



**Accreditation Council for
Graduate Medical Education**

**ACGME
Institutional Requirements**

ACGME-approved focused revision: February 7, 2021; effective July 1, 2021

ACGME Institutional Requirements

I. Structure for Educational Oversight

I.A. Sponsoring Institution

I.A.1. Residency and fellowship programs accredited by the ~~Accreditation Council for Graduate Medical Education (ACGME)~~ must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. ^{(Core)*}

I.A.2. The Sponsoring Institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that each of its ACGME-accredited programs is in substantial compliance with the ACGME Institutional, Common, ~~and~~ specialty-/subspecialty-specific Program, and Recognition Requirements, as well as with ACGME Policies and Procedures. ^(Outcome)

I.A.3. The Sponsoring Institution must maintain its ACGME institutional accreditation. Failure to do so will result in loss of accreditation for its ACGME-accredited program(s). ^(Outcome)

I.A.4. The Sponsoring Institution and each of its ACGME-accredited programs must only assign residents/fellows to learning and working environments that facilitate patient safety and health care quality. ^(Outcome)

I.A.5. The Sponsoring Institution must identify a designated institutional official (DIO). ^(Core)

I.A.5.a) ~~Designated Institutional Official (DIO): The~~ This individual ~~who~~, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, ~~and~~ specialty-/subspecialty-specific Program, and Recognition Requirements; ~~and,~~ ^(Core)

I.A.5.b) The DIO must:

I.A.5.b).(1) approve program letters of agreement (PLAs) that govern relationships between each program and each participating site providing a required assignment for residents/fellows in the program; ^(Core)

I.A.5.b).(2) oversee submissions of the Annual Update for each program and the Sponsoring Institution to the ACGME; ^(Core) and,

- 51 I.A.5.b).(3) after GMEC approval, oversee the submission of
52 applications for ACGME accreditation and recognition,
53 requests for voluntary withdrawal of accreditation and
54 recognition, and requests for changes in residency and
55 fellowship program complements. ^(Core)
56
- 57 I.A.6. The Sponsoring Institution must identify a governing body;, which is the
58 single entity that maintains authority over and responsibility for the
59 Sponsoring Institution and each of its ACGME-accredited programs. ^(Core)
60
- 61 I.A.7. ~~A written statement must document the Sponsoring Institution's~~
62 ~~commitment to GME by providing the necessary financial support for~~
63 ~~administrative, educational, and clinical resources, including personnel,~~
64 ~~and which must be,~~ reviewed, dated, and signed at least once every five
65 years by the DIO, a representative of the Sponsoring Institution's senior
66 administration, and a representative of the governing body;. must
67 document the Sponsoring Institution's:
68
- 69 I.A.7.a) GME mission; and, ^(Core)
70
- 71 I.A.7.b) commitment to GME by ensuring the provision of the necessary
72 administrative, educational, financial, human, and clinical
73 resources. ^(Core)
74
- 75 I.A.8. The Sponsoring Institution must complete a Self-Study prior to its 10-Year
76 Accreditation Site Visit. ^(Core)
77
- 78 I.A.9. Any Sponsoring Institution or participating site that is a hospital must
79 maintain accreditation to provide patient care. ^(Core)
80
- 81 I.A.9.a) Accreditation for patient care must be provided by:
82
- 83 I.A.9.a).(1) an entity granted "deeming authority" for participation in
84 Medicare under federal regulations; or, ^(Core)
85
- 86 I.A.9.a).(2) an entity certified as complying with the conditions of
87 participation in Medicare under federal regulations. ^(Core)
88
- 89 I.A.10. When a Sponsoring Institution or major participating site that is a hospital
90 loses its accreditation for patient care, the Sponsoring Institution must
91 notify and provide a plan for its response to the Institutional Review
92 Committee ~~(IRC)~~ within 30 days of such loss. Based on the particular
93 circumstances, the ACGME may invoke its procedures related to alleged
94 egregious and/or catastrophic events. ^(Core)
95
- 96 I.A.11. When a Sponsoring Institution's or participating site's license is denied,
97 suspended, or revoked, or when a Sponsoring Institution or participating
98 site is required to curtail activities, or is otherwise restricted, the
99 Sponsoring Institution must notify and provide a plan for its response to
100 the Institutional Review Committee within 30 days of such loss or
101 restriction. Based on the particular circumstances, the ACGME may

