowship programs.

11.40 Criteria for Designation of a Combined Format for which Accreditation Will Be Offered

The ACGME accredits combined formats when it can be demonstrated that the combined training will benefit a cohort of future physicians and that the clinical care of patients will be improved through accreditation of the educational program. Combined programs provide educational experiences that promote the integration of clinical, administrative, and leadership competencies to improve health care and population health.

Proposals for designation of new combined formats for which accreditation is being sought shall be submitted to the President and Chief Executive Officer of the ACGME. These proposals must provide documentation on the professional and scientific status of the new combined format, including at a minimum, evidence of the following:

a. the existence and/or need for a cohort of physicians whose practice integrates all disciplines participating in the combined format;

b. the regular presence in health care organizations of educational programs, research activities, and clinical services, that are collaborative across all participating disciplines, such that the combined format is available nationally;

c. a current and projected number of programs sufficient for ACGME accreditation to be an effective method for quality evaluation;

d. a primarily clinical based educational program;

e. curricular and educational experiences (with duration of each) to be required of all programs; and,

11.40 Criteria for Designation of a Combined Format for which Accreditation Will Be Offered

f. input from relevant certifying boards.

Upon receipt of a proposal for designation of a new combined format, the proposal will be posted on the ACGME website for a 45-day period of public review and comment.

11.50 Criteria for Designation of a Medical or Medical-Related Specialty that is not a Core Specialty, Subspecialty, or Sub-Subspecialty for which Accreditation Will Be Offered

Proposals for designation of a medical or medical-related specialty for which accreditation will be offered must include, at a minimum, evidence of the following:

a. the medical or medical-related specialty is a clinical care-related specialty in which physicians may participate;

b. the medical or medical-related specialty supports the clinical practice of medicine;

c. physicians or others with terminal degrees, are eligible to participate in the post-doctoral medical education program, but physicians are not required to have full medical licenses or training licenses to participate;

d. participation in the post-doctoral medical education program by physicians would not qualify toward satisfaction of the residency requirement for medical licensure;

e. there is a body of scientific medical knowledge underlying the medical or medical-related specialty that is clinically distinct from other areas for which ACGME accreditation is already offered;

f. the medical or medical-related specialty represents a well-defined field of medical practice;

g. the medical or medical-related specialty is based on widely accepted scientific principles;

h. the programs offer educational content that is separate from residency or fellowship education and training;

i. there is a sufficiently large number of individuals who concentrate their work in the medical or medical-related specialty;

j. there is ongoing research and scientific discovery that advances the medical or medical-related specialty;

k. the projected number of programs is sufficient for ACGME accreditation to be an effective method for quality evaluation;

l. there is one or more national professional societies with a principal interest in the medical or medical-related specialty;

11.50 Criteria for Designation of a Medical or Medical-Related Specialty that is not a Core Specialty, Subspecialty, or Sub-Subspecialty for which Accreditation Will Be Offered

m. the duration of the educational program is at least one year; and,

n. the educational program is primarily clinically related.

12.00 This Policy has been deleted. Policy 12.10 Criteria for Designation of a Medical or Medical-Related Specialty that is not a Core Specialty, Subspecialty, or Sub-Subspecialty for which Accreditation Will Be Offered has been moved to Policy 11.50.

13.00 Monitoring the Designation of Specialties, Subspecialties, Sub-Subspecialties, and Medical or Medical-Related Specialties

When the ACGME decides to designate a specialty, subspecialty, sub-subspecialty, medical or medical-related specialty, or sponsoring institution-based fellowship for which accreditation will be offered, the decision shall be provisional for a period of up to five years following the year that the first program applying for accreditation achieved Initial Accreditation. At the end of the provisional period, the Monitoring Committee shall review data relevant to accreditation of programs in the specialty, subspecialty, sub-subspecialty, medical or medical-related specialty, or Sponsoring Institution-based fellowship using, as applicable, criteria for the designation of a specialty as specified in Policy 11.10, criteria for designation of a subspecialty or sub-subspecialty as specified in Policy 11.20, criteria for designation of a Sponsoring Institution-based fellowship as specified in Policy 11.30, or criteria for designation of a medical or medical-related specialty as specified in Policy 11.50 of this document.

If these data do not support the continued accreditation of programs in the specialty, subspecialty, sub-subspecialty, medical or medical-related specialty, or Sponsoring Institution-based fellowship, the Monitoring Committee may recommend discontinuing ACGME accreditation of the specialty, subspecialty, sub-subspecialty, medical or medical-related specialty, or Sponsoring Institution-based fellowship. If a decision to discontinue accreditation of a specialty, subspecialty, sub-subspecialty, or medical or medical-related specialty is made, the ACGME shall follow its procedures for discontinuing accreditation of programs as defined in the responsibilities of the Monitoring Committee (Policy 5.63).

14.00 Procedures for Review Committees to Accredit the Same Subspecialty

14.10 Multidisciplinary Subspecialties

A multidisciplinary subspecialty is one in which programs may be reviewed for accreditation status by multiple Review Committees.

One set of Program Requirements for the subspecialty shall apply to all programs regardless of the Review Committee to which a program submits an application for accreditation. The interpretation of the Program Requirements represents and reflects a unique specialty approach to the care of patients and the education of fellows in each subspecialty.

Each of the Review Committees involved in accreditation of the subspecialty may accept or reject eligibility exceptions for all the subspecialty programs it accredits, as provided in Common Program Requirement 3.2. (effective July 1, 2025).

14.20 Review Committee Requests to Join Accredited Multidisciplinary Subspecialty

Requests to add an accrediting Review Committee to a currently accredited multidisciplinary subspecialty must be submitted to the President and Chief Executive Officer of the ACGME and must address the following:

a. the existence of a sufficiently large group of physicians in the specialty who concentrate their practice in the multidisciplinary subspecialty;

b. information regarding opportunities for board certification in the multidisciplinary subspecialty;

c. documentation outlining how the specialty adequately prepares its graduates, in a similar manner to the existing accrediting Review Committee, for the multidisciplinary subspecialty; and,

d. a projected number of programs in the subspecialty expected to apply for accreditation to the Review Committee seeking designation as an accrediting Review Committee.

Prior to a determination by the ACGME Board, comments regarding the proposal shall be solicited from the existing accrediting Review Committees of the multidisciplinary subspecialty, and the proposal will be posted on the ACGME website for a 45-day period of public comment. The ACGME Board shall then evaluate the proposal and all relevant comments and determine whether to approve the specialty as an accrediting Review Committee of the existing accredited multidisciplinary subspecialty.

14.30 Requests for a New Eligibility Pathway for Appointment to a Multidisciplinary Fellowship Program

Requests to designate graduates of a specialty program as eligible for appointment to a fellowship program in the multidisciplinary subspecialty must be submitted to the Vice President, Accreditation Standards and the Chair of the Committee on Requirements, and must address the following:

a. information regarding opportunities for board certification in the multidisciplinary subspecialty for individuals who complete residency education in the requested specialty; and,

b. documentation outlining how the specialty adequately prepares its graduates, in a similar manner to the existing sponsoring specialties, for the multidisciplinary subspecialty.

The Vice President, Accreditation Standards shall forward the request to each Review Committee that accredits programs in the subspecialty. If all the applicable Review Committees approve the proposal, the subspecialty Program Requirements shall be revised accordingly, subject to the process for review and approval of Program Requirements, as outlined in Policy 10.00.

If one or more of the Review Committees that accredits programs in the subspecialty does not approve the proposal, it shall document its concerns in writing. The request, along with the written comments from the accrediting Review Committee(s), shall then be forwarded to the Committee on Requirements for resolution of an inter-specialty conflict. The Committee on Requirements shall review all available information, including comments by interested parties, and shall have the opportunity to ask questions and seek additional information. The Committee on Requirements shall make a recommendation to the ACGME Board to approve or deny the request after considering all information deemed relevant and appropriate.

If the Board approves the request, the Program Requirements shall be revised to grant eligibility for appointment to programs in the subspecialty to graduates of programs in the requesting specialty, subject to the process for review and approval of Program Requirements, as outlined in Policy 10.00.

15.00 Sponsoring Institutions and Types of Graduate Medical Education Programs

a. Sponsoring Institutions

Sponsoring Institutions oversee and provide assurance for the quality of the learning and working environment in all their ACGME-accredited programs, including all participating sites. Each Sponsoring Institution must achieve and maintain institutional accreditation before any of its sponsored programs can be accredited by the ACGME.

1. Change of Sponsorship

Transfer of institutional sponsorship of an ACGME-accredited program to another ACGME-accredited Sponsoring Institution requires the designated institutional official (DIO) and senior administrative official of the original Sponsoring Institution to indicate willingness to give up sponsorship, and the DIO and senior administrative official of the receiving Sponsoring Institution, to indicate willingness to accept institutional sponsorship. The transferring and receiving sponsors shall indicate their approval in the Accreditation Data System (ADS). The change must be initiated in ADS by the transferring sponsor. Both the transferring and receiving Sponsoring Institutions must have current ACGME accreditation. Dependent fellowship programs and combined programs may not be transferred without a specified relationship to an appropriate program in the receiving Sponsoring Institution or an exception granted by a Review Committee. Review and Recognition Committees may request additional information in support of any request to transfer institutional sponsorship.

b. Categories of ACGME-Accredited Graduate Medical Education Programs

Each ACGME-accredited graduate medical education program must be sponsored by an ACGME-accredited Sponsoring Institution.

1. Residency Programs (i.e., core, specialty)

A residency program is a structured educational activity comprising a series of clinical and/or other learning experiences in graduate medical education, designed to prepare physicians to enter the unsupervised practice of medicine in a primary specialty. There are two types of residency programs:

a) residency programs available for physician admission immediately upon graduation from medical school as described in the ACGME Institutional Requirements; and,

b) residency programs available for physician admission after completion of prerequisite clinical education as described in the relevant specialty-specific Program Requirements.

2. Fellowship Programs (i.e., subspecialty, sub-subspecialty)

A fellowship program provides advanced education and training in progressive levels of specialization following completion of education and training in a primary specialty. It is a structured educational activity comprising a series of clinical and/or other learning

experiences designed to prepare physicians to enter the unsupervised practice of medicine in a subspecialty or sub-subspecialty.

A sub-subspecialty fellowship program provides advanced education and training in progressive levels of specialization following completion of education and training in both the primary specialty and its related subspecialty. It is a structured educational activity comprising a series of clinical and/or other learning experiences designed to prepare physicians to enter the unsupervised practice of medicine in a sub-subspecialty. Each sub-subspecialty program must be dependent on a related subspecialty program sponsored by the same ACGME-accredited Sponsoring Institution.

There are two types of affiliations for fellowship programs: residency-dependent and residency-independent. Programs within a subspecialty or sub-specialty must be one of these two types, as determined by the Review Committee. A Review Committee may determine that all programs accredited in a particular subspecialty or sub-subspecialty: 1) must be dependent without exception; or 2) should be dependent, except that a Review Committee may grant exceptions on a program-by-program basis.

a) Dependent Subspecialty and Sub-Subspecialty Programs

   Dependent subspecialty and sub-subspecialty programs are required to function with an accredited residency program in the related specialty. The accreditation of the subspecialty program is dependent on the residency program maintaining its accreditation. The residency-dependent subspecialty program must be sponsored by the same ACGME-accredited Sponsoring Institution.

   Dependent subspecialty programs are required to function with an accredited residency program in the related specialty. The accreditation of the subspecialty program is dependent on the residency program maintaining its accreditation. The residency subspecialty- dependent sub-subspecialty program must be sponsored by the same ACGME-accredited Sponsoring Institution.

b) Independent Subspecialty and Sub-Subspecialty Programs

   Independent subspecialty and sub-subspecialty programs are not required to function with an accredited residency program in the related specialty and are instead dependent on an ACGME-accredited Sponsoring Institution. Independent sub-subspecialty programs are not required to function with an accredited fellowship program in the related subspecialty and are instead dependent on an ACGME-accredited Sponsoring Institution. These programs may occur in two circumstances.

   1. The first circumstance is one which is reliant upon an ACGME-accredited Sponsoring Institution that sponsors programs in more than one specialty and/or subspecialties.

   2. The second circumstance is one which is reliant upon an ACGME- accredited Sponsoring Institution that sponsors a program or programs in only one subspecialty.

3. Combined Programs

   A combined program must have two or more ACGME-accredited residency or fellowship programs designated as “participating programs.” These programs provide the experiences designed to prepare physicians to practice medicine in, and to gain eligibility to take the certification exam in each relevant specialty/subspecialty.

   a) Shortened program length: A program that provides residents/fellows with education and training in two or more specialties/subspecialties, with a shorter length of training than completion of each program independently. Completion of such a program should result in eligibility to take the certification examination in each relevant specialty/subspecialty offered by member boards of the American Board of Medical Specialties and/or certifying boards of the American Osteopathic Association.

   b) Standard program length: A program that provides residents/fellows with education and training in two or more specialties/subspecialties, with no reduction in overall length of training. Completion of such a program should result in eligibility to take the certification examinations in each relevant specialty/subspecialty offered by member boards of the American Board of Medical Specialties and/or certifying boards of the American Osteopathic Association.

4. Transitional Year Programs

   A transitional year program is a one-year educational experience in graduate medical education, which is structured to provide a program of multiple clinical disciplines designed to facilitate the choice of and/or preparation for entry into a specialty program. The transitional year is only a prerequisite; it does not comprise a complete specialty program in graduate medical education.

5. Programs in a Medical or Medical-Related Specialty

   A post-doctoral education program in a medical or medical-related specialty is a structured educational activity comprising a series of clinical and/or other learning experiences, designed to prepare physicians for practice in that specialty. See Policy 11.50.

16.00 The Accreditation Process

All accreditation activities are conducted in English. If a Sponsoring Institution or program requires translation services, it is the responsibility of the Sponsoring Institution or program to make appropriate arrangements and provide the necessary resources, as the ACGME does not provide these services. All costs associated with translation services are the responsibility of the Sponsoring Institution or program.

