ACGME Common Program Requirements for Fellowships Stakeholder Survey

Thank you for taking the time to complete this survey. The purpose of this questionnaire is to gather feedback on the current Common Program Requirements for fellowship education and training. All responses will go to the Common Program Requirements Major Revision Task Force to help inform their work.

This survey is entirely anonymous and will take approximately **15 minutes** to complete. For ease of readability and navigation, viewing this survey on a laptop, desktop, or tablet is recommended.

The ACGME currently maintains two distinct versions of the fellowship requirements based on program length. The **Common Program Requirements (Fellowship)** apply broadly to multi-year subspecialty programs, while a dedicated set of **Common Program Requirements (One-Year Fellowship)** is tailored for single-year programs. For reference, the two versions of the fellowship requirements are linked below:

Common Program Requirements (Fellowship)
Common Program Requirements (One-Year Fellowship)

Demographics

1. Are you a recent graduate (completed most recent graduate medical education (GME) within the past five years)?

    1. Yes
    2. No

2. Select the option that best describes your current role.

    1. Resident
    2. Fellow
    3. C-Suite (e.g., CEO, CMO, COO)
    4. Department Chair
    5. Designated Institutional Official (DIO)/Associate DIO
    6. Director of Osteopathic Education
    7. Division Chief
    8. Faculty Member, Core
    9. Faculty Member, Non-Core
    10. Institutional Coordinator/Administrator
    11. Medical Student
    12. Quality/Patient Safety Officer
    13. Program Coordinator/Administrator
    14. Program Director/Associate Program Director (Residency)
    15. Program Director/Associate Program Director (Fellowship)
    16. Private Practice Physician
    17. Responding on Behalf of an Organization (Specify the Organization)
    18. Other (Specify)

3. How many years have you been in your current role?

    1. 2 years or less
    2. 3-5 years
    3. 6-10 years
    4. More than 10 years

4. [*Only ask the following groups: C-Suite, Department Chair, Designated Institutional Official, Director of Osteopathic Education, Division Chief, Program Director/Associate Program Director]*

   How many years have you been in GME leadership?

   1. 2 years or less
   2. 3-5 years
   3. 6-10 years
   4. More than 10 years

5. What best describes your current institution type or work infrastructure?

   1. Academic Medical Center/Medical School
   2. Children's Hospital
   3. Community Health Center (Federally Qualified Health Center/Teaching Health Center)
   4. Community Hospital
   5. Consortium
   6. General/Teaching Hospital
   7. Government Public Health Agency
   8. Military Treatment Facility
   9. Nursing Home/Rehabilitation Facility
   10. Other Ambulatory Care Facility
   11. Other Specialty Hospital
   12. Pathology Lab/Medical Examiner's Office
   13. Rural Health Clinic
   14. VA Healthcare System Facility
   15. Private Practice
   16. Other (Specify)

6. What best describes your current work setting?

   1. Rural
   2. Rural Track Program (more than 50 percent rural with some urban)
   3. Suburban
   4. Urban
   5. Urban in a Medically Underserved Community
   6. Other (Specify)

7. How many ACGME-accredited programs does your Sponsoring Institution oversee?

    1. 0
    2. 1
    3. 2-5
    4. 6-25
    5. 26-50
    6. 51-75
    7. 76-100
    8. >100
    9. Not Applicable
    10. I don’t know

8. How many residents/fellows are currently in your ACGME-accredited program(s)?

    1. 0-5
    2. 6-10
    3. 11-20
    4. 21-30
    5. 31-50
    6. 51-100
    7. >100
    8. Not Applicable
    9. I don’t know

9. Select your specialty(ies)/subspecialty(ies), including any specialty/subspecialty that falls under your administrative purview. (Select all that apply)

    1. Aerospace Medicine
    2. Allergy and Immunology
    3. Anesthesiology
    4. Anesthesiology Subspecialty
    5. Child Neurology
    6. Clinical Biochemical Genetics
    7. Colon and Rectal Surgery
    8. Dermatology
    9. Dermatology Subspecialty
    10. Diagnostic Radiology
    11. Emergency Medicine
    12. Emergency Medicine Subspecialty
    13. Family Medicine
    14. Family Medicine Subspecialty
    15. Internal Medicine
    16. Internal Medicine Subspecialty

