



## ACGME Institutional Requirements including FAQs

### Revision Information

Frequently asked questions (FAQs) incorporated into the Requirements July 1, 2026; effective July 1, 2026

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### Definitions

For more information, see the [ACGME Glossary of Terms](#).

**Core Requirements:** Statements that define structure, resource, or 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 meet Core Requirements.

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

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## ACGME Institutional Requirements

### Section 1: Structure for Educational Oversight

#### 1.1. Sponsoring Institution

Residency and fellowship programs accredited by the 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)

[See FAQ in Appendix] [See FAQ in Appendix]

1.1.a. 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, specialty-/subspecialty-specific Program, and Recognition Requirements, as well as with ACGME Policies and Procedures. (Outcome)

[See FAQ in Appendix] [See FAQ in Appendix]

1.1.b. 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)

1.1.c. 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)

1.2. The Sponsoring Institution must identify a designated institutional official (DIO). (Core)

1.2.a. This individual, 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, specialty-/subspecialty-specific Program, and Recognition Requirements. (Core)

[See FAQ in Appendix]

1.2.b. The DIO must 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)

1.2.c. The DIO must oversee submissions of the Annual Update for each program and the Sponsoring Institution to the ACGME. (Core)

[See FAQ in Appendix]

1.2.d. The DIO must after GMEC approval, oversee the submission of applications for ACGME accreditation and recognition, requests for voluntary withdrawal of accred-

itation and recognition, and requests for changes in residency and fellowship program complements. (Core)

- 1.3. The Sponsoring Institution must identify a governing body, which is the single entity that maintains authority over and responsibility for the Sponsoring Institution and each of its ACGME-accredited programs. (Core)
- 1.4. A written statement, reviewed, dated, and signed at least once every five years by the DIO, a representative of the Sponsoring Institution's senior administration, and a representative of the governing body, must document the Sponsoring Institution's:  
[See FAQ in Appendix]
  - 1.4.a. GME mission; and, (Core)  
[See FAQ in Appendix] [See FAQ in Appendix]
  - 1.4.b. commitment to GME by ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources. (Core)
- 1.5. The Sponsoring Institution must complete a Self-Study prior to its 10-Year Accreditation Site Visit. (Core)
- 1.6. Any Sponsoring Institution or participating site that is a hospital must maintain accreditation to provide patient care. (Core)
  - 1.6.a. Accreditation for patient care must be provided by:
    - 1.6.a.1. an entity granted "deeming authority" for participation in Medicare under federal regulations; or, (Core)
    - 1.6.a.2. an entity certified as complying with the conditions of participation in Medicare under federal regulations. (Core)
- 1.7. When a Sponsoring Institution or major participating site that is a hospital loses its accreditation for patient care, the Sponsoring Institution must notify and provide a plan for its response to the Institutional Review Committee within 30 days of such loss. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events. (Core)
- 1.8. When a Sponsoring Institution's or participating site's license is denied, suspended, or revoked, or when a Sponsoring Institution or participating site is required to curtail activities, or is otherwise restricted, the Sponsoring Institution must notify and provide a plan for its response to the Institutional Review Committee within 30 days of such loss or restriction. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events. (Core)
- 1.9. Graduate Medical Education Committee (GMEC) Membership
  - 1.9.a. A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members: (Core)  
[See FAQ in Appendix]

- 1.9.a.1. the DIO; (Core)
- 1.9.a.2. a representative sample of program directors (minimum of two) from its ACGME-accredited programs; (Core)
- 1.9.a.3. a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and, (Core)
- 1.9.a.4. a quality improvement or patient safety officer or designee. (Core)
- 1.9.b. A Sponsoring Institution with one program must have a GMEC that includes at least the following voting members:  
[See FAQ in Appendix]
  - 1.9.b.1. the DIO; (Core)
  - 1.9.b.2. the program director when the program director is not the DIO; (Core)
  - 1.9.b.3. one of the program's core faculty members other than the program director, if the program includes core faculty members other than the program director; (Core)
  - 1.9.b.4. a minimum of two peer-selected residents/fellows from its ACGME-accredited program or the only resident/fellow if the program includes only one resident/fellow; (Core)
  - 1.9.b.5. the individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director; and, (Core)
  - 1.9.b.6. one or more individuals who are actively involved in GME, are outside the program, and are not the DIO or the quality improvement or patient safety member. (Core)
- 1.10. Additional GMEC members and subcommittees: In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC. (Detail)
  - 1.10.a. Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. (Detail)  
[See FAQ in Appendix]
- 1.11. Meetings and Attendance  
The GMEC must meet a minimum of once every quarter during each academic year. (Core)  
  
[See FAQ in Appendix]
  - 1.11.a. Each meeting of the GMEC must include attendance by at least one resident/fellow member. (Core)

- 1.11.b. The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities. <sup>(Core)</sup>  
[See FAQ in Appendix]
- 1.12. Responsibilities  
GMEC responsibilities must include oversight of:  
  
[See FAQ in Appendix]
- 1.12.a. ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs; <sup>(Outcome)</sup>
- 1.12.b. the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites; <sup>(Outcome)</sup>
- 1.12.c. the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements; <sup>(Outcome)</sup>
- 1.12.d. the ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies); <sup>(Core)</sup>
- 1.12.e. ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually; <sup>(Core)</sup>  
[See FAQ in Appendix]
- 1.12.f. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and, <sup>(Core)</sup>
- 1.12.g. the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided. <sup>(Detail)</sup>  
[See FAQ in Appendix]
- 1.13. GMEC responsibilities must include review and approval of:  
[See FAQ in Appendix]
- 1.13.a. institutional GME policies and procedures; <sup>(Core)</sup>
- 1.13.b. GMEC subcommittee actions that address required GMEC responsibilities; <sup>(Core)</sup>  
[See FAQ in Appendix]
- 1.13.c. annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits; <sup>(Core)</sup>  
[See FAQ in Appendix]
- 1.13.d. applications for ACGME accreditation of new programs; <sup>(Core)</sup>

