



**Accreditation Council for  
Graduate Medical Education**

# **ACGME Institutional Requirements**

ACGME-approved focused revision: September 26, 2021; effective July 1, 2022

## ACGME Institutional Requirements

### I. Structure for Educational Oversight

#### I.A. Sponsoring Institution

I.A.1. 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)\**

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, 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) 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)*

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; and, *(Core)*

I.A.5.b).(3) after GMEC approval, oversee the submission of applications for ACGME accreditation and recognition,

- 52 requests for voluntary withdrawal of accreditation and  
53 recognition, and requests for changes in residency and  
54 fellowship program complements. <sup>(Core)</sup>  
55
- 56 I.A.6. The Sponsoring Institution must identify a governing body, which is the  
57 single entity that maintains authority over and responsibility for the  
58 Sponsoring Institution and each of its ACGME-accredited programs. <sup>(Core)</sup>  
59
- 60 I.A.7. A written statement, reviewed, dated, and signed at least once every five  
61 years by the DIO, a representative of the Sponsoring Institution’s senior  
62 administration, and a representative of the governing body, must  
63 document the Sponsoring Institution’s:  
64
- 65 I.A.7.a) GME mission; and, <sup>(Core)</sup>  
66
- 67 I.A.7.b) commitment to GME by ensuring the provision of the necessary  
68 administrative, educational, financial, human, and clinical  
69 resources. <sup>(Core)</sup>  
70
- 71 I.A.8. The Sponsoring Institution must complete a Self-Study prior to its 10-Year  
72 Accreditation Site Visit. <sup>(Core)</sup>  
73
- 74 I.A.9. Any Sponsoring Institution or participating site that is a hospital must  
75 maintain accreditation to provide patient care. <sup>(Core)</sup>  
76
- 77 I.A.9.a) Accreditation for patient care must be provided by:  
78
- 79 I.A.9.a).(1) an entity granted “deeming authority” for participation in  
80 Medicare under federal regulations; or, <sup>(Core)</sup>  
81
- 82 I.A.9.a).(2) an entity certified as complying with the conditions of  
83 participation in Medicare under federal regulations. <sup>(Core)</sup>  
84
- 85 I.A.10. When a Sponsoring Institution or major participating site that is a hospital  
86 loses its accreditation for patient care, the Sponsoring Institution must  
87 notify and provide a plan for its response to the Institutional Review  
88 Committee within 30 days of such loss. Based on the particular  
89 circumstances, the ACGME may invoke its procedures related to alleged  
90 egregious and/or catastrophic events. <sup>(Core)</sup>  
91
- 92 I.A.11. When a Sponsoring Institution’s or participating site’s license is denied,  
93 suspended, or revoked, or when a Sponsoring Institution or participating  
94 site is required to curtail activities, or is otherwise restricted, the  
95 Sponsoring Institution must notify and provide a plan for its response to  
96 the Institutional Review Committee within 30 days of such loss or  
97 restriction. Based on the particular circumstances, the ACGME may  
98 invoke its procedures related to alleged egregious and/or catastrophic  
99 events. <sup>(Core)</sup>  
100
- 101 I.B. Graduate Medical Education Committee (GMEC)  
102

103	I.B.1.	Membership
104		
105	I.B.1.a)	A Sponsoring Institution with multiple ACGME-accredited
106		programs must have a GMEC that includes at least the following
107		voting members: <sup>(Core)</sup>
108		
109	I.B.1.a).(1)	the DIO; <sup>(Core)</sup>
110		
111	I.B.1.a).(2)	a representative sample of program directors (minimum of
112		two) from its ACGME-accredited programs; <sup>(Core)</sup>
113		
114	I.B.1.a).(3)	a minimum of two peer-selected residents/fellows from
115		among its ACGME-accredited programs; and, <sup>(Core)</sup>
116		
117	I.B.1.a).(4)	a quality improvement or patient safety officer or designee.
118		<sup>(Core)</sup>
119		
120	I.B.1.b)	A Sponsoring Institution with one program must have a GMEC
121		that includes at least the following voting members:
122		
123	I.B.1.b).(1)	the DIO; <sup>(Core)</sup>
124		
125	I.B.1.b).(2)	the program director when the program director is not the
126		DIO; <sup>(Core)</sup>
127		
128	I.B.1.b).(3)	one of the program's core faculty members other than the
129		program director, if the program includes core faculty
130		members other than the program director; <sup>(Core)</sup>
131		
132	I.B.1.b).(4)	a minimum of two peer-selected residents/fellows from its
133		ACGME-accredited program or the only resident/fellow if
134		the program includes only one resident/fellow; <sup>(Core)</sup>
135		
136	I.B.1.b).(5)	the individual or designee responsible for monitoring
137		quality improvement or patient safety if this individual is not
138		the DIO or program director; and, <sup>(Core)</sup>
139		
140	I.B.1.b).(6)	one or more individuals who are actively involved in GME,
141		are outside the program, and are not the DIO or the quality
142		improvement or patient safety member. <sup>(Core)</sup>
143		
144	I.B.2.	Additional GMEC members and subcommittees: In order to carry out
145		portions of the GMEC's responsibilities, additional GMEC membership
146		may include others as determined by the GMEC. <sup>(Detail)</sup>
147		
148	I.B.2.a)	Subcommittees that address required GMEC responsibilities must
149		include a peer-selected resident/fellow. <sup>(Detail)</sup>
150		
151	I.B.3.	Meetings and Attendance: The GMEC must meet a minimum of once
152		every quarter during each academic year. <sup>(Core)</sup>
153		