- 102 invoke its procedures related to alleged egregious and/or catastrophic
 103 events. ^(Core)
 104
- 105 I.B. Graduate Medical Education Committee (GMEC)
 106
- 107 I.B.1. Membership
 108
- 109 I.B.1.a) A Sponsoring Institution with multiple ACGME-accredited
 110 programs must have a GMEC that includes at least the following
 111 voting members: ^(Core)
 112
- 113 I.B.1.a).(1) the DIO; ^(Core)
 114
- 115 I.B.1.a).(2) a representative sample of program directors (minimum of
 116 two) from its ACGME-accredited programs; ^(Core)
 117
- 118 I.B.1.a).(3) a minimum of two peer-selected residents/fellows from
 119 among its ACGME-accredited programs; and, ^(Core)
 120
- 121 I.B.1.a).(4) a quality improvement or patient safety officer or designee.
 122 ^(Core)
 123
- 124 I.B.1.b) A Sponsoring Institution with one program must have a GMEC
 125 that includes at least the following voting members:
 126
- 127 I.B.1.b).(1) the DIO; ^(Core)
 128
- 129 I.B.1.b).(2) the program director when the program director is not the
 130 DIO; ^(Core)
 131
- 132 I.B.1.b).(3) one of the program's core faculty members other than the
 133 program director, if the program includes core faculty
 134 members other than the program director; ^(Core)
 135
- 136 I.B.1.b).(4) a minimum of two peer-selected residents/fellows from its
 137 ACGME-accredited program or the only resident/fellow if
 138 the program includes only one resident/fellow; ^(Core)
 139
- 140 I.B.1.b).(5) the individual or designee responsible for monitoring
 141 quality improvement or patient safety if this individual is not
 142 the DIO or program director; and, ^(Core)
 143
- 144 I.B.1.b).(6) ~~one or more individuals from a different department than~~
 145 ~~that of the~~ who are actively involved in GME, are outside
 146 the program, specialty (and other than are not the DIO or
 147 the quality improvement or patient safety member), within
 148 ~~or from outside the Sponsoring Institution, at least one of~~
 149 ~~whom is actively involved in graduate medical education.~~
 150 ^(Core)
 151

- 152 I.B.2. Additional GMEC members and subcommittees: In order to carry out
 153 portions of the GMEC's responsibilities, additional GMEC membership
 154 may include others as determined by the GMEC. ^(Detail)
 155
- 156 I.B.2.a) Subcommittees that address required GMEC responsibilities must
 157 include a peer-selected resident/fellow. ^(Detail)
 158
- 159 I.B.2.b) ~~Subcommittee actions that address required GMEC~~
 160 ~~responsibilities must be reviewed and approved by the GMEC.~~
 161 ^(Detail)
 162
- 163 I.B.3. Meetings and Attendance: The GMEC must meet a minimum of once
 164 every quarter during each academic year. ^(Core)
 165
- 166 I.B.3.a) Each meeting of the GMEC must include attendance by at least
 167 one resident/fellow member. ^(Core)
 168
- 169 I.B.3.b) The GMEC must maintain meeting minutes that document
 170 execution of all required GMEC functions and responsibilities. ^(Core)
 171
- 172 I.B.4. Responsibilities: GMEC responsibilities must include:
 173
- 174 I.B.4.a) Oversight of:
- 175
- 176 I.B.4.a).(1) ~~the ACGME accreditation status and recognition statuses~~
 177 of the Sponsoring Institution and each of its ACGME-
 178 accredited programs; ^(Outcome)
 179
- 180 I.B.4.a).(2) the quality of the GME learning and working environment
 181 within the Sponsoring Institution, each of its ACGME-
 182 accredited programs, and its participating sites; ^(Outcome)
 183
- 184 I.B.4.a).(3) the quality of educational experiences in each ACGME-
 185 accredited program that lead to measurable achievement
 186 of educational outcomes as identified in the ACGME
 187 Common and specialty-/subspecialty-specific Program
 188 Requirements; ^(Outcome)
 189
- 190 I.B.4.a).(4) the ACGME-accredited program(s)' annual program
 191 ~~evaluations~~ evaluation(s) and ~~Self-studies;~~ Study(ies); ^(Core)
 192
- 193 I.B.4.a).(5) all processes related to reductions and closures of
 194 individual ACGME-accredited programs, major
 195 participating sites, and the Sponsoring Institution; and, ^(Core)
 196
- 197 I.B.4.a).(6) the provision of summary information of patient safety
 198 reports to residents, fellows, faculty members, and other
 199 clinical staff members. At a minimum, this oversight must
 200 include verification that such summary information is being
 201 provided. ^(Detail)
 202