- 1.13.e. requests for permanent changes in resident/fellow complement; (Core)
- 1.13.f. major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site; (Core)  
[See FAQ in Appendix]
- 1.13.g. additions and deletions of each of its ACGME-accredited programs' participating sites; (Core)
- 1.13.h. appointment of new program directors; (Core)
- 1.13.i. progress reports requested by a Review Committee; (Core)
- 1.13.j. responses to Clinical Learning Environment Review (CLER) reports; (Core)
- 1.13.k. requests for exceptions to clinical and educational work hour requirements; (Core)
- 1.13.l. voluntary withdrawal of ACGME program accreditation or recognition; (Core)
- 1.13.m. requests for appeal of an adverse action by a Review Committee; (Core)
- 1.13.n. appeal presentations to an ACGME Appeals Panel; and, (Core)
- 1.13.o. exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements. (Core)
- 1.14. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome)  
[See FAQ in Appendix] [See FAQ in Appendix]
- 1.14.a. The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: (Core)
  - 1.14.a.1. the most recent ACGME institutional letter of notification; (Core)
  - 1.14.a.2. results of ACGME surveys of residents/fellows and core faculty members; and, (Core)
  - 1.14.a.3. each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations. (Core)
- 1.14.b. The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. (Core)
  - 1.14.b.1. The written executive summary must include a summary of institutional performance on indicators for the AIR. (Core)  
[See FAQ in Appendix]

- 1.14.b.2. The written executive summary must include action plans and performance monitoring procedures resulting from the AIR. <sup>(Core)</sup>
- 1.15. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. <sup>(Core)</sup>  
[See FAQ in Appendix]
- 1.15.a. The Special Review process must include a protocol that: <sup>(Core)</sup>  
[See FAQ in Appendix]
- 1.15.a.1. establishes a variety of criteria for identifying underperformance 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; and, <sup>(Core)</sup>  
[See FAQ in Appendix]
- 1.15.a.2. results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines. <sup>(Core)</sup>  
[See FAQ in Appendix]

## Section 2: Institutional Resources

- 2.1. Institutional GME Infrastructure and Operations  
The Sponsoring Institution must ensure that the DIO has sufficient support and dedicated time to effectively carry out educational, administrative, and leadership responsibilities. <sup>(Core)</sup>  
  
[See FAQ in Appendix]
- 2.1.a. The Sponsoring Institution must ensure that the DIO engages in professional development applicable to responsibilities as an educational leader. <sup>(Core)</sup>
- 2.1.b. The Sponsoring Institution must ensure that sufficient salary support and resources are provided for effective GME administration. <sup>(Core)</sup>
- 2.2. Program Administration  
The Sponsoring Institution, in partnership with each of its ACGME-accredited programs, must ensure the availability of adequate resources for resident/fellow education, including:
  - 2.2.a. support and dedicated time for the program director(s) to effectively carry out educational, administrative, and leadership responsibilities, as described in the Institutional, Common, and specialty-/subspecialty-specific Program Requirements; <sup>(Core)</sup>
  - 2.2.b. support for core faculty members to ensure both effective supervision and quality resident/fellow education; <sup>(Core)</sup>

- 2.2.c. support for professional development applicable to program directors' and core faculty members' responsibilities as educational leaders; (Core)
- 2.2.d. support and time for the program coordinator(s) to effectively carry out responsibilities; and, (Core)
- 2.2.e. resources, including space, technology, and supplies, to provide effective support for each of its ACGME-accredited programs. (Core)

### 2.3. Resident/Fellow Forum

The Sponsoring Institution with more than one program must ensure availability of an organization, council, town hall, or other platform that allows all residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment. (Core)

[See FAQ in Appendix]

- 2.3.a. Any resident/fellow from one of the Sponsoring Institution's ACGME-accredited programs must have the opportunity to directly raise a concern to the forum. (Core)  
[See FAQ in Appendix]
- 2.3.b. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present. (Core)  
[See FAQ in Appendix]
- 2.3.c. Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC. (Core)

### 2.4. Resident Salary and Benefits

The Sponsoring Institution, in partnership with its ACGME-accredited programs and participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited program(s). (Core)

### 2.5. Educational Tools

Communication resources and technology: Faculty members and residents/fellows must have ready access to adequate communication resources and technological support. (Core)

- 2.5.a. Access to medical literature: Faculty members and residents/fellows must have ready access to electronic medical literature databases and specialty-/subspecialty-specific and other appropriate full-text reference material in print or electronic format. (Core)  
[See FAQ in Appendix]

### 2.6. Support Services and Systems

The Sponsoring Institution must provide support services and develop health care delivery systems to minimize residents'/fellows' work that is extraneous to their ACGME-ac-

credited program(s)' educational goals and objectives, and to ensure that residents'/fellows' educational experience is not compromised by excessive reliance on residents'/fellows to fulfill non-physician service obligations. (Core)

- 2.6.a. These support services and systems must include peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care. (Core)
- 2.6.b. These support services and systems must include medical records available at all participating sites to support high quality and safe patient care, residents'/fellows' education, quality improvement and scholarly activities. (Core)
- 2.6.c. These support services and systems must include institutional processes for ensuring the availability of resources to support residents'/fellows' well-being and education by minimizing impact to clinical assignments resulting from leaves of absence. (Core)

## Section 3: The Learning and Working Environment

- 3.1. The Sponsoring Institution and each of its ACGME-accredited programs must provide a learning and working environment in which residents/fellows and faculty members have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate. (Core)  
[See FAQ in Appendix]
- 3.2. The Sponsoring Institution is responsible for oversight and documentation of resident/fellow engagement in the following: (Core)
  - 3.2.a. Patient Safety  
The Sponsoring Institution must ensure that residents/fellows have access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal. (Core)
    - 3.2.a.1. The Sponsoring Institution must ensure that residents/fellows have opportunities to contribute to root cause analysis or other similar risk-reduction processes. (Core)
    - 3.2.b. Quality Improvement  
The Sponsoring Institution must ensure that residents/fellows have access to data to improve systems of care, reduce health care disparities, and improve patient outcomes. (Core)
      - 3.2.b.1. The Sponsoring Institution must ensure that residents/fellows have opportunities to participate in quality improvement initiatives. (Core)
    - 3.2.c. Transitions of Care

The Sponsoring Institution must facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care. (Core)

3.2.c.1. The Sponsoring Institution must in partnership with its ACGME-accredited program(s), ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites. (Core)

3.2.d. Supervision and Accountability  
The Sponsoring Institution must oversee supervision of residents/fellows consistent with institutional and program-specific policies. (Core)

3.2.d.1. The Sponsoring Institution must oversee mechanisms by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal. (Core)