154	I.B.3.a)	Each meeting of the GMEC must include attendance by at least
155		one resident/fellow member. (Core)
156		
157	I.B.3.b)	The GMEC must maintain meeting minutes that document
158		execution of all required GMEC functions and responsibilities. (Core)
159		
160	I.B.4.	Responsibilities: GMEC responsibilities must include:
161		
162	I.B.4.a)	Oversight of:
163		
164	I.B.4.a).(1)	ACGME accreditation and recognition statuses of the
165		Sponsoring Institution and each of its ACGME-accredited
166		programs; (Outcome)
167		
168	I.B.4.a).(2)	the quality of the GME learning and working environment
169		within the Sponsoring Institution, each of its ACGME-
170		accredited programs, and its participating sites; (Outcome)
171		
172	I.B.4.a).(3)	the quality of educational experiences in each ACGME-
173		accredited program that lead to measurable achievement
174		of educational outcomes as identified in the ACGME
175		Common and specialty-/subspecialty-specific Program
176		Requirements; (Outcome)
177		
178	I.B.4.a).(4)	the ACGME-accredited program(s)' annual program
179		evaluation(s) and Self-Study(ies); (Core)
180		
181	I.B.4.a).(5)	ACGME-accredited programs' implementation of
182		institutional policy(ies) for vacation and leaves of absence,
183		including medical, parental, and caregiver leaves of
184		absence, at least annually; (Core)
185		
186	I.B.4.a).(6)	all processes related to reductions and closures of
187		individual ACGME-accredited programs, major
188		participating sites, and the Sponsoring Institution; and, (Core)
189		
190	I.B.4.a).(7)	the provision of summary information of patient safety
191		reports to residents, fellows, faculty members, and other
192		clinical staff members. At a minimum, this oversight must
193		include verification that such summary information is being
194		provided. (Detail)
195		
196	I.B.4.b)	review and approval of:
197		
198	I.B.4.b).(1)	institutional GME policies and procedures; (Core)
199		
200	I.B.4.b).(2)	GMEC subcommittee actions that address required GMEC
201		responsibilities; (Core)
202		

203	I.B.4.b).(3)	annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits; (Core)
204		
205		
206		
207	I.B.4.b).(4)	applications for ACGME accreditation of new programs; (Core)
208		
209		
210	I.B.4.b).(5)	requests for permanent changes in resident/fellow complement; (Core)
211		
212		
213	I.B.4.b).(6)	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)
214		
215		
216		
217	I.B.4.b).(7)	additions and deletions of each of its ACGME-accredited programs' participating sites; (Core)
218		
219		
220	I.B.4.b).(8)	appointment of new program directors; (Core)
221		
222	I.B.4.b).(9)	progress reports requested by a Review Committee; (Core)
223		
224	I.B.4.b).(10)	responses to Clinical Learning Environment Review (CLER) reports; (Core)
225		
226		
227	I.B.4.b).(11)	requests for exceptions to clinical and educational work hour requirements; (Core)
228		
229		
230	I.B.4.b).(12)	voluntary withdrawal of ACGME program accreditation or recognition; (Core)
231		
232		
233	I.B.4.b).(13)	requests for appeal of an adverse action by a Review Committee; and, (Core)
234		
235		
236	I.B.4.b).(14)	appeal presentations to an ACGME Appeals Panel; and, (Core)
237		
238		
239	I.B.4.b).(15)	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)
240		
241		
242		
243		
244		
245	I.B.5.	The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome)
246		
247		
248		
249	I.B.5.a)	The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: (Core)
250		
251		
252	I.B.5.a).(1)	the most recent ACGME institutional letter of notification; (Core)
253		

