

**ACGME Program Requirements for Graduate Medical Education
in *Common Program Requirements (Residency)*, *Common Program Requirements (Fellowship)*, *Common Program Requirements (One-Year Fellowship)*, and *Common Program Requirements (Post-Doctoral Education Program)*
Summary and Impact of Interim Requirement Revisions**

In addition to the changes described below, the Task Force on Burden Reduction has proposed:

- Combining similar requirements to reduce redundancy
- Deletion of some background and intent language and italicized language, particularly language related to the introduction of new requirements during the last major revision of the Common Program Requirements
- Moving requirements into background and intent, in particular areas to shift the emphasis on providing guidance, rather than monitoring compliance
- Recategorizing requirements (from core to detail) in areas where the Task Force believes additional flexibility is appropriate
- Where appropriate, added or modified language related to health equity, diversity, and inclusion

Except where indicated, revisions are applicable to all four versions of the Common Program Requirements, with terminology adjusted to refer to fellows or post-doctoral fellows as appropriate.

<p>Requirement #: I.C.</p> <p>Requirement Revision (significant change only):</p> <p>I.C. <u>Workforce Recruitment and Retention</u></p> <p>The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community.^(Core)</p>
<p>1. Describe the Review Committee’s rationale for this revision: The Task Force concluded that the term “workforce” is sufficiently broad and the list that follows is therefore not needed.</p> <p>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? No change is anticipated.</p> <p>3. How will the proposed requirement or revision impact continuity of patient care? No change is anticipated.</p> <p>4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?</p>

No change is anticipated.

5. How will the proposed revision impact other accredited programs?

NA

Requirement #: **I.D.4**

Requirement Revision (significant change only):

~~**I.D.4. The program's educational and clinical resources must be adequate to support the number of residents appointed to the program.**~~ ^(Core)

~~**[The Review Committee may further specify]**~~

1. Describe the Review Committee's rationale for this revision:
The Task Force determined that this requirement is redundant with I.D.1., which addresses resources more generally. Specialty-specific requirements related to educational and clinical resources will be moved under I.D.1.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is expected.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The change preserves Review Committees' ability to specify required resources but does not represent a change in institutional resources.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **I.E.-I.E.1.**

Requirement Revision (significant change only):

Common Program Requirements (Residency) and Common Program Requirements (Post-Doctoral Education):

I.E. Other Learners and Health Care Personnel

The presence of other learners and other ~~care providers~~ health care personnel, including, but not limited to, residents from other programs, subspecialty fellows, and advanced practice providers, must ~~enrich~~ not negatively impact the appointed residents' education. ^(Core)

~~I.E.1. The program must report circumstances when the presence of other learners has interfered with the residents' education to the DIO and Graduate Medical Education Committee (GMEC).~~^(Core)

[The Review Committee may further specify]

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

I.E. Other Learners and Health Care Personnel

~~***A fellowship program usually occurs in the context of many learners and other care providers and limited clinical resources. It should be structured to optimize education for all learners present. The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education.***~~^(Core)

~~**I.E.1. Fellows should contribute to the education of residents in core programs, if present.**~~^(Core)

[The Review Committee may further specify]

1. Describe the Review Committee's rationale for this revision:
While opportunities to interact with other learners and health care personnel may be beneficial to resident education, there is also potential for reduced clinical experience for program residents. The modification to this requirement emphasizes the need for programs to ensure that the presence of these other learners and health care personnel does not interfere with resident education.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The change is intended to ensure that the quality of resident education is not impacted negatively when other learners/personnel are present.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **II.A.4.a).(4); II.A.4.a).(5); II.A.4.a).(6); II.B.3.c); II.B.4.a)**

Requirement Revision (significant change only):

[II.A.4.a) The program director must:]

II.A.4.a).(4) have the authority to approve or remove physician and non-physician faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; as program faculty members for participation in the residency program education and at least annually thereafter, as outlined in V.B.;
(Core)