203	I.B.4.b)	review and approval of:
204		
205	I.B.4.b).(1)	institutional GME policies and procedures; ^(Core)
206		
207	I.B.4.b).(2)	<u>GMEC subcommittee actions that address required GMEC</u>
208		<u>responsibilities;</u> ^(Core)
209		
210	I.B.4.b).(3)	annual recommendations to the Sponsoring Institution's
211		administration regarding resident/fellow stipends and
212		benefits; ^(Core)
213		
214	I.B.4.b).(4)	applications for ACGME accreditation of new programs;
215		^(Core)
216		
217	I.B.4.b).(5)	requests for permanent changes in resident/fellow
218		complement; ^(Core)
219		
220	I.B.4.b).(6)	major changes in each of its ACGME-accredited programs'
221		structure or duration of education, <u>including any change in</u>
222		<u>the designation of a program's primary clinical site;</u> ^(Core)
223		
224	I.B.4.b).(7)	additions and deletions of each of its ACGME-accredited
225		programs' participating sites; ^(Core)
226		
227	I.B.4.b).(8)	appointment of new program directors; ^(Core)
228		
229	I.B.4.b).(9)	progress reports requested by a Review Committee; ^(Core)
230		
231	I.B.4.b).(10)	responses to Clinical Learning Environment Review
232		(CLER) reports; ^(Core)
233		
234	I.B.4.b).(11)	requests for exceptions to clinical and educational work
235		hour requirements; ^(Core)
236		
237	I.B.4.b).(12)	voluntary withdrawal of ACGME program accreditation <u>or</u>
238		<u>recognition;</u> ^(Core)
239		
240	I.B.4.b).(13)	requests for appeal of an adverse action by a Review
241		Committee; and, ^(Core)
242		
243	I.B.4.b).(14)	appeal presentations to an ACGME Appeals Panel-; <u>and,</u>
244		^(Core)
245		
246	I.B.4.b).(15)	<u>exceptionally qualified candidates for resident/fellow</u>
247		<u>appointments who do not satisfy the Sponsoring</u>
248		<u>Institution's resident/fellow eligibility policy and/or</u>
249		<u>resident/fellow eligibility requirements in the Common</u>
250		<u>Program Requirements.</u> ^(Core)
251		

252	I.B.5.	The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome)
253		
254		
255		
256	I.B.5.a)	The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: (Core)
257		
258		
259	I.B.5.a).(1)	the most recent ACGME institutional letter of notification; (Core)
260		
261		
262	I.B.5.a).(2)	results of ACGME surveys of residents/fellows and core faculty members; and, (Core)
263		
264		
265	I.B.5.a).(3)	each of its ACGME-accredited programs' ACGME accreditation information, including accreditation <u>and recognition</u> statuses and citations. (Core)
266		
267		
268		
269	I.B.5.b)	The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include: (Core)
270		
271		
272		
273	I.B.5.b).(1)	a summary of institutional performance on indicators for the AIR; and, (Core)
274		
275		
276	I.B.5.b).(2)	action plans and performance monitoring procedures resulting from the AIR. (Core)
277		
278		
279	I.B.6.	The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)
280		
281		
282	I.B.6.a)	The Special Review process must include a protocol that: (Core)
283		
284	I.B.6.a).(1)	establishes <u>a variety of</u> criteria for identifying underperformance <u>that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies;</u> and, (Core)
285		
286		
287		
288		
289		
290		
291	I.B.6.a).(2)	results in a <u>timely</u> report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, <u>including timelines.</u> (Core)
292		
293		
294		
295		
296	II.	Institutional Resources
297		
298	II.A.	Institutional GME Infrastructure and Operations: The Sponsoring Institution must ensure that:
299		
300		

- 301 II.A.1. the DIO has sufficient financial support and protected time to effectively
 302 carry out ~~his or her~~ educational, administrative, and leadership
 303 responsibilities; ^(Core)
 304
- 305 II.A.2. the DIO engages in professional development applicable to ~~his or her~~
 306 responsibilities as an educational leader; and, ^(Core)
 307
- 308 II.A.3. sufficient salary support and resources are provided for effective GME
 309 administration. ^(Core)
 310
- 311 II.B. Program Administration: The Sponsoring Institution, in ~~collaboration-partnership~~
 312 with each of its ACGME-accredited programs, must ensure that the availability of
 313 adequate resources for resident/fellow education, including:
 314
- 315 II.B.1. ~~the program director(s) has (have) sufficient~~ financial support and
 316 protected time for the program director(s) to effectively carry out ~~his/her~~
 317 ~~(their)~~ educational, administrative, and leadership responsibilities, as
 318 described in the Institutional, Common, and specialty-/subspecialty-
 319 specific Program Requirements; ^(Core)
 320
- 321 II.B.2. ~~the program(s) receives (receive) adequate~~ support for core faculty
 322 members to ensure both effective supervision and quality resident/fellow
 323 education; ^(Core)
 324
- 325 II.B.3. ~~the program director(s) and core faculty members engage in support for~~
 326 professional development applicable to their program directors' and core
 327 faculty members' responsibilities as educational leaders; ^(Core)
 328
- 329 II.B.4. support and time for the program coordinator(s) ~~has (have) sufficient~~
 330 ~~support and time to~~ effectively carry out ~~his/her (their)~~ responsibilities;
 331 and, ^(Core)
 332
- 333 II.B.5. resources, including space, technology, and supplies, ~~are available to~~
 334 provide effective support for each of its ACGME-accredited programs.
 335 ^(Core)
 336
- 337 II.C. Resident/Fellow Forum: The Sponsoring Institution with more than one program
 338 must ensure availability of an organization, council, town hall, or other platform
 339 that allows all residents/fellows from within and across the Sponsoring
 340 Institution's ACGME-accredited programs to communicate and exchange
 341 information with other residents/fellows relevant to their ACGME-accredited
 342 programs and their learning and working environment. ^(Core)
 343
- 344 II.C.1. Any resident/fellow from one of the Sponsoring Institution's ACGME-
 345 accredited programs must have the opportunity to directly raise a concern
 346 to the forum. ^(Core)
 347
- 348 II.C.2. Residents/fellows must have the option, at least in part, to conduct their
 349 forum without the DIO, faculty members, or other administrators present.
 350 ^(Core)
 351

