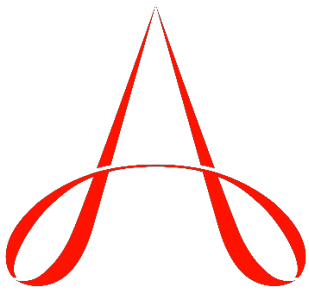

Accreditation Council for Graduate Medical Education

Glossary of Terms

June 17, 2026

ACGME Glossary of Terms

Accreditation status: The official decision made by a Review Committee based on its review and assessment of a Sponsoring Institution's or program's compliance with the applicable requirements. *See ACGME Policies and Procedures, Policies 17.00-17.300.*

Adverse action: An accreditation or recognition action resulting from a Review or Recognition Committee's determination of substantial non-compliance with the applicable Program or Recognition Requirements. *See ACGME Policies and Procedures, Policies 17.10-17.12, 17.70-17.71, 17.90-17.91, 17.100-17.102, 17.500, 20.10-20.12, 20.70-20.71, and 20.80.*

Alleged egregious event: The occurrence of an alleged accreditation violation affecting a Sponsoring Institution or program determined by the President and Chief Executive Officer (or designee) of the ACGME to be of sufficient importance and urgency to require a rapid response. *See ACGME Policies and Procedures, Policies 22.00-22.10.*

Applicant: An individual invited to interview with a graduate medical education program.

At-home call (pager call): Call taken from outside the assigned site. *See Common Program Requirements 6.28.-6.28.a.*

Attending physician: The single identifiable physician ultimately responsible and accountable for an individual patient's care, who may or may not be responsible for supervising residents or fellows.

Categorical resident: A resident who enters a program that begins in the PGY-1 and that provides the required education and training to be eligible for specialty board certification.

Certification: The official attestation by a specialty certifying board of an individual physician's knowledge and skills relative to the provision of high-quality care in a particular specialty or subspecialty, generally following successful completion of one or more examinations. The ACGME does not provide certification services.

Citation: A finding of a Review or Recognition Committee that a Sponsoring Institution or program has failed to comply substantially with a particular accreditation or recognition requirement.

Clinical Competency Committee (CCC): A required body comprising three or more members of the active teaching faculty, including at least one core faculty member, that is advisory to the program director and reviews the progress of all residents or fellows in the program. *See Common Program Requirements, Section 5.3.*

Clinical and educational work hours: All clinical and academic activities related to the program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases. Formerly known as "duty hours."

Combined program: A program with two or more ACGME-accredited residency or fellowship

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programs designated as “participating programs,” which provides the experiences designed to prepare physicians to practice medicine in, and to gain eligibility to take the certification exam in each relevant specialty/subspecialty.

> **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.
>
> **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.

Common Program Requirements: The ACGME requirements that apply to all specialties and subspecialties within a specific category (see below). These requirements are denoted by bold text within the applicable specialty-/subspecialty-specific Program Requirement documents.

> **Common Program Requirements (Residency):** Applicable to all residency programs and transitional year programs.
>
> **Common Program Requirements (Fellowship):** Applicable to most fellowship programs.
>
> **Common Program Requirements (One-Year Fellowship):** Applicable to those one-year fellowships for which the Review Committee chose to use an abbreviated version of the Common Program Requirements (Fellowship).
>
> **Common Program Requirements (Post-Doctoral Education Program):** Applicable to post-doctoral programs in a medical or medical-related field. *See also Post-doctoral program in a medical or medical-related field.*

Complement: The maximum number of residents or fellows approved by a Review Committee per PGY level and/or per program based upon availability of resources.

Conditional independence: Graded, progressive responsibility for patient care with defined oversight.

Core Competencies: The six domains of educational and clinical knowledge, skills, and attitudes that physicians must develop for independent and autonomous practice of a specialty or subspecialty. These domains are: Patient Care and Procedural Skills; Medical Knowledge; Practice-Based Learning and Improvement; Interpersonal and Communication Skills; Professionalism; and Systems-Based Practice.