254		
255	I.B.5.a).(2)	results of ACGME surveys of residents/fellows and core
256		faculty members; and, (Core)
257		
258	I.B.5.a).(3)	each of its ACGME-accredited programs' ACGME
259		accreditation information, including accreditation and
260		recognition statuses and citations. (Core)
261		
262	I.B.5.b)	The DIO must annually submit a written executive summary of the
263		AIR to the Sponsoring Institution's Governing Body. The written
264		executive summary must include: (Core)
265		
266	I.B.5.b).(1)	a summary of institutional performance on indicators for
267		the AIR; and, (Core)
268		
269	I.B.5.b).(2)	action plans and performance monitoring procedures
270		resulting from the AIR. (Core)
271		
272	I.B.6.	The GMEC must demonstrate effective oversight of underperforming
273		program(s) through a Special Review process. (Core)
274		
275	I.B.6.a)	The Special Review process must include a protocol that: (Core)
276		
277	I.B.6.a).(1)	establishes a variety of criteria for identifying
278		underperformance that includes, at a minimum, program
279		accreditation statuses of Initial Accreditation with Warning,
280		Continued Accreditation with Warning, and adverse
281		accreditation statuses as described by ACGME policies;
282		and, (Core)
283		
284	I.B.6.a).(2)	results in a timely report that describes the quality
285		improvement goals, the corrective actions, and the process
286		for GMEC monitoring of outcomes, including timelines.
287		(Core)
288		
289	II.	Institutional Resources
290		
291	II.A.	Institutional GME Infrastructure and Operations: The Sponsoring Institution must
292		ensure that:
293		
294	II.A.1.	the DIO has sufficient support and dedicated time to effectively carry out
295		educational, administrative, and leadership responsibilities; (Core)
296		
297	II.A.2.	the DIO engages in professional development applicable to
298		responsibilities as an educational leader; and, (Core)
299		
300	II.A.3.	sufficient salary support and resources are provided for effective GME
301		administration. (Core)
302		

- 303 II.B. Program Administration: The Sponsoring Institution, in partnership with each of  
304 its ACGME-accredited programs, must ensure the availability of adequate  
305 resources for resident/fellow education, including:  
306
- 307 II.B.1. support and dedicated time for the program director(s) to effectively carry  
308 out educational, administrative, and leadership responsibilities, as  
309 described in the Institutional, Common, and specialty-/subspecialty-  
310 specific Program Requirements; <sup>(Core)</sup>  
311
- 312 II.B.2. support for core faculty members to ensure both effective supervision and  
313 quality resident/fellow education; <sup>(Core)</sup>  
314
- 315 II.B.3. support for professional development applicable to program directors' and  
316 core faculty members' responsibilities as educational leaders; <sup>(Core)</sup>  
317
- 318 II.B.4. support and time for the program coordinator(s) to effectively carry out  
319 responsibilities; and, <sup>(Core)</sup>  
320
- 321 II.B.5. resources, including space, technology, and supplies, to provide effective  
322 support for each of its ACGME-accredited programs. <sup>(Core)</sup>  
323
- 324 II.C. Resident/Fellow Forum: The Sponsoring Institution with more than one program  
325 must ensure availability of an organization, council, town hall, or other platform  
326 that allows all residents/fellows from within and across the Sponsoring  
327 Institution's ACGME-accredited programs to communicate and exchange  
328 information with other residents/fellows relevant to their ACGME-accredited  
329 programs and their learning and working environment. <sup>(Core)</sup>  
330
- 331 II.C.1. Any resident/fellow from one of the Sponsoring Institution's ACGME-  
332 accredited programs must have the opportunity to directly raise a concern  
333 to the forum. <sup>(Core)</sup>  
334
- 335 II.C.2. Residents/fellows must have the option, at least in part, to conduct their  
336 forum without the DIO, faculty members, or other administrators present.  
337 <sup>(Core)</sup>  
338
- 339 II.C.3. Residents/fellows must have the option to present concerns that arise  
340 from discussions at the forum to the DIO and GMEC. <sup>(Core)</sup>  
341
- 342 II.D. Resident Salary and Benefits: The Sponsoring Institution, in partnership with its  
343 ACGME-accredited programs and participating sites, must provide all  
344 residents/fellows with financial support and benefits to ensure that they are able  
345 to fulfill the responsibilities of their ACGME-accredited program(s). <sup>(Core)</sup>  
346
- 347 II.E. Educational Tools  
348
- 349 II.E.1. Communication resources and technology: Faculty members and  
350 residents/fellows must have ready access to adequate communication  
351 resources and technological support. <sup>(Core)</sup>  
352