3.2.e. Clinical Experience and Education  
The Sponsoring Institution must oversee resident/fellow clinical and educational work hours, consistent with the Common and specialty-/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner. (Core)

[See FAQ in Appendix] [See FAQ in Appendix]

3.2.e.1. The Sponsoring Institution must oversee systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows. (Core)

3.2.e.2. The Sponsoring Institution must oversee an educational program for residents/fellows and faculty members in fatigue mitigation. (Core)  
[See FAQ in Appendix]

3.2.f. Professionalism  
The Sponsoring Institution, in partnership with the program director(s) of its ACGME-accredited program(s), must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)

3.2.f.1. The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must educate residents/fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)

3.2.f.2. The Sponsoring Institution must provide systems for education in and monitoring of residents/fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits. (Core)

3.2.f.3. The Sponsoring Institution must provide systems for education in and monitoring of accurate completion of required documentation by residents/fellows. (Core)

- 3.2.f.4. The Sponsoring Institution must ensure that its ACGME-accredited program(s) provide(s) a professional, fair, respectful and civil environment that is free from unprofessional behavior, including discrimination, sexual , and other forms of harassment, mistreatment, abuse, and/or coercion of residents/fellows, other learners, faculty members, and staff members. (Core)
- 3.2.f.4.a. The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must have a process for education of residents/fellows and faculty members regarding unprofessional behavior, and a confidential process for reporting, investigating, monitoring, and addressing such concerns in a timely manner. (Core)
- 3.2.g. Well-Being  
The Sponsoring Institution must oversee its ACGME-accredited program's(s') fulfillment of responsibility to address well-being of residents/fellows and faculty members, consistent with the Common and specialty-/subspecialty-specific Program Requirements, addressing areas of non-compliance in a timely manner. (Core)
- 3.2.g.1. The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must educate faculty members and residents/fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. This responsibility includes educating residents/fellows and faculty members in how to recognize those symptoms in themselves, and how to seek appropriate care. (Core)
- 3.2.g.2. The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must encourage residents/fellows and faculty members to alert their program director, DIO, or other designated personnel or programs when they are concerned that another resident/fellow or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence. (Core)
- 3.2.g.3. The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must provide access to appropriate tools for self screening. (Core)
- 3.2.g.4. The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)
- 3.2.g.5. The Sponsoring Institution must ensure a healthy and safe clinical and educational environment that provides for: (Core)
- 3.2.g.5.a. access to food during clinical and educational assignments; (Core)
- 3.2.g.5.b. sleep/rest facilities that are safe, quiet, clean, and private, and that must be available and accessible for residents/fellows, with proximity appropriate for safe patient care; (Core)

- 3.2.g.5.c. safe transportation options for residents/fellows who may be too fatigued to safely return home on their own; <sup>(Core)</sup>  
[See FAQ in Appendix]
- 3.2.g.5.d. clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of breast milk; <sup>(Core)</sup>  
[See FAQ in Appendix]
- 3.2.g.5.e. safety and security measures appropriate to the clinical learning environment site; and, <sup>(Core)</sup>
- 3.2.g.5.f. accommodations for residents/fellows with disabilities, consistent with the Sponsoring Institution’s policy. <sup>(Core)</sup>

## Section 4: Institutional GME Policies and Procedures

- 4.1. The Sponsoring Institution must demonstrate adherence to all institutional graduate medical education policies and procedures. <sup>(Core)</sup>
- 4.2. Resident/Fellow Appointments  
The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME-accredited programs for compliance. <sup>(Core)</sup>
- 4.2.a. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: <sup>(Core)</sup>
- 4.2.a.1. graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME); or, <sup>(Core)</sup>
- 4.2.a.2. graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or, <sup>(Core)</sup>
- 4.2.a.3. graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: <sup>(Core)</sup>
- holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or, <sup>(Core)</sup>
  - holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty-/subspecialty program. <sup>(Core)</sup>
- 4.2.b. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment

to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointments. (Core)

- 4.2.b.1. Information that is provided must include stipends, benefits, professional liability coverage, and disability insurance accessible to residents/fellows. (Core)
- 4.2.b.2. Information that is provided must include institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence. (Core)
- 4.2.b.3. Information that is provided must include health insurance accessible to residents/fellows and their eligible dependents. (Core)

#### 4.3. Agreement of Appointment/Contract

The Sponsoring Institution must ensure that residents/fellows are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program. The Sponsoring Institution must monitor each of its programs with regard to implementation of terms and conditions of appointment. (Core)

[See FAQ in Appendix]

- 4.3.a. The contract/agreement of appointment must directly contain or provide a reference to the following items: (Core)
  - 4.3.a.1. resident/fellow responsibilities; (Core)
  - 4.3.a.2. duration of appointment; (Core)
  - 4.3.a.3. financial support for residents/fellows; (Core)
  - 4.3.a.4. conditions for reappointment and promotion to a subsequent PGY level; (Core)
  - 4.3.a.5. grievance and due process; (Core)
  - 4.3.a.6. professional liability insurance, including a summary of pertinent information regarding coverage; (Core)
  - 4.3.a.7. health insurance benefits for residents/fellows and their eligible dependents; (Core)
  - 4.3.a.8. disability insurance for residents/fellows; (Core)
  - 4.3.a.9. vacation and leave(s) of absence for residents/fellows, including medical, parental, and caregiver leave(s) of absence, and compliant with applicable laws; (Core)
  - 4.3.a.10. timely notice of the effect of leave(s) of absence on the ability of residents/fellows to satisfy requirements for program completion; (Core)
  - 4.3.a.11. information related to eligibility for specialty board examinations; and, (Core)

- 4.3.a.12. institutional policies and procedures regarding resident/fellow clinical and educational work hours and moonlighting. (Core)
- 4.4. Promotion, Appointment Renewal and Dismissal  
The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment. (Core)
- 4.4.a. The Sponsoring Institution must ensure that each of its programs provides a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed. (Core)
- 4.4.b. The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal. (Core)
- 4.5. Grievances  
The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest. (Core)
- 4.6. Professional Liability Insurance  
The Sponsoring Institution must ensure that residents/fellows are provided with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited programs, or after completion of the program(s) if the alleged acts or omissions of a resident/fellow are within the scope of the program(s). (Core)
- 4.6.a. The Sponsoring Institution must ensure that residents/fellows are provided with official documentation of the details of their professional liability coverage before the start date of resident/fellow appointments. (Core)
- 4.6.b. The Sponsoring Institution must ensure that residents/fellows are provided with written advance notice of any substantial change to the details of their professional liability coverage. (Core)  
[See FAQ in Appendix]
- 4.7. Health and Disability Insurance  
The Sponsoring Institution must ensure that residents/fellows are provided with health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility. (Core)
- 4.7.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)