- 352 II.C.3. Residents/fellows must have the option to present concerns that arise
353 from discussions at the forum to the DIO and GMEC. (Core)
354
- 355 II.D. Resident Salary and Benefits: The Sponsoring Institution, in ~~collaboration~~
356 partnership with ~~each of its~~ ACGME-accredited programs and participating sites,
357 must provide all residents/fellows with financial support and benefits to ensure
358 that they are able to fulfill the responsibilities of their ACGME-accredited
359 program(s). (Core)
360
- 361 II.E. Educational Tools
362
- 363 II.E.1. Communication resources and technology: Faculty members and
364 residents/fellows must have ready access to adequate communication
365 resources and technological support. (Core)
366
- 367 II.E.2. Access to medical literature: Faculty members and residents/fellows must
368 have ready access to ~~specialty-/subspecialty-specific~~ electronic medical
369 literature databases and specialty-/subspecialty-specific and other current
370 appropriate full-text reference material in print or electronic format. (Core)
371
- 372 II.F. Support Services and Systems
373
- 374 II.F.1. The Sponsoring Institution must provide support services and develop
375 health care delivery systems to minimize residents'/fellows' work that is
376 extraneous to their ACGME-accredited program(s)' educational goals and
377 objectives, and to ensure that residents'/fellows' educational experience
378 is not compromised by excessive reliance on residents/fellows to fulfill
379 non-physician service obligations. These support services and systems
380 must include: (Core)
381
- 382 II.F.1.a) peripheral intravenous access placement, phlebotomy, laboratory,
383 pathology and radiology services and patient transportation
384 services provided in a manner appropriate to and consistent with
385 educational objectives and to support high quality and safe patient
386 care; and, (Core)
387
- 388 II.F.1.b) medical records available at all participating sites to support high
389 quality and safe patient care, residents'/fellows' education, quality
390 improvement and scholarly activities. (Core)
391
- 392 III. The Learning and Working Environment
393
- 394 III.A. The Sponsoring Institution and each of its ACGME-accredited programs must
395 provide a learning and working environment in which residents/fellows have the
396 opportunity to raise concerns and provide feedback without intimidation or
397 retaliation, and in a confidential manner, as appropriate. (Core)
398
- 399 III.B. The Sponsoring Institution is responsible for oversight and documentation of
400 resident/fellow engagement in the following: (Core)
401

- 402 III.B.1. Patient Safety: The Sponsoring Institution must ensure that
403 residents/fellows have:
404
- 405 III.B.1.a) access to systems for reporting errors, adverse events, unsafe
406 conditions, and near misses in a protected manner that is free
407 from reprisal; and, ^(Core)
408
- 409 III.B.1.b) opportunities to contribute to root cause analysis or other similar
410 risk-reduction processes. ^(Core)
411
- 412 III.B.2. Quality Improvement: The Sponsoring Institution must ensure that
413 residents/fellows have:
414
- 415 III.B.2.a) access to data to improve systems of care, reduce health care
416 disparities, and improve patient outcomes; and, ^(Core)
417
- 418 III.B.2.b) opportunities to participate in quality improvement initiatives. ^(Core)
419
- 420 III.B.3. Transitions of Care: The Sponsoring Institution must:
421
- 422 III.B.3.a) facilitate professional development for core faculty members and
423 residents/fellows regarding effective transitions of care; and, ^(Core)
424
- 425 III.B.3.b) in partnership with its ACGME-accredited program(s), ensure and
426 monitor effective, structured patient hand-over processes to
427 facilitate continuity of care and patient safety at participating sites.
428 ^(Core)
429
- 430 III.B.4. Supervision and Accountability
431
- 432 III.B.4.a) The Sponsoring Institution must oversee:
433
- 434 III.B.4.a).(1) supervision of residents/fellows consistent with institutional
435 and program-specific policies; and, ^(Core)
436
- 437 III.B.4.a).(2) mechanisms by which residents/fellows can report
438 inadequate supervision and accountability in a protected
439 manner that is free from reprisal. ^(Core)
440
- 441 III.B.5. Clinical Experience and Education
442
- 443 III.B.5.a) The Sponsoring Institution must oversee:
444
- 445 III.B.5.a).(1) resident/fellow clinical and educational work hours,
446 consistent with the Common and specialty-/subspecialty-
447 specific Program Requirements across all programs,
448 addressing areas of non-compliance in a timely manner;
449 ^(Core)
450