> **Competencies:** Common and specialty- or subspecialty-specific knowledge, skills, and attitudes within the Core Competency domains for a particular specialty or subspecialty.

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Designated institutional official (DIO): The individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited programs.

Designated osteopathic resident/fellow: A resident or fellow in a program with Osteopathic Recognition that is receiving formal osteopathic education as outlined in the Osteopathic Recognition Requirements.

Director of Osteopathic Education: The physician responsible for leading the osteopathic education in a program with Osteopathic Recognition.

Extraordinary circumstance: A situation or event that significantly alters the ability of a Sponsoring Institution and its programs to support resident/fellow education. *See ACGME Policies and Procedures, Policy 23.00*.

Faculty: The group of individuals (both physician and non-physician) assigned to teach and supervise residents/fellows.

> **Core faculty:** *See Common Program Requirement 2.11.*

Fellow: An individual enrolled in an ACGME-accredited fellowship (subspecialty or sub-subspecialty) program who has completed a residency program in a related specialty and/or a fellowship program in a related subspecialty. Note: The term may also refer to other learners by individual institutions or programs.

Fellowship program: A program that provides advanced education and training in progressive levels of subspecialization following completion of education and training in a primary specialty and, if applicable, a 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 subspecialty or sub-subspecialty.

> **Residency-dependent subspecialty program:** A program required to function with an accredited residency program in its related specialty. The accreditation of the subspecialty program is dependent on the residency program maintaining its accreditation. A residency-dependent subspecialty program must be sponsored by the same ACGME-accredited Sponsoring Institution as the associated residency program.
>
> **Residency-independent subspecialty program:** A fellowship program that is not required to function with an accredited residency program in its related specialty. These subspecialty programs are dependent on an ACGME-accredited Sponsoring Institution. These programs may occur in two circumstances:
>
> 1. The program is reliant upon an ACGME-accredited Sponsoring Institution that sponsors programs in more than one specialty and/or subspecialties.
>
> 2. The program is reliant upon an ACGME-accredited Sponsoring Institution that sponsors a program or programs in only one subspecialty.
>
> **Sub-subspecialty program:** A program that 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

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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.

Final evaluation: The required overall evaluation to be completed by the program director for every resident or fellow upon completion of a program. May also be referred to as a "summative evaluation." *See Common Program Requirements, Section 5.2.*

Formative evaluation: Feedback provided as a result of ongoing monitoring of resident/fellow learning and experience that can be used by residents/fellows to improve their knowledge and performance. *See Background and Intent associated with Common Program Requirement 5.1.*

Graduate medical education (GME): The period of didactic and clinical education in a medical specialty, subspecialty, or sub-subspecialty that follows completion of undergraduate medical education (i.e., medical school) and that prepares physicians for the independent practice of medicine in that specialty, subspecialty, or sub-subspecialty. Also referred to as residency or fellowship education.

In-house call: Clinical and educational work hours, beyond the scheduled workday, when residents are required to be immediately available within an assigned site, as needed, for clinical responsibilities. In-house call does not include night float, being on call from home, or regularly scheduled overnight duties.

Institutional coordinator: The lead administrative person who assists the designated institutional official in accreditation efforts, educational programming, and support of residents/fellows.

International medical graduate (IMG): A graduate from a medical school outside the United States and Canada. IMGs may be citizens of the United States who chose to be educated elsewhere or non-citizens who are admitted to the United States by US Immigration authorities.

Interprofessional team: The physicians and other health care professionals, including nurses, pharmacists, case workers, physical therapists, etc., as appropriate, assigned to the delivery of care for an individual patient.

Letter of Notification (LON): The official communication from a Review or Recognition Committee that states an action taken by the committee.