4.7.b. The Sponsoring Institution must ensure that residents/fellows are provided with disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility. (Core)

4.7.b.1. 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)

#### 4.8. Vacation and Leaves of Absence

The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. (Core)

[See FAQ in Appendix]

4.8.a. This policy must provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. (Core)  
[See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix]

4.8.b. This policy must provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. (Core)  
[See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix]

4.8.c. This policy must provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. (Core)  
[See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix]

4.8.d. This policy must ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence. (Core)

4.8.e. This policy must describe the process for submitting and approving requests for leaves of absence. (Core)

4.8.f. This policy must be available for review by residents/fellows at all times. (Core)

4.8.g. 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)  
[See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix]

#### 4.9. Resident Services

##### 4.9.a. Behavioral Health

The Sponsoring Institution must ensure that residents/fellows are provided with access to confidential counseling and behavioral health services. (Core)

[See FAQ in Appendix]

##### 4.9.b. Physician Impairment

The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. (Core)

##### 4.9.c. Harassment

The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations. (Core)

##### 4.9.d. Accommodation for Disabilities

The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. (Core)

##### 4.9.e. Discrimination

The Sponsoring Institution must have policies and procedures, not necessarily GME-specific, prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations. (Core)

#### 4.10. Supervision

The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (Core)

4.10.a. The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements. (Core)

#### 4.11. Clinical and Educational Work Hours:

The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. (Core)

##### 4.11.a. Moonlighting

The Sponsoring Institution must maintain a policy on moonlighting that includes the following:

4.11.a.1. residents/fellows must not be required to engage in moonlighting; (Core)

- 4.11.a.2. residents/fellows must have written permission from their program director to moonlight; (Core)
- 4.11.a.3. an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight; and, (Core)
- 4.11.a.4. the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows. (Core)
- 4.12. Vendors  
The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs. (Core)
- 4.13. Non-competition  
The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant. (Core)
- 4.14. Substantial Disruptions in Patient Care or Education  
The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education. (Core)
  - 4.14.a. This policy must include information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments. (Core)
- 4.15. Closures and Reductions  
The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following: (Core)
  - 4.15.a. the Sponsoring Institution must inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close; and, (Core)
  - 4.15.b. the Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an)other ACGME-accredited program(s) in which they can continue their education. (Core)

## 5. Frequently Asked Questions: Institutional Requirements

FAQs related to Institutional Requirements

Institutional Requirements including FAQs

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Last updated July 2026

Institutional Review Committee

## Section 1: Structure for Educational Oversight

Questions concerning "*Sponsoring Institution*" (1.1)

**Q:** What makes up a Sponsoring Institution?

**A:** A Sponsoring Institution is an entity that oversees, supports, and administers one or more ACGME-accredited residency/fellowship programs. A governing body (which can be a person or a group) has ultimate authority over and responsibility for graduate medical education (GME) in a Sponsoring Institution. A designated institutional official (DIO) collaborates with a Graduate Medical Education Committee (GMEC) to ensure a Sponsoring Institution's and its programs' substantial compliance with the applicable ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements.

Questions concerning "*Sponsoring Institution*" (1.1)

**Q:** What is the purpose of the organizational charts required as part of the Institutional Review Uploads in the Accreditation Data System (ADS)?

**A:** A Sponsoring Institution's organizational chart(s) should illustrate the authority of a single governing body and its relationships with a DIO, GMEC, and other individuals or entities with responsibility for GME in the Sponsoring Institution (e.g., program directors, participating sites). While a variety of organizational structures can be found among ACGME-accredited Sponsoring Institutions, a substantially compliant Sponsoring Institution has a DIO who collaborates with a GMEC with appropriate reports to a singular governing body.

Questions concerning "*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, specialty-/subspecialty-specific Program, and Recognition Requirements, as well as with ACGME Policies and Procedures. (Outcome)*" (1.1.a)

**Q:** What are Recognition Requirements?

**A:** Supplemental to accreditation, recognition is an acknowledgement of identified elements or categories of a program or Sponsoring Institution. The ACGME has requirements for recognition of ACGME-accredited programs that demonstrate the commitment to teaching and assessing osteopathic principles and practice (OPP) in GME. The ACGME is also developing requirements for recognition of Sponsoring Institutions with non-standard training programs for exchange visitor physicians on J-1 visas. If the Sponsoring Institution or its program(s) have a recognition status, the Sponsoring Institution is responsible for ensuring compliance with all applicable Recognition Requirements.

Questions concerning "*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, specialty-/subspecialty-specific Program, and Recognition Requirements, as well as with ACGME Policies and Procedures. (Outcome)*" (1.1.a)

Institutional Requirements including FAQs

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- Q:** How long can a Sponsoring Institution have a status of Initial Accreditation without any residents/fellows in ACGME-accredited programs?
- A:** The Initial Accreditation period for most Sponsoring Institutions is approximately two years. The Sponsoring Institution is responsible for developing at least one ACGME-accredited program with active residents/fellows at the end of the Initial Accreditation period. An accreditation site visit at the end of the Initial Accreditation period will be scheduled even if a Sponsoring Institution has no accredited programs. The IRC may cite Institutional Requirement 1.1.a. if a Sponsoring Institution does not have programs that have achieved ACGME accreditation.

Questions concerning *"This individual, 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, specialty-/subspecialty-specific Program, and Recognition Requirements. (Core) "* (1.2.a)

- Q:** Are there limits on who can serve as a DIO?
- A:** While the Institutional Requirements do not specify qualifications of a DIO, it is expected that the DIO effectively collaborates with the GMEC to ensure compliance with the applicable Common, specialty-specific, Institutional, and Recognition Requirements. The Sponsoring Institution's organizational structure should reflect the DIO's authority and responsibility for oversight of each of its sponsored ACGME-accredited programs. While it is currently acceptable for one individual to serve as DIO for more than one Sponsoring Institution, each Sponsoring Institution must define the financial support and protected time committed to the DIO for responsibilities relating to oversight, education, administration, and leadership in that Sponsoring Institution only. Additionally, the DIO can serve in other roles within the Sponsoring Institution, provided that the Sponsoring Institution ensures the necessary financial support, professional development, and protected time for the fulfillment of required DIO responsibilities.