- 451 III.B.5.a).(2) systems of care and learning and working environments
452 that facilitate fatigue mitigation for residents/fellows; and,
453 (Core)
454
- 455 III.B.5.a).(3) an educational program for residents/fellows and core
456 faculty members in fatigue mitigation. (Core)
457
- 458 III.B.5.b) ~~The Sponsoring Institution, in partnership with its ACGME-~~
459 ~~accredited program(s), must ensure adequate sleep facilities and~~
460 ~~safe transportation options for residents/fellows who may be too~~
461 ~~fatigued to return safely home. (Core)~~
462
- 463 III.B.5.b).(1) ~~Sleep facilities must be safe, quiet, and private, and must~~
464 ~~be available and accessible for residents/fellows to support~~
465 ~~education and safe patient care. (Core)~~
466
- 467 III.B.6. Professionalism
- 468
- 469 III.B.6.a) The Sponsoring Institution, in partnership with the program
470 director(s) of its ACGME-accredited program(s), must provide a
471 culture of professionalism that supports patient safety and
472 personal responsibility. (Core)
473
- 474 III.B.6.b) The Sponsoring Institution, in partnership with its ACGME-
475 accredited program(s), must educate residents/fellows and faculty
476 members concerning the professional responsibilities of
477 physicians, including their obligation to be appropriately rested
478 and fit to provide the care required by their patients. (Core)
479
- 480 III.B.6.c) The Sponsoring Institution must provide systems for education in
481 and monitoring of:
482
- 483 III.B.6.c).(1) residents'/fellows' and core faculty members' fulfillment of
484 educational and professional responsibilities, including
485 scholarly pursuits; and, (Core)
486
- 487 III.B.6.c).(2) accurate completion of required documentation by
488 residents/fellows. (Core)
489
- 490 III.B.6.d) The Sponsoring Institution must ensure that its ACGME-
491 accredited program(s) provide(s) a professional, equitable,
492 respectful and civil environment that is free from unprofessional
493 behavior, including mistreatment, abuse and/or coercion of
494 residents/fellows, other learners, faculty members, and staff
495 members. (Core)
496
- 497 III.B.6.d).(1) The Sponsoring Institution, in partnership with its ACGME-
498 accredited program(s), must have a process for education
499 of residents/fellows and faculty members regarding
500 unprofessional behavior, and a confidential process for

501 reporting, investigating, monitoring, and addressing such
502 concerns in a timely manner. (Core)
503
504 III.B.7. Well-Being
505
506 III.B.7.a) The Sponsoring Institution must oversee its ACGME-accredited
507 program's(s') fulfillment of responsibility to address well-being of
508 residents/fellows and faculty members, consistent with the
509 Common and specialty-/subspecialty-specific Program
510 Requirements, addressing areas of non-compliance in a timely
511 manner. (Core)
512
513 III.B.7.b) The Sponsoring Institution, in partnership with its ACGME-
514 accredited program(s), must educate faculty members and
515 residents/fellows in identification of the symptoms of burnout,
516 depression, and substance use disorder (SUD), including means
517 to assist those who experience these conditions. This
518 responsibility includes educating residents/fellows and faculty
519 members in how to recognize those symptoms in themselves, and
520 how to seek appropriate care. (Core)
521
522 III.B.7.c) The Sponsoring Institution, in partnership with its ACGME-
523 accredited program(s), must: (Core)
524
525 III.B.7.c).(1) encourage residents/fellows and faculty members to alert
526 their program director, DIO, or other designated personnel
527 or programs when they are concerned that another
528 resident/fellow or faculty member may be displaying signs
529 of burnout, depression, SUD, suicidal ideation, or potential
530 for violence; (Core)
531
532 III.B.7.c).(2) provide access to appropriate tools for self screening; and,
533 (Core)
534
535 III.B.7.c).(3) provide access to confidential, affordable mental health
536 assessment, counseling, and treatment, including access
537 to urgent and emergent care 24 hours a day, seven days a
538 week. (Core)
539
540 III.B.7.d) The Sponsoring Institution must ensure a healthy and safe clinical
541 and educational environment that provides for: (Core)
542
543 III.B.7.d).(1) access to food during clinical and educational
544 assignments; and, (Core)
545
546 III.B.7.d).(2) ~~safety and security measures~~ sleep/rest facilities that are
547 safe, quiet, clean, and private, and that must be available
548 and accessible for residents/fellows, with proximity
549 appropriate to the participating site for safe patient care;
550 (Core)
551