17. Interventional Radiology
18. Laboratory Genetics and Genomics
19. Medical Genetics and Genomics
20. Medical Genetics and Genomics Subspecialty
21. Neurological Surgery
22. Neurological Surgery Subspecialty
23. Neurology
24. Neurology Subspecialty
25. Nuclear Medicine
26. Obstetrics and Gynecology
27. Obstetrics and Gynecology Subspecialty
28. Occupational and Environmental Medicine
29. Ophthalmology
30. Ophthalmology Subspecialty
31. Orthopaedic Surgery
32. Orthopaedic Surgery Subspecialty
33. Osteopathic Neuromusculoskeletal Medicine
34. Otolaryngology – Head and Neck Surgery
35. Otolaryngology – Head and Neck Surgery Subspecialty
36. Pathology
37. Pathology Subspecialty
38. Pediatrics
39. Pediatrics Subspecialty
40. Physical Medicine and Rehabilitation
41. Physical Medicine and Rehabilitation Subspecialty
42. Plastic Surgery
43. Plastic Surgery Subspecialty
44. Preventive Medicine Subspecialty
45. Psychiatry
46. Psychiatry Subspecialty
47. Public Health and General Preventive Medicine
48. Radiation Oncology
49. Radiation Oncology Subspecialty
50. Radiology Subspecialty
51. Surgery
52. Surgery Subspecialty
53. Thoracic Surgery
54. Thoracic Surgery Subspecialty
55. Transitional Year
56. Urology
57. Urology Subspecialty
58. Vascular Surgery
59. Vascular Surgery Subspecialty
60. Not applicable

General Questions

10. Please indicate your familiarity with each set of requirements:

	I am not aware of it	Aware of it but not familiar	Somewhat familiar	Very familiar
Common Program Requirements (Fellowship)				
Common Program Requirements (One-Year Fellowship)				

11. *[If familiar with both versions of the requirements]* How similar or different are one-year fellowships compared to multi-year fellowships?

    1. Very different
    2. Somewhat different
    3. Somewhat similar
    4. Very similar

12. *[If familiar with both versions of the requirements]* Should one-year fellowships have a separate set of Common Program Requirements from multi-year fellowships?

    1. Yes
    2. No
    3. Unsure/no opinion

13. How effectively do the **current** Common Program Requirements for fellowships accommodate your subspecialty(ies) regarding the following clinical and educational dimensions?

	Highly ineffectively	Ineffectively	Effectively	Highly effectively
Breadth and depth of required clinical experience				
Varying levels of patient acuity and case complexity				
Minimum case volume or procedure numbers required for proficiency				
Variations in care settings (e.g., inpatient, outpatient, community vs. academic)				
Need for additional advanced degrees or training				

14. At a minimum, what type of residency or institutional affiliation should be required for an ACGME-accredited fellowship?

    1. Affiliation with an ACGME-accredited core residency within the **same** Sponsoring Institution
    2. Affiliation with an ACGME-accredited core residency at a **different** Sponsoring Institution
    3. Presence within a clinical setting providing a relevant range of specialties, specialists, and adequate clinical volume (no affiliation with core residency)

Program Leadership

15. Please review the following **current** requirements and indicate whether they should be retained as written, modified, or eliminated. If you select "Modify" or "Eliminate," please provide your specific suggestions and/or rationale.

	Select from the following:			Please provide your specific suggestions and/or rationale (optional)
	Retain as written	Modify	Eliminate	
2.1. There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)				
2.2. The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)				
2.3. The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core) [The Review Committee must further specify minimum dedicated time for program administration, and will determine whether program leadership refers to the program director or both the program director and associate/assistant program director(s)]				
2.4. The program director must possess subspecialty expertise and qualifications acceptable to the Review Committee. (Core) [The Review Committee may further specify]				
2.4.a. The program director must possess current certification in the subspecialty for which they are the program director by the American Board of _____ or by the American Osteopathic Board of _____, or subspecialty qualifications that are acceptable to the Review Committee. (Core) [The Review Committee may further specify acceptable subspecialty qualifications or that only ABMS and AOA certification will be considered acceptable] [The Review Committee may further specify additional program director qualifications]				

Faculty Qualifications

16. The **current** Common Program Requirements for fellowships state that faculty members must possess current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) board certification in their subspecialty or possess qualifications judged acceptable to the Review Committee.

    What should be the **minimum acceptable** qualification requirements for faculty members who teach in highly specialized or newly emerging subspecialties where formal board certification may be absent, or where multiple distinct training pathways exist for the same clinical skill or practice?

    1. Require formal ABMS or AOA certification in the subspeciality of the fellowship program
    2. Recognize ABMS or AOA certification from overlapping specialties via formalized, cross-specialty guidelines
    3. Recognize qualifications from other entities when ABMS or AOA certification is not available
    4. Prioritize years of practice in specific clinical areas, independent of original board or fellowship pathway
    5. Other (please specify)

Fellow Appointment

17. ACGME-accredited fellowship programs may accept exceptionally qualified international graduates who do not meet standard requirements, provided they secure:

    (1) program director/fellowship selection committee endorsement based on prior training and review of summative evaluations,
    (2) GMEC approval,
    (3) Educational Commission for Foreign Medical Graduates (ECFMG) certification, and
    (4) a Clinical Competency Committee evaluation within 12 weeks of matriculation.

    Which of the following statements **best describes your view** on these fellow eligibility exception requirements?

    1. This exception should be eliminated.
    2. The requirements should be more rigorous.
    3. The current requirements are sufficient.
    4. The requirements should be less restrictive.
    5. Other (please specify)

Independent Practice

18. Currently, fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program. Requirement 4.16 reads:

    "If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)

    [This section will be deleted for those Review Committees that choose not to permit the independent practice option. For those that choose to permit this option, the Review Committee may further specify.]"