A program director or faculty member of an ACGME-accredited program may simultaneously serve as a DIO. When a DIO is also a program director or faculty member, the Sponsoring Institution should carefully manage conflicts of interest that may arise for the DIO in program oversight activities, such as Special Reviews of underperforming programs. Such DIOs may have a designee and may be recused from some GMEC oversight functions, as appropriate.

Questions concerning *"The DIO must oversee submissions of the Annual Update for each program and the Sponsoring Institution to the ACGME. (Core) "* (1.2.c)

- Q:** How does the DIO demonstrate oversight of programs' Annual Update submissions to the ACGME?
- A:** The requirement acknowledges the role of the DIO in overseeing programs' submissions of accreditation information to the ACGME. The DIO, with the institutional coordinator(s), is expected to document this oversight by approving programs' Annual Update submissions in ADS. The approval process includes a mechanism for DIOs and institutional coordinators to provide confidential feedback to programs prior to approval.

Questions concerning *"A written statement, reviewed, dated, and signed at least once every five years by the DIO, a representative of the Sponsoring Institution's senior administration, and a representative of the governing body, must document the Sponsoring Institution's:"* (1.4) , *"GME mission; and, (Core) "* (1.4.a)

**Q:** What are the essential components in a Sponsoring Institution's written statement of commitment to GME?

**A:** The Sponsoring Institution's written statement of commitment statement must include:

1. Name of the ACGME-accredited Sponsoring Institution
2. Date(s) of the statement of commitment falling within five years of the current date
3. Explicit reference(s) to the Sponsoring Institution's commitment of necessary financial support for *all* of the areas specified (i.e., "administrative, educational, financial, human, and clinical resources")
4. The Sponsoring Institution's GME mission statement
5. Signatures of (a) the DIO; (b) a representative of the Sponsoring Institution's senior administration; and (c) a representative of the governing body. The printed name, title(s), and role(s) should appear with each signature. If one individual holds more than one of the roles of the required signatories, each of the roles should be separately identified with the signature (e.g., "Dr. Jane Smith, Designated Institutional Official, Governing Body Representative").

Questions concerning *"GME mission; and, (Core) "* (1.4.a)

**Q:** What does the IRC expect from the GME mission statement?

*Common Program Requirement: 4.2.a.]*

**A:** This requirement aligns with the Common Program Requirement for an institutional mission that informs the accredited programs' aims and development. The requirement is intended to ensure the Sponsoring Institution has developed a mission relevant to GME. When completing the Institutional Self-Study, the self-study team should evaluate institutional performance related to the Sponsoring Institution's GME mission.

Questions concerning *"A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members: (Core) "* (1.9.a) , *"A Sponsoring Institution with one program must have a GMEC that includes at least the following voting members:"* (1.9.b)

**Q:** Can a DIO have multiple roles as a voting member of a GMEC?

**A:** An individual may serve on a GMEC as DIO, as a representative program director, as the individual responsible for quality improvement or patient safety, and/or (in the case of Sponsoring Institutions with one ACGME-accredited program) as the individual from a department other than that of the program specialty. It should be apparent from a Sponsoring Institution's records (including the GMEC's voting membership list and meeting minutes) which individuals meet one or more of the minimum membership requirements.

Questions concerning *"Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. (Detail) "* (1.10.a) , *"GMEC subcommittee actions that address required GMEC responsibilities; (Core) "* (1.13.b)

**Q:** What is the right operating structure for a GMEC and its subcommittees?

**A:** A GMEC may have permanent and/or ad hoc subcommittees, or may function without subcommittees. If a GMEC has an executive committee, it is assumed the executive committee fulfills required GMEC responsibilities and therefore counts as a subcommittee of the GMEC under the requirements. If there are permanent and/or ad hoc subcommittees, the Sponsoring Institution should describe them in its ADS Annual Update and should clarify whether each fulfills required GMEC responsibilities [see *Institutional Requirements 1.12.-1.15.*]. For each subcommittee that fulfills required GMEC responsibilities, it is expected that the Sponsoring Institution can document participation of a peer-selected resident/fellow.

It is expected that Program Evaluation Committees (PECs) and Clinical Competency Committees (CCCs) operate as program-level committees. [See Common Program Requirements 5.3. and 5.5.] To ensure that information about individual residents' or fellows' performance is not shared with GMEC members (e.g., peer-selected residents/fellows) who should not have access, a program's CCC should not function as a subcommittee of the GMEC. While the IRC does not expect PECs to report to the GMEC, it may be appropriate to facilitate required oversight of ACGME-accredited programs' Annual Program Evaluations.

Questions concerning "*Meetings and Attendance*" (1.11)

**Q:** What are the specific expectations for a minimum of one GMEC meeting every quarter during each academic year? What is the specific expectation for new Sponsoring Institutions when providing GMEC minutes in the Sponsor Application?

**A:** The academic year is from July 1 to June 30, and comprises four quarters which begin July 1, October 1, January 1, and April 1. During each quarter, the GMEC must meet at least once. GMEC meeting minutes must specify the date of each meeting.

For new Sponsoring Institutions, the minutes of at least one GMEC meeting must be provided in the application. Once the first meeting of a GMEC occurs, the GMEC is expected to meet at least once in each subsequent quarter.

Questions concerning "*The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities. (Core)*" (1.11.b)

**Q:** How should GMEC meeting minutes be annotated?

**A:** GMEC meeting minutes submitted for the IRC's review must clearly document execution of required functions and responsibilities. When submitting GMEC meeting minutes to the ACGME, Sponsoring Institutions are asked to annotate those minutes, which is to say that a reference to a specific Institutional Requirement should accompany each GMEC action that fulfills that requirement. Ideally, annotations should be easy to identify (e.g., in bold type); they may be embedded in the text or placed in a column running next to the text. Appropriate annotations include references to Institutional Requirements in the range of 1.12. to 1.15.