16.10 Accreditation Applications

a. Sponsoring Institutions

The application process for accreditation of Sponsoring Institutions is initiated by the designated institutional official (DIO)'s submission of the "Intent to Apply for Institutional Accreditation" form, available on the ACGME website. The DIO is then given access to the ACGME's Accreditation Data System (ADS) to complete and submit the application for institutional accreditation to the ACGME. The Institutional Review Committee shall review the submitted application to determine if the institution is in substantial compliance with the Institutional Requirements.

b. Specialty, Subspecialty, and Sub-Subspecialty Programs

Applications for accreditation of a specialty, subspecialty, or sub-subspecialty program are initiated in ADS by the DIO of the program's ACGME-accredited Sponsoring Institution. The DIO is responsible for identifying basic information about the program, including the identification of the program director, in ADS. The program director is then responsible for preparation of the application for submission. The DIO is responsible for submission of the completed program application to the ACGME in ADS.

c. Dependent Subspecialty Programs and Combined Programs

An application for accreditation of a dependent subspecialty program or a combined program will be reviewed only if the accreditation status of its associated specialty or subspecialty program(s) is Continued Accreditation, Continued Accreditation with Warning, or Continued Accreditation without Outcomes, except that, at the discretion of a Review Committee, an application of a dependent subspecialty program or combined program may be reviewed when the associated specialty or subspecialty program holds a status of Initial Accreditation.

16.11 Accreditation Site Visits for Applications

a. An accreditation site visit is required for new residency program applications; other applications may require an accreditation site visit at the discretion of the Review Committee or as otherwise provided in these policies.

b. An accreditation site visit shall be conducted for all program applications after Withdrawal of Accreditation of the same program.

c. Information used by a Review Committee to confer an accreditation decision includes, but is not limited to:

   1. the submitted application;

   2. an accreditation Site Visit Report, if applicable;

   3. the history of the Sponsoring Institution and/or the program, as applicable;

   4. public information deemed reliable;

   5. correspondence pertinent to the review; and,

   6. additional information, as required by the Review Committee,

16.12 Accreditation Status Options for Applications

The accreditation status decision of Review Committee on applications shall be based on the demonstration of substantial compliance with the applicable accreditation requirements. The following actions are available for applications of Sponsoring Institutions and programs:

a. Accreditation Withheld (Policy 17.10)

b. Initial Accreditation (Policies 17.20-17.21)

16.20 The Accreditation Site Visit

The accreditation process for Sponsoring Institutions and programs includes site visits to address compliance with the Institutional and Program Requirements, as applicable. All accreditation site visits for Sponsoring Institutions and programs are performed by Accreditation Field Representatives who are employed by the ACGME.

Accreditation site visits are conducted by individual Accreditation Field Representatives, or by a team made up of Accreditation Field Representatives. In certain circumstances, the site visit team may include peer representatives.

16.21 The Accreditation Site Visit Scheduling Process

Sponsoring Institutions and programs with an approximate accreditation site visit date in the Accreditation Data System (ADS) may be scheduled for a site visit. ACGME Field Activities staff members shall initiate the scheduling process in collaboration with the Sponsoring Institution or program to determine a date for the visit. Once a date for the visit is determined, a Site Visit Announcement letter shall be sent confirming the date(s) of the visit, assigned Accreditation Field Representative(s), and other information to prepare for the visit. Site visits may be “announced” or “unannounced.”

16.22 Preparation for an Accreditation Site Visit

The Site Visit Announcement letter contains instructions to update ADS in preparation for the site visit, as well as other information about the day of the visit. The Accreditation Field Representative(s) shall communicate directly with the Sponsoring Institution or program about the site visit interview schedule. Accreditation Field Representatives are provided with information from ADS regarding the Sponsoring Institution and program to be visited, as well as other information in preparation for the site visit.

16.23 Day of the Accreditation Site Visit

During an accreditation site visit of a Sponsoring Institution or program, Accreditation Field Representatives shall conduct interviews. Interviewees for an accreditation site visit shall include but not be limited to designated institutional officials, program directors, coordinators, faculty members, administrative staff members, residents, and fellows. Interviews can take place in person and/or remotely using audio/audio-visual technology.

16.24 After the Accreditation Site Visit

Accreditation Field Representative(s) shall prepare a Site Visit Report after each site visit, which shall be submitted to the Review Committee or to the President and Chief Executive Officer of the ACGME.

16.30 The Sponsoring Institution 10-Year Accreditation Site Visit

Sponsoring Institutions will undergo a 10-Year Accreditation Site Visit independent of the annual review process.

17.00 Accreditation and Administrative Actions

a. The following accreditation and administrative status options may be conferred on Sponsoring Institutions and programs:

- Accreditation Withheld (Policies 17.10-17.12)
- Initial Accreditation (Policies 17.20-17.21)
- Initial Accreditation with Warning (Policies 17.30-17.31)
- Continued Accreditation without Outcomes (Policies 17.40-17.41)
- Continued Accreditation (Policies 17.50-17.51)
- Continued Accreditation with Warning (Policies 17.60-17.61)
- Probationary Accreditation (Policies 17.70-17.71)
- Withdrawal of Accreditation (Policies 17.90-17.91)
- Expedited Withdrawal of Accreditation (Policies 17.90-17.91)
- Voluntary Withdrawal of Accreditation (Policies 17.200-17.201)
- Administrative Withdrawal of Accreditation (Policies 17.300-17.301)

b. The following adverse accreditation statuses may be appealed:

- Accreditation Withheld (Policies 17.10-17.12)
- Probationary Accreditation (Policies 17.70-17.71)
- Withdrawal of Accreditation (Policies 17.90-17.91)
- Expedited Withdrawal of Accreditation (Policies 17.90-17.91)
- Reduction in Resident Complement (Policy 17.500)

c. Sponsoring Institutions and programs may not appeal other accreditation status decisions or actions (e.g., citations, warnings).

d. Following review of a Sponsoring Institution, a Letter of Notification including the action(s) of the Review Committee shall be provided to the designated institutional official (DIO). Following review of a program, the program director, DIO, and program director(s) of any dependent subspecialty/sub-subspecialty programs or associated combined programs will likewise be provided with a Letter of Notification. Following review of a combined program, copies of the Letter of Notification will also be provided to the program director(s) of the participating programs and DIO(s) of the associated Sponsoring Institution(s).

17.10 Accreditation Withheld

Accreditation shall be withheld when a Review Committee determines that an application for a new Sponsoring Institution or program has not demonstrated substantial compliance with the applicable requirements. Accreditation Withheld is an adverse accreditation decision and is subject to appeal.

All applicants invited to interview, and any residents/fellows accepted into or enrolled in a program with or sponsored by a Sponsoring Institution with Accreditation Withheld must be notified in writing of the withheld status. A copy of the written notice to applicants and residents/fellows must be uploaded into the ACGME's Accreditation Data System (ADS) within 30 days of receipt of the Review Committee's Letter of Notification.

A Review Committee shall confer a status effective date that is the date of the decision.

17.11 Reapplication

A Sponsoring Institution or program may reapply after having its application withheld. If a Sponsoring Institution or program reapplies for accreditation within two years of the effective date of a status of Accreditation Withheld, the accreditation history of the previous accreditation action shall be included as part of the file. A program may reapply for accreditation only to the same Review Committee. The Sponsoring Institution or program shall include a statement addressing each previous citation with the new application.

17.12 Site Visit Prior to Next Review by the Review Committee

An accreditation site visit shall be conducted for all Sponsoring Institution and program re-applications submitted within two years of the effective date of a decision of Accreditation Withheld. However, an accreditation site visit may be conducted for reapplications of subspecialty programs.

17.20 Initial Accreditation

Initial Accreditation is a developmental period of accreditation, following demonstration of substantial compliance with the applicable Requirements after submission of an application. Programs with a status of Initial Accreditation may not request a permanent increase in resident or fellow complement or an exception to requirements addressing clinical work and education hours. Programs must continue to demonstrate substantial compliance with all program requirements (core, detail, outcome).

A status of Initial Accreditation may be conferred when separately accredited Sponsoring Institutions or programs merge, or when an accredited Sponsoring Institution or program has been so altered that in the judgment of the Review Committee it is the equivalent of a new Sponsoring Institution or program.

A Review Committee may confer an effective date of Initial Accreditation, that is the date of the decision, the beginning of the next academic year or retroactive to the beginning of the academic year during which the decision is made.

17.21 Review of a Sponsoring Institution or Program with a Status of Initial Accreditation

a. Timing of the Accreditation Site Visit

   An accreditation site visit shall be conducted approximately two years from the effective date of Initial Accreditation. If a program does not matriculate residents or fellows in the first two years, an accreditation site visit shall be conducted approximately three years from the effective date.

b. Information used by the Review Committee to confer a status decision may include but is not limited to:

   1. an updated accreditation application;
   2. Site Visit Report;
   3. history of the Sponsoring Institution and/or program, as applicable;
   4. correspondence pertinent to the review;
   5. public information deemed reliable; and,
   6. additional information, as requested by the committee.

c. Based on consideration of the information described in (b), the following options are available *prior* to conferring an accreditation status include:

   1. request an accreditation site visit; or,
   2. request additional information.

17.20 Initial Accreditation

17.21 Review of a Sponsoring Institution or Program with a Status of Initial Accreditation

d. Available accreditation status options include:

1. Initial Accreditation with Warning for one year (Policies 17.30-17.31)

2. Continued Accreditation without Outcomes (Policies 17.40-17.41)

3. Continued Accreditation (Policies 17.50-17.51)

4. Withdrawal of Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.90-17.91)

5. Expedited Withdrawal of Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.90-17.91)

e. Available action options *when conferring* an accreditation status include:

1. issue, extend, or resolve a citation(s);

2. issue an Area for Improvement(s) *(not applicable to status of Accreditation Withheld);*

3. commend exemplary performance or innovations in graduate medical education;

4. issue a decision regarding a change in resident/fellow complement *(programs only)*;

5. reduce resident/fellow complement *(programs only*); or,

6. other actions, as appropriate to the circumstances.

17.30 Initial Accreditation with Warning

Following the developmental period of Initial Accreditation, if a Sponsoring Institution or program fails to demonstrate substantial compliance with the applicable Requirements, a Review Committee may confer a status of Initial Accreditation with Warning for a duration of one year.

If, after an accreditation site visit, the Sponsoring Institution or program again fails to demonstrate substantial compliance, the Review Committee may confer a second year of Initial Accreditation with Warning or confer Withdrawal of Accreditation.

If, after a second decision of Initial Accreditation with Warning, and after a subsequent accreditation site visit, the Sponsoring Institution or program fails to achieve substantial compliance with the applicable Requirements, the Review Committee shall confer the status of Withdrawal of Accreditation.

Programs with a status of Initial Accreditation with Warning may not request a permanent increase in resident or fellow complement or an exception to the requirement addressing the 80-hour weekly limit on clinical work and education hours.

Sponsoring Institutions and programs with a status of Initial Accreditation with Warning must continue to demonstrate substantial compliance with all applicable requirements (Core, Detail, Outcome).

A Review Committee shall confer an accreditation status effective date that is the date of the decision.

17.30 Initial Accreditation with Warning

17.31 Review of a Sponsoring Institution or Program with a Status of Initial Accreditation with Warning

a. Timing of Review by the Review Committee and Site Visit

A Sponsoring Institution or program shall be scheduled for review approximately one year after a status of Initial Accreditation with Warning is conferred. An accreditation site visit of the Sponsoring Institution or program must occur prior to this review. If a Sponsoring Institution or program is conferred with the status of Initial Accreditation with Warning for a second year, the Sponsoring Institution or program shall be required to have an accreditation site visit prior to the end of the second year.

b. Information used by the Review Committee to confer a status decision may include but is not limited to:

1. an updated accreditation application;

2. Site Visit Report;

3. history of the Sponsoring Institution and/or program, as applicable;

4. correspondence pertinent to the review;

5. public information deemed reliable; and,

6. additional information, as requested by the committee.

c. Based on consideration of the information described in (b), the following options are available *prior* to conferring an accreditation status:

1. request an accreditation site visit; or,

2. request additional information.

17.30 Initial Accreditation with Warning

17.31 Review of a Sponsoring Institution or Program with a Status of Initial Accreditation with Warning

d. Available accreditation status options:

1. Initial Accreditation with Warning *(not an option for Sponsoring Institutions or programs that have had a status of Initial Accreditation with Warning conferred twice)* (Policies 17.30-17.31)

2. Continued Accreditation without Outcomes (Policies 17.40-17.41)

3. Continued Accreditation (Policies 17.50-17.51)

4. Withdrawal of Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.90-17.91)

5. Expedited Withdrawal of Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.90-17.91)

e. Available action options *when conferring* an accreditation status include:

1. issue, extend, or resolve a citation(s);

2. issue an Area for Improvement(s) *(not applicable to status of Withdrawal of Accreditation)*;

3. commend exemplary performance or innovations in graduate medical education;

4. issue a decision regarding a change in resident/fellow complement *(programs only)*;

5. reduce resident/fellow complement *(programs only)*; or,

6. other actions, as appropriate to the circumstances.

17.40 Continued Accreditation without Outcomes

The accreditation status of Continued Accreditation without Outcomes may be conferred on a program with Initial Accreditation or Initial Accreditation with Warning that, upon review, has demonstrated substantial compliance with the applicable requirements that have been assessed based on the available data but has insufficient data to be conferred the status of Continued Accreditation. Examples include, the program:

a. has not had a resident/fellow complete the program since accreditation was initially conferred, and therefore cannot report on Case Logs, if applicable;

b. has not had a resident/fellow complete the program since accreditation was initially conferred, and therefore cannot report on graduate patient numerics, if applicable (e.g., family medicine); and/or,

c. has not had a resident/fellow who has taken a certifying examination in the specialty or subspecialty, and therefore cannot report on board pass rate.

Programs with a status of Continued Accreditation without Outcomes are subject to accreditation citation under "Detail," "Core," and "Outcome," categorized requirements except for the requirements addressing a., b., and c. above. Although programs with a status of Continued Accreditation without Outcomes are not subject to accreditation citation under requirements addressing a., b., and c. above, they are expected to comply with those requirements, as well as all other Core- and Outcome-categorized requirements, upon progression to the status of "Continued Accreditation."