Background and Intent: The provision of optimal and safe patient care requires a team approach. The education of residents by non-physician educators enables the resident to better manage patient care and provides valuable advancement of the residents' knowledge. Furthermore, other individuals contribute to the education of residents in the basic science of the specialty or in research methodology. If the program director determines that the contribution of a non-physician individual is significant to the education of the residents, the program director may designate the individual as a program faculty member or a program core faculty member. [Background and Intent not applicable to Common Program Requirements (Post-Doctoral Education)]

~~**II.A.4.a).(5) have the authority to approve program faculty members for participation in the residency program education at all sites;**~~^(Core)

~~**II.A.4.a).(6) have the authority to remove program faculty members from participation in the residency program education at all sites;**~~^(Core)

~~**II.B.3.c) Any non-physician faculty members who participate in residency program education must be approved by the program director.**~~^(Core) *[II.B.3.c) not applicable to Common Program Requirements (Post-Doctoral Education)]*

~~**II.B.4.a) Core faculty members must be designated by the program director.**~~^(Core)

1. Describe the Review Committee's rationale for this revision:
The Task Force determined that II.A.4.a).(5) II.A.4.a).(6), II.B.3.c), and II.B.4.a) should be combined as all these requirements address the program director's responsibilities for approval and oversight of program faculty members.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: II.A.4.a).(9)

Requirement Revision (significant change only):

[II.A.4.a) The program director must:]

~~II.A.4.a).(9) provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s);~~ ^(Core)

1. Describe the Review Committee's rationale for this revision:
This requirement was introduced during the transition to a single GME accreditation system, to ensure that applicants were aware of their eligibility status for the relevant certifying boards. Given that the transition is now complete, and that the Guide to the Common Program Requirements addresses this issue in detail, the Task Force has proposed deletion of the requirement.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No additional resources will be required.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: II.A.4.a).(14); II.A.4.a).(15);

Requirement Revision (significant change only):

[II.A.4.a) The program director must:]

~~II.A.4.a).(14) document verification of program completion education for all graduating residents within 30 days of completion of or departure from the program; and,~~ ^(Core)

~~II.A.4.a).(15) provide verification of an individual resident's completion education upon the resident's request, within 30 days; and,~~ ^(Core)

1. Describe the Review Committee's rationale for this revision:
The modifications to these requirements clarify the program director's responsibility to document and provide verification of education for all residents/fellows, including those who leave prior to completion of the program.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

No change is anticipated.

5. How will the proposed revision impact other accredited programs?

NA

Requirement #: **II.A.4.a).(16)**

Requirement Revision (significant change only):

[II.A.4.a) The program director must:]

~~**II.A.4.a).(16) obtain review and approval of the Sponsoring Institution's DIO before submitting information or requests to the ACGME, as required in the Institutional Requirements and outlined in the ACGME Program Director's Guide to the Common Program Requirements.**~~^(Core)

1. Describe the Review Committee's rationale for this revision:

The Task Force determined that this requirement is in the Institutional Requirements and in the ACGME Guide to the Common Program Requirements. Further, DIO approval is required in ADS prior to submission of applications, Annual Updates, complement change requests, and participating site additions/deletions. Therefore, this requirement has been deleted.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

No change is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?

No change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

No change is anticipated.

5. How will the proposed revision impact other accredited programs?

NA

Requirement #: **II.B.2.g).(1)-(4) Common Program Requirements (Residency) and Common Program Requirements (Post-Doctoral Education) only**

Requirement Revision (significant change only):

II.B.2.g) [Faculty members must:] pursue faculty development designed to enhance their skills at least annually:^(Core)

II.B.2.g).(1) as educators and evaluators;^(CoreDetail)

II.B.2.g).(2) in quality improvement, eliminating health inequities, and patient safety;
(CoreDetail)

II.B.2.g).(3) in fostering their own and their residents' well-being; and, (CoreDetail)