Questions concerning "*Responsibilities*" (1.12) , "*GMEC responsibilities must include review and approval of:*" (1.13) , "*The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).*" (1.14) , "*The GMEC*

*must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)" (1.15)*

**Q:** What are a GMEC's responsibilities and how does it demonstrate it is fulfilling them?

**A:** As specified in Institutional Requirements 1.12.-1.15., the GMEC's responsibilities include: (1) oversight of institutional and program accreditation; (2) review and approval of various items specified in the Institutional Requirements; and, (3) monitoring of institutional and program performance. "Oversight" includes routine monitoring of institutional and program accreditation, as well as the formalized Annual Institutional Review (AIR) and Special Review processes. There are activities that must be documented in GMEC meeting minutes *at least annually*. These include:

(1) Oversight of institutional and program accreditation and recognition outcomes [1.12.a.]

(2) Oversight of Annual Program Evaluations and Self-Studies [1.12.d.]

(3) Review and approval of recommendations to the Sponsoring Institution's administration regarding stipends and benefits [1.13.c.]

(4) Oversight of the AIR and resulting action plans [1.14., 1.14.b.2.]

Other GMEC responsibilities for oversight, review, and approval should be documented as they are fulfilled. For new Sponsoring Institutions, it is expected that the GMEC has demonstrated review and approval of stipend/benefit recommendations in meeting minutes included in the Sponsor Application. GMEC meeting minutes should reflect the GMEC's approval of any of the specific actions enumerated in Institutional Requirements 1.13.a.-1.13.o. For example, if required institutional GME policies and procedures are revised, the GMEC should document review and approval of any revisions. After a Special Review (1.15.), the GMEC's meeting minutes should document monitoring of outcomes under its Special Review protocol. GMEC responsibilities for review can be reflected in a number of ways. It is expected that GMEC meeting minutes will record actions such as approvals, AIRs, and Special Review monitoring with precise language (e.g., "approved").

A Sponsoring Institution that has one or more subcommittees of the GMEC must ensure that subcommittee actions fulfilling required GMEC responsibilities are reviewed and approved by the GMEC. The GMEC should document subcommittee oversight, review, and approval of such subcommittee actions in meeting minutes.

Questions concerning *"ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually; (Core) "* (1.12.e)

**Q:** How should the GMEC oversee programs' implementation of policies and procedures governing vacations and leaves of absence for residents and fellows?

**A:** The GMEC is responsible for annual institutional oversight of programs' implementation of vacation and leave policies, including implementation of terms specified in Institutional Requirements 4.8.a.-4.8.g. This may include the accessibility and use of resident/fellow benefits, based on aggregated information without identifying individual instances of vacations

or leaves of absence to the GMEC. The GMEC should not be asked to review individual residents'/fellows' requests for leave.

Questions concerning *"the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided. (Detail) "* (1.12.g)

**Q:** What is the GMEC's role in ensuring that patient safety summary reports are provided and is there particular information that should be included?

**A:** At minimum, the GMEC must ensure that summary information of patient safety reports is being provided to residents, fellows, faculty members, and other clinical staff members. The Sponsoring Institution has discretion to determine what type(s) of patient safety summary information is provided. To demonstrate compliance with this requirement, meeting minutes of the GMEC should document verification that summary information is provided at least annually.

Questions concerning *"annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits; (Core) "* (1.13.c)

**Q:** What is meant by "resident/fellow stipends and benefits"?

**A:** "Stipends" is synonymous with "salaries" for the purposes of this requirement. Resident/fellow benefits include terms of the residents'/fellows' appointments, such as health insurance. Benefits may also include one-time payments (sometimes also called "stipends") to be used by residents/fellows for educational purposes, such as travel to attend professional meetings.

Questions concerning *"major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site; (Core) "* (1.13.f)

**Q:** What is considered a major change to an ACGME-accredited program for GMEC oversight?

**A:** Examples of major changes to programs include changes to curriculum, resident/fellow assignments (e.g., rotations), program length, or participating sites that have a substantial impact on resident/fellow education.

Questions concerning *"The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome) "* (1.14)

**Q:** What is the difference between an AIR and an Annual Program Evaluation? Does a Sponsoring Institution without any ACGME-accredited programs need to complete an AIR?

*[Institutional Requirement: 1.14., Common Program Requirements: 5.3. and 5.5.]*

**A:** Completion of the AIR is a responsibility of the Sponsoring Institution, in contrast with Annual Program Evaluations, which are conducted and documented by PECs. While information from Annual Program Evaluations may be used as performance indicators for a Sponsoring Institution's AIR, the executive summary of the AIR should reflect institutional accreditation oversight that is distinct from program oversight. Requirements for the AIR apply to all Sponsoring Institutions, including those that have one ACGME-accredited program and those that have no programs.

At least annually, the GMEC's meeting minutes should document the GMEC's oversight of Annual Program Evaluations, as well as AIRs (and their resulting action plans) [see FAQ above concerning Institutional Requirements 1.12.-1.15.].

Questions concerning *"The written executive summary must include a summary of institutional performance on indicators for the AIR. (Core) "* (1.14.b.1)

**Q:** How is DIO approval of program letters of agreement (PLAs) documented?

**A:** Approval is documented by the presence of the DIO's signature on the PLA. Sponsoring Institutions have flexibility to determine efficient processes for documenting this approval.

Questions concerning *"The Special Review process must include a protocol that: (Core) "* (1.15.a) , *"establishes a variety of criteria for identifying underperformance 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; and, (Core) "* (1.15.a.1) , *"results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines. (Core) "* (1.15.a.2)

**Q:** When should the GMEC complete a Special Review? How often should the GMEC monitor outcomes?

**A:** The GMEC is expected to establish criteria that will be used to identify underperforming programs. At a minimum, the criteria must identify programs with ACGME accreditation statuses of Initial Accreditation with Warning or Continued Accreditation with Warning, and those with adverse ACGME accreditation statuses. It is expected that the GMEC will define additional criteria to measure program underperformance beyond accreditation statuses. When a program meets one or more underperformance criteria, the GMEC is expected to initiate a Special Review.

If the GMEC initiates a Special Review due to a program's accreditation status, it is expected that the report of the Special Review report will include timelines, and that this will be developed in advance of the subsequent accreditation review by the relevant ACGME specialty Review Committee.

The frequency of GMEC monitoring of outcomes of a Special Review will depend on the quality improvement goals, corrective actions, timelines, and process for GMEC monitoring of outcomes. A timeline for achievement of quality improvement goals, corrective actions, and GMEC monitoring should be included in the Special Review report.