The Review Committee shall confer an effective date that is the date of the decision.

17.41 Review of a Program with a Status of Continued Accreditation without Outcomes

a. Timing of the Review by the Review Committee and an Accreditation Site Visit

Programs shall be reviewed annually. In rare circumstances, the Review Committee may defer the review of a program in a given academic year. A program accreditation site visit may be scheduled at the discretion of the Review Committee.

17.40 Continued Accreditation without Outcomes

17.41 Review of a Program with a Status of Continued Accreditation without Outcomes

b. Information used by the Review Committee to confer a status may include but is not limited to:

1. review of annual data;

2. Site Visit Report;

3. history of the Sponsoring Institution and/or program, as applicable;

4. correspondence pertinent to the review;

5. public information deemed reliable; and,

6. additional information, as requested by the Committee.

c. Based on consideration of the information described in (b) above, the following options are available *prior* to conferring an accreditation status:

1. request an accreditation site visit; or,

2. request additional information.

d. Available accreditation status options:

Programs holding a status of Continued Accreditation without Outcomes must not remain in the status longer than the length of the educational program plus one year, at which time the Review Committee must confer one of the following statuses.

1. Continued Accreditation (Policies 17.50-17.51)

2. Continued Accreditation with Warning (Policies 17.60-17.61)

3. Probationary Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.70-17.71)

4. Withdrawal of Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.90-17.91)

5. Expedited Withdrawal of Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.90-17.91)

17.40 Continued Accreditation without Outcomes

17.41 Review of a Program with a Status of Continued Accreditation without Outcomes

e. Available action options *when conferring* an accreditation status are:

1. issue, extend, or resolve a citation(s);

2. issue an Area for Improvement(s) *(not applicable for programs with a status of Probationary Accreditation or Withdrawal of Accreditation)*;

3. commend exemplary performance or innovations in graduate medical education;

4. issue a decision regarding a change in complement *(programs only)*;

5. reduce resident/fellow complement *(programs only)*; or,

6. other actions, as appropriate to the circumstances.

17.50 Continued Accreditation

A Review Committee may confer a status of Continued Accreditation on a Sponsoring Institution or program holding a status of Initial Accreditation Initial Accreditation with Warning, Continued Accreditation, Continued Accreditation without Outcomes (status is not applicable to a Sponsoring Institution), Continued Accreditation with Warning, or Probationary Accreditation that upon review has demonstrated substantial compliance with the applicable Requirements..

Sponsoring Institutions and programs holding a status of Continued Accreditation are subject to accreditation review of Core and Outcome categorized requirements.

A Review Committee shall confer an effective date that is the date of the decision.

17.51 Review of a Sponsoring Institution or Program with a Status of Continued Accreditation

a. Timing of Review by the Review Committee and an Accreditation Site Visit

   Sponsoring Institutions and programs shall be reviewed annually. In rare circumstances, the Review Committee may defer the review of a Sponsoring Institution or program in a given academic year.

   Sponsoring Institution and program accreditation site visits may be scheduled at the discretion of the Review Committee.

   In addition to the annual review, a Sponsoring Institution 10 Year Accreditation Site Visit and review will be conducted approximately every 10 years.

b. Information used by the Review Committee to confer a status may include, but is not limited to:

   1. review of annual data;

   2. Site Visit Report (if applicable);

   3. history of the Sponsoring Institution and/or program, as applicable;

   4. correspondence pertinent to the review;

   5. public information deemed reliable; and,

   6. additional information, as requested by the Committee.

c. Based on consideration of the information described in (b) above, the following options are available *prior* to conferring an accreditation status include:

   3. request an accreditation site visit; or,

   4. request additional information.

17.51 Review of a Sponsoring Institution or Program with a Status of Continued Accreditation

d. Available accreditation status options are:

1. Continued Accreditation (Policies 17.50-17.51)

2. Continued Accreditation with Warning (Policies 17.60-17.61)

3. Probationary Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.70-17.71)

4. Withdrawal of Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.90-17.91)

5. Expedited Withdrawal of Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.90-17.91)

e. Available action options *when conferring* an accreditation status are:

1. issue, extend, or resolve a citation(s);

2. issue an Area for Improvement(s) *(not applicable for Sponsoring Institutions or programs with a status of Probationary Accreditation or Withdrawal of Accreditation)*;

3. commend exemplary performance or innovations in graduate medical education;

4. issue a decision regarding a change in complement *(programs only)*;

5. reduce resident/fellow complement *(programs only)*; or,

6. other actions, as appropriate to the circumstances.

17.60 Continued Accreditation with Warning

A Review Committee may confer a status of Continued Accreditation with Warning if it has determined that a Sponsoring Institution or program has areas of non-compliance with the applicable Requirements that may jeopardize its accreditation status.

Sponsoring Institutions and programs holding a status of Continued Accreditation with Warning are subject to accreditation review of Detail, Core, and Outcome categorized requirements.

Programs with the status of Continued Accreditation with Warning may not request a permanent increase in resident/fellow complement or an exception to requirement addressing the 80-hour weekly limit on clinical work and education hours.

A Review Committee shall confer an effective date that is the date of the decision.

17.61 Review of a Sponsoring Institution or Program with a Status of Continued Accreditation with Warning

a. Timing of Review by the Review Committee and an Accreditation Site Visit

   Sponsoring Institutions and programs shall be reviewed annually. In rare circumstances, the Review Committee may defer the review of a Sponsoring Institution or program in a given academic year.

   Sponsoring Institution and program accreditation site visits may be scheduled at the discretion of the Review Committee.

   In addition to the annual review, a Sponsoring Institution 10 Year Accreditation Site Visit and review will be conducted approximately every 10 years.

b. Information used by the Review Committee to confer a status decision may include but is not limited to:

   1. review of annual data;
   2. Site Visit Report (if applicable);
   3. history of the Sponsoring Institution and/or program, as applicable;
   4. correspondence pertinent to the review;
   5. public information deemed reliable; and,
   6. additional information, as requested by the Committee.

17.60 Continued Accreditation with Warning

17.61 Review of a Sponsoring Institution or Program with a Status of Continued Accreditation with Warning

c. Based on consideration of the information described in (b) above, the following options are available *prior* to conferring an accreditation status include:

1. request an accreditation site visit; or,

2. request additional information.

d. Available accreditation status options are:

1. Continued Accreditation (Policies 17.50-17.51)

2. Continued Accreditation with Warning (Policies 17.60-17.61)

3. Probationary Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.70-17.71)

4. Withdrawal of Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.90-17.91)

5. Expedited Withdrawal of Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.90-17.91)

e. Available action options *when conferring* an accreditation status are:

1. issue, extend, or resolve a citation(s);

2. issue an Area for Improvement(s) *(not applicable for Sponsoring Institutions or programs with a status of Probationary Accreditation or Withdrawal of Accreditation)*;

3. commend exemplary performance or innovations in graduate medical education;

4. issue a decision regarding a change in complement *(programs only)*;

5. reduce resident/fellow complement *(programs only)*; or,

6. other actions, as appropriate to the circumstances.

17.70 Probationary Accreditation

A Review Committee may confer a status of Probationary Accreditation if it has determined that a Sponsoring Institution or program has failed to demonstrate substantial compliance with the applicable Requirements confirmed by the findings of an accreditation site visit. Probationary Accreditation is an adverse accreditation decision and is subject to appeal (Policy 17.00.b.).

Sponsoring Institutions and programs holding a status of Probationary Accreditation are subject to accreditation review under Detail, Core, and Outcome requirements.

Sponsoring Institutions with a status of Probationary Accreditation may not apply for or be granted accreditation of new programs.

Probationary status of a Sponsoring Institution or program shall not exceed two consecutive annual reviews, at which point the Sponsoring Institution or program must achieve a status of either Continued Accreditation or Continued Accreditation with Warning, or its accreditation will be withdrawn.

Programs with a status of Probationary Accreditation may not request a permanent increase in resident/fellow complement or an exception to the requirement addressing the 80-hour weekly limit on clinical work and education hours.

All applicants invited to interview, and residents/fellows accepted into or enrolled in a program with or sponsored by a Sponsoring Institution with Probationary Accreditation must be notified in writing of the probationary status.

For Probationary Accreditation of a Sponsoring Institution or program, a copy of the written notice to applicants and residents/fellows must be uploaded into the ACGME's Accreditation Data System (ADS) within 30 days of receipt of the Review Committee's Letter of Notification.

A Review Committee shall confer an effective date, that is the date of the decision.

17.70 Probationary Accreditation

17.71 Review of a Sponsoring Institution or Program with a Status of Probationary Accreditation

a. Timing of Review by the Review Committee and Site Visit
Sponsoring Institutions and programs shall be reviewed annually. A site visit shall be conducted before the annual review for a Sponsoring Institution or program with a status of Probationary Accreditation. In rare circumstances, the Review Committee may defer the review of a Sponsoring Institution or program in a given academic year.

b. Information used by the Review Committee to confer a status decision may include but is not limited to:

1. review of annual data;

2. Site Visit Report;

3. history of the Sponsoring Institution and/or program, as applicable;

4. correspondence pertinent to the review;

5. public information deemed reliable; and,

6. additional information, as requested by the Committee.

c. Based on consideration of the information described in (b), the following options are available *prior* to conferring an accreditation status include:

1. request an accreditation site visit; or,

2. request additional information.

d. Available accreditation status options:

1. Continued Accreditation (Policies 17.50-17.51)

2. Continued Accreditation with Warning (Policies 17.60-17.61)

3. Probationary Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.70-17.71)

4. Withdrawal of Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.90-17.91)

5. Expedited Withdrawal of Accreditation *(accreditation site visit required before conferring this status)* (Policies 17.90-17.91)

17.70 Probationary Accreditation

17.71 Review of a Sponsoring Institution or Program with a Status of Probationary Accreditation

e. Available action options *when* conferring an accreditation status include:

1. issue, extend, or resolve a citation(s) (if applicable);

2. issue an Area for Improvement(s) (not applicable for Sponsoring Institutions or programs receiving a status of Probationary Accreditation or Withdrawal of Accreditation;

3. issue a decision regarding a change in complement (programs only);

4. reduce resident/fellow complement (programs only); or,

5. other actions, as appropriate to the circumstances.

17.90 Withdrawal of Accreditation and Expedited Withdrawal of Accreditation

a. Withdrawal of Accreditation

A Review Committee may confer a status of Withdrawal of Accreditation if it has determined that a Sponsoring Institution or program has failed to demonstrate substantial compliance with the applicable Requirements. Withdrawal of Accreditation is an adverse accreditation decision and is subject to appeal (Policy 17.00.b.).

b. Expedited Withdrawal of Accreditation

A Review Committee may confer a status of Expedited Withdrawal of Accreditation if it determines that a Sponsoring Institution or program has failed to demonstrate substantial compliance with the applicable Requirements to a degree sufficient to warrant withdrawal of the Sponsoring Institution or program prior to the end of the current academic year. This action may be taken if the Review Committee determines that resident/fellow education and/or patient care are compromised to a degree warranting such withdrawal; the education and training environment does not support an adequate educational experience for the residents/fellows; the safety of residents/fellows, faculty members, and/or other health care personnel are in jeopardy; and/or there are other circumstances warranting such withdrawal.

17.91 Effective Date of Withdrawal of Accreditation and Expedited Withdrawal of Accreditation

a. Withdrawal of Accreditation

The effective date of Withdrawal of Accreditation shall be determined by the Review Committee. The effective date shall be June 30 of the current academic year, June 30 of the following academic year, or, in the discretion of the Review Committee to allow for academic year completion of any off-cycle residents, a date within the following academic year.

b. Expedited Withdrawal of Accreditation

The effective date of Expedited Withdrawal of Accreditation shall be determined by the Review Committee. The effective date should be at least 30 days, and no more than 90 days, from the date the Letter of Notification is provided to the Sponsoring Institution or program and should not extend into the next academic year.

17.100 Responsibilities of the Sponsoring Institution or Program upon Withdrawal of Accreditation and Expedited Withdrawal of Accreditation

a. Upon Withdrawal or Expedited Withdrawal of Accreditation of a program, the accreditation of all its dependent subspecialty, sub-subspecialty, and combined programs shall be administratively withdrawn.

b. Upon the program's receipt of the notification of Withdrawal of Accreditation or Expedited Withdrawal of Accreditation, all applicants invited to interview and residents/fellows accepted into or enrolled in the program must be notified in writing of the withdrawal and its effective date. This notification must include confirmation that the residents/fellows will be permitted to leave the program following the effective date of Withdrawal or Expedited Withdrawal of Accreditation, regardless of whether the program appeals the decision.

c. No new residents/fellows may be appointed to a program after the effective date of Withdrawal of Accreditation, Expedited Withdrawal of Accreditation, or Administrative Withdrawal of Accreditation.

d. Upon Withdrawal or Expedited Withdrawal of a Sponsoring Institution's accreditation, the accreditation of all its programs shall be administratively withdrawn. The Institutional Review Committee shall coordinate communications and activities with all affected Review Committees.

e. Upon the Sponsoring Institution's receipt of notification of the Withdrawal of Accreditation, Expedited Withdrawal of Accreditation, or Administrative Withdrawal of Accreditation, all applicants invited to interview and residents/fellows accepted into or enrolled in its program(s) must be notified in writing of the withdrawal and its effective date. This notification must include confirmation that the residents/fellows will be permitted to leave the program(s) following the effective date of Withdrawal of Accreditation, Expedited Withdrawal of Accreditation, or Administrative Withdrawal of Accreditation regardless of whether the Sponsoring Institution appeals the decision.

f. For Withdrawal of Accreditation of a Sponsoring Institution or program, a copy of the written notice to applicants and residents/fellows must be uploaded into the ACGME's Accreditation Data System (ADS) within 30 days of receipt of the Review Committee's Letter of Notification.

g. For Expedited Withdrawal of Accreditation of a Sponsoring Institution or program, a copy of the written notice to applicants and residents/fellows must be uploaded into (ADS) within three business days of receipt of the Review Committee's Letter of Notification.

h. The Sponsoring Institution and the program must ensure placement, and transfer records of residents/fellows currently accepted into or enrolled in all withdrawn programs into other ACGME-accredited programs in their current specialty, unless the resident/fellow requests otherwise, to minimizes loss of education and training time. The Sponsoring Institution is responsible for ensuring that the program(s) update the resident/fellow rosters in ADS in real time.