- 353 II.E.2. Access to medical literature: Faculty members and residents/fellows must  
 354 have ready access to electronic medical literature databases and  
 355 specialty-/subspecialty-specific and other appropriate full-text reference  
 356 material in print or electronic format. <sup>(Core)</sup>  
 357
- 358 II.F. Support Services and Systems  
 359
- 360 II.F.1. The Sponsoring Institution must provide support services and develop  
 361 health care delivery systems to minimize residents'/fellows' work that is  
 362 extraneous to their ACGME-accredited program(s)' educational goals and  
 363 objectives, and to ensure that residents'/fellows' educational experience  
 364 is not compromised by excessive reliance on residents'/fellows to fulfill  
 365 non-physician service obligations. These support services and systems  
 366 must include: <sup>(Core)</sup>  
 367
- 368 II.F.1.a) peripheral intravenous access placement, phlebotomy, laboratory,  
 369 pathology and radiology services and patient transportation  
 370 services provided in a manner appropriate to and consistent with  
 371 educational objectives and to support high quality and safe patient  
 372 care; <sup>(Core)</sup>  
 373
- 374 II.F.1.b) medical records available at all participating sites to support high  
 375 quality and safe patient care, residents'/fellows' education, quality  
 376 improvement and scholarly activities; and, <sup>(Core)</sup>  
 377
- 378 II.F.1.c) institutional processes for ensuring the availability of resources to  
 379 support residents'/fellows' well-being and education by minimizing  
 380 impact to clinical assignments resulting from leaves of absence.  
 381 <sup>(Core)</sup>  
 382
- 383 III. The Learning and Working Environment  
 384
- 385 III.A. The Sponsoring Institution and each of its ACGME-accredited programs must  
 386 provide a learning and working environment in which residents/fellows and  
 387 faculty members have the opportunity to raise concerns and provide feedback  
 388 without intimidation or retaliation, and in a confidential manner, as appropriate.  
 389 <sup>(Core)</sup>  
 390
- 391 III.B. The Sponsoring Institution is responsible for oversight and documentation of  
 392 resident/fellow engagement in the following: <sup>(Core)</sup>  
 393
- 394 III.B.1. Patient Safety: The Sponsoring Institution must ensure that  
 395 residents/fellows have:  
 396
- 397 III.B.1.a) access to systems for reporting errors, adverse events, unsafe  
 398 conditions, and near misses in a protected manner that is free  
 399 from reprisal; and, <sup>(Core)</sup>  
 400
- 401 III.B.1.b) opportunities to contribute to root cause analysis or other similar  
 402 risk-reduction processes. <sup>(Core)</sup>  
 403

- 404 III.B.2. Quality Improvement: The Sponsoring Institution must ensure that  
405 residents/fellows have:  
406
- 407 III.B.2.a) access to data to improve systems of care, reduce health care  
408 disparities, and improve patient outcomes; and, <sup>(Core)</sup>  
409
- 410 III.B.2.b) opportunities to participate in quality improvement initiatives. <sup>(Core)</sup>  
411
- 412 III.B.3. Transitions of Care: The Sponsoring Institution must:  
413
- 414 III.B.3.a) facilitate professional development for core faculty members and  
415 residents/fellows regarding effective transitions of care; and, <sup>(Core)</sup>  
416
- 417 III.B.3.b) in partnership with its ACGME-accredited program(s), ensure and  
418 monitor effective, structured patient hand-over processes to  
419 facilitate continuity of care and patient safety at participating sites.  
420 <sup>(Core)</sup>  
421
- 422 III.B.4. Supervision and Accountability  
423
- 424 III.B.4.a) The Sponsoring Institution must oversee:  
425
- 426 III.B.4.a).(1) supervision of residents/fellows consistent with institutional  
427 and program-specific policies; and, <sup>(Core)</sup>  
428
- 429 III.B.4.a).(2) mechanisms by which residents/fellows can report  
430 inadequate supervision and accountability in a protected  
431 manner that is free from reprisal. <sup>(Core)</sup>  
432
- 433 III.B.5. Clinical Experience and Education  
434
- 435 III.B.5.a) The Sponsoring Institution must oversee:  
436
- 437 III.B.5.a).(1) resident/fellow clinical and educational work hours,  
438 consistent with the Common and specialty-/subspecialty-  
439 specific Program Requirements across all programs,  
440 addressing areas of non-compliance in a timely manner;  
441 <sup>(Core)</sup>  
442
- 443 III.B.5.a).(2) systems of care and learning and working environments  
444 that facilitate fatigue mitigation for residents/fellows; and,  
445 <sup>(Core)</sup>  
446
- 447 III.B.5.a).(3) an educational program for residents/fellows and faculty  
448 members in fatigue mitigation. <sup>(Core)</sup>  
449
- 450 III.B.6. Professionalism  
451
- 452 III.B.6.a) The Sponsoring Institution, in partnership with the program  
453 director(s) of its ACGME-accredited program(s), must provide a