II.B.2.g).(4) in patient care based on their practice-based learning and improvement efforts. (CoreDetail)

1. Describe the Review Committee's rationale for this revision:
The recategorization of requirements II.B.2.g).(1)-II.B.2.g).(4) from "core" to "detail" provides greater flexibility for faculty members in pursuing opportunities to enhance their skills. The modification to II.B.2.g).(1) emphasizes the need for faculty members to be skilled in providing evaluations of residents/fellows, and the addition to II.B.2.g).(2) acknowledges the need for faculty members to focus on eliminating health inequities.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The requirement for annual participation in faculty development activities, including the changes referenced above, are essential in providing and maintaining high-quality resident education. In addition, faculty development in areas such as quality improvement, eliminating health inequities, and patient safety support the provision of safe, high-quality care.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **III.A.3. Common Program Requirements (Residency) only**

Requirement Revision (significant change only):

~~**III.A.3. A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC, or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited program and with approval by the GMEC, may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.**~~ (Core)

1. Describe the Review Committee's rationale for this revision:
Decisions regarding advancement of individual residents and the impact of those decisions on eligibility for certification are within the purview of the program director and the relevant certifying board(s).

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No additional resources will be required.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **IV.A.5.; IV.A.6.**

Requirement Revision (significant change only):

[IV.A. The curriculum must contain the following educational components:]

~~**IV.A.5. advancement of residents' knowledge of ethical principles foundational to medical professionalism; and,**~~^(Core)

~~**IV.A.6. advancement in the residents' knowledge of the basic principles of scientific inquiry, including how research is designed, conducted, evaluated, explained to patients, and applied to patient care.**~~^(Core) [IV.A.6. not applicable to *Common Program Requirements (Fellowship)* and *Common Program Requirements (One-Year Fellowship)*]

1. Describe the Review Committee's rationale for this revision:
Requirement IV.A.5. is redundant with IV.B.1.c), and the Task Force, therefore, recommends deletion of this requirement.

The Task Force recommends incorporating scientific inquiry into IV.B.1.c), as follows:

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care.^(Core)

With this change, the Task Force proposes deletion of IV.A.6.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The intent of these changes is to eliminate redundancy and not to substantively change resident/fellow education in these areas. Therefore, no impact is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.

5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **IV.B.1.a).(1).(b)** *Common Program Requirements (Residency) and Common Program Requirements (Post-Doctoral Education) only*

Requirement Revision (significant change only):

[IV.B.1.a).(1) Residents must demonstrate competence in:]

IV.B.1.a).(1).(b) responsiveness to patient needs that supersedes self-interest and elevates the importance of cultural humility; ^(Core)

1. Describe the Review Committee's rationale for this revision:
This modification is proposed in recognition of the need for physicians to demonstrate cultural humility as they engage with patients.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Including cultural humility as a component of professionalism and incorporating it into the educational program will better prepare residents/fellows to care for their patients.
3. How will the proposed requirement or revision impact continuity of patient care?
No change in continuity of care is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No additional resources are anticipated.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **IV.B.1.d).(1).(d)** *Common Program Requirements (Residency) and Common Program Requirements (Post-Doctoral Education) only*

Requirement Revision (significant change only):

[IV.B.1.d).(1) Residents must demonstrate competence in:]

IV.B.1.d).(1).(d) systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; ^(Core)

1. Describe the Review Committee's rationale for this revision:

This requirement was expanded to incorporate activities aimed at reducing health care disparities, and the previously separate requirement (VI.A.1.b.(3).(a).(i)) addressing this experience was deleted.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
As the change relates only to placement and not the substance of the requirement, no change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **IV.B.1.d).(1).(g)** *Common Program Requirements (Residency) and Common Program Requirements (Post-Doctoral Education) only*

Requirement Revision (significant change only):

[IV.B.1.d).(1) Residents must demonstrate competence in:]