17.101 Re-application after Withdrawal of Accreditation or Expedited Withdrawal of Accreditation

A Sponsoring Institution or program may reapply for accreditation before or after the effective date of withdrawal of Accreditation or Expedited Withdrawal of Accreditation.

If a Sponsoring Institution or program reapplies for accreditation before, or within 24 months after, the effective date of Withdrawal of Accreditation or Expedited Withdrawal of Accreditation, its accreditation history and its reapplication shall be considered by the Review Committee. A program may reapply for accreditation only to the same Review Committee. In its reapplication, the Sponsoring Institution or program must include a response to each previous citation that forms the basis of the withdrawal.

17.200 Voluntary Withdrawal of Accreditation

Upon voluntary withdrawal of a Sponsoring Institution's accreditation, the accreditation of all its sponsored programs will be administratively withdrawn. The Institutional Review Committee shall coordinate communications and activities with all affected Review Committees.

17.201 Requests for Voluntary Withdrawal of Accreditation

a. Requests for Voluntary Withdrawal of Accreditation of a Sponsoring Institution must:

   1. be submitted through the Accreditation Data System (ADS) by the designated institutional official (DIO) with approval by the Graduate Medical Education Committee (GMEC); and,

   2. include the effective date of withdrawal and a detailed plan for placement of all programs' current or accepted residents/fellows into other ACGME-accredited programs.

b. Requests for Voluntary Withdrawal of Accreditation of a program must:

   1. be submitted through ADS by the program director with approval by the DIO and the GMEC;

   2. include an effective date that should coincide with the end of the current academic year, except that a program operating under the Extraordinary Circumstances policy may request an earlier effective date; and,

   3. state whether residents/fellows are currently accepted into or enrolled in the program, and if so, describe a plan for placement of those residents/fellows into other ACGME-accredited programs.

17.202 Responsibilities of the Sponsoring Institution and Program

a. A Sponsoring Institution or program that has requested Voluntary Withdrawal of Accreditation:

   1. may not accept new residents/fellows; and,

   2. may not request reversal of the action after submitting the request (regardless of the proposed effective date).

b. If a Review Committee has conferred a status of Withdrawal of Accreditation or Expedited Withdrawal of Accreditation, the Sponsoring Institution or program may not request Voluntary Withdrawal of Accreditation. The accreditation status of the Sponsoring Institution or program conferred by the Review Committee may be altered only through an appeal.

c. The Sponsoring Institution and program(s) must arrange for placement of residents/fellows currently accepted into or enrolled in all withdrawn programs into other ACGME-accredited programs in their current specialty, unless the resident/fellow requests otherwise, to minimize

interruption of education and training time. The Sponsoring Institution is responsible for ensuring that the program(s) update the resident/fellow rosters in ADS in real time.

17.203 Reapplication After Voluntary Withdrawal of Accreditation

a. If, after accreditation has been voluntarily withdrawn, a Sponsoring Institution or program reapplies for accreditation within 24 months of the effective date of the Voluntary Withdrawal, the accreditation history of the Sponsoring Institution or program and the reapplication shall be considered by the Review Committee. In its reapplication, the Sponsoring Institution or program must include a response to each active citation on the date of Voluntary Withdrawal.

b. If a program reapplies for accreditation within 24 months of the effective date of Voluntary Withdrawal of Accreditation, an accreditation site visit shall be conducted.

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17.300 Administrative Withdrawal of Accreditation

a. A Review Committee may confer Administrative Withdrawal of Accreditation if a Sponsoring Institution or program does not comply with the following actions and/or procedures:

   1. undergo an accreditation site visit;

   2. follow directives associated with an accreditation action;

   3. supply the Review Committee or ACGME staff members with requested information;

   4. maintain current data in the Accreditation Data System (ADS);

   5. matriculate residents/fellows for six or more consecutive years (programs only).

b. The ACGME Board may confer Administrative Withdrawal of Accreditation if a Sponsoring Institution or program does not comply with the following actions and/or procedures:

   1. timely payment of fees to the ACGME; or

   2. other areas as identified.

c. A status of Administrative Withdrawal of Accreditation may not be appealed.

   No new residents/fellows may be appointed to the program(s). after the effective date of this accreditation status.

   All applicants invited to interview, and residents/fellows accepted into or enrolled in the program(s) must be notified in writing of the accreditation status and its effective date. A copy of the written notification to applicants and residents/fellows must be submitted via the "Uploads" tab in the ACGME's Accreditation Data System (ADS) within 30 days of receipt of the Review Committee's Letter of Notification. If there are no current residents/fellows in the program(s) and no prospective (invited to interview) residents/fellows, the program(s) is required to log into ADS and attest to this.

17.301 Reapplication After Administrative Withdrawal of Accreditation

a. If a Sponsoring Institution or program reapplies for accreditation within two years after the effective date of Administrative Withdrawal of Accreditation, the accreditation history of the Sponsoring Institution or program shall be considered. The Sponsoring Institution or program shall include with the new application a statement addressing each existing citation and issue(s) leading to the Administrative Withdrawal of Accreditation.

b. An accreditation site visit may be conducted for re-applications for accreditation after Administrative Withdrawal of Accreditation.

17.400 Accreditation Actions for Dependent Subspecialty and Sub-Subspecialty and Combined Programs

Dependent programs and combined programs have the full range of accreditation status options as their associated specialty or subspecialty program(s).

a. Initial Accreditation for Dependent Subspecialty and Sub-Subspecialty Programs and Combined Programs.

   1. A request for Initial Accreditation of a dependent subspecialty/sub-subspecialty program or combined program shall be considered if the accreditation status of its associated specialty or subspecialty program(s) is Continued Accreditation, Continued Accreditation with Warning, or Continued Accreditation without Outcomes, and the associated specialty or subspecialty program(s) is not involved in any phase of an appeals process.

   2. At the discretion of the applicable Review Committee, an application of a dependent subspecialty/sub-subspecialty program or combined program may be considered if the associated specialty or subspecialty program holds a status of Initial Accreditation.

b. Administrative adverse accreditation status for Dependent Subspecialty and Sub-Subspecialty Programs and Combined Programs.

   1. An adverse status of a specialty or subspecialty program shall result in the same status being administratively conferred on its dependent subspecialty/sub-sub-specialty program(s) and associated combined programs.

   2. If accreditation is withdrawn from a specialty or subspecialty program, the accreditation of each of its dependent programs and associated combined programs shall be administratively withdrawn with the same effective date.

   3. All applicants invited to interview, and residents/fellows accepted into or enrolled in the program must be notified in writing of the accreditation status and its effective date. A copy of the written notification to applicants and residents/fellows must be submitted via the “Uploads” tab in the ACGME’s Accreditation Data System (ADS) within 30 days of receipt of the Review Committee’s Letter of Notification. If there are no current residents/fellows in the program and no prospective (invited to interview) residents/fellows, the program is required to log into ADS, and attest to this.

   4. If the program reapplies for accreditation within two years after the effective date of an Administrative Adverse accreditation status, the accreditation history of the program will be considered. In its reapplication, the Sponsoring Institution or program must include a response to each active citation on the date of the Administrative Adverse accreditation status.

17.500 Reduction in Resident/Fellow Complement

A Review Committee may reduce the approved resident/fellow complement if a program cannot demonstrate the capacity to provide each resident/fellow with a sufficient educational experience.

Reduction in Resident/Fellow Complement is an adverse accreditation decision; a program may appeal this decision (Policy 17.00.b.).

18.00 Appeals of Adverse Accreditation Actions

18.10 Adverse Accreditation Actions

The following accreditation actions are considered adverse and may be appealed under this section with the exception of an adverse action made by the ACGME Board under the Alleged Egregious Violation Event policy (Policy 22.00).

- Accreditation Withheld (Policies 17.10-17.12)
- Probationary Accreditation (Policies 17.70-17.71)
- Withdrawal of Accreditation (Policies 17.90-17.91)
- Expedited Withdrawal of Accreditation (Policies 17.90-17.91)
- Reduction in Resident/Fellow Complement (not applicable to Sponsoring Institutions) (Policy 17.500)

18.20 Procedures for an Adverse Accreditation Action

a. When a Review Committee confers an adverse action, it shall issue a Letter of Notification which shall include the citations that form the basis for the adverse action and a copy of the Site Visit Report, if applicable.

b. For an adverse action for a Sponsoring Institution, the Letter of Notification shall be provided to the designated institutional official (DIO). For an adverse action for a program, the Letter of Notification will be provided to the program director, DIO, and program director(s) of any dependent subspecialty/sub-subspecialty programs or associated combined programs. Also, for a combined program, copies of the Letter of Notification will also be provided to the program director(s) of the participating programs and DIO(s) of the associated Sponsoring Institution(s). Sponsoring Institutions and programs may appeal adverse actions; otherwise, an adverse action is final.

c. Upon the Sponsoring Institution or program's receipt of the notification of conferral of Accreditation Withheld, Probationary Accreditation, Withdrawal of Accreditation, or Expedited Withdrawal of Accreditation, all applicants invited to interview, and residents/fellows accepted into or enrolled in the program(s) must be notified in writing of the accreditation status and its effective date. This notification must include confirmation that the residents/fellows will be permitted to leave the program following the effective date of Withdrawal of Accreditation or Expedited Withdrawal of Accreditation regardless of whether the Sponsoring Institution or program appeals the decision.

18.30 Procedures for Appeal of Accreditation Adverse Actions

If a Review Committee confers an adverse action, the Sponsoring Institution or program may request a hearing before an Appeals Panel. If a request for such a hearing is not received in the Accreditation Data System (ADS) within 30 days of receipt by the Sponsoring Institution or program of the Letter of Notification of the conferral, the action of the Review Committee shall be deemed final and not subject to further appeal.

18.30 Procedures for Appeal of Accreditation Adverse Actions

a. Appointment of the Appeals Panel

If an appeals hearing is requested, an Appeals Panel shall be appointed according to the following procedures:

1. the ACGME shall maintain a list of qualified persons as potential members for appointment to Appeals Panels;

2. for a given hearing, the Sponsoring Institution or program shall receive a copy of the list of potential Appeals Panel members and shall have an opportunity to delete a maximum of one-third of the names from this list; within 15 days of receipt of this list, the Sponsoring Institution or program shall submit its revised list as directed in the letter acknowledging the appeal; and,

3. a three-member Appeals Panel shall be constituted by the ACGME from among the remaining names on the list.

b. Upon request for a hearing, the following policies and procedures shall apply:

1. When a Sponsoring Institution or program requests a hearing before an Appeals Panel, the Sponsoring Institution or program holds the accreditation status determined by the Review Committee with the addition of the term “under appeal.” This accreditation status shall remain in effect until the ACGME makes a final determination on the accreditation status of the Sponsoring Institution or program in the appeal process.

2. Residents/fellows who remain in a program with a status of Withdrawal of Accreditation under appeal or Expedited Withdrawal of Accreditation under appeal must be advised by the Sponsoring Institution and program on the impact of the Sponsoring Institution/program status and appeal on the residents’/fellows’ eligibility for certifying board examinations.

3. Hearings conducted in conformity with these procedures shall be held at a time and place to be determined by the ACGME. At least 25 days prior to its hearing, a Sponsoring Institution or program shall be notified of the time and place of the hearing.

4. A Sponsoring Institution or program shall be given the documents comprising the Sponsoring Institution or program file and the record of the Review Committee’s action.

5. The documents comprising the Sponsoring Institution or program file and the record of the Review Committee’s action, together with oral and written presentations to the Appeals Panel, shall be the basis for the final recommendations of the Appeals Panel.

6. The Appeals Panel shall meet to review the written record and receive the presentations. The applicable Review Committee shall be notified of the hearing and a representative of the Review Committee shall attend the hearing.

7. Proceedings before an Appeals Panel are not of an adversarial nature as typical in a court of law, but rather provide an administrative mechanism for peer review of an accreditation decision for an educational Sponsoring institution or program. The Appeals

Panel shall not be bound by technical rules of evidence usually employed in legal proceedings.

8. The appellant may be represented by no more than five individuals at the hearing.

9. Presentations shall be limited to clarifications of the record focusing on information addressing:

   a) compliance with the applicable published Requirements for accreditation at the time of the Review Committee review and conferral of the adverse action; and,

   b) the review of the Sponsoring Institution or program according to the applicable procedures.

10. Presentations may include written and oral elements. Any information, including presentations and audio/visual and written materials, must be provided to the ACGME a minimum of 10 business days prior to the hearing.

    The order of presentations shall be:

    a) The appellant shall make an initial presentation to the Appeals Panel, which shall be limited to two hours.

    b) The Review Committee representative shall make a presentation to the Appeals Panel, which shall be limited to one hour.

    c) The appellant may make a presentation to the Appeals Panel in response to the Review Committee representative's presentation, which shall be limited to one hour.

    d) The Appeals Panel may ask questions of the appellant and/or the Review Committee representative for up to one hour.

    e) The appellant may make a closing statement, which shall be limited to 15 minutes.

11. The Appeals Panel shall not consider any changes in the Sponsoring Institution or program or descriptions of the Sponsoring Institution or program that were not in the record at the time the Review Committee reviewed it and conferred the adverse action.

12. The appellant shall not communicate with the Appeals Panel before or after the hearing.

13. The Appeals Panel shall make recommendations to the ACGME Board as to whether substantial, credible, and relevant evidence exists to support the action taken by the Review Committee in the matter under appeal. The Appeals Panel shall, in addition, make recommendations as to whether there has been substantial compliance with the administrative procedures that govern the process of accreditation of graduate medical education Sponsoring Institutions or programs.

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14. The Appeals Panel may recommend upholding the Review Committee's decision, or restoring the Sponsoring Institution or program to its previous accreditation status, or, in the case of Accreditation Withheld, conferring Initial Accreditation.

15. The Appeals Panel shall submit its recommendation to the ACGME Board within 20 days of the hearing. The ACGME Board shall act on the appeal at its next regularly scheduled meeting.