454 culture of professionalism that supports patient safety and  
455 personal responsibility. (Core)  
456  
457 III.B.6.b) The Sponsoring Institution, in partnership with its ACGME-  
458 accredited program(s), must educate residents/fellows and faculty  
459 members concerning the professional responsibilities of  
460 physicians, including their obligation to be appropriately rested  
461 and fit to provide the care required by their patients. (Core)  
462  
463 III.B.6.c) The Sponsoring Institution must provide systems for education in  
464 and monitoring of:  
465  
466 III.B.6.c).(1) residents'/fellows' and core faculty members' fulfillment of  
467 educational and professional responsibilities, including  
468 scholarly pursuits; and, (Core)  
469  
470 III.B.6.c).(2) accurate completion of required documentation by  
471 residents/fellows. (Core)  
472  
473 III.B.6.d) The Sponsoring Institution must ensure that its ACGME-  
474 accredited program(s) provide(s) a professional, equitable,  
475 respectful and civil environment that is free from unprofessional  
476 behavior, including discrimination, sexual, and other forms of  
477 harassment, mistreatment, abuse, and/or coercion of  
478 residents/fellows, other learners, faculty members, and staff  
479 members. (Core)  
480  
481 III.B.6.d).(1) The Sponsoring Institution, in partnership with its ACGME-  
482 accredited program(s), must have a process for education  
483 of residents/fellows and faculty members regarding  
484 unprofessional behavior, and a confidential process for  
485 reporting, investigating, monitoring, and addressing such  
486 concerns in a timely manner. (Core)  
487  
488 III.B.7. Well-Being  
489  
490 III.B.7.a) The Sponsoring Institution must oversee its ACGME-accredited  
491 program's(s') fulfillment of responsibility to address well-being of  
492 residents/fellows and faculty members, consistent with the  
493 Common and specialty-/subspecialty-specific Program  
494 Requirements, addressing areas of non-compliance in a timely  
495 manner. (Core)  
496  
497 III.B.7.b) The Sponsoring Institution, in partnership with its ACGME-  
498 accredited program(s), must educate faculty members and  
499 residents/fellows in identification of the symptoms of burnout,  
500 depression, and substance abuse, including means to assist those  
501 who experience these conditions. This responsibility includes  
502 educating residents/fellows and faculty members in how to  
503 recognize those symptoms in themselves, and how to seek  
504 appropriate care. (Core)

505		
506	III.B.7.c)	The Sponsoring Institution, in partnership with its ACGME-
507		accredited program(s), must: <sup>(Core)</sup>
508		
509	III.B.7.c).(1)	encourage residents/fellows and faculty members to alert
510		their program director, DIO, or other designated personnel
511		or programs when they are concerned that another
512		resident/fellow or faculty member may be displaying signs
513		of burnout, depression, substance abuse, suicidal ideation,
514		or potential for violence; <sup>(Core)</sup>
515		
516	III.B.7.c).(2)	provide access to appropriate tools for self screening; and,
517		<sup>(Core)</sup>
518		
519	III.B.7.c).(3)	provide access to confidential, affordable mental health
520		assessment, counseling, and treatment, including access
521		to urgent and emergent care 24 hours a day, seven days a
522		week. <sup>(Core)</sup>
523		
524	III.B.7.d)	The Sponsoring Institution must ensure a healthy and safe clinical
525		and educational environment that provides for: <sup>(Core)</sup>
526		
527	III.B.7.d).(1)	access to food during clinical and educational
528		assignments; <sup>(Core)</sup>
529		
530	III.B.7.d).(2)	sleep/rest facilities that are safe, quiet, clean, and private,
531		and that must be available and accessible for
532		residents/fellows, with proximity appropriate for safe
533		patient care; <sup>(Core)</sup>
534		
535	III.B.7.d).(3)	safe transportation options for residents/fellows who may
536		be too fatigued to safely return home on their own; <sup>(Core)</sup>
537		
538	III.B.7.d).(4)	clean and private facilities for lactation with proximity
539		appropriate for safe patient care, and clean and safe
540		refrigeration resources for the storage of breast milk; <sup>(Core)</sup>
541		
542	III.B.7.d).(5)	safety and security measures appropriate to the clinical
543		learning environment site; and, <sup>(Core)</sup>
544		
545	III.B.7.d).(6)	accommodations for residents/fellows with disabilities,
546		consistent with the Sponsoring Institution's policy. <sup>(Core)</sup>
547		
548	III.B.8.	The Sponsoring Institution, in partnership with each of its programs, must
549		engage in practices that focus on ongoing, mission-driven, systematic
550		recruitment and retention of a diverse and inclusive workforce of
551		residents/fellows, faculty members, senior administrative staff members,
552		and other relevant members of its GME community. <sup>(Core)</sup>
553		
554	IV.	Institutional GME Policies and Procedures
555		