~~IV.B.1.d).(1).(g) using information technology to optimize learning.~~ ^(Core)

1. Describe the Review Committee's rationale for this revision:
The Task Force determined that while information technology is an important tool, it is not the only means of optimizing learning and, therefore, does not need to be addressed explicitly in the requirements.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No additional resources will be required.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **IV.B.1.e).(1).(a)** *Common Program Requirements (Residency) and Common Program Requirements (Post-Doctoral Education) only*

Requirement Revision (significant change only):

IV.B.1.e).(1) Residents must demonstrate competence in:

IV.B.1.e).(1).(a) communicating effectively with patients and patients' families, and the public, as appropriate, across a broad range of socioeconomic circumstances, and cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient; ^(Core)

1. Describe the Review Committee's rationale for this revision:
The requirement has been expanded to reflect that effective communication with patients and families across a broad range of cultural backgrounds includes a broad range of language capabilities and the expectation that residents will develop the ability to use interpretation services to ensure effective communication in their provision of patient care.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This change is expected to ensure that residents are able to communicate effectively with all patients and patients' families, regardless of language capabilities, which supports the provision of quality care to all patients.
3. How will the proposed requirement or revision impact continuity of patient care?
No change in continuity of care is anticipated
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **IV.B.1.f).(1).(c) Common Program Requirements (Residency) and Common Program Requirements (Post-Doctoral Education) only**

Requirement Revision (significant change only):

[IV.B.1.f).(1) Residents must demonstrate competence in:]

~~IV.B.1.f).(1).(c) working in interprofessional teams to enhance patient safety and improve patient care quality;~~ ^(Core) [This is requirement number IV.B.1.f).(1).(d) in the Common Program Requirements (Post-Doctoral Education)]

1. Describe the Review Committee's rationale for this revision:
The Task Force has proposed a modification to VI.E.2., addressing interprofessional teams:

Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based. This must include the opportunity to work as a member of effective interprofessional teams

~~that are appropriate to the delivery of care in the specialty and larger health system.~~ ^(Core)

As IV.B.1.f).(1).(c) is redundant with this modified requirement, the Task Force proposed its deletion.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **V.A.2.a).(2).(b)**

Requirement Revision (significant change only):

[V.A.2.a).(2) The final evaluation must:]

V.A.2.a).(2).(b) verify that the resident has demonstrated the ~~knowledge, skills, and behaviors~~ competencies necessary to enter autonomous independent practice; and,
(Core)

1. Describe the Review Committee's rationale for this revision:
The reference to "knowledge, skills, and behaviors" has been replaced by "competencies" to align with the requirements around the competencies.

The proposed change from "autonomous" to "independent" reflects the reality that no physician is fully "autonomous" as all physicians must work and interact with other health professionals. Further, based on the concept of relational autonomy, autonomy is earned through effective professional relationships. Autonomy does not occur in a vacuum or in isolation, but must occur in relation to "other," and "other" includes patients.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.

5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **V.A.2.a).(2).(c)**

Requirement Revision (significant change only):

[V.A.2.a).(2) The final evaluation must:]

~~V.A.2.a).(2).(c) consider recommendations from the Clinical Competency Committee; and,~~^(Core)

1. Describe the Review Committee's rationale for this revision:
Given that V.A.2.a).(1) requires that the Milestones be used as a tool to ensure residents are able to engage in autonomous/independent practice upon completion of the program, and that the Clinical Competency Committee advises the program director on residents' progress toward achievement of the Milestones (V.A.3.b).(3)), the Task Force determined that the requirement above is not needed and, therefore, proposes deletion.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.