- 552 III.B.7.d).(3) safe transportation options for residents/fellows who may
553 be too fatigued to safely return home on their own; (Core)
554
- 555 III.B.7.d).(4) clean and private facilities for lactation with proximity
556 appropriate for safe patient care, and clean and safe
557 refrigeration resources for the storage of breast milk; (Core)
558
- 559 III.B.7.d).(5) safety and security measures appropriate to the clinical
560 learning environment site; and, (Core)
561
- 562 III.B.7.d).(6) accommodations for residents/fellows with disabilities,
563 consistent with the Sponsoring Institution’s policy. (Core)
564
- 565 III.B.8. The Sponsoring Institution, in partnership with each of its programs, must
566 engage in practices that focus on ongoing, mission-driven, systematic
567 recruitment and retention of a diverse and inclusive workforce of
568 residents/fellows, faculty members, senior administrative staff members,
569 and other relevant members of its GME community. (Core)
570
- 571 IV. Institutional GME Policies and Procedures
572
- 573 IV.A. The Sponsoring Institution must demonstrate adherence to all institutional
574 graduate medical education policies and procedures. (Core)
575
- 576 IV.B. Resident/Fellow Recruitment Appointments
577
- 578 IV.B.1. ~~Eligibility and Selection of Residents/Fellows:~~ The Sponsoring Institution
579 must have written policies and procedures for resident/fellow recruitment,
580 selection, eligibility, and appointment, consistent with ACGME Institutional
581 and Common Program Requirements, and Recognition Requirements (if
582 applicable), and must monitor each of its ACGME-accredited programs
583 for compliance. (Core)
584
- 585 IV.B.2. An applicant must meet one of the following qualifications to be eligible
586 for appointment to an ACGME-accredited program: (Core)
587
- 588 IV.B.2.a) graduation from a medical school in the United States or Canada,
589 accredited by the Liaison Committee on Medical Education
590 (LCME); or, (Core)
591
- 592 IV.B.2.b) graduation from a college of osteopathic medicine in the United
593 States, accredited by the American Osteopathic Association
594 (AOA); or, (Core)
595
- 596 IV.B.2.c) graduation from a medical school outside of the United States or
597 Canada, and meeting one of the following additional qualifications:
598 (Core)
599
- 600 IV.B.2.c).(1) holds a currently-valid certificate from the Educational
601 Commission for Foreign Medical Graduates prior to
602 appointment; or, (Core)

- 603
604 IV.B.2.c).(2) holds a full and unrestricted license to practice medicine in
605 a United States licensing jurisdiction in his or her current
606 ACGME specialty-/subspecialty program; ~~or,~~ ^(Core)
607
608 IV.B.2.c).(3) ~~has graduated from a medical school outside the United~~
609 ~~States and has completed a Fifth Pathway** program~~
610 ~~provided by an LCME-accredited medical school.~~ ^(Core)
611
612 IV.B.3. An applicant invited to interview for a resident/fellow position must be
613 informed, in writing or by electronic means, of the terms, conditions, and
614 benefits of appointment to the ACGME-accredited program, either in
615 effect at the time of the interview or that will be in effect at the time of his
616 ~~or her~~ the applicant's eventual appointment appointments. ^(Core)
617
618 IV.B.3.a) Information that is provided must include: ~~financial support;~~
619 ~~vacations; parental, sick, and other~~
620
621 IV.B.3.a).(1) stipends, benefits, vacation, leaves of absence; and,
622 professional liability, hospitalization, health, coverage, and
623 disability and other insurance accessible to
624 residents/fellows; and, ^(Core)
625
626 IV.B.3.a).(2) health insurance accessible to residents/fellows and their
627 eligible dependents. ^(Core)
628
629 IV.C. Agreement of Appointment/Contract
630
631 IV.C.1. The Sponsoring Institution must ensure that residents/fellows are
632 provided with a written agreement of appointment/contract outlining the
633 terms and conditions of their appointment to a program. The Sponsoring
634 Institution must monitor each of its programs with regard to
635 implementation of terms and conditions of appointment. ^(Core)
636
637 IV.C.2. The contract/agreement of appointment must directly contain or provide a
638 reference to the following items: ^(Core)
639
640 IV.C.2.a) resident/fellow responsibilities; ^(Core)
641
642 IV.C.2.b) duration of appointment; ^(Core)
643
644 IV.C.2.c) financial support for residents/fellows; ^(Core)
645
646 IV.C.2.d) conditions for reappointment and promotion to a subsequent PGY
647 level; ^(Core)
648
649 IV.C.2.e) grievance and due process; ^(Core)
650
651 IV.C.2.f) professional liability insurance, including a summary of pertinent
652 information regarding coverage; ^(Core)
653