Milestones: Description of performance levels residents and fellows are expected to demonstrate for skills, knowledge, and behaviors in the six Core Competency domains. "The Milestones" refers to a complete set or the overall ACGME Milestones framework; "milestone(s)" refers to individual items within a set. *See the Milestones section of the ACGME website for more information*.

Moonlighting: Voluntary, compensated, medically related work performed beyond a resident's or fellow's clinical experience and education hours and additional to the work required for successful completion of the program.

> **External moonlighting:** Voluntary, compensated, medically related work performed outside the site of the resident's or fellow's program, including the primary clinical site and any participating sites.

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Internal moonlighting: Voluntary, compensated, medically related work performed within the site of the resident's or fellow's program, including the primary clinical site and any participating sites.

Multidisciplinary subspecialty program: A fellowship is that is co-sponsored by multiple specialties and for which accreditation is overseen by multiple Review Committees.

Must: A term used to identify a requirement that is mandatory or done without fail when the requirement is categorized as "Core" or "Outcome."

Note: When a "must" requirement is categorized as "Detail," a program holding a status of Continued Accreditation or Continued Recognition may use alternative or innovative approaches in meeting the associated "Core" requirement(s), where applicable.

Night float: A rotation or other structured educational experience designed either to eliminate in-house call or to assist other residents/fellows during the night. Residents/fellows assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.

Non-compliance report: An allegation that a Sponsoring Institution or program is non-compliant with accreditation or recognition requirements.

Non-Standard Training (NST) program: Clinical training for foreign national physicians in advanced subspecialty programs for which there is no ACGME accreditation or American Board of Medical Specialties Member Board certification.

Non-standard trainee: A physician in a non-standard training (NST) program who holds a J-1 visa sponsored by the Educational Commission for Foreign Medical Graduates.

One day off: One continuous 24-hour period free from all administrative, clinical, and educational activities. *See the Common Program Requirement FAQs.*

Participating site: An organization providing educational experiences or educational assignments/rotations for residents/fellows. *See Background and Intent before Common Program Requirement 1.1.*

Pipeline specialties: Specialties that lead to primary board certification. The net output of physicians over time from the graduate medical education system into clinical practice is determined by the number of positions available in pipeline specialties.

Post-doctoral program in a medical or medical-related field: A structured educational activity comprising a series of clinical and/or other learning experiences, designed to train MDs, DOs, and others in a medical or medical-related field. *See ACGME Policies and Procedures, Policy 11.50.*

Post-graduate year (PGY): The denotation of residents' or fellows' progress in their residency and/or fellowship education. The PGY does not necessarily correspond to a resident's or fellow's year in an individual program. For example, a fellow who has completed a pediatric residency program and is in the first year of a pediatric endocrinology fellowship would be

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considered a PGY-4, denoting the three years spent in pediatric residency and the first year of the fellowship.

Primary clinical site: The most commonly used facility designated for clinical instruction in the program.

Program coordinator: The lead administrative person who assists the program director in accreditation efforts, educational programming, and support of residents/fellows.

Program director: The individual designated with authority and accountability for the operation of a residency/fellowship program, including compliance with all applicable program requirements.

Program Evaluation Committee (PEC): The group appointed by the program director to conduct program review as needed and the Annual Program Evaluation. *See Common Program Requirements Section 5.5.*

Progress report: A report requested of a Sponsoring Institution or program regarding concerns the Review or Recognition Committee had during its regular review of the institution or program. The progress report must be reviewed by the Sponsoring Institution's Graduate Medical Education Committee (GMEC) and must be signed by the designated institutional official (DIO) prior to submission to the Review or Recognition Committee.

Program letter of agreement (PLA): A written document that addresses graduate medical education responsibilities between an individual accredited program and a site other than the Sponsoring Institution at which residents or fellows have required educational experiences.

Program year: Refers to a specific year of a residency or fellowship program; this designation may or may not correspond to an individual resident's or fellow's post-graduate year.