5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **V.C.1.c)- V.C.1.c).(7).(b)**

Requirement Revision (significant change only):

Common Program Requirements (Residency), Common Program Requirements (Post-Doctoral Education), and Common Program Requirements (Fellowship):

V.C.1.c) The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data following elements in its assessment of the program.^(Core)

Background and Intent: Other data to be considered for assessment include:

- **Curriculum**
- **ACGME letters of notification, including citations, Areas for Improvement, and comments**
- **Quality and safety of patient care**
- **Aggregate resident and faculty well-being; recruitment and retention; workforce diversity, including graduate medical education staff and other relevant academic community members; engagement in quality improvement and patient safety; and scholarly activity**
- **ACGME Resident and Faculty Survey results**
- **Aggregate resident Milestones evaluations, and achievement on in-training examinations (where applicable), board pass and certification rates, and graduate performance.**
- **Aggregate faculty evaluation and professional development**

~~V.C.1.c).(1) curriculum;~~ ^(Core)

~~V.C.1.c).(2) outcomes from prior Annual Program Evaluation(s);~~ ^(Core)

~~V.C.1.c).(3) ACGME letters of notification, including citations, Areas for Improvement, and comments;~~ ^(Core)

~~V.C.1.c).(4) quality and safety of patient care;~~ ^(Core)

~~V.C.1.c).(5) aggregate resident and faculty:~~

~~V.C.1.c).(5).(a) well-being;~~ ^(Core)

~~V.C.1.c).(5).(b) recruitment and retention;~~ ^(Core)

~~V.C.1.c).(5).(c) workforce diversity;~~ ^(Core)

~~V.C.1.c).(5).(d) engagement in quality improvement and patient safety;~~ ^(Core)

~~V.C.1.c).(5).(e) scholarly activity;~~ ^(Core)

~~V.C.1.c).(5).(f) ACGME Resident and Faculty Surveys; and,~~ ^(Core)

~~V.C.1.c).(5).(g) written evaluations of the program.~~ ^(Core)

~~V.C.1.c).(6) aggregate resident:~~

~~V.C.1.c).(6).(a) achievement of the Milestones;~~ ^(Core)

~~V.C.1.c).(6).(b) in-training examinations (where applicable);~~ ^(Core)

~~V.C.1.c).(6).(c) board pass and certification rates; and,~~ ^(Core)

~~V.C.1.c).(6).(d) graduate performance.~~ ^(Core)

~~V.C.1.c).(7) aggregate faculty:~~

~~V.C.1.c).(7).(a) evaluation; and, ^(Core)~~

~~V.C.1.c).(7).(b) professional development. ^(Core)~~

Common Program Requirements (One-Year Fellowship):

V.C.1.c) The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data following elements in its assessment of the program.
(Core)

~~V.C.1.c).(1) fellow performance; ^(Core)~~

~~V.C.1.c).(2) faculty development; and, ^(Core)~~

~~V.C.1.c).(3) progress on the previous year's action plan(s). ^(Core)~~

Background and Intent: Other data to be considered for assessment include:

- **Fellow performance**
- **Faculty development**
- **Progress on the previous year's action plan(s)**

1. Describe the Review Committee's rationale for this revision:
The modifications of this requirement, which include moving much of the current detail into Background and Intent and the Guide to the Common Program Requirements, are designed to provide guidance to programs regarding how the annual review is accomplished, while reducing required elements and the accompanying need to document and demonstrate compliance with those elements.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The Annual Program Evaluation supports ongoing improvement efforts for the educational program. The proposed revisions provide greater flexibility in how that is accomplished.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No additional resources will be required based on the proposed change.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **VI.A.1.a).(1).(b)-VI.A.1.a).(2)**

Requirement Revision (significant change only):

~~VI.A.1.a).(1).(b) The program must have a structure that promotes safe, interprofessional, team-based care.~~^(Core)

~~VI.A.1.a).(2) Education on Patient Safety~~

~~Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.~~^(Core)

~~Background and Intent: Optimal patient safety occurs in the setting of a coordinated interprofessional learning and working environment.~~

~~[The Review Committee may further specify]~~

1. Describe the Review Committee's rationale for this revision:

Based on changes to the requirements below, the Task Force proposes deletion of the requirements and Background and Intent listed above.

