



**Accreditation Council for
Graduate Medical Education**

**ACGME
Institutional Requirements**

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. ^(Core)
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. ^(Core)
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, ^(Core)
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. ^(Core)
70
- 71 I.A.8. The Sponsoring Institution must complete a Self-Study prior to its 10-Year
72 Accreditation Site Visit. ^(Core)
73
- 74 I.A.9. Any Sponsoring Institution or participating site that is a hospital must
75 maintain accreditation to provide patient care. ^(Core)
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, ^(Core)
81
- 82 I.A.9.a).(2) an entity certified as complying with the conditions of
83 participation in Medicare under federal regulations. ^(Core)
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. ^(Core)
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. ^(Core)
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: ^(Core)
108		
109	I.B.1.a).(1)	the DIO; ^(Core)
110		
111	I.B.1.a).(2)	a representative sample of program directors (minimum of
112		two) from its ACGME-accredited programs; ^(Core)
113		
114	I.B.1.a).(3)	a minimum of two peer-selected residents/fellows from
115		among its ACGME-accredited programs; and, ^(Core)
116		
117	I.B.1.a).(4)	a quality improvement or patient safety officer or designee.
118		^(Core)
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; ^(Core)
124		
125	I.B.1.b).(2)	the program director when the program director is not the
126		DIO; ^(Core)
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; ^(Core)
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; ^(Core)
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, ^(Core)
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. ^(Core)
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. ^(Detail)
147		
148	I.B.2.a)	Subcommittees that address required GMEC responsibilities must
149		include a peer-selected resident/fellow. ^(Detail)
150		
151	I.B.3.	Meetings and Attendance: The GMEC must meet a minimum of once
152		every quarter during each academic year. ^(Core)
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 financial support and protected <u>dedicated</u> time to
295		effectively carry out educational, administrative, and leadership
296		responsibilities; ^(Core)
297		
298	II.A.2.	the DIO engages in professional development applicable to
299		responsibilities as an educational leader; and, ^(Core)
300		
301	II.A.3.	sufficient salary support and resources are provided for effective GME
302		administration. ^(Core)
303		

- 304 II.B. Program Administration: The Sponsoring Institution, in partnership with each of
 305 its ACGME-accredited programs, must ensure the availability of adequate
 306 resources for resident/fellow education, including:
 307
- 308 II.B.1. ~~financial~~-support and ~~protected~~ dedicated time for the program director(s)
 309 to effectively carry out educational, administrative, and leadership
 310 responsibilities, as described in the Institutional, Common, and specialty-
 311 /subspecialty-specific Program Requirements; ^(Core)
 312
- 313 II.B.2. support for core faculty members to ensure both effective supervision and
 314 quality resident/fellow education; ^(Core)
 315
- 316 II.B.3. support for professional development applicable to program directors' and
 317 core faculty members' responsibilities as educational leaders; ^(Core)
 318
- 319 II.B.4. support and time for the program coordinator(s) to effectively carry out
 320 responsibilities; and, ^(Core)
 321
- 322 II.B.5. resources, including space, technology, and supplies, to provide effective
 323 support for each of its ACGME-accredited programs. ^(Core)
 324
- 325 II.C. Resident/Fellow Forum: The Sponsoring Institution with more than one program
 326 must ensure availability of an organization, council, town hall, or other platform
 327 that allows all residents/fellows from within and across the Sponsoring
 328 Institution's ACGME-accredited programs to communicate and exchange
 329 information with other residents/fellows relevant to their ACGME-accredited
 330 programs and their learning and working environment. ^(Core)
 331
- 332 II.C.1. Any resident/fellow from one of the Sponsoring Institution's ACGME-
 333 accredited programs must have the opportunity to directly raise a concern
 334 to the forum. ^(Core)
 335
- 336 II.C.2. Residents/fellows must have the option, at least in part, to conduct their
 337 forum without the DIO, faculty members, or other administrators present.
 338 ^(Core)
 339
- 340 II.C.3. Residents/fellows must have the option to present concerns that arise
 341 from discussions at the forum to the DIO and GMEC. ^(Core)
 342
- 343 II.D. Resident Salary and Benefits: The Sponsoring Institution, in partnership with its
 344 ACGME-accredited programs and participating sites, must provide all
 345 residents/fellows with financial support and benefits to ensure that they are able
 346 to fulfill the responsibilities of their ACGME-accredited program(s). ^(Core)
 347
- 348 II.E. Educational Tools
 349
- 350 II.E.1. Communication resources and technology: Faculty members and
 351 residents/fellows must have ready access to adequate communication
 352 resources and technological support. ^(Core)
 353