    Please select from one of the following statements:

    1. The time limits are too lenient and should be decreased. (Please specify)
    2. The current 20 percent weekly/10-week annual cap is appropriate and should remain unchanged.
    3. The time limits are too restrictive and should be increased. (Please specify)
    4. The time limits should be eliminated entirely.
    5. Other (please specify)

19. Select one of the following statements regarding the independent practice option:

    1. It should be available to fellows across all subspecialties; Review Committees should not be allowed to restrict or specify further limitations.
    2. Individual Review Committees should retain the discretion to permit or restrict it for their specific subspecialty(ies).
    3. The independent practice option should be removed from the Common Program Requirements for all fellowship programs.
    4. Other (please specify)

Scholarly Activity

20. Which statement best reflects your view on **faculty** scholarly activity?

    1. Fellowship programs should have a higher standard for faculty scholarly activity than residency programs.
    2. Fellowship requirements for faculty scholarly activity should align exactly with residency requirements.
    3. Fellowship programs should have a broader, holistic definition of faculty scholarly activity.
    4. Other (please specify)

21. Which statement best reflects your view on **fellow** scholarly activity?

    1. Fellowship programs should have a higher standard for fellow scholarly activity than residency programs.
    2. Fellowship requirements for fellow scholarly activity should align exactly with residency requirements.
    3. Fellowship programs should have a broader, holistic definition of fellow scholarly activity.
    4. Other (please specify)

22. *[If familiar with both versions of the requirements]* Given that fellowship duration may impact the feasibility of completing scholarly activities, should **fellow** scholarly activity requirements differ between one-year and multi-year programs?

    1. Yes, one-year fellowships should have a modified scope of expectations compared to multi-year programs.
    2. No, requirements should be identical for all fellowships, regardless of program length.
    3. Other (please specify)

Evaluation

23. *[If familiar with the multi-year fellowship requirements]* Please review the following **current** requirement and indicate whether it should be retained as written, modified, or eliminated. If you select "Modify" or "Eliminate," please provide your specific suggestions and/or rationale.

	Select from the following:			Please provide your specific suggestions and/or rationale (optional)
	Retain as written	Modify	Eliminate	
5.1.a.2. Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)				

24. Please review the following **current** requirements and indicate whether they should be retained as written, modified, or eliminated. If you select "Modify" or "Eliminate," please provide your specific suggestions and/or rationale.

	Select from the following:			Please provide your specific suggestions and/or rationale (optional)
	Retain as written	Modify	Eliminate	
5.1.b. The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones (Core)				
5.1.b.1. [The program must] use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members) (Core)				

Quality and Safety

25. Fellows are already qualified to practice independently within their primary specialty. To help identify areas where fellowship requirements may duplicate residency education and training, please complete the table below:

	Residency experience is adequate	Additional fellowship experience is needed	Requirement is not important and should be eliminated
6.1. The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)			
6.2. Residents, fellows, faculty members, and other clinical staff members must know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events. (Core)			
6.2.a. Residents, fellows, faculty members, and other clinical staff members must be provided with summary information of their institution's patient safety reports. (Core)			
6.3. Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)			
6.4. Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)			

Supervision

26. Please review the following **current** requirements and indicate whether they should be retained as written, modified, or eliminated. If you select “Modify” or “Eliminate,” please provide your specific suggestions and/or rationale.

	Select from the following:			Please provide your specific suggestions and/or rationale (optional)
	Retain as written	Modify	Eliminate	
6.6. The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow’s level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)				
6.8. The program must define when physical presence of a supervising physician is required. (Core)				
6.9. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)				
6.9.a. The program director must evaluate each fellow’s abilities based on specific criteria, guided by the Milestones. (Core)				
6.9.b. Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)				
6.9.c. Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)				
6.10. Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)				
6.10.a. Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)				
6.11. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)				

Professionalism

27. Fellows are already qualified to practice independently within their primary specialty. To help identify areas where fellowship requirements may duplicate residency education and training, please complete the table below:

	Residency experience is adequate	Additional fellowship experience is needed	Requirement is not important and should be eliminated
6.12. Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)			
6.12.a. The learning objectives of the program must be accomplished without excessive reliance on fellows to fulfill non-physician obligations. (Core)			
6.12.b. The learning objectives of the program must ensure manageable patient care responsibilities. (Core) [The Review Committee may further specify]			
6.12.c. The learning objectives of the program must include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)			
6.12.d. The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)			
6.12.e. Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)			
6.12.f. Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)			
6.12.g. Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)			

Other Topics

28. Which requirements present the greatest challenges for programs when demonstrating compliance?

29. In your opinion, are there any critical topics, competencies, or operational areas currently missing from the ACGME Common Program Requirements for fellowships that should be included or emphasized?

    1. Yes (please specify what is missing and why it is important to include)
    2. No, the current requirements are comprehensive