VI.E.2.: Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system.^(Core)

IV.B.1.f).(1).(g): [Residents must demonstrate competence in:] using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated).^(Detail)

IV.A.7. [The curriculum must contain the following educational components:] and, formal educational activities that promote patient safety-related goals, tools, and techniques.^(Core)

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

As the proposed deleted requirements are addressed in the requirements noted in 1. above, no significant change is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?

No change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

No change is anticipated.

5. How will the proposed revision impact other accredited programs?

NA

Requirement #: ~~VI.A.1.a).(4)- VI.A.1.a).(4).(b)~~

Requirement Revision (significant change only):

VI.A.1.a).(4) Resident Education and Experience in Disclosure of Adverse Events

~~*Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for faculty physicians to model, and for residents to develop and apply.*~~

~~**VI.A.1.a).(4).(a) All residents must receive training in how to disclose adverse events to patients and families.**~~^(Core)

~~**VI.A.1.a).(4).(b) Residents should have the opportunity to participate in the disclosure of patient safety events, real or simulated.**~~^(Detail)

1. Describe the Review Committee's rationale for this revision:

The Task Force proposes moving disclosure of safety events to IV.B.1.f).(1).(g) as follows:

[Residents must demonstrate competence in:] using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated).^{(Detail)†}

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Shifting this requirement to a competency focuses on the expected outcome, which is the development of necessary skills in the promotion of patient safety and disclosure of patient safety events. This is expected to have a positive impact on resident/fellow education and patient safety.

3. How will the proposed requirement or revision impact continuity of patient care?

No impact on continuity of care is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

No change is anticipated.

5. How will the proposed revision impact other accredited programs?

NA

Requirement #: **VI.A.1.b)-VI.A.1.b).(1).(a)**

Requirement Revision (significant change only):

VI.A.1.b) Quality Improvement

VI.A.1.b).(1) Education in Quality Improvement

~~*A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals.*~~

~~VI.A.1.b).(1).(a) Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.~~^(Core)

1. Describe the Review Committee's rationale for this revision:

Based on the following modifications to IV.B.1.d.(1).(d) and VI.A.1.a.(3).(b), the Task Force has proposed deletion of VI.A.1.b).(1).(a):

IV.B.1.d.(1).(d) [Residents must demonstrate competence in:] systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement;^(Core)

VI.A.1.a.(3).(b) Residents 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)

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

As the deleted requirement has been addressed in the requirements noted in 1 above, no significant change is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?

No change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

No change is anticipated.

5. How will the proposed revision impact other accredited programs?

NA

Requirement #: **VI.A.1.b).(3)-VI.A.1.b).(3).(a).(i)**

Requirement Revision (significant change only):

~~VI.A.1.b).(3) Engagement in Quality Improvement Activities~~

~~Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.~~

~~VI.A.1.b).(3).(a) Residents must have the opportunity to participate in interprofessional quality improvement activities.~~^(Core)

~~VI.A.1.b).(3).(a).(i) This should include activities aimed at reducing health care disparities.~~^(Detail)

1. Describe the Review Committee's rationale for this revision:

Based on the following changes, the Task Force proposes deletion of VI.A.1.b).(3).(a) and VI.A.1.b).(3).(a).(i):

VI.A.1.a.(3).(b) Residents 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)

IV.B.1.d).(1).(d) [Residents must demonstrate competence in:] systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; ^(Core)

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
As the proposed deleted requirements are addressed in the requirements noted in 1 above, no significant change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **VI.B.4.-VI.B.5.**

Requirement Revision (significant change only):

VI.B.4. Residents 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)

~~VI.B.4.a). provision of patient- and family-centered care;~~ ^(Outcome)

~~VI.B.4.b). safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events;~~ ^(Outcome)