## Section 2: Institutional Resources

Questions concerning *"Institutional GME Infrastructure and Operations"* (2.1)

**Q:** Are there limits on who can serve as a DIO?

**A:** While the Institutional Requirements do not specify qualifications of a DIO, it is expected that the DIO effectively collaborates with the GMEC to ensure compliance with the applicable Common, specialty-specific, Institutional, and Recognition Requirements. The Sponsoring Institution's organizational structure should reflect the DIO's authority and responsibility for oversight of each of its sponsored ACGME-accredited programs. While it is currently

acceptable for one individual to serve as DIO for more than one Sponsoring Institution, each Sponsoring Institution must define the financial support and protected time committed to the DIO for responsibilities relating to oversight, education, administration, and leadership in that Sponsoring Institution only. Additionally, the DIO can serve in other roles within the Sponsoring Institution, provided that the Sponsoring Institution ensures the necessary financial support, professional development, and protected time for the fulfillment of required DIO responsibilities.

A program director or faculty member of an ACGME-accredited program may simultaneously serve as a DIO. When a DIO is also a program director or faculty member, the Sponsoring Institution should carefully manage conflicts of interest that may arise for the DIO in program oversight activities, such as Special Reviews of underperforming programs. Such DIOs may have a designee and may be recused from some GMEC oversight functions, as appropriate.

Questions concerning *"Resident/Fellow Forum" (2.3)* , *"Any resident/fellow from one of the Sponsoring Institution's ACGME-accredited programs must have the opportunity to directly raise a concern to the forum. (Core) "* (2.3.a) , *"Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present. (Core) "* (2.3.b)

- Q:** What is an appropriate Resident/Fellow Forum for a Sponsoring Institution with programs that are geographically distant from other programs?
- A:** A Sponsoring Institution with more than one sponsored program must have a Sponsoring Institution-wide forum where all residents and fellows can communicate and exchange information with other residents and fellows in the Sponsoring Institution, regardless of location. The forum may provide opportunities to communicate and exchange information in an in-person or remote format. A Sponsoring Institution may provide site-specific communication resources to supplement the required Sponsoring Institution-wide forum.

Questions concerning *"Access to medical literature: Faculty members and residents/fellows must have ready access to electronic medical literature databases and specialty-/subspecialty-specific and other appropriate full-text reference material in print or electronic format. (Core) "* (2.5.a)

- Q:** What is meant by “ready access to electronic medical literature databases and specialty-/subspecialty-specific and other appropriate full-text reference material”?
- A:** Sponsoring Institutions are expected to provide access to medical literature that supports patient care and education in compliance with ACGME requirements. Access to medical literature cannot be solely restricted to physical locations with limited hours. Access to full-text reference materials may be provided online or in print, and may be supported by processes such as interlibrary loans.

### Section 3: The Learning and Working Environment

Questions concerning *"The Sponsoring Institution and each of its ACGME-accredited programs must provide a learning and working environment in which residents/fellows and faculty members have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate. (Core)"* (3.1)

**Q:** What opportunities should residents/fellows and faculty members have for raising concerns and providing feedback confidentially to their Sponsoring Institution?

**A:** Sponsoring Institutions should ensure that institutional mechanisms for residents/fellows and faculty members to raise concerns confidentially do not rely solely on individuals who have roles in the Sponsoring Institution's programs.

Questions concerning "*Clinical Experience and Education*" (3.2.e)

**Q:** Do reports from the program director(s) and/or coordinator(s) to the Sponsoring Institution regarding work hour violations satisfy Institutional Requirements addressing the oversight of resident and fellow clinical and educational work hours?

**A:** The Sponsoring Institution must oversee resident/fellow clinical and educational work hours in each ACGME-accredited program independently of the program's monitoring process(es). It is not sufficient for institutional oversight process(es) to rely solely on reports from program directors and/or coordinators to evaluate compliance with ACGME requirements addressing resident/fellow clinical and educational work hour compliance.

Questions concerning "*Clinical Experience and Education*" (3.2.e)

**Q:** Should the GMEC be involved in the oversight of resident/fellow clinical and educational work hours?

**A:** A process undertaken by the GMEC that documents regular, independent oversight of the clinical and educational work hours in each ACGME-accredited program such as through a GMEC subcommittee, is an example of an activity that supports institutional compliance with this requirement. GMEC oversight of resident/fellow clinical and educational work hour compliance may contribute to fulfillment of oversight responsibility for the quality of the GME learning and working environment.

Questions concerning "*The Sponsoring Institution must oversee an educational program for residents/fellows and faculty members in fatigue mitigation. (Core)*" (3.2.e.2)

**Q:** Are all faculty members required to complete education in fatigue mitigation?

**A:** The ACGME Common Program Requirements specify that programs must educate all faculty members to recognize signs of fatigue and sleep deprivation. The type of education in fatigue mitigation may vary depending on faculty members' roles in residency/fellowship programs. The Sponsoring Institution may demonstrate oversight by confirming the availability of education to all faculty members that is appropriate to their respective roles in ACGME-accredited programs.

Questions concerning "*safe transportation options for residents/fellows who may be too fatigued to safely return home on their own; (Core)*" (3.2.g.5.c)

**Q:** How does a Sponsoring Institution provide safe transportation options for residents/fellows?

**A:** Safe transportation options for residents/fellows are essential to ensuring a healthy and safe educational environment. At a minimum, the Sponsoring Institution should demonstrate that it facilitates the safe transportation of residents and fellows, and that residents and fellows are aware of options to utilize when they are fatigued (e.g., reimbursement for transportation, available call rooms). Specific options may vary depending on the types and locations of resident/fellow assignments and available modes of transportation.

Questions concerning *"clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of breast milk; (Core) "* (3.2.g.5.d)

**Q:** What would be required for clean and safe refrigeration for human milk?

**A:** To ensure the safety and security of expressed human milk, options for clean and safe refrigeration should not allow refrigeration resources that are shared with patients or visitors. Examples of options for clean and safe refrigeration include secure staff refrigerators or lockers that accommodate thermoelectric mini-refrigerators or human milk cooling bags.

## Section 4: Institutional GME Policies and Procedures

Questions concerning *"Agreement of Appointment/Contract"* (4.3)

**Q:** Should the resident/fellow contract or agreement of appointment include additional items or references related to Osteopathic Recognition, if applicable?