- 556 IV.A. The Sponsoring Institution must demonstrate adherence to all institutional  
557 graduate medical education policies and procedures. <sup>(Core)</sup>  
558
- 559 IV.B. Resident/Fellow Appointments  
560
- 561 IV.B.1. The Sponsoring Institution must have written policies and procedures for  
562 resident/fellow recruitment, selection, eligibility, and appointment  
563 consistent with ACGME Institutional and Common Program  
564 Requirements, and Recognition Requirements (if applicable), and must  
565 monitor each of its ACGME-accredited programs for compliance. <sup>(Core)</sup>  
566
- 567 IV.B.2. An applicant must meet one of the following qualifications to be eligible  
568 for appointment to an ACGME-accredited program: <sup>(Core)</sup>  
569
- 570 IV.B.2.a) graduation from a medical school in the United States or Canada,  
571 accredited by the Liaison Committee on Medical Education  
572 (LCME); or, <sup>(Core)</sup>  
573
- 574 IV.B.2.b) graduation from a college of osteopathic medicine in the United  
575 States, accredited by the American Osteopathic Association  
576 (AOA); or, <sup>(Core)</sup>  
577
- 578 IV.B.2.c) graduation from a medical school outside of the United States or  
579 Canada, and meeting one of the following additional qualifications:  
580 <sup>(Core)</sup>  
581
- 582 IV.B.2.c).(1) holds a currently-valid certificate from the Educational  
583 Commission for Foreign Medical Graduates prior to  
584 appointment; or, <sup>(Core)</sup>  
585
- 586 IV.B.2.c).(2) holds a full and unrestricted license to practice medicine in  
587 a United States licensing jurisdiction in his or her current  
588 ACGME specialty-/subspecialty program. <sup>(Core)</sup>  
589
- 590 IV.B.3. An applicant invited to interview for a resident/fellow position must be  
591 informed, in writing or by electronic means, of the terms, conditions, and  
592 benefits of appointment to the ACGME-accredited program, either in  
593 effect at the time of the interview or that will be in effect at the time of the  
594 applicant's eventual appointments. <sup>(Core)</sup>  
595
- 596 IV.B.3.a) Information that is provided must include:  
597
- 598 IV.B.3.a).(1) stipends, benefits, professional liability coverage, and  
599 disability insurance accessible to residents/fellows; <sup>(Core)</sup>  
600
- 601 IV.B.3.a).(2) institutional policy(ies) for vacation and leaves of absence,  
602 including medical, parental, and caregiver leaves of  
603 absence; and, <sup>(Core)</sup>  
604
- 605 IV.B.3.a).(3) health insurance accessible to residents/fellows and their  
606 eligible dependents. <sup>(Core)</sup>

- 607  
608 IV.C. Agreement of Appointment/Contract  
609  
610 IV.C.1. The Sponsoring Institution must ensure that residents/fellows are  
611 provided with a written agreement of appointment/contract outlining the  
612 terms and conditions of their appointment to a program. The Sponsoring  
613 Institution must monitor each of its programs with regard to  
614 implementation of terms and conditions of appointment. (Core)  
615  
616 IV.C.2. The contract/agreement of appointment must directly contain or provide a  
617 reference to the following items: (Core)  
618  
619 IV.C.2.a) resident/fellow responsibilities; (Core)  
620  
621 IV.C.2.b) duration of appointment; (Core)  
622  
623 IV.C.2.c) financial support for residents/fellows; (Core)  
624  
625 IV.C.2.d) conditions for reappointment and promotion to a subsequent PGY  
626 level; (Core)  
627  
628 IV.C.2.e) grievance and due process; (Core)  
629  
630 IV.C.2.f) professional liability insurance, including a summary of pertinent  
631 information regarding coverage; (Core)  
632  
633 IV.C.2.g) health insurance benefits for residents/fellows and their eligible  
634 dependents; (Core)  
635  
636 IV.C.2.h) disability insurance for residents/fellows; (Core)  
637  
638 IV.C.2.i) vacation and leave(s) of absence for residents/fellows, including  
639 medical, parental, and caregiver leave(s) of absence, and  
640 compliant with applicable laws; (Core)  
641  
642 IV.C.2.j) timely notice of the effect of leave(s) of absence on the ability of  
643 residents/fellows to satisfy requirements for program completion;  
644 (Core)  
645  
646 IV.C.2.k) information related to eligibility for specialty board examinations;  
647 and, (Core)  
648  
649 IV.C.2.l) institutional policies and procedures regarding resident/fellow  
650 clinical and educational work hours and moonlighting. (Core)  
651  
652 IV.D. Promotion, Appointment Renewal and Dismissal  
653  
654 IV.D.1. The Sponsoring Institution must have a policy that requires each of its  
655 ACGME-accredited programs to determine the criteria for promotion  
656 and/or renewal of a resident's/fellow's appointment. (Core)  
657