~~Background and Intent: This requirement emphasizes that responsibility for reporting unsafe conditions and adverse events is shared by all members of the team and is not solely the responsibility of the resident.~~

~~VI.B.4.c) assurance of their fitness for work, including;~~ ^(Outcome)

~~VI.B.4.c).(1) management of their time before, during, and after clinical assignments; and,~~ ^(Outcome)

~~VI.B.4.c).(2) recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team. (Outcome)~~

~~VI.B.4.d) commitment to lifelong learning. (Outcome)~~

~~VI.B.4.e) monitoring of their patient care performance improvement indicators; and, (Outcome)~~

~~VI.B.4.f) accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data. (Outcome)~~

~~VI.B.5. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. (Outcome)~~

1. Describe the Review Committee's rationale for this revision:
Many elements from the requirements proposed for deletion have been incorporated into related requirements in other locations, including:

VI.B.4.a) is now addressed in VI.B.1.b).(1):

Residents must be able to provide patient care that is patient- and family-centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)

VI.B.4.b) was combined with VI.B.4, as shown above.

VI.B.4.c).(2): Recognition of impairment is addressed in the following requirements:

VI.C.1.e) [The responsibility of the program, in partnership with the Sponsoring Institution, ~~to address well-being must include:~~ education of faculty members and residents in:

VI.C.1.e).(1). identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)

VI.C.1.e).(2) recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)

VI.C.1.e).(3) access to appropriate tools for self-screening. (Core)

VI.B.4.d): Lifelong learning is addressed in IV.B.1.d):

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)

VI.B.4.e): Patient care performance improvement indicators addressed in VI.A.1.b).(2).(a):

Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. ^(Core)

VI.B.4.f) is now addressed in Background and Intent under VI.B.3.:

VI.B.3. The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. ^(Core)

Background and Intent: The accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data are the responsibility of the program leadership, residents, and faculty.

VI.B.5. is addressed in IV.B.1.a.(1).(b):

[Residents must demonstrate competence in:] responsiveness to patient needs that supersedes self-interest and elevates the importance of cultural humility; ^(Core)

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **Background and Intent; VI.D.2.**

Requirement Revision (significant change only):

~~VI.D.2. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2–VI.C.2.b), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue. ^(Core)~~

1. Describe the Review Committee's rationale for this revision:
The Task Force proposes deletion of VI.D.2. as it is redundant with VI.C.2.-VI.C.2.b):

VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical,

parental, or caregiver leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. ^(Core)

VI.C.2.a) The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. ^(Core)

VI.C.2.b) These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work. ^(Core)

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **VI.E.3.d)-e)**

Requirement Revision (significant change only):

~~**VI.E.3.d) Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care.**~~ ^(Core)

~~**VI.E.3.e) Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2-VI.C.2.b), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.**~~ ^(Core)

1. Describe the Review Committee's rationale for this revision:
VI.E.3.d) has been deleted as it is redundant with the following requirements:
VI.A.2.a).(2) Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. ^(Core)

VI.A.2.a).(2).(a). This information must be available to residents, faculty members, other members of the health care team, and patients. ^(Core)

VI.E.3.e) has been deleted as it is redundant with the following requirements:

VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical,

parental, or caregiver leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. ^(Core)

VI.C.2.a) The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. ^(Core)

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.
5. How will the proposed revision impact other accredited programs?
NA

Requirement #: **VI.F.8.b)**

Requirement Revision (significant change only):

~~VI.F.8.b) Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.~~ ^(Detail)

1. Describe the Review Committee's rationale for this revision:
The Task Force determined that VI.F.8.b) should be deleted, as it is redundant with VI.F.1., which states that all in-house clinical activities must be counted toward the 80-hour weekly limit.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
No change is anticipated.
3. How will the proposed requirement or revision impact continuity of patient care?
No change is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No change is anticipated.
5. How will the proposed revision impact other accredited programs?
NA