- 354 II.E.2. Access to medical literature: Faculty members and residents/fellows must
 355 have ready access to electronic medical literature databases and
 356 specialty-/subspecialty-specific and other appropriate full-text reference
 357 material in print or electronic format. ^(Core)
 358
- 359 II.F. Support Services and Systems
 360
- 361 II.F.1. The Sponsoring Institution must provide support services and develop
 362 health care delivery systems to minimize residents'/fellows' work that is
 363 extraneous to their ACGME-accredited program(s)' educational goals and
 364 objectives, and to ensure that residents'/fellows' educational experience
 365 is not compromised by excessive reliance on residents'/fellows to fulfill
 366 non-physician service obligations. These support services and systems
 367 must include: ^(Core)
 368
- 369 II.F.1.a) peripheral intravenous access placement, phlebotomy, laboratory,
 370 pathology and radiology services and patient transportation
 371 services provided in a manner appropriate to and consistent with
 372 educational objectives and to support high quality and safe patient
 373 care; ^(Core)
 374
- 375 II.F.1.b) medical records available at all participating sites to support high
 376 quality and safe patient care, residents'/fellows' education, quality
 377 improvement and scholarly activities; and, ^(Core)
 378
- 379 II.F.1.c) institutional processes for ensuring the availability of resources to
 380 support residents'/fellows' well-being and education by minimizing
 381 impact to clinical assignments resulting from leaves of absence.
 382 ^(Core)
 383
- 384 III. The Learning and Working Environment
 385
- 386 III.A. The Sponsoring Institution and each of its ACGME-accredited programs must
 387 provide a learning and working environment in which residents/fellows and
 388 faculty members have the opportunity to raise concerns and provide feedback
 389 without intimidation or retaliation, and in a confidential manner, as appropriate.
 390 ^(Core)
 391
- 392 III.B. The Sponsoring Institution is responsible for oversight and documentation of
 393 resident/fellow engagement in the following: ^(Core)
 394
- 395 III.B.1. Patient Safety: The Sponsoring Institution must ensure that
 396 residents/fellows have:
 397
- 398 III.B.1.a) access to systems for reporting errors, adverse events, unsafe
 399 conditions, and near misses in a protected manner that is free
 400 from reprisal; and, ^(Core)
 401
- 402 III.B.1.b) opportunities to contribute to root cause analysis or other similar
 403 risk-reduction processes. ^(Core)
 404