- 658 IV.D.1.a) The Sponsoring Institution must ensure that each of its programs  
659 provides a resident/fellow with a written notice of intent when that  
660 resident's/fellow's agreement will not be renewed, when that  
661 resident/fellow will not be promoted to the next level of training, or  
662 when that resident/fellow will be dismissed. <sup>(Core)</sup>  
663
- 664 IV.D.1.b) The Sponsoring Institution must have a policy that provides  
665 residents/fellows with due process relating to the following actions  
666 regardless of when the action is taken during the appointment  
667 period: suspension, non-renewal, non-promotion; or dismissal.  
668 <sup>(Core)</sup>  
669
- 670 IV.E. Grievances: The Sponsoring Institution must have a policy that outlines the  
671 procedures for submitting and processing resident/fellow grievances at the  
672 program and institutional level and that minimizes conflicts of interest. <sup>(Core)</sup>  
673
- 674 IV.F. Professional Liability Insurance  
675
- 676 IV.F.1. The Sponsoring Institution must ensure that residents/fellows are  
677 provided with professional liability coverage, including legal defense and  
678 protection against awards from claims reported or filed during  
679 participation in each of its ACGME-accredited programs, or after  
680 completion of the program(s) if the alleged acts or omissions of a  
681 resident/fellow are within the scope of the program(s). <sup>(Core)</sup>  
682
- 683 IV.F.2. The Sponsoring Institution must ensure that residents/fellows are  
684 provided with: <sup>(Core)</sup>  
685
- 686 IV.F.2.a) official documentation of the details of their professional liability  
687 coverage before the start date of resident/fellow appointments;  
688 and, <sup>(Core)</sup>  
689
- 690 IV.F.2.b) written advance notice of any substantial change to the details of  
691 their professional liability coverage. <sup>(Core)</sup>  
692
- 693 IV.G. Health and Disability Insurance  
694
- 695 IV.G.1. The Sponsoring Institution must ensure that residents/fellows are  
696 provided with health insurance benefits for residents/fellows and their  
697 eligible dependents beginning on the first day of insurance eligibility. <sup>(Core)</sup>  
698
- 699 IV.G.1.a) If the first day of health insurance eligibility is not the first day that  
700 residents/fellows are required to report, then the residents/fellows  
701 must be given advanced access to information regarding interim  
702 coverage so that they can purchase coverage if desired. <sup>(Core)</sup>  
703
- 704 IV.G.2. The Sponsoring Institution must ensure that residents/fellows are  
705 provided with disability insurance benefits for residents/fellows beginning  
706 on the first day of disability insurance eligibility. <sup>(Core)</sup>  
707

- 708 IV.G.2.a) If the first day of disability insurance eligibility is not the first day  
709 that residents/fellows are required to report, then the  
710 residents/fellows must be given advanced access to information  
711 regarding interim coverage so that they can purchase coverage if  
712 desired. (Core)  
713
- 714 IV.H. Vacation and Leaves of Absence  
715
- 716 IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of  
717 absence, consistent with applicable laws. This policy must: (Core)  
718
- 719 IV.H.1.a) provide residents/fellows with a minimum of six weeks of  
720 approved medical, parental, and caregiver leave(s) of absence for  
721 qualifying reasons that are consistent with applicable laws at least  
722 once and at any time during an ACGME-accredited program,  
723 starting the day the resident/fellow is required to report; (Core)  
724
- 725 IV.H.1.b) provide residents/fellows with at least the equivalent of 100  
726 percent of their salary for the first six weeks of the first approved  
727 medical, parental, or caregiver leave(s) of absence taken; (Core)  
728
- 729 IV.H.1.c) provide residents/fellows with a minimum of one week of paid time  
730 off reserved for use outside of the first six weeks of the first  
731 approved medical, parental, or caregiver leave(s) of absence  
732 taken; (Core)  
733
- 734 IV.H.1.d) ensure the continuation of health and disability insurance benefits  
735 for residents/fellows and their eligible dependents during any  
736 approved medical, parental, or caregiver leave(s) of absence; (Core)  
737
- 738 IV.H.1.e) describe the process for submitting and approving requests for  
739 leaves of absence; (Core)  
740
- 741 IV.H.1.f) be available for review by residents/fellows at all times; and, (Core)  
742
- 743 IV.H.1.g) ensure that each of its ACGME-accredited programs provides its  
744 residents/fellows with accurate information regarding the impact of  
745 an extended leave of absence upon the criteria for satisfactory  
746 completion of the program and upon a resident's/fellow's eligibility  
747 to participate in examinations by the relevant certifying board(s).  
748 (Core)  
749
- 750 IV.I. Resident Services  
751
- 752 IV.I.1. Behavioral Health: The Sponsoring Institution must ensure that  
753 residents/fellows are provided with access to confidential counseling and  
754 behavioral health services. (Core)  
755
- 756 IV.I.2. Physician Impairment: The Sponsoring Institution must have a policy, not  
757 necessarily GME-specific, which addresses physician impairment. (Core)  
758