16. The decision of the ACGME Board in this matter shall be final. There is no provision for further appeal.

17. The President and Chief Executive Officer of the ACGME shall, within 15 days of the final decision, notify the appellant of the decision of the ACGME Board.

18. The appellant is fully responsible for the Appeal Fee as set by the ACGME. Expenses of the Appeals Panel members and the associated administrative costs shall be shared equally by the appellant and the ACGME.

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19.00 The Recognition Process

Recognition is additional acknowledgment, supplemental to accreditation, for identified elements or categories of a Sponsoring Institution (NST) or program (Osteopathic Recognition). Recognition is conferred through a voluntary process of evaluation and review based on published recognition standards. ACGME recognition is overseen by a Recognition or Review Committee. Sponsoring Institutions or programs with ACGME recognition must be accredited by the ACGME.

The Recognition or Review Committee may confer a recognition status to Sponsoring Institutions or programs that is different from its accreditation status, and establish processes related to the same.

All Recognition activities are conducted in English. If a Sponsoring Institution or program requires translation services, it is the responsibility of the Sponsoring Institution or program to make appropriate arrangements and provide the necessary resources, as the ACGME does not provide these services. All costs associated with translation services are the responsibility of the Sponsoring Institution or Program.

19.10 Osteopathic Recognition Application Process

Applications for Osteopathic Recognition of an ACGME-accredited specialty, subspecialty, sub-subspecialty, combined program not holding a status of Probationary Accreditation are initiated in the Accreditation Data System (ADS) by the program director or designated institutional official (DIO) of the program's ACGME-accredited Sponsoring Institution. The program director is responsible for designation in ADS of a Director of Osteopathic Education, who may be the program director or another member of the osteopathic faculty. The Director of Osteopathic Education is responsible for completion of the application and preparation for submission. The program director shall submit the application for review in ADS by the DIO. The DIO is responsible for submission of the completed Osteopathic Recognition application to the ACGME through ADS.

19.11 Non-Standard Training Recognition Application Process

Applications for Non-Standard Training (NST) recognition of an ACGME-accredited Sponsoring Institutions not holding a status of Probationary Accreditation are initiated in the Accreditation Data System (ADS) by the designated institutional official (DIO). The DIO is responsible for the submission of the completed NST recognition application to the ACGME through ADS.

19.00 The Recognition Process

19.20 Process for Review of the Application for Recognition

A Review or Recognition Committee will determine whether a site visit is required prior to review of an application submitted for recognition.

A recognition site visit is not required prior to the review of an application.

The Review or Recognition Committee shall consider the following information prior to conferring a recognition decision:

a. the recognition application as submitted;

b. the recognition history, as applicable;

c. public information deemed reliable;

d. correspondence pertinent to the review; and,

e. other information, as requested by the Review or Recognition Committee.

19.20 The Recognition Application Process

19.21 Recognition Status Options for Application

The recognition status decision of a Review or Recognition Committee on applications will be based on the demonstration of substantial compliance with the applicable Recognition Requirements. The following actions are available for applications:

a. Recognition Withheld (Policies 20.10-20.12)

b. Initial Recognition (Policies 20.20-20.21)

19.22 Recognition Effective Date

A Review or Recognition Committee may confer an effective date of Initial Recognition that is the date of the decision, beginning of the next academic year, or retroactive to the beginning of the academic year during which the decision is made. The effective date of Recognition Withheld shall be the date of the decision.

19.30 The Recognition Site Visit

The recognition process for Sponsoring Institutions and programs includes site visits to address compliance with the Recognition Requirements, as applicable. All recognition site visits for Sponsoring Institutions and programs are performed by Field Representatives who are employed by the ACGME.

Recognition site visits are conducted by individual Field Representatives or by a team made up of Field Representatives. In certain circumstances, the site visit team may include peer representatives.

19.31 The Recognition Site Visit Scheduling Process

a. Recognition of Non-Standard Training: Sponsoring Institutions with an approximate recognition site visit date in the Accreditation Data System (ADS) may be scheduled for a site visit. ACGME Field Activities staff members shall initiate the scheduling process in collaboration with the Sponsoring Institution to determine a date for the visit. Once a date for the visit is determined, a Site Visit Announcement letter shall be sent confirming the date(s) of the visit, assigned Field Representative(s), and other information to prepare for the visit.

b. Osteopathic Recognition: Programs with an approximate recognition site visit date in (ADS) may be scheduled for a site visit. ACGME Field Activities staff members shall initiate the scheduling process in collaboration with the program to determine a date for the visit. Once a date for the visit is determined, a Site Visit Announcement letter shall be sent confirming the date(s) of the visit, assigned Field Representative(s), and other information to prepare for the visit.

19.32 Preparation for a Recognition Site Visit

The Site Visit Announcement letter contains instructions to update ADS in preparation for the site visit, as well as other information about the day of the visit. The Field Representative(s) will communicate directly with the Sponsoring Institution or program about the site visit interview schedule. Field Representatives are provided with information from ADS regarding the Sponsoring Institution and program to be visited, as well as other information in preparation for the site visit.

19.33 Day of the Recognition Site Visit

During a site visit, Field Representatives shall conduct interviews. Interviews can take place in person and/or remotely using audio/audio-visual technology.

Osteopathic Recognition Programs

Interviewees for a site visit of a program applying for or holding Osteopathic Recognition may include but not be limited to the designated institutional official (DIO), the program director(s), the Director of Osteopathic Education, coordinators, osteopathic faculty members, administrative staff members, and designated residents/fellows.

Recognition of Sponsoring Institutions with Non-Standard Training (NST) Programs.

Interviewees for a site visit of a Sponsoring Institution applying for or holding of Non-Standard Training Recognition may include but not be limited to the DIO, the training program liaison, and the institutional coordinator.

19.34 After the Recognition Site Visit

Field Representative(s) shall prepare a Site Visit Report after each site visit, which shall be submitted to the Review or Recognition Committee or to the President and Chief Executive Officer of the ACGME.

19.40 Recognition of Sponsoring Institutions with Non-Standard Training Programs for J-1 Visa Sponsorship

ACGME recognition of Sponsoring Institutions with Non-Standard Training ("NST") programs provides approval and oversight of advanced clinical training opportunities in the United States for physicians whose J-1 visas are sponsored by the Educational Commission for Foreign Medical Graduates through the Exchange Visitor Program of the United States Department of State (22 CFR §62.27(e)(1); 22 CFR §62.27(e)(4)(i)).

Recognition for Sponsoring Institutions is provided by the Institutional Review Committee. Effective July 1, 2023, Sponsoring Institutions must be recognized by ACGME to enroll NST trainees in NST programs.

When the ACGME newly designates a specialty or subspecialty in which accreditation will be offered, Sponsoring Institutions may enroll NST trainees in NST programs in the same area of clinical focus for a period of three years after Board approval and the publication of ACGME Program Requirements for the specialty or subspecialty. In all other circumstances, Sponsoring Institutions may not offer NST programs in areas of clinical focus for which ACGME specialty or subspecialty accreditation or American Board of Medical Specialties member board certification is available.

20.00 Recognition and Administrative Actions

a. The following recognition and administrative status options may be conferred on Sponsoring Institutions and programs:

- Recognition Withheld (Policies 20.10-20.12)
- Initial Recognition (Policies 20.20-20.21)
- Initial Recognition with Warning (Policies 20.30-20.31)
- Continued Recognition without Outcomes (Policies 20.40-20.41)
- Continued Recognition (Policies 20.50-20.51)
- Continued Recognition with Warning (Policies 20.60-20.61)
- Probationary Recognition (Policies 20.70-20.71)
- Withdrawal of Recognition (Policy 20.80)
- Voluntary Withdrawal of Recognition (Policies 20.90-20.91)
- Administrative Withdrawal of Recognition (Policy 20.100)

b. The following statuses are adverse actions and may be appealed:

- Recognition Withheld (Policies 20.10-20.12)
- Probationary Recognition (Policies 20.70-20.71)
- Withdrawal of Recognition (Policy 20.80)

c. Other recognition actions (e.g., citations, warnings) are not subject to appeal.

d. Recognition of Non-Standard Training: Following review of a Sponsoring Institution, a Letter of Notification that includes the action(s) of the Review Committee shall be provided to the designated institutional official (DIO).

e. Osteopathic Recognition: Following review of a program, the program director and the Director of Osteopathic Education shall be provided with a Letter of Notification.

20.10 Recognition Withheld

Recognition shall be withheld when a Recognition Committee determines that an application for recognition of a Sponsoring Institution or program does not demonstrate substantial compliance with the applicable Recognition Requirements. Recognition Withheld is an adverse recognition decision and is subject to appeal (Policy 21.00).

Osteopathic Recognition Programs Only

The program must notify all current residents/fellows and anyone that has interviewed for a designated osteopathic position of the Withheld status. A copy of this notification must be uploaded into ADS within 30 days of Recognition Withheld decision notification.

20.11 Reapplication following Recognition Withheld

A Sponsoring Institution or program may reapply for recognition after receiving a status of Recognition Withheld. If a Sponsoring Institution (NST) or program (Osteopathic Recognition) reapplies for recognition within two years of the effective date of Recognition Withheld, the history of the previous recognition action shall be included as part of the review. The Sponsoring Institution (NST) or program (Osteopathic Recognition) shall include a statement addressing each previous citation with the new application.

20.12 Site Visit Prior to Next Review by the Recognition Committee following Recognition Withheld

A recognition site visit may be required for recognition applications following a decision of Recognition Withheld.

20.20 Initial Recognition

Initial Recognition is a developmental period of recognition, following demonstration of substantial compliance with the applicable Recognition Requirements after submission of an application. Sponsoring Institutions and programs with a status of Initial Recognition must demonstrate substantial compliance with all Recognition Requirements (Core, Detail, Outcome).

A status of Initial Recognition may be conferred when separately recognized Sponsoring Institutions or programs merge, or when a recognized Sponsoring Institution or program has been so altered that in the judgment of a Recognition Committee it is the equivalent of a new Sponsoring Institution or program.

A Recognition Committee may confer an effective date of Initial Recognition that is the date of the decision, beginning of the next academic year, or retroactive to the beginning of the academic year during which the decision is made.

20.21 Review of a Sponsoring Institution or Program with a Status of Initial Recognition

a. Timing of the Recognition Site Visit

   A review shall be conducted following a recognition site visit approximately two years from the effective date of Initial Recognition.

   Osteopathic Recognition Programs Only:

   If a program does not matriculate a designated osteopathic resident or fellow in the first two years, a recognition site visit shall be conducted approximately three years from the effective date.

b. Information used by the Review or Recognition Committee to confer a status decision may include but is not limited to:

   1. an updated recognition application;
   2. recognition Site Visit Report;
   3. recognition history, as applicable;
   4. correspondence pertinent to the review;
   5. public information deemed reliable; and,
   6. additional information, as requested by the Review or Recognition Committee.

c. Based on consideration of the information described in (b), the following options are available *prior* to conferring a recognition status include:

   1. request a recognition site visit; or,
   2. request additional information.

20.20 Initial Recognition

20.21 Review of a Sponsoring Institution or Program with a Status of Initial Recognition

d. Available recognition status options:

1. Initial Recognition with Warning (Policies 20.30-20.31)

2. Continued Recognition without Outcomes (Policies 20.40-20.41)

3. Continued Recognition (Policies 20.50-20.51)

4. Withdrawal of Recognition (recognition site visit required before conferring this status Policy 20.80)

e. Available action options *when* conferring a recognition status include:

1. issue, extend, or resolve a citation(s); or,

2. issue an Area for Improvement(s) *(not applicable to status of Recognition Withheld)*.

20.30 Initial Recognition with Warning

Following the developmental period of Initial Recognition, if a Sponsoring Institution (NST) or program (Osteopathic Recognition) fails to demonstrate substantial compliance with the applicable Recognition Requirements, a Review or Recognition Committee may confer a status of Initial Recognition with Warning for a duration of one year.

If, after a recognition site visit, the Sponsoring Institution (NST) or program (Osteopathic Recognition) again fails to demonstrate substantial compliance, a Recognition Committee may confer a second year of Initial Recognition with Warning or confer Recognition Withdrawn.

If, after a second decision of Initial Recognition with Warning, and after a subsequent recognition site visit, the Sponsoring Institution (NST) or program (Osteopathic Recognition) fails to achieve substantial compliance with the applicable Recognition Requirements, a Recognition Committee shall confer the status of Withdrawal of Recognition.

Sponsoring Institutions (NST) and programs (Osteopathic Recognition) with a status of Initial Recognition with Warning must continue to demonstrate substantial compliance with all applicable Recognition Requirements (Core, Detail, Outcome).

The Review or Recognition Committee shall confer an accreditation status with an effective date that is the date of the decision.

20.31 Review of a Sponsoring Institution or Program with a Status of Initial Recognition with Warning

a. Timing of Review by the Review or Recognition Committee and Site Visit

   1. A Sponsoring Institution with Non-Standard Training Recognition shall be scheduled for review approximately one year after a status of Initial Recognition with Warning is conferred. A recognition site visit of the Sponsoring Institution must occur prior to this review. If a Sponsoring Institution is conferred with the status of Initial Recognition with Warning for a second year, the Sponsoring Institution shall be required to have a recognition site visit prior to the end of the second year.

   2. A program with Osteopathic Recognition shall be scheduled for review approximately one year after a status of Initial Recognition with Warning is conferred. A recognition site visit of the program must occur prior to this review. If a program is conferred with the status of Initial Recognition with Warning for a second year, the program shall be required to have a recognition site visit prior to the end of the second year.

b. Information used by the Recognition Committee to confer a status decision may include but is not limited to:

   1. an updated recognition application;

   2. recognition Site Visit Report (if applicable);

   3. history of the Sponsoring Institution and/or program, as applicable;

20.30 Initial Recognition with Warning

20.31 Review of a Sponsoring Institution or Program with a Status of Initial Recognition with Warning

4. correspondence pertinent to the review;

5. public information deemed reliable; and,

6. additional information, as requested by the Recognition Committee.

c. Based on consideration of the information described in (b), the following options are available *prior* to conferring a recognition status include:

1. request a recognition site visit; or,

2. request additional information.

d. Available recognition status options:

1. Initial Recognition with Warning *(not an option for Sponsoring Institutions or programs that have had a status of Initial Recognition with Warning conferred twice)* (Policies 20.30-20.31)

2. Continued Recognition without Outcomes (Policies 20.40-20.41)

3. Continued Recognition (Policies 20.50-20.51)

4. Withdrawal of Recognition *(recognition site visit required before conferring this status)* (Policy 20.80)

e. Available action options *when* conferring a recognition status include:

1. issue, extend, or resolve a recognition citation(s); or,

2. issue an Area for Improvement(s) *(not applicable to status of Withdrawal of Recognition)*.