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

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

506		
507	III.B.7.c)	The Sponsoring Institution, in partnership with its ACGME-
508		accredited program(s), must: ^(Core)
509		
510	III.B.7.c).(1)	encourage residents/fellows and faculty members to alert
511		their program director, DIO, or other designated personnel
512		or programs when they are concerned that another
513		resident/fellow or faculty member may be displaying signs
514		of burnout, depression, substance abuse, suicidal ideation,
515		or potential for violence; ^(Core)
516		
517	III.B.7.c).(2)	provide access to appropriate tools for self screening; and,
518		^(Core)
519		
520	III.B.7.c).(3)	provide access to confidential, affordable mental health
521		assessment, counseling, and treatment, including access
522		to urgent and emergent care 24 hours a day, seven days a
523		week. ^(Core)
524		
525	III.B.7.d)	The Sponsoring Institution must ensure a healthy and safe clinical
526		and educational environment that provides for: ^(Core)
527		
528	III.B.7.d).(1)	access to food during clinical and educational
529		assignments; ^(Core)
530		
531	III.B.7.d).(2)	sleep/rest facilities that are safe, quiet, clean, and private,
532		and that must be available and accessible for
533		residents/fellows, with proximity appropriate for safe
534		patient care; ^(Core)
535		
536	III.B.7.d).(3)	safe transportation options for residents/fellows who may
537		be too fatigued to safely return home on their own; ^(Core)
538		
539	III.B.7.d).(4)	clean and private facilities for lactation with proximity
540		appropriate for safe patient care, and clean and safe
541		refrigeration resources for the storage of breast milk; ^(Core)
542		
543	III.B.7.d).(5)	safety and security measures appropriate to the clinical
544		learning environment site; and, ^(Core)
545		
546	III.B.7.d).(6)	accommodations for residents/fellows with disabilities,
547		consistent with the Sponsoring Institution's policy. ^(Core)
548		
549	III.B.8.	The Sponsoring Institution, in partnership with each of its programs, must
550		engage in practices that focus on ongoing, mission-driven, systematic
551		recruitment and retention of a diverse and inclusive workforce of
552		residents/fellows, faculty members, senior administrative staff members,
553		and other relevant members of its GME community. ^(Core)
554		
555	IV.	Institutional GME Policies and Procedures
556		

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

607	IV.B.3.a).(3)	health insurance accessible to residents/fellows and their
608		eligible dependents. ^(Core)
609		
610	IV.C.	Agreement of Appointment/Contract
611		
612	IV.C.1.	The Sponsoring Institution must ensure that residents/fellows are
613		provided with a written agreement of appointment/contract outlining the
614		terms and conditions of their appointment to a program. The Sponsoring
615		Institution must monitor each of its programs with regard to
616		implementation of terms and conditions of appointment. ^(Core)
617		
618	IV.C.2.	The contract/agreement of appointment must directly contain or provide a
619		reference to the following items: ^(Core)
620		
621	IV.C.2.a)	resident/fellow responsibilities; ^(Core)
622		
623	IV.C.2.b)	duration of appointment; ^(Core)
624		
625	IV.C.2.c)	financial support for residents/fellows; ^(Core)
626		
627	IV.C.2.d)	conditions for reappointment and promotion to a subsequent PGY
628		level; ^(Core)
629		
630	IV.C.2.e)	grievance and due process; ^(Core)
631		
632	IV.C.2.f)	professional liability insurance, including a summary of pertinent
633		information regarding coverage; ^(Core)
634		
635	IV.C.2.g)	health insurance benefits for residents/fellows and their eligible
636		dependents; ^(Core)
637		
638	IV.C.2.h)	disability insurance for residents/fellows; ^(Core)
639		
640	IV.C.2.i)	vacation and leave(s) of absence for residents/fellows, <u>including</u>
641		<u>medical, parental, and caregiver leave(s) of absence, and</u>
642		compliant with applicable laws; ^(Core)
643		
644	IV.C.2.j)	timely notice of the effect of leave(s) of absence on the ability of
645		residents/fellows to satisfy requirements for program completion;
646		^(Core)
647		
648	IV.C.2.k)	information related to eligibility for specialty board examinations;
649		and, ^(Core)
650		
651	IV.C.2.l)	institutional policies and procedures regarding resident/fellow
652		clinical and educational work hours and moonlighting. ^(Core)
653		
654	IV.D.	Promotion, Appointment Renewal and Dismissal
655		