- 759 IV.I.3. Harassment: The Sponsoring Institution must have a policy, not  
760 necessarily GME-specific, covering sexual and other forms of  
761 harassment, that allows residents/fellows access to processes to raise  
762 and resolve complaints in a safe and non-punitive environment and in a  
763 timely manner, consistent with applicable laws and regulations. (Core)  
764
- 765 IV.I.4. Accommodation for Disabilities: The Sponsoring Institution must have a  
766 policy, not necessarily GME-specific, regarding accommodations for  
767 disabilities consistent with all applicable laws and regulations. (Core)  
768
- 769 IV.I.5. Discrimination: The Sponsoring Institution must have policies and  
770 procedures, not necessarily GME-specific, prohibiting discrimination in  
771 employment and in the learning and working environment, consistent with  
772 all applicable laws and regulations. (Core)  
773
- 774 IV.J. Supervision  
775
- 776 IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding  
777 supervision of residents/fellows. (Core)  
778
- 779 IV.J.2. The Sponsoring Institution must ensure that each of its ACGME-  
780 accredited programs establishes a written program-specific supervision  
781 policy consistent with the institutional policy and the respective ACGME  
782 Common and specialty-/subspecialty-specific Program Requirements.  
783 (Core)  
784
- 785 IV.K. Clinical and Educational Work Hours: The Sponsoring Institution must maintain a  
786 clinical and educational work hour policy that ensures effective oversight of  
787 institutional and program-level compliance with ACGME clinical and educational  
788 work hour requirements. (Core)  
789
- 790 IV.K.1. Moonlighting: The Sponsoring Institution must maintain a policy on  
791 moonlighting that includes the following:  
792
- 793 IV.K.1.a) residents/fellows must not be required to engage in moonlighting;  
794 (Core)  
795
- 796 IV.K.1.b) residents/fellows must have written permission from their program  
797 director to moonlight; (Core)  
798
- 799 IV.K.1.c) an ACGME-accredited program will monitor the effect of  
800 moonlighting activities on a resident's/fellow's performance in the  
801 program, including that adverse effects may lead to withdrawal of  
802 permission to moonlight; and, (Core)  
803
- 804 IV.K.1.d) the Sponsoring Institution or individual ACGME-accredited  
805 programs may prohibit moonlighting by residents/fellows. (Core)  
806
- 807 IV.L. Vendors: The Sponsoring Institution must maintain a policy that addresses  
808 interactions between vendor representatives/corporations and residents/fellows  
809 and each of its ACGME-accredited programs. (Core)

- 810  
811 IV.M. Non-competition: The Sponsoring Institution must maintain a policy which states  
812 that neither the Sponsoring Institution nor any of its ACGME-accredited programs  
813 will require a resident/fellow to sign a non-competition guarantee or restrictive  
814 covenant. <sup>(Core)</sup>  
815
- 816 IV.N. Substantial Disruptions in Patient Care or Education: The Sponsoring Institution  
817 must maintain a policy consistent with ACGME Policies and Procedures that  
818 addresses support for each of its ACGME-accredited programs and  
819 residents/fellows in the event of a disaster or other substantial disruption in  
820 patient care or education. <sup>(Core)</sup>  
821
- 822 IV.N.1. This policy must include information about assistance for continuation of  
823 salary, benefits, professional liability coverage, and resident/fellow  
824 assignments. <sup>(Core)</sup>  
825
- 826 IV.O. Closures and Reductions: The Sponsoring Institution must maintain a policy that  
827 addresses GMEC oversight of reductions in size or closure of each of its  
828 ACGME-accredited programs, or closure of the Sponsoring Institution that  
829 includes the following: <sup>(Core)</sup>  
830
- 831 IV.O.1. the Sponsoring Institution must inform the GMEC, DIO, and affected  
832 residents/fellows as soon as possible when it intends to reduce the size of  
833 or close one or more ACGME-accredited programs, or when the  
834 Sponsoring Institution intends to close; and, <sup>(Core)</sup>  
835
- 836 IV.O.2. the Sponsoring Institution must allow residents/fellows already in an  
837 affected ACGME-accredited program(s) to complete their education at the  
838 Sponsoring Institution, or assist them in enrolling in (an)other ACGME-  
839 accredited program(s) in which they can continue their education. <sup>(Core)</sup>  
840
- 841 \*\*\*  
842
- 843 **\*Core Requirements:** Statements that define structure, resource, or process elements essential to every  
844 graduate medical educational program.  
845 **Detail Requirements:** Statements that describe a specific structure, resource, or process, for achieving  
846 compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance  
847 with the Outcome Requirements may utilize alternative or innovative approaches to meet Core  
848 Requirements.  
849 **Outcome Requirements:** Statements that specify expected measurable or observable attributes  
850 (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical  
851 education.