- 654 IV.C.2.g) ~~hospital and~~ health insurance benefits for residents/fellows and
655 their eligible dependents; ^(Core)
656
- 657 IV.C.2.h) disability insurance for residents/fellows; ^(Core)
658
- 659 IV.C.2.i) ~~vacation, parental, sick, and other~~ leave(s) of absence for
660 residents/fellows, compliant with applicable laws; ^(Core)
661
- 662 IV.C.2.j) timely notice of the effect of leave(s) of absence on the ability of
663 residents/fellows to satisfy requirements for program completion;
664 ^(Core)
665
- 666 IV.C.2.k) information related to eligibility for specialty board examinations;
667 and, ^(Core)
668
- 669 IV.C.2.l) institutional policies and procedures regarding resident/fellow
670 clinical and educational work hours and moonlighting. ^(Core)
671
- 672 IV.D. Promotion, Appointment Renewal and Dismissal
673
- 674 IV.D.1. The Sponsoring Institution must have a policy that requires each of its
675 ACGME-accredited programs to determine the criteria for promotion
676 and/or renewal of a resident's/fellow's appointment. ^(Core)
677
- 678 IV.D.1.a) The Sponsoring Institution must ensure that each of its programs
679 provides a resident/fellow with a written notice of intent when that
680 resident's/fellow's agreement will not be renewed, when that
681 resident/fellow will not be promoted to the next level of training, or
682 when that resident/fellow will be dismissed. ^(Core)
683
- 684 IV.D.1.b) The Sponsoring Institution must have a policy that provides
685 residents/fellows with due process relating to the following actions
686 regardless of when the action is taken during the appointment
687 period: suspension, non-renewal, non-promotion; or dismissal.
688 ^(Core)
689
- 690 IV.E. Grievances: The Sponsoring Institution must have a policy that outlines the
691 procedures for submitting and processing resident/fellow grievances at the
692 program and institutional level and that minimizes conflicts of interest. ^(Core)
693
- 694 IV.F. Professional Liability Insurance
695
- 696 IV.F.1. The Sponsoring Institution must ~~provide~~ ensure that residents/fellows are
697 provided with professional liability coverage, including legal defense and
698 protection against awards from claims reported or filed during
699 participation in each of its ACGME-accredited programs, or after
700 completion of the program(s) if the alleged acts or omissions of a
701 resident/fellow are within the scope of the program(s). ^(Core)
702
- 703 IV.F.2. The Sponsoring Institution must ~~provide~~ ensure that residents/fellows are
704 provided with: ^(Core)

705		
706	IV.F.2.a)	official documentation of the details of <u>their professional liability coverage upon request before the start date of the individual resident/fellow appointments; and.</u> ^(Core)
707		
708		
709		
710	IV.F.2.b)	<u>written advance notice of any substantial change to the details of their professional liability coverage.</u> ^(Core)
711		
712		
713	IV.G.	Health and Disability Insurance
714		
715	IV.G.1.	The Sponsoring Institution must provide <u>ensure that residents/fellows are provided with</u> health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility. ^(Core)
716		
717		
718		
719	IV.G.1.a)	If the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. ^(Core)
720		
721		
722		
723		
724	IV.G.2.	The Sponsoring Institution must provide <u>ensure that residents/fellows are provided with</u> disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility. ^(Core)
725		
726		
727		
728	IV.G.2.a)	If the first day of disability insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. ^(Core)
729		
730		
731		
732		
733		
734	IV.H.	Vacation and Leaves of Absence
735		
736	IV.H.1.	The Sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. ^(Core)
737		
738		
739	IV.H.2.	This policy must ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). ^(Core)
740		
741		
742		
743		
744		
745	IV.I.	Resident Services
746		
747	IV.I.1.	Behavioral Health: The Sponsoring Institution must provide <u>ensure that residents/fellows are provided with</u> access to confidential counseling and behavioral health services. ^(Core)
748		
749		
750		
751	IV.I.2.	Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. ^(Core)
752		
753		
754	IV.I.3.	Harassment: The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of
755		