20.40 Continued Recognition without Outcomes

The recognition status of Continued Recognition without Outcomes shall be conferred on programs that demonstrate substantial compliance with the applicable Recognition Requirements after a period of Initial Recognition.

Additional Osteopathic Recognition-Specific Criteria:

For programs with Osteopathic Recognition, a status of Continued Recognition without Outcomes may be conferred if a program has not had designated osteopathic residents/fellows or a designated osteopathic resident/fellow that has completed the program since recognition was initially conferred.

Programs with a status of Continued Recognition without Outcomes are subject to recognition citations under Recognition requirements categorized as “Core” and “Detail.” Although programs with a status of Continued Recognition without Outcomes are not subject to recognition citations under “Outcome” requirements, they are expected to comply with those requirements, upon progression to the status of Continued Recognition.

A Recognition Committee shall confer an effective date of recognition that is the date of the decision.

20.41 Review of a Sponsoring Institution or Program with a Status of Continued Recognition without Outcomes

a. Timing of the Review and Site Visit

1. The Sponsoring Institution with Non-Standard Training Recognition shall be reviewed annually by the Review Committee. In rare circumstances, the Review Committee may defer the review of a Sponsoring Institution with Non-Standard Training Recognition in a given academic year.

   A recognition site visit may be scheduled at the time of the Sponsoring Institution’s site visit.

2. A program with Osteopathic Recognition shall be reviewed annually by the Recognition Committee. In rare circumstances, the Recognition Committee may defer the review of a program with recognition in a given academic year.

   A recognition site visit may be scheduled at the discretion of the Recognition Committee.

b. Information used by the Review or Recognition Committee to confer a status decision may include but is not limited to:

1. review of annual recognition data;

2. recognition Site Visit Report *(if applicable)*;

3. recognition history, as applicable;

20.40 Continued Recognition without Outcomes

20.41 Review of a Program with a Status of Continued Recognition without Outcomes

4. correspondence pertaining to the review;

5. public information deemed reliable; and,

6. additional information, as requested by the Review or Recognition Committee.

c. Based on consideration of the information described in (b), the following options are available *prior* to conferring a recognition status include:

1. request a recognition site visit; or,

2. request additional information.

d. Available recognition status options

Programs with Osteopathic Recognition with a status of Continued Recognition without Outcomes must not maintain the status longer than the length of the educational program plus one year, at which time the Recognition Committee must confer one of the following statuses:

1. Continued Recognition (Policies 20.50-20.51)

2. Continued Recognition with Warning (Policies 20.60-20.61)

3. Probationary Recognition *(recognition site visit required before conferring this status)* (Policies 20.70-20.71)

4. Withdrawal of Recognition *(recognition site visit required before conferring this status)* (Policy 20.80)

e. Available action options *when* conferring a recognition status include:

1. issue, extend, or resolve a recognition citation(s); or,

2. issue an Area for Improvement(s) *(not applicable for programs with a status of Probationary Recognition or Withdrawal of Recognition).*

20.50 Continued Recognition

A Review or Recognition Committee may confer a status of Continued Recognition on a Sponsoring Institution or program that upon review has demonstrated substantial compliance with the applicable Recognition Requirements.

Sponsoring Institutions and programs holding a status of Continued Recognition are subject to recognition review of Recognition requirements categorized as “Core” and “Outcome.”

A Review or Recognition Committee shall confer an effective date of recognition that is the date of the decision.

20.51 Review of a Sponsoring Institution or Program with a Status of Continued Recognition

a. Timing of review by the Review or Recognition Committee and Site Visit

    1. The Sponsoring Institution with Non-Standard Training Recognition shall be reviewed annually by the Review Committee. In rare circumstances, the Review Committee may defer the review of a Sponsoring Institution with Non-Standard Training Recognition in a given academic year.

       A recognition site visit may be scheduled at the time of the Sponsoring Institution’s site visit.

    2. A program with Osteopathic Recognition shall be reviewed annually by the Recognition Committee. In rare circumstances, the Recognition Committee may defer the review of a program with recognition in a given academic year.

       A recognition site visit may be scheduled at the discretion of the Recognition Committee.

b. Information used by the Review or Recognition Committee to confer a status decision may include but is not limited to:

    1. review of annual recognition data;

    2. recognition Site Visit Report (if applicable);

    3. recognition history of the Sponsoring Institution and/or program, as applicable;

    4. correspondence pertinent to the review;

    5. public information; and,

    6. additional information, as requested by the Recognition Committee.

20.50 Continued Recognition

20.51 Review of a Sponsoring Institution or Program with a Status of Continued Recognition

c. Based on consideration of the information described in (b), the following options are available *prior* to conferring a recognition status include:

   1. request a recognition site visit; or,

   2. request additional information.

d. Available recognition status options:

   1. Continued Recognition (Policies 20.50-20.51)

   2. Continued Recognition with Warning (Policies 20.60-20.61)

   3. Probationary Recognition *(recognition site visit required before conferring this status)* (Policies 20.70-20.71)

   4. Withdrawal of Recognition *(recognition site visit required before conferring this status)* (Policy 20.80)

e. Available action options *when* conferring a recognition status are:

   1. issue, extend, or resolve a recognition citation(s); or,

   2. issue an Area for Improvement(s) *(not applicable for Sponsoring Institutions or programs with a status of Probationary Recognition or Withdrawal of Recognition)*.

20.60 Continued Recognition with Warning

A Review or Recognition Committee may confer a status of Continued Recognition with Warning if it has determined that a Sponsoring Institution or program has areas of non-compliance with the applicable Recognition Requirements that may jeopardize its recognition status.

Sponsoring Institutions and programs holding a status of Continued Recognition with Warning are subject to recognition review of all Recognition Requirements (Detail, Core, and Outcome).

A Review or Recognition Committee shall confer an effective date of recognition that is the date of the decision.

20.61 Review of a Sponsoring Institution or Program with a Status of Continued Recognition with Warning

a. Timing of review by the Review or Recognition Committee and Site Visit

   1. The Sponsoring Institution with Non-Standard Training Recognition shall be reviewed annually by the Review Committee. In rare circumstances, the Review Committee may defer the review of a Sponsoring Institution in a given academic year.

      A recognition site visit may be scheduled at the time of the Sponsoring Institution's site visit.

   2. A program with Osteopathic Recognition shall be reviewed annually by the Recognition Committee. In rare circumstances, the Recognition Committee may defer the review of a program in a given academic year.

      A recognition site visit may be scheduled at the discretion of the Recognition Committee.

b. Information used by the Review or Recognition Committee to confer a status decision may include but is not limited to:

   1. review of annual recognition data;

   2. recognition Site Visit Report (if applicable);

   3. recognition history of the Sponsoring Institution and/or program, as applicable;

   4. correspondence pertinent to the review;

   5. public information; and,

   6. additional information, as requested by the Recognition Committee.

20.60 Continued Recognition with Warning

20.61 Review of a Sponsoring Institution or Program with a Status of Continued Recognition with Warning

c. Based on consideration of the information described in (b), the following options are available *prior* to conferring a recognition status include:

1. request a recognition site visit; or,

2. request additional information.

d. Available recognition status options are:

1. Continued Recognition (Policies 20.50-20.51)

2. Continued Recognition with Warning (Policies 20.60-20.61)

3. Probationary Recognition *(recognition site visit required before conferring this status)* (Policies 20.70-20.71)

4. Withdrawal of Recognition *(recognition site visit required before conferring this status)* (Policy 20.80)

e. Available action options *when* conferring a recognition status are:

1. issue, extend, or resolve a recognition citation(s); or,

2. issue an Area for Improvement(s) *(not applicable for Sponsoring Institutions or programs with a status of Probationary Recognition or Withdrawal of Recognition)*.

20.70 Probationary Recognition

A Review or Recognition Committee may confer a status of Probationary Recognition if it has determined that a Sponsoring Institution or program has failed to demonstrate substantial compliance with the applicable Recognition Requirements confirmed by the findings of a recognition site visit. Probationary Recognition is an adverse recognition decision and is subject to appeal (Section 17.00).

Sponsoring Institutions and programs holding a status of Probationary Recognition are subject to recognition review of all Recognition Requirements (Detail, Core, and Outcome).

Probationary status of a Sponsoring Institution or program shall not exceed two consecutive annual reviews, at which point the Sponsoring Institution or program must achieve a status of Continued Recognition or Continued Recognition with Warning, or its recognition shall be withdrawn.

Osteopathic Recognition Programs Only

All applicants invited to interview with the program and any residents/fellows accepted into program with a status of Probationary Recognition must be notified in writing of the probationary status.

A Review or Recognition Committee shall confer an effective date of recognition that is the date of the decision.

20.70 Probationary Recognition

20.71 Review of a Sponsoring Institution or Program with a Status of Probationary Recognition

a. Timing of review by the Review or Recognition Committee and Site Visit

   1. The Sponsoring Institution with Non-Standard Training Recognition shall be reviewed annually, and a site visit must be scheduled prior to each review while on Probationary Recognition. A Sponsoring Institution's time on Probationary Recognition shall not exceed two consecutive annual reviews.

   2. A program with Osteopathic Recognition shall be reviewed annually, and a site visit must be scheduled prior to each review while on Probationary Recognition. A program's time on Probationary Recognition shall not exceed two consecutive annual reviews.

b. Information used by the Review or Recognition Committee to confer a status decision may include but is not limited to:

   1. review of annual recognition data;

   2. recognition Site Visit Report;

   3. recognition history of the Sponsoring Institution and/or program, as applicable;

   4. correspondence pertinent to the review;

   5. public information; and,

   6. additional information, as requested by the Recognition Committee.

c. Based on consideration of the information described in (b), the following options are available *prior* to conferring a recognition status include:

   1. request a recognition site visit; or,

   2. request additional information.

d. Available recognition status options include:

   1. Continued Recognition (Policies 20.50-20.51)

   2. Continued Recognition with Warning (Policies 20.60-20.61)

   3. Probationary Recognition *(recognition site visit required before conferring this status)* (Policies 20.70-20.71)

   4. Withdrawal of Recognition *(recognition site visit required before conferring this status)* (Policy 20.80)

20.70 Probationary Recognition

20.71 Review of a Sponsoring Institution or Program with a Status of Probationary Recognition

e. Available action options *when* conferring a recognition status include:

1. issue, extend, or resolve a recognition citation(s);

2. issue an Area for Improvement(s) *(not applicable for Sponsoring Institutions or programs with a status of Probationary Recognition or Withdrawal of Recognition)*; or,

20.80 Withdrawal of Recognition

a. A Review Committee may confer a Sponsoring Institution with Non-Standard Training Recognition a status of Withdrawal of Recognition if it has determined that a Sponsoring Institution has failed to demonstrate substantial compliance with the applicable Recognition Requirements based upon the findings of a recognition site visit. Withdrawal of Recognition is an adverse recognition decision and is subject to appeal (Policy 20.00.b.).

   The effective date of the Withdrawal of Recognition shall be determined by the Review Committee. The effective date shall be June 30 of the current academic year, June 30 of the following academic year, or, at the discretion of the Review Committee to allow for academic year completion of any off-cycle residents, a date within the following academic year.

b. A Recognition Committee may confer a program with Osteopathic Recognition a status of Withdrawal of Recognition if it has determined that a program with recognition has failed to demonstrate substantial compliance with the applicable Recognition Requirements based upon the findings of a recognition site visit. Withdrawal of Recognition is an adverse recognition decision and is subject to appeal (Policy 22.00.b.).

   The effective date of the Withdrawal of Recognition shall be determined by the Recognition Committee. The effective date shall be June 30 of the current academic year, June 30 of the following academic year, or, at the discretion of the Recognition Committee to allow for academic year completion of any off-cycle residents, a date within the following academic year.

20.81 Responsibilities of the Sponsoring Institution or Program upon Withdrawal of Recognition

Osteopathic Recognition Programs Only

No new residents or fellows may enter a designated osteopathic position in the program after the effective date of Withdrawal of Recognition regardless of the program's intent to appeal.

Upon the program's receipt of the notification of Withdrawal of Recognition, all applicants invited to interview and residents/fellows accepted into or enrolled in the program must be notified in writing of the withdrawal and its effective date. This notification must include confirmation that residents/fellows will be permitted to leave the program following the effective date of Withdrawal of Recognition, regardless of whether the program appeals the decision.

The Sponsoring Institution of a program with a status of Withdrawal of Recognition should facilitate the transfer of current and accepted designated osteopathic residents and fellows if they wish to be placed in other ACGME-accredited programs with Osteopathic Recognition. The program must notify current and accepted designated osteopathic residents/fellows of the program's support of their transfer if it is the choice of the resident/fellow.

A copy of the written notice provided to the applicants and residents/fellows must be uploaded into the Accreditation Data System (ADS) within 30 days of Withdrawal of Recognition decision notification.

20.80 Withdrawal of Recognition

20.81 Responsibilities of the Sponsoring Institution or Program upon Withdrawal of Recognition

Non-Standard Training (NST) Programs Only

No new trainees may enter the program(s) after the effective date of Withdrawal of Recognition.

Upon the Sponsoring Institution's receipt of the notification of Withdrawal of Recognition, all applicants invited to interview, and trainees accepted into or enrolled in the institution's Non-Standard Training the program(s) must be notified in writing of the withdrawal and its effective date. This notification must include confirmation that trainees will be permitted to leave the program(s) following the effective date of Withdrawal of Recognition, regardless of whether the Sponsoring Institution appeals the decision.