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

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

- 757
758 IV.I.2. Physician Impairment: The Sponsoring Institution must have a policy, not
759 necessarily GME-specific, which addresses physician impairment. (Core)
760
- 761 IV.I.3. Harassment: The Sponsoring Institution must have a policy, not
762 necessarily GME-specific, covering sexual and other forms of
763 harassment, that allows residents/fellows access to processes to raise
764 and resolve complaints in a safe and non-punitive environment and in a
765 timely manner, consistent with applicable laws and regulations. (Core)
766
- 767 IV.I.4. Accommodation for Disabilities: The Sponsoring Institution must have a
768 policy, not necessarily GME-specific, regarding accommodations for
769 disabilities consistent with all applicable laws and regulations. (Core)
770
- 771 IV.I.5. Discrimination: The Sponsoring Institution must have policies and
772 procedures, not necessarily GME-specific, prohibiting discrimination in
773 employment and in the learning and working environment, consistent with
774 all applicable laws and regulations. (Core)
775
- 776 IV.J. Supervision
777
- 778 IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding
779 supervision of residents/fellows. (Core)
780
- 781 IV.J.2. The Sponsoring Institution must ensure that each of its ACGME-
782 accredited programs establishes a written program-specific supervision
783 policy consistent with the institutional policy and the respective ACGME
784 Common and specialty-/subspecialty-specific Program Requirements.
785 (Core)
786
- 787 IV.K. Clinical and Educational Work Hours: The Sponsoring Institution must maintain a
788 clinical and educational work hour policy that ensures effective oversight of
789 institutional and program-level compliance with ACGME clinical and educational
790 work hour requirements. (Core)
791
- 792 IV.K.1. Moonlighting: The Sponsoring Institution must maintain a policy on
793 moonlighting that includes the following:
794
- 795 IV.K.1.a) residents/fellows must not be required to engage in moonlighting;
796 (Core)
797
- 798 IV.K.1.b) residents/fellows must have written permission from their program
799 director to moonlight; (Core)
800
- 801 IV.K.1.c) an ACGME-accredited program will monitor the effect of
802 moonlighting activities on a resident's/fellow's performance in the
803 program, including that adverse effects may lead to withdrawal of
804 permission to moonlight; and, (Core)
805
- 806 IV.K.1.d) the Sponsoring Institution or individual ACGME-accredited
807 programs may prohibit moonlighting by residents/fellows. (Core)

- 808
809 IV.L. Vendors: The Sponsoring Institution must maintain a policy that addresses
810 interactions between vendor representatives/corporations and residents/fellows
811 and each of its ACGME-accredited programs. ^(Core)
812
- 813 IV.M. Non-competition: The Sponsoring Institution must maintain a policy which states
814 that neither the Sponsoring Institution nor any of its ACGME-accredited programs
815 will require a resident/fellow to sign a non-competition guarantee or restrictive
816 covenant. ^(Core)
817
- 818 IV.N. Substantial Disruptions in Patient Care or Education: The Sponsoring Institution
819 must maintain a policy consistent with ACGME Policies and Procedures that
820 addresses support for each of its ACGME-accredited programs and
821 residents/fellows in the event of a disaster or other substantial disruption in
822 patient care or education. ^(Core)
823
- 824 IV.N.1. This policy must include information about assistance for continuation of
825 salary, benefits, professional liability coverage, and resident/fellow
826 assignments. ^(Core)
827
- 828 IV.O. Closures and Reductions: The Sponsoring Institution must maintain a policy that
829 addresses GMEC oversight of reductions in size or closure of each of its
830 ACGME-accredited programs, or closure of the Sponsoring Institution that
831 includes the following: ^(Core)
832
- 833 IV.O.1. the Sponsoring Institution must inform the GMEC, DIO, and affected
834 residents/fellows as soon as possible when it intends to reduce the size of
835 or close one or more ACGME-accredited programs, or when the
836 Sponsoring Institution intends to close; and, ^(Core)
837
- 838 IV.O.2. the Sponsoring Institution must allow residents/fellows already in an
839 affected ACGME-accredited program(s) to complete their education at the
840 Sponsoring Institution, or assist them in enrolling in (an)other ACGME-
841 accredited program(s) in which they can continue their education. ^(Core)
842

843 ***
844

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

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

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