756		harassment, that allows residents/fellows access to processes to raise
757		and resolve complaints in a safe and non-punitive environment <u>and in a</u>
758		<u>timely manner,</u> consistent with applicable laws and regulations. ^(Core)
759		
760	IV.I.4.	Accommodation for Disabilities: The Sponsoring Institution must have a
761		policy, not necessarily GME-specific, regarding accommodations for
762		disabilities consistent with all applicable laws and regulations. ^(Core)
763		
764	IV.I.5.	<u>Discrimination: The Sponsoring Institution must have policies and</u>
765		<u>procedures, not necessarily GME-specific, prohibiting discrimination in</u>
766		<u>employment and in the learning and working environment, consistent with</u>
767		<u>all applicable laws and regulations.</u> ^(Core)
768		
769	IV.J.	Supervision
770		
771	IV.J.1.	The Sponsoring Institution must maintain an institutional policy regarding
772		supervision of residents/fellows. ^(Core)
773		
774	IV.J.2.	The Sponsoring Institution must ensure that each of its ACGME-
775		accredited programs establishes a written program-specific supervision
776		policy consistent with the institutional policy and the respective ACGME
777		Common and specialty-/subspecialty-specific Program Requirements.
778		^(Core)
779		
780	IV.K.	Clinical and Educational Work Hours: The Sponsoring Institution must maintain a
781		clinical and educational work hour policy that ensures effective oversight of
782		institutional and program-level compliance with ACGME clinical and educational
783		work hour requirements. ^(Core)
784		
785	IV.K.1.	Moonlighting: The Sponsoring Institution must maintain a policy on
786		moonlighting that includes the following:
787		
788	IV.K.1.a)	residents/fellows must not be required to engage in moonlighting;
789		^(Core)
790		
791	IV.K.1.b)	residents/fellows must have written permission from their program
792		director to moonlight; ^(Core)
793		
794	IV.K.1.c)	an ACGME-accredited program will monitor the effect of
795		moonlighting activities on a resident's/fellow's performance in the
796		program, including that adverse effects may lead to withdrawal of
797		permission to moonlight; and, ^(Core)
798		
799	IV.K.1.d)	the Sponsoring Institution or individual ACGME-accredited
800		programs may prohibit moonlighting by residents/fellows. ^(Core)
801		
802	IV.L.	Vendors: The Sponsoring Institution must maintain a policy that addresses
803		interactions between vendor representatives/corporations and residents/fellows
804		and each of its ACGME-accredited programs. ^(Core)
805		

806 IV.M. Non-competition: The Sponsoring Institution must maintain a policy which states
807 that neither the Sponsoring Institution nor any of its ACGME-accredited programs
808 will require a resident/fellow to sign a non-competition guarantee or restrictive
809 covenant. ^(Core)
810

811 IV.N. ~~Disasters~~ Substantial Disruptions in Patient Care or Education: The Sponsoring
812 Institution must maintain a policy consistent with ACGME Policies and
813 Procedures that addresses ~~administrative~~ support for each of its ACGME-
814 accredited programs and residents/fellows in the event of a disaster or
815 ~~interruption~~ other substantial disruption in patient care or education. ^(Core)
816

817 IV.N.1. This policy ~~should~~ must include information about assistance for
818 continuation of salary, benefits, professional liability coverage, and
819 resident/fellow assignments. ^(Core)
820

821 IV.O. Closures and Reductions: The Sponsoring Institution must maintain a policy that
822 addresses GMEC oversight of reductions in size or closure of each of its
823 ACGME-accredited programs, or closure of the Sponsoring Institution that
824 includes the following: ^(Core)
825

826 IV.O.1. the Sponsoring Institution must inform the GMEC, DIO, and affected
827 residents/fellows as soon as possible when it intends to reduce the size of
828 or close one or more ACGME-accredited programs, or when the
829 Sponsoring Institution intends to close; and, ^(Core)
830

831 IV.O.2. the Sponsoring Institution must allow residents/fellows already in an
832 affected ACGME-accredited program(s) to complete their education at the
833 Sponsoring Institution, or assist them in enrolling in (an) other ACGME-
834 accredited program(s) in which they can continue their education. ^(Core)
835

836 ***

837
838 ***Core Requirements:** Statements that define structure, resource, or process elements essential to every
839 graduate medical educational program.

840 **Detail Requirements:** Statements that describe a specific structure, resource, or process, for achieving
841 compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance
842 with the Outcome Requirements may utilize alternative or innovative approaches to meet Core
843 Requirements.

844 **Outcome Requirements:** Statements that specify expected measurable or observable attributes
845 (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical
846 education.
847

848 ~~**Footnote for IV.A.2.c).(3): A Fifth Pathway program is an academic year of supervised clinical education
849 provided by an LCME-accredited medical school to students who meet the following conditions: (1) have
850 completed, in an accredited college or university in the United States, undergraduate premedical
851 education of the quality acceptable for matriculation in an accredited United States medical school; (2)
852 have studied at a medical school outside the United States and Canada but listed in the World Health
853 Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the
854 foreign medical school except internship and/or social service; (4) have attained a score satisfactory to
855 the sponsoring medical school on a screening examination; and (5) have passed either the Foreign
856 Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National
857 Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination
858 (USMLE).~~