A copy of the written notice provided to the applicants and trainees must be uploaded into ADS within 30 days of Withdrawal of Recognition decision notification.

20.82 Reapplication After Withdrawal of Recognition

A Sponsoring Institution or program may reapply for recognition before or after the effective date of Withdrawal of Recognition.

If a Sponsoring Institution or program reapplies for recognition before or within 24 months after the effective date of Withdrawal of Recognition, its recognition history and its reapplication shall be considered by the Review or Recognition Committee. In its reapplication, the Sponsoring Institution or program must include a response to each previous citation that forms the basis of the withdrawal.

20.90 Voluntary Withdrawal of Recognition

Both Sponsoring Institutions and programs may request Voluntary Withdrawal of Recognition if the applicable Review or Recognition Committee has not already conferred a status of Recognition Withdrawn. The recognition status of the Sponsoring Institution or program may then only be altered through an appeal.

A Voluntary Withdrawal of Recognition request for a Sponsoring Institution or program must be submitted by the designated institutional official through the Accreditation Data System (ADS) after approval by the Graduate Medical Education Committee.

Sponsoring Institutions or programs may not request reversal of the action after it has been processed by the Review or Recognition Committee (regardless of the proposed effective date. If the Review or Recognition Committee has conferred a status of Withdrawal of Recognition, the Sponsoring Institution or program may not request Voluntary Withdrawal of Recognition. The recognition status of the Sponsoring Institution or program conferred by the Review or Recognition Committee may be altered only through an appeal.

The requested effective date of the Voluntary Withdrawal of Recognition shall be June 30 of the current academic year.

20.91 Responsibilities of the Sponsoring Institution or Program upon a Request for Voluntary Withdrawal

When a request for Voluntary Withdrawal of Recognition is made by a program with Osteopathic Recognition, the program must:

a. notify in writing all applicants invited to interview with and residents/fellows accepted into or enrolled in the program. This notification must be provided to the ACGME Executive Director of the Osteopathic Recognition Committee via email at the time the voluntary withdrawal request is made in ADS; and,

b. support the transfer of designated osteopathic residents/fellows who seek to transfer to another ACGME-accredited program with Osteopathic Recognition and notify them of this support in writing; this notification must also be provided to the ACGME Executive Director of the Osteopathic Recognition Committee at the time the voluntary withdrawal request is made in ADS.

20.92 Reapplication After Voluntary Withdrawal of Recognition

If, after recognition has been voluntarily withdrawn, a Sponsoring Institution or program reapplies for recognition within 24 months of the effective date of the Voluntary Withdrawal, the applicable recognition history and the reapplication shall be considered by the Review or Recognition Committee. In its reapplication, the Sponsoring Institution or program must include a response to each recognition active citation active on the date of Voluntary Withdrawal of Recognition.

20.100 Administrative Withdrawal of Recognition

If recognition is withdrawn from a Sponsoring Institution or program, as applicable to the recognition, the status of Administrative Withdrawal of Recognition will be automatically conferred by the Review or Recognition Committee. The recognition status of the Sponsoring Institution or program may be altered only through an appeal.

The effective date of Administrative Withdrawal of Recognition will coincide with the effective date of the recognition decision conferred by the applicable Review or Recognition Committee.

A status of Administrative Withdrawal of Recognition may not be appealed.

20.101 Reapplication After Administrative Withdrawal of Recognition

If a Sponsoring Institution or program reapplies for recognition within two years after the effective date of Administrative Withdrawal of Recognition, the recognition history of the Sponsoring Institution or program shall be considered. The Sponsoring Institution or program shall include with the new application a statement addressing each active citation at the time of Administrative Withdrawal of Recognition.

21.00 Appeals of Adverse Recognition Actions

21.10 Adverse Recognition Actions

The following recognition actions are considered adverse and may be appealed under this section with the exception of an adverse action made by the ACGME Board under the Alleged Egregious Violation Event policy (Policy 22.00).

- Recognition Withheld (Policies 20.10-20.12)
- Probationary Recognition (Policies 20.70-20.71)
- Withdrawal of Recognition (Policy 20.80)

21.20 Procedures for an Adverse Recognition Action

a. When a Recognition Committee confers an adverse action, it shall issue a Letter of Notification which shall include the citations that form the basis for the adverse action and a copy of the Site Visit Report, if applicable.

b. For an adverse action for a Sponsoring Institution, the Letter of Notification shall be provided to the designated institutional official (DIO). For an adverse action for a program, the letter of notification will be provided to the program director with a copy to the DIO. Sponsoring Institutions and programs may appeal adverse actions; otherwise, an adverse action is final.

c. Procedures Specific to Osteopathic Recognition

1. All applicants invited to interview with, and residents/fellows accepted into and or enrolled in a program with an adverse recognition status must be notified in writing of the status and its effective date.

2. No new residents or fellows may enter a designated osteopathic position in a program with the status of Withdrawal of Recognition regardless of the intent to appeal.

3. The Sponsoring Institution of a program with a status of Withdrawal of Recognition should facilitate the transfer of current and accepted osteopathic designated residents and fellows if they wish to be placed in other ACGME-accredited programs with Osteopathic Recognition.

4. A copy of the correspondence provided to the residents or fellows must be uploaded into ADS within 50 days of an adverse recognition decision notification.

21.30 Procedures for Appeal of Adverse Recognition Actions

If a Recognition Committee confers an adverse action, the Sponsoring Institution or program may request a hearing before an Appeals Panel. If a written request for such a hearing is not received in the Accreditation Data System (ADS) within 30 days of receipt by the Sponsoring Institution or program of the Letter of Notification of the adverse recognition action, the action of the Recognition Committee shall be deemed final and not subject to further appeal.

a. Appointment of the Appeals Panel

   If a hearing is requested, an Appeals Panel shall be appointed according to the following procedures:

   1. The ACGME shall maintain a list of qualified persons as potential members for appointment to Appeals Panels.

   2. For a given hearing, the Sponsoring Institution or program shall receive a copy of the list of potential Appeals Panel members and shall have an opportunity to delete a maximum of one-third of the names from this list. Within 15 days of receipt of this list, the Sponsoring Institution or program shall submit its revised list as directed in the letter acknowledging the appeal.

   3. A three-member Appeals Panel shall be constituted by the ACGME from among the remaining names on the list.

b. When a hearing is requested, the following policies and procedures shall apply:

   1. When a Sponsoring Institution or program requests a hearing before an Appeals Panel, the Sponsoring Institution or program holds the recognition status determined by the Recognition Committee with the addition of the term “under appeal for recognition.” This status shall remain in effect until the ACGME makes a final determination on the recognition status of the Sponsoring Institution or program following the appeal process.

   2. Hearings conducted in conformity with these procedures shall be held at a time and place to be determined by the ACGME. At least 25 days prior to its hearing, the Sponsoring Institution or program shall be notified of the time and place of the hearing.

   3. The Sponsoring Institution or program shall be given the documents comprising the record of the Recognition Committee’s action.

   4. The documents comprising the record of the Recognition Committee’s action, together with oral and written presentations to the Appeals Panel, shall be the basis for the final recommendations of the Appeals Panel.

5. The Appeals Panel shall meet to review the written record and receive the presentations. The Recognition Committee shall be notified of the hearing and a representative of the Recognition Committee shall attend the hearing.

6. Proceedings before an Appeals Panel are not of an adversarial nature as typical in a court of law, but rather provide an administrative mechanism for peer review of the recognition decision. The Appeals Panel shall not be bound by technical rules of evidence usually employed in legal proceedings.

7. The appellant may be represented by no more than five individuals at the hearing.

8. Presentations shall be limited to clarifications of the record focusing on information addressing:

   a) compliance with the applicable published Recognition Requirements at the time of the Recognition Committee's review and conferral of the adverse action, and

   b) the review of the Sponsoring Institution or program according to the applicable procedures.

9. Presentations may include written and oral elements. Any information, including presentations and audio/visual and written materials, must be provided to the ACGME a minimum of 10 business days prior to the hearing.

   The order of presentations shall be:

   a) The appellant shall make an initial presentation to the Appeals Panel, which shall be limited to two hours.

   b) The Recognition Committee representative shall make a presentation to the Appeals Panel, which shall be limited to one hour.

   c) The appellant may make a presentation to the Appeals Panel in response to the Recognition Committee representative's presentation, which shall be limited to one hour.

   d) The Appeals Panel may ask questions of the appellant and/or the Recognition Committee representative for up to one hour.

   e) The appellant may make a closing statement, which shall be limited to fifteen minutes.

10. The Appeals Panel shall not consider any changes in the Sponsoring Institution or program or descriptions of the Sponsoring Institution or program that were not in the record at the time the Recognition Committee reviewed it and conferred the adverse action.

11. The appellant shall not communicate with the Appeals Panel before or after the hearing.

12. The Appeals Panel shall make recommendations to the ACGME Board as to whether substantial, credible, and relevant evidence exists to support the action taken by the Recognition Committee in the matter under appeal. The Appeals Panel shall, in addition, make recommendations as to whether there has been substantial compliance with the administrative procedures that govern the recognition process.

13. The Appeals Panel may recommend upholding the Recognition Committee's decision or restoring the Sponsoring Institution or program to its previous recognition status or, in the case of Recognition Withheld, conferring Initial Recognition.

14. The Appeals Panel shall submit its recommendation to the ACGME Board within 20 days of the hearing. The ACGME Board shall act on the appeal at its next regularly scheduled meeting.

15. The decision of the ACGME Board in this matter shall be final. There is no provision for further appeal.

16. The President and Chief Executive Officer of the ACGME shall, within 15 days of the final decision, notify the appellant of the decision of the ACGME Board.

17. The appellant is fully responsible for the Appeal Fee as set by the ACGME. Expenses of the Appeals Panel members and the associated administrative costs shall be shared equally by the appellant and the ACGME.

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22.00 Procedure for Alleged Egregious Events

22.10 Alleged Egregious Events

a. The occurrence of an alleged egregious accreditation violation affecting one or more Sponsoring Institutions or programs must be reported to the ACGME President and Chief Executive Officer. Individuals involved in graduate medical education have a professional responsibility to report such matters promptly.

b. Upon receipt of a report of an alleged egregious accreditation violation, the ACGME President and Chief Executive Officer shall initiate an investigation to determine credibility, degree of urgency, and course of action. The investigation may include:

   1. an accreditation site visit;

   2. a request for information from the Sponsoring Institution(s) and/or program(s); and/or,

   3. other methods of investigation.

c. Upon investigation, the ACGME President and Chief Executive Officer may:

   1. refer the matter to the appropriate Review Committee(s) for action in the judgment of the Review Committee(s);

   2. refer the matter to the appropriate Review Committee(s) with recommendation(s) for action;

   3. request one or more status reports from the Sponsoring Institution and/or program;

   4. otherwise address the matter, at the ACGME President and Chief Executive Officer's discretion; and/or,

   5. initiate consultation, as described in d. below, that may lead to an accreditation decision by the ACGME Board.

d. When the President and Chief Executive Officer of the ACGME determines that the matter may require an accreditation decision by the ACGME Board, the following procedures shall be followed:

   1. The President and Chief Executive Officer of the ACGME shall consult with the ACGME Board Chair and the Chair of the Council of Review Committee Chairs.

      Upon consultation, the President and Chief Executive Officer of the ACGME may:

      a) conduct an investigation as described in above,

      b) proceed as described in c.1.-5. Above; and/or,

c) refer the matter to the Executive Committee of the ACGME Board for consideration at its next regular meeting, or at a meeting specifically convened to address the matter.

2. If the matter is referred to the Executive Committee, the Executive Committee shall make a recommendation to the ACGME Board for its final disposition of the matter, which may include, without limitation, a change in accreditation status as provided in Policy 19.00, or other action.

3. If an adverse accreditation decision is conferred by the ACGME Board, the Sponsoring Institution(s) or program(s) may request reconsideration by the ACGME Board. This request must be made in writing to the President and Chief Executive Officer of the ACGME within 30 days of receipt of written notification of the decision. The result of the reconsideration shall be final.

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23.00 ACGME Policy and Procedures to Address Extraordinary Circumstances

The ACGME may invoke the Extraordinary Circumstances policy in response to circumstances that significantly disrupt the ability of a Sponsoring Institution and/or its program(s) to support graduate medical education in compliance with applicable ACGME requirements. Extraordinary Circumstances may impact a Sponsoring Institution or program or have a regional or national impact. Examples of extraordinary circumstances include, but are not limited to, abrupt closure of a hospital or other essential clinical site resulting from a natural disaster; a catastrophic loss of funding; acts of terrorism or cyberterrorism; and loss of infrastructure or acute and prolonged health system disruption during epidemics or pandemics. The ACGME shall consider invocation of the Extraordinary Circumstances policy (1) at the request of a Sponsoring Institution's or program's designated institutional official (2) in response to verified public information, or (3) on the basis of other information received by the ACGME.

23.10 ACGME Declaration of Extraordinary Circumstances

Upon receipt of information that suggests a potential Extraordinary Circumstance, the ACGME President and Chief Executive Officer may initiate an investigation to determine credibility, degree of urgency, and/or course of action, or proceed immediately to consideration of declaration of extraordinary circumstance.

An investigation may include:

a. an accreditation site visit;

b. a request for information from the Sponsoring Institution and/or programs(s); and/or,

c. other methods of inquiry, including, but not limited to, a site visit that may include exchange of information that addresses the continuation of residents'/fellows' educational experiences in compliance with applicable ACGME Requirements.

If the ACGME President and Chief Executive Officer, in consultation with the ACGME Board Chair, determines that a Sponsoring Institution's or program's ability to support graduate medical education in compliance with applicable ACGME Requirements has been significantly disrupted, the ACGME President and Chief Executive Officer shall invoke the Extraordinary Circumstances policy. Based on the severity and generalizability of the Extraordinary Circumstance, the ACGME administration may recommend emergency standards and/or other procedures to the ACGME Executive Committee and the ACGME Board for approval. Programs operating under Extraordinary Circumstances must comply with these ACGME Extraordinary Circumstances requirements as applicable.

Upon invocation of the Extraordinary Circumstances policy, a notice may be posted on the ACGME website with information relating to the ACGME's response to the extraordinary circumstances.

