



**Accreditation Council for
Graduate Medical Education**

ACGME
Institutional Requirements

Proposed focused revision; posted for review and comment July 12, 2021

1 **Proposed ACGME Institutional Requirements**

2
3 I. Structure for Educational Oversight

4
5 I.A. Sponsoring Institution

6
7 I.A.1. Residency and fellowship programs accredited by the ACGME must
8 function under the ultimate authority and oversight of one Sponsoring
9 Institution. Oversight of resident/fellow assignments and of the quality of
10 the learning and working environment by the Sponsoring Institution
11 extends to all participating sites. (Core)*

12
13 I.A.2. The Sponsoring Institution must be in substantial compliance with the
14 ACGME Institutional Requirements and must ensure that each of its
15 ACGME-accredited programs is in substantial compliance with the
16 ACGME Institutional, Common, specialty-/subspecialty-specific Program,
17 and Recognition Requirements, as well as with ACGME Policies and
18 Procedures. (Outcome)

19
20 I.A.3. The Sponsoring Institution must maintain its ACGME institutional
21 accreditation. Failure to do so will result in loss of accreditation for its
22 ACGME-accredited program(s). (Outcome)

23
24 I.A.4. The Sponsoring Institution and each of its ACGME-accredited programs
25 must only assign residents/fellows to learning and working environments
26 that facilitate patient safety and health care quality. (Outcome)

27
28 I.A.5. The Sponsoring Institution must identify a designated institutional official
29 (DIO). (Core)

30
31 I.A.5.a) This individual, in collaboration with a Graduate Medical Education
32 Committee (GMEC), must have authority and responsibility for the
33 oversight and administration of each of the Sponsoring
34 Institution's ACGME-accredited programs, as well as for ensuring
35 compliance with the ACGME Institutional, Common, specialty-
36 /subspecialty-specific Program, and Recognition Requirements.
37 (Core)

38
39 I.A.5.b) The DIO must:

40
41 I.A.5.b).(1) approve program letters of agreement (PLAs) that govern
42 relationships between each program and each
43 participating site providing a required assignment for
44 residents/fellows in the program; (Core)

45
46 I.A.5.b).(2) oversee submissions of the Annual Update for each
47 program and the Sponsoring Institution to the ACGME;
48 and, (Core)

49
50 I.A.5.b).(3) after GMEC approval, oversee the submission of
51 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 time to effectively
295		carry out educational, administrative, and leadership responsibilities; ^(Core)
296		
297	II.A.2.	the DIO engages in professional development applicable to
298		responsibilities as an educational leader; and, ^(Core)
299		
300	II.A.3.	sufficient salary support and resources are provided for effective GME
301		administration. ^(Core)
302		

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

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

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

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

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

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

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

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

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

- 756
757 IV.I.2. Physician Impairment: The Sponsoring Institution must have a policy, not
758 necessarily GME-specific, which addresses physician impairment. ^(Core)
759
- 760 IV.I.3. Harassment: The Sponsoring Institution must have a policy, not
761 necessarily GME-specific, covering sexual and other forms of
762 harassment, that allows residents/fellows access to processes to raise
763 and resolve complaints in a safe and non-punitive environment and in a
764 timely manner, consistent with applicable laws and regulations. ^(Core)
765
- 766 IV.I.4. Accommodation for Disabilities: The Sponsoring Institution must have a
767 policy, not necessarily GME-specific, regarding accommodations for
768 disabilities consistent with all applicable laws and regulations. ^(Core)
769
- 770 IV.I.5. Discrimination: The Sponsoring Institution must have policies and
771 procedures, not necessarily GME-specific, prohibiting discrimination in
772 employment and in the learning and working environment, consistent with
773 all applicable laws and regulations. ^(Core)
774
- 775 IV.J. Supervision
776
- 777 IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding
778 supervision of residents/fellows. ^(Core)
779
- 780 IV.J.2. The Sponsoring Institution must ensure that each of its ACGME-
781 accredited programs establishes a written program-specific supervision
782 policy consistent with the institutional policy and the respective ACGME
783 Common and specialty-/subspecialty-specific Program Requirements.
784 ^(Core)
785
- 786 IV.K. Clinical and Educational Work Hours: The Sponsoring Institution must maintain a
787 clinical and educational work hour policy that ensures effective oversight of
788 institutional and program-level compliance with ACGME clinical and educational
789 work hour requirements. ^(Core)
790
- 791 IV.K.1. Moonlighting: The Sponsoring Institution must maintain a policy on
792 moonlighting that includes the following:
793
- 794 IV.K.1.a) residents/fellows must not be required to engage in moonlighting;
795 ^(Core)
796
- 797 IV.K.1.b) residents/fellows must have written permission from their program
798 director to moonlight; ^(Core)
799
- 800 IV.K.1.c) an ACGME-accredited program will monitor the effect of
801 moonlighting activities on a resident's/fellow's performance in the
802 program, including that adverse effects may lead to withdrawal of
803 permission to moonlight; and, ^(Core)
804
- 805 IV.K.1.d) the Sponsoring Institution or individual ACGME-accredited
806 programs may prohibit moonlighting by residents/fellows. ^(Core)

807
808 IV.L. Vendors: The Sponsoring Institution must maintain a policy that addresses
809 interactions between vendor representatives/corporations and residents/fellows
810 and each of its ACGME-accredited programs. ^(Core)
811
812 IV.M. Non-competition: The Sponsoring Institution must maintain a policy which states
813 that neither the Sponsoring Institution nor any of its ACGME-accredited programs
814 will require a resident/fellow to sign a non-competition guarantee or restrictive
815 covenant. ^(Core)
816
817 IV.N. Substantial Disruptions in Patient Care or Education: The Sponsoring Institution
818 must maintain a policy consistent with ACGME Policies and Procedures that
819 addresses support for each of its ACGME-accredited programs and
820 residents/fellows in the event of a disaster or other substantial disruption in
821 patient care or education. ^(Core)
822
823 IV.N.1. This policy must include information about assistance for continuation of
824 salary, benefits, professional liability coverage, and resident/fellow
825 assignments. ^(Core)
826
827 IV.O. Closures and Reductions: The Sponsoring Institution must maintain a policy that
828 addresses GMEC oversight of reductions in size or closure of each of its
829 ACGME-accredited programs, or closure of the Sponsoring Institution that
830 includes the following: ^(Core)
831
832 IV.O.1. the Sponsoring Institution must inform the GMEC, DIO, and affected
833 residents/fellows as soon as possible when it intends to reduce the size of
834 or close one or more ACGME-accredited programs, or when the
835 Sponsoring Institution intends to close; and, ^(Core)
836
837 IV.O.2. the Sponsoring Institution must allow residents/fellows already in an
838 affected ACGME-accredited program(s) to complete their education at the
839 Sponsoring Institution, or assist them in enrolling in (an)other ACGME-
840 accredited program(s) in which they can continue their education. ^(Core)
841
842 ***
843
844 ***Core Requirements:** Statements that define structure, resource, or process elements essential to every
845 graduate medical educational program.
846 **Detail Requirements:** Statements that describe a specific structure, resource, or process, for achieving
847 compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance
848 with the Outcome Requirements may utilize alternative or innovative approaches to meet Core
849 Requirements.
850 **Outcome Requirements:** Statements that specify expected measurable or observable attributes
851 (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical
852 education.