Public member: A non-physician who is not currently and has not recently been directly involved in graduate medical education (GME). This includes individuals who do not work in, support, or have professional responsibilities within a residency or fellowship program, a GME office, or other GME administrative or educational functions. Public members are appointed to a Review or Recognition Committee, task force, or other working group specifically to voice the perspective of patients and the public. Their viewpoints should be independent of GME professional interests and free from conflicts arising from employment or active participation in GME. The role of public members is to contribute an external, non-professional perspective, ensuring that the public's interests are meaningfully considered and that the work of the group reflects transparency, accountability, and broad societal impact.

Recognition: Acknowledgment, supplemental to accreditation, for identified elements or categories of a Sponsoring Institution or program.

Recognition Committee: A group composed of volunteers that sets recognition standards (requirements), provides peer evaluation of Sponsoring Institutions or programs to assess the degree to which these comply with the applicable published Recognition Requirements, and confers a recognition status on each Sponsoring Institution or program with regard to substantial compliance with those requirements.

Recognition status: The official decision made by a Review or Recognition Committee based

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on its review and assessment of a Sponsoring Institution's or program's compliance with the applicable Recognition Requirements. *See ACGME Policies and Procedures, Section 20.00.*

Requirements (Institutional, Program, and Recognition):

> **Core Requirements:** Statements that define structure, resource, and process elements essential to every graduate medical educational program.
>
> **Detail Requirements:** Statements that describe a specific structure, resource, or process, for achieving compliance with a Core requirement. Programs and Sponsoring Institutions in substantial compliance with the Outcome requirements may utilize alternative or innovative approaches to comply with Core requirements.
>
> **Outcome Requirements:** Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at stages of their graduate medical education.

Resident: An individual enrolled in an ACGME-accredited residency program.

Residency program: 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 a medical school or a college of osteopathic medicine as described in the Institutional Requirements, Section 4.2.; and (b) residency programs available for physician admission after completion of prerequisite clinical education and training as described in the relevant specialty-specific Program Requirements.

Review Committee: A group composed of volunteers that sets accreditation standards (requirements), provides peer evaluation of Sponsoring Institutions or programs to assess the degree to which these comply with the applicable published accreditation requirements, and confers an accreditation status on each Sponsoring Institution or program with regard to substantial compliance with those requirements. There are three types of Review Committees: specialty Review Committee, Transitional Year Review Committee, and Institutional Review Committee.

Safety event: An adverse event, near miss, or other event resulting from unsafe conditions in the clinical care setting. May also be referred to as a patient safety event; previously referred to as adverse event in the Common Program Requirements.

Site visit (accreditation/recognition): A site visit is conducted by an individual or a team of ACGME-employed Accreditation Field Representative(s) as part of the accreditation and recognition process for Sponsoring Institutions and programs. It addresses compliance with the Institutional and/or relevant Program or Recognition Requirements to inform the Review or Recognition Committee's assessment.

Should: A term used to designate requirements so important that non-substantial compliance must be justified.

Note: When a "should" requirement is categorized as "Detail," a program holding a status of Continued Accreditation or Continued Recognition, may use alternative or innovative

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approaches in complying substantially with the associated “Core” requirement(s), where applicable.

Specialty program: *See Residency program*

Sponsoring Institution: The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements.

Subspecialty program: *See Fellowship program*

Sub-subspecialty program: *See Fellowship program*

Summative evaluation: *See Final evaluation*

Transfer resident: Residents are considered “transfer residents” under several conditions, including: moving from one program to another within the same or between different Sponsoring Institution(s) and within the same or a different specialty; when entering a program requiring a preliminary year at the PGY-2 level, even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the National Resident Matching Program Match (e.g., accepted to both programs right out of medical school).

The term does not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.

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

Work compression: An increase in the amount of work to be completed without a corresponding increase in the amount of time provided to complete that work.

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