**A:** The contract or agreement of appointment for a resident/fellow must include or provide a reference to the resident's/fellow's responsibilities in the program. Responsibilities of residents/fellows that pertain to their participation in a program with ACGME Osteopathic Recognition should be reflected in the contract or agreement of appointment.

Questions concerning *"The Sponsoring Institution must ensure that residents/fellows are provided with written advance notice of any substantial change to the details of their professional liability coverage. (Core) "* (4.6.b)

**Q:** Should Sponsoring Institutions notify residents/fellows if there is a change to tail coverage?

**A:** Yes. Sponsoring institutions must ensure that residents and fellows are aware of substantial changes to their professional liability coverage. This includes coverage for claims reported or filed after completion of the program(s), if the alleged acts or omissions of a resident/fellow are within the scope of the program(s) (commonly called "tail coverage").

Questions concerning *"Vacation and Leaves of Absence"* (4.8)

**Q:** Do institutional policies for resident/fellow leaves of absence address needs for continuous or intermittent leaves of absence?

**A:** Required elements of institutional policies for vacations and leaves of absence pertain to both continuous and intermittent leaves of absence.

Questions concerning *"This policy must provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. (Core) "* (4.8.a)

**Q:** When is a resident/fellow eligible to request the six-week paid leave?

**A:** Institutional policy must allow residents/fellows to request medical, parental, and caregiver leaves of absence starting on the first day of their program.

Questions concerning *"This policy must provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that*

*are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. (Core) " (4.8.a)*

**Q:** Are residents/fellows eligible for additional leave beyond the six weeks?

**A:** Six weeks of approved leave time is specified as the minimum amount permitted under institutional policy. Additional time for leaves of absence may be granted consistent with institutional policy and applicable law.

Questions concerning *"This policy must provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. (Core) " (4.8.a)* , *"This policy must provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. (Core) " (4.8.b)*

**Q:** Does the requirement for six weeks of pay apply to a single instance of approved leave?

**A:** Residents/fellows who are granted an approved leave of less than six weeks would be eligible for an additional approved leave under institutional policy. Requests for additional leave beyond six weeks should be addressed by institutional policies.

For example, if a resident/fellow takes an approved leave of four weeks, and then takes another approved leave of two weeks, the resident/fellow would need to receive the equivalent of 100 percent of salary during both episodes of leave.

Questions concerning *"This policy must provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. (Core) " (4.8.a)* , *"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) " (4.8.g)*

**Q:** Do the vacation and leave of absence benefits apply to one-year programs?

**A:** Required elements of institutional policies for vacations and leaves of absence pertain to all ACGME-accredited programs, including one-year programs.

Questions concerning *"This policy must provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. (Core) " (4.8.a)* , *"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) " (4.8.g)*

**Q:** If an individual completes multiple ACGME-accredited programs at the same Sponsoring Institution, when would the individual be eligible for the paid six weeks' leave of absence?

**A:** If a resident/fellow completes an additional ACGME-accredited program at the same Sponsoring Institution, the resident/fellow would be eligible for the six weeks of approved medical, caregiver, and parental leave in each program.

Questions concerning *"This policy must provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. (Core) "* (4.8.a) , *"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) "* (4.8.g)

**Q:** What is the role of the program director when a resident's/fellow's education and training may have been impacted by a leave of absence?

**A:** The program director should be knowledgeable of the impact of a leave of absence on a resident's/fellow's ability to satisfy requirements for program completion and specialty board examination eligibility. The program director should provide timely and accurate information regarding this impact to residents/fellows, including any need to extend time in the program. The program director should contact the Sponsoring Institution's designated institutional official if there are questions regarding the impact of a resident's/fellow's leave of absence upon program completion or eligibility for board certification.

Questions concerning *"This policy must provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. (Core) "* (4.8.a) , *"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) "* (4.8.g)

**Q:** Can a Sponsoring Institution place boundaries on how an intermittent leave is taken?

**A:** Sponsoring Institutions may create processes on how these types of leaves are implemented, consistent with institutional policies and applicable laws.

Questions concerning *"This policy must provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. (Core) "* (4.8.b)

**Q:** If a resident/fellow has exhausted all paid vacation time, is the Sponsoring Institution expected to grant an additional paid six weeks?

**A:** Sponsoring Institutions may use vacation and other pay sources to provide paid time off during leaves of absence, provided that doing so is consistent with institutional policy and applicable laws.

If vacation time is used to provide pay during leaves of absence and a resident/fellow has used all available vacation time prior to the first instance of approved leave, institutional

policy must require that the resident/fellow receive the equivalent of 100 percent of salary during the first six weeks of leave granted.

Questions concerning *"This policy must provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. (Core) "* (4.8.b) , *"This policy must provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. (Core) "* (4.8.c)

**Q:** Can vacation and other pay sources be used to support residents'/fellows' salary during leaves of absence?

**A:** Sponsoring Institutions may use vacation and other pay sources to provide paid time off during leaves of absence, provided that doing so is consistent with institutional policy and applicable laws, and that one week of paid time off is reserved for use outside of the first six weeks of leave.

Questions concerning *"This policy must provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. (Core) "* (4.8.c)

**Q:** What is the purpose of requiring Sponsoring Institutions to provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence?

**A:** It has been observed that residents/fellows who exhaust time off during leaves of absence may experience well-being challenges. The minimum of one additional week of time off is intended to mitigate these potential challenges. This additional week of time off may be contiguous with the leave period.

Questions concerning *"This policy must provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. (Core) "* (4.8.c)

**Q:** Is there a timeframe within which residents/fellows must use the week of paid time off that is reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken?

**A:** The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leaves of absence) is to be available within the appointment year(s) in which the leave is taken. It is not required that this reserved week carry over into subsequent years of an individual's educational program.

Questions concerning *"Behavioral Health"* (4.9.a)

**Q:** How should the Sponsoring Institution ensure that residents and fellows are provided with access to confidential counseling and behavioral health services?

**A:** Residents and fellows should know how to access confidential counseling and other behavioral health services that are appropriate to their needs (e.g., routine, urgent, or emergent) and circumstances. The Sponsoring Institution is responsible for fulfilling an essential role in

ensuring that services addressing urgent and emergent mental and behavioral health needs are available to all residents/fellows at all times (24/7).