23.20 Sponsoring Institutions

When the Extraordinary Circumstances policy is invoked, the designated institutional official (DIO), or designee(s), on behalf of the affected Sponsoring Institution or program(s), shall:

a. contact the ACGME President and Chief Executive Officer, or designee, to provide preliminary information regarding any major changes to the Sponsoring Institution and its programs resulting from the extraordinary circumstances within 10 days of the invocation of the policy;

b. provide a plan describing the continuation of residents'/fellows' educational experiences and any major changes to the Sponsoring Institution and its programs, consistent with the applicable ACGME Requirements, to the ACGME President and Chief Executive Officer within 30 days of the invocation of the policy, unless another due date is approved by the ACGME;

c. as needed, arrange timely reassignment of residents and fellows, including their temporary or permanent transfers to other ACGME-accredited programs to ensure they can continue their education;

d. ensure that residents and fellows are prospectively informed of the estimated duration of any temporary transfer to another ACGME-accredited program; and,

e. ensure that residents/fellows continually receive timely information regarding reassignments, transfer arrangements, and/or major changes to the Sponsoring Institution or its programs.

23.30 Program Expectations and Reporting Requirements

Programs operating under the Extraordinary Circumstances policy must continue to assess residents/fellows in all six Core Competencies, and such assessments must form the basis for decisions regarding promotion to subsequent appointment levels or satisfaction of requirements for program completion. Programs must follow the principles of competency-based medical education to make determinations regarding the assessment of the residents'/fellows' readiness to progress to the next year of education and training or to enter autonomous practice. Individualized learning plans must be utilized to ensure adequate progression through the required elements of the program.

The Review Committee and/or the ACGME, as applicable, will inform the Sponsoring Institution(s) and program(s) of:

1) reporting requirements related to the impact of the extraordinary circumstance on the educational program(s) and the progress of the program(s) toward resuming normal operations; and,

2) the maximum length of time the program(s) may operate under extraordinary circumstances. At the end of this time period, the program(s) must demonstrate substantial compliance with the applicable ACGME Requirements. At the discretion of the Review Committee, a site visit may be conducted and, if the Review Committee does not determine substantial compliance with ACGME Requirements, the program(s) will be subject to an adverse accreditation action including, but not limited to, Withdrawal of Accreditation.

23.40 Resident/Fellow Transfers and Program Changes

Sponsoring Institutions and programs must minimize disruption to resident/fellow education due to extraordinary circumstances and must consider the preferences of residents/fellows when arranging temporary or permanent transfers to other ACGME-accredited programs.

Programs must appoint transferring residents/fellows to approved positions and may request temporary or permanent increases in resident/fellow complement from their respective ACGME Review Committees through the Accreditation Data System (ADS). Under extraordinary circumstances, the ACGME Review Committees shall expedite their review of requests for temporary or permanent complement increases.

An ACGME Review Committee shall expedite review of a program's request to add or delete participating sites or to change its educational format if the request is associated with a declaration of extraordinary circumstances.

At its discretion, the ACGME may determine a schedule for expedited review of applications for new programs that intend to accept transferring residents/fellows under extraordinary circumstances. If applications will be reviewed on an expedited basis, notice of the expedited review, including information about submission due date(s), shall be provided on the ACGME website.

23.50 Site Visits

Upon invocation of the Extraordinary Circumstances policy, the ACGME may determine that one or more accreditation site visits is required. Prior to the visit(s), the designated institutional official(s) shall receive notification of the advance information that will be required. This information, as well as information received by the ACGME during these accreditation site visits, may be used in the accreditation process (Policies 16.20-16.24; 19.30-19.34).

23.60 Notifying Public Entities

Depending on the nature and impact of the extraordinary circumstances, the ACGME President and Chief Executive Officer may communicate with relevant public entities

24.00 ACGME Policy for Granting Rotation-Specific Clinical and Educational Work Hour Exceptions

Programs may apply to a Review Committee for a rotation-specific maximum 10 percent increase in the 80-hour per week clinical and educational work hour limit. Each Review Committee may decide that it will not consider any requests for exception. Information on whether a Review Committee grants an exception to the 80-hour limit can be found in the specialty-specific Program Requirements.

The Graduate Medical Education Committee must review and formally endorse a request for an exception under this policy. The endorsement must be indicated by the signature of the designated institutional official.

If approved, such an exception will be reviewed annually by the Review Committee.

25.00 Non-Compliance Reports Regarding Sponsoring Institutions and Programs

25.10 Non-Compliance Reports

Reports of alleged non-compliance with ACGME requirements can be used to inform the ACGME's accreditation and/or recognition functions. Individuals with knowledge of a Sponsoring Institution's or program's non-compliance with accreditation or recognition requirements may submit a non-compliance report through an online form. The ACGME shall determine if the report is within the ACGME's scope and will process the report accordingly.

Sponsoring Institutions and programs accredited or recognized by the ACGME are expected to comply with all applicable ACGME requirements. The ACGME and its committees address only matters regarding Sponsoring Institution and program substantial compliance with ACGME requirements. The ACGME does not adjudicate disputes between individual residents, fellows, or faculty members and Sponsoring Institutions or programs regarding Sponsoring Institution/program decisions about admission, appointment, contract, education and training credit, promotion, disciplinary action, or dismissal.

25.11 Confidentiality of Individuals

The ACGME shall take steps to keep the identity of any individual(s) reporting potential non-compliance with requirements confidential, except when a reporter specifically waives the right to confidentiality or as required by law.

In some cases, an allegation is tied so closely to an individual that the Sponsoring Institution and/or program cannot provide a comprehensive response without knowing the identity of that person. Under these circumstances, the ACGME may require a reporter's consent to disclose the reporter's identity in order to proceed with the investigation process.

25.12 Confidentiality of Sponsoring Institutions' and Programs' Responses to Non-Compliance Reports

The ACGME shall maintain confidentiality of a Sponsoring Institution's and/or program's response to a non-compliance report submitted to the ACGME unless otherwise required by law.

25.20 Submission of Non-Compliance Reports

Anyone having knowledge of non-compliance with accreditation or recognition requirements by a Sponsoring Institution or program may submit a non-compliance report to the ACGME. However, before a non-compliance report is submitted, the reporter should first utilize the available Sponsoring Institution or program resources to report and resolve the issue(s) unless there is a valid reason for not doing so. Reports of non-compliance must be submitted in writing and should bear the name and contact information of the reporter(s). The ACGME will accept non-compliance reports for allegations of non-compliance that occurred in the current or immediately preceding academic year. The ACGME will evaluate and determine if there is sufficient information and if the allegations in the report fall within the ACGME's scope to pursue and further investigate the report.

25.30 Review and Recognition Committee Action for Non-Compliance Reports

The applicable committee(s) shall review a non-compliance report and the Sponsoring Institution or program response and shall determine whether the Sponsoring Institution or program is in substantial compliance with the applicable ACGME requirements. The committee may decide to take no further action or to process as described in Policies 17.00, which may include requesting additional information and/or a site visit.

Following consideration by a committee, the designated institutional official and, when applicable, the program director shall be informed, in writing, of the committee's decision in an official Letter of Notification. The ACGME shall inform the reporter that the report has been reviewed by the relevant committee.

Reporters may access Sponsoring Institution and/or program information that is publicly available on the ACGME website, including, site visit dates and accreditation/recognition statuses.

25.40 Office of the Ombudsperson

The Office of the Ombudsperson functions as an impartial party and offers a safe space to raise concerns about graduate medical education (GME)-related issues. Staff members listen, educate, and, when possible, help to locate resources to assist in the resolution of GME-related issues.

The Office of the Ombudsperson offers an opportunity to report issues about Sponsoring Institutions and programs without impacting their accreditation or recognition status. Allegations presented to this office must be within the scope of the ACGME's accreditation or recognition oversight.

If concerned parties have attempted to utilize available local resources without finding a resolution, they may contact the Office of the Ombudsperson. When appropriate, a staff member shall work with the Sponsoring Institution to request an internal inquiry to further explore the issues raised. The Sponsoring Institution shall be asked to collaboratively create an action plan to address GME-related issues that may be validated through this exploration. The Sponsoring Institution shall then submit a report to the Office of the Ombudsperson detailing the review and the proposed solutions or action plans that may result.

The Office of the Ombudsperson does not render accreditation or recognition decisions or provide information to the ACGME committees. The Office of the Ombudsperson does not conduct formal investigations or make judgements in disputes between individuals and Sponsoring Institutions and/or programs and does not participate in any formal grievance process or offer opinions about institutional or program administrative decisions.

If GME-related issues cannot be resolved satisfactorily through the Office of the Ombudsperson, reporting parties may raise allegations of non-compliance with ACGME requirements by submitting a non-compliance report (Policies 25.10-25.30).

If information is shared with the Office of the Ombudsperson that implicates safety, crime, or other matters deemed egregious, the matter may be referred and addressed outside the Office of the Ombudsperson, including, but not limited to, addressing the matter as a non-compliance report.

25.41 Confidentiality of Individuals

The ACGME shall take steps to keep the identity of any reporting party confidential to the extent possible in light of the need to take appropriate action, when a party specifically waives the right to confidentiality, or as required by law. The Office of the Ombudsperson may request permission to identify the individual(s) to the Sponsoring Institution and/or program in order to advocate for fair process and to identify options and strategies for resolution about the actions taken in response to a report, and also to contact the individual(s) if additional information is needed.

25.42 Confidentiality of Sponsoring Institutions' and Programs' Responses to the Office of the Ombudsperson

The ACGME shall maintain the confidentiality of a Sponsoring Institution's and/or program's response(s) submitted to the Office of the Ombudsperson, unless otherwise required by law.

25.50 Submission of Reports to the Office of the Ombudsperson

Before contacting the Office of the Ombudsperson, parties should attempt to resolve issues by utilizing all resources available in the Sponsoring Institution and program unless there is a valid reason for not doing so.

Parties wishing to report GME-related issues may call the Office of the Ombudsperson if they have questions or wish to first discuss the issues or process before filing a report. Requests for the Office of the Ombudsperson to initiate an internal inquiry with a Sponsoring Institution, however, should be submitted by email to ombuds@acgme.org.

The Office of the Ombudsperson must have a way to communicate with those who submit reports. Anonymous emails are accepted, but the ability to respond and create a dialogue is essential.

Emailed reports should include the following:

a. a brief summary of the issues, including steps taken to attempt a resolution, if applicable;

b. name, city, and state of the Sponsoring Institution or program; and,

c. contact information for the reporting party.

Only reports of alleged issues that occurred in the current and immediately preceding academic year may be considered.

25.60 Office of the Ombudsperson Action for Addressing Reports of Graduate Medical Education-Related Issues

Office of the Ombudsperson personnel shall have initial discussions with parties who contact the office (by email) to inform them about the mechanisms available for reporting issues (including submitting a non-compliance report). When the concerned parties have confirmed they wish to work through the Office of the Ombudsperson, discussions can continue and official reports can be submitted. Office of the Ombudsperson personnel listen, provide options and available resources to assist in the resolution of GME-related issues, and, when appropriate, request internal inquiries of the Sponsoring Institution to further explore and resolve issues.

26.00 Advancing Innovation in Residency Education (AIRE)

The implementation of the accreditation process offers an opportunity to help catalyze, acknowledge, and highlight innovation in graduate medical education. While the current Program Requirements provide substantial flexibility to test new educational and assessment approaches, the ACGME anticipates the potential need to offer waivers from compliance with selected requirements to further foster innovation in graduate medical education. Additional discussion of AIRE is maintained on the ACGME website.

26.10 AIRE Goals and Objectives

The overarching goal of AIRE is to catalyze greater innovation in residency and fellowship education programs that improves the quality and safety of health care delivered by graduates of those programs. To help achieve this goal the ACGME has a program process to review and approve proposal for pilot programs with the aims of:

a. enabling the exploration of novel approaches and pathways in graduate medical education;

b. enhancing the attainment of educational and clinical outcomes through innovative structure and processes in resident and fellowship education; and,

c. encouraging the incorporation of the following key principles and characteristics of competency-based medical education (CBME) and outcomes into resident and fellow education.

26.20 AIRE Principles and Characteristics

a. Principles

1. Competencies are role-derived, specified in behavioral terms and made public.

2. Assessment criteria are competency-based and specify what constitutes a master-level of achievement.

3. Assessment requires performance as the prime evidence but also takes knowledge into account.

4. Individual learners' progress is dependent on demonstrated competence.

5. The instructional program facilitates development and evaluation of the specific competencies.

26.20 AIRE Principles and Characteristics

b. AIRE Characteristics

1. Learning is individual;

2. Feedback to the learner is critical;

3. Emphasis is more on the exit criteria than on the admission criteria;

4. Competency-based medical education requires a systematic program (approach);

5. Training is modularized; and,

6. Both the learner and the program have accountability.

26.30 Review Committee Approval Program Requirement Waivers

Applications for AIRE pilots must include:

a. The duration of the approval will depend on the nature of the innovation, and submitting programs applications should clearly specify the rationale for the requested duration.

b. The method of monitoring (e.g., progress reports, updates) will be determined by the Research Unit staff at the ACGME in collaboration with the Review Committee. At and at a minimum, monitoring must include yearly program updates and performance by the residents or fellows on the Milestones.

c. Supporting evidence from the program of assessment developed to support the innovative pathway must be specified provided in the proposal.

Research has demonstrated that effectively performed group process leads to better judgments and decisions. ACGME recommends that proposals should include robust and innovative approaches to group decision making as part of the proposal.

The Review Committee Executive Director will provide official notification to the program director and designated institutional official of the Review Committee's decision.

26.40 Use of Milestones in the Innovation Pilots

While the use of the ACGME Milestones in AIRE pilots is required as a component of the pilot proposal, the current version of the Milestones has not been sufficiently studied to support using the Milestones as the sole mechanism regarding decisions around resident/fellow progression in an educational program.

26.50 Submission of Proposals

Proposals must be submitted to the ACGME Department of Research, Milestone Development, and Evaluation. All required information must be provided and complete before the proposal shall be considered. AIRE information, including forms for submitting proposals, can be found on the ACGME website.