

**List of Suspended Common Program Requirements  
Effective February 9, 2026**

All suspended requirements will be annotated with highlighted, bracketed language underneath the requirement in the Common Program Requirements.

| Req #   | Requirement Text   |
|---------|--|
| 1.2.    | The program, with approval of its Sponsoring Institution, must designate a primary clinical site. <sup>(Core)</sup> [The Review Committee may specify which other specialties/ <del>programs</del> must be present at the primary clinical site]<br>The Review Committee may specify whether an ACGME-accredited core program is required for a subspecialty.] <i>Note: <u>The fellowship and one year fellowship Common Program Requirement versions will also permit RCs to specify whether an ACGME-accredited fellowship program is required for a dependent sub-subspecialty.</u></i><br><br><b>See table below for information on specialty-specific program requirements impacted by this modification.</b> |
| 1.3.a.  | The PLA must be renewed at least every 10 years. <sup>(Core)</sup>   |
| 2.2.a.  | Final approval of the program director resides with the Review Committee. <sup>(Core)</sup> [For specialties that require Review Committee approval of the program director, the Review Committee may further specify. This requirement will be deleted for those specialties that do not require Review Committee approval of the program director.]  |
| 2.8.c.  | Faculty members must administer and maintain an educational environment conducive to educating residents. <sup>(Core)</sup>  |
| 4.2.a.  | [The curriculum must contain the following educational components:] a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents, and faculty members; <sup>(Core)</sup>   |
| 4.2.e.  | [The curriculum must contain the following educational components:] formal educational activities that promote patient safety-related goals, tools, and techniques. <sup>(Core)</sup>  |
| 5.5.f.  | The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. <sup>(Core)</sup>  |
| 5.5.h.  | The program must complete a Self-Study and submit it to the DIO.   |
| 6.24.   | A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.   |
| 6.24.a. | In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. <sup>(Detail)</sup>  |

## Specialty-Specific Program Requirements under Common Program Requirement 1.2.

| Specialty/Subspecialty                    | Requirement Number | Requirement Text   | Background and Intent  |
|---|--------------------|--|--|
| Abdominal Radiology                       | 1.2.b.             | There should be ACGME-accredited residencies or subspecialty programs available in gastroenterology, general surgery, obstetrics and gynecology, oncology, pathology, and urology, at the primary clinical site. <sup>(Core)</sup>                                 | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |
| Anatomic Pathology and Clinical Pathology | 1.2.a.             | The Sponsoring Institution should also sponsor ACGME-accredited residency programs in at least three of the following specialties: diagnostic radiology, family medicine, internal medicine, obstetrics and gynecology, pediatrics, and surgery. <sup>(Core)</sup> | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |
| Anesthesiology                            | 1.2.a.             | The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. <sup>(Core)</sup>  | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed  |

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|                                       |                    |  | Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026.  |
| Anesthesiology Critical Care Medicine | 1.2.a.             | The Sponsoring Institution must also sponsor ACGME-accredited programs in anesthesiology, internal medicine, and surgery. <sup>(Core)</sup>            | Pending the outcome of the major revision of the Common Program Requirements, the presence of clinical services in internal medicine and surgery will be considered an acceptable alternative to ACGME-accredited programs. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |
| Obstetric Anesthesiology              | 1.2.a.             | The Sponsoring Institution must also sponsor ACGME-accredited residency programs in anesthesiology and obstetrics and gynecology. <sup>(Core)</sup>    | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in obstetrics and gynecology will be considered an acceptable alternative to ACGME-accredited programs. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026.    |
| Child Neurology                       | 1.2.a.             | The Sponsoring Institution or participating sites must also sponsor ACGME-accredited residency programs in pediatrics and neurology. <sup>(Core)</sup> | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in pediatrics will be considered an acceptable alternative to ACGME-accredited programs. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public  |

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|                                   |                    |   | comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026.   |
| Complex General Surgical Oncology | 1.2.a.             | The complex general surgical oncology program must be sponsored by an institution that (1) also sponsors an ACGME-accredited medical oncology residency program, or (2) is an affiliated site for an ACGME-accredited medical oncology residency program. <sup>(Core)</sup> | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |
| Medical Biochemical Genetics      | 1.2.b.             | Institutions sponsoring medical biochemical genetics programs should sponsor ACGME-accredited programs in pediatrics and internal medicine. <sup>(Detail)</sup>   | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |
| Musculoskeletal Radiology         | 1.2.b.             | There must be an ACGME-accredited program in orthopaedic surgery at the primary clinical site. <sup>(Core)</sup>  | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will   |

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|                             |                    |   | be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026.  |
| Musculoskeletal Radiology   | 1.2.c.             | There should be ACGME-accredited programs in pathology and rheumatology at the primary clinical site. <sup>(Core)</sup>   | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |
| Musculoskeletal Radiology   | 1.2.c.1.           | If these programs are not available at the primary clinical site, there must be an active rheumatology service and a department of pathology that provides bone and soft tissue pathology education at the primary clinical site. <sup>(Core)</sup> |  |
| Neonatal-Perinatal Medicine | 1.2.a.2.           | The Sponsoring Institution or participating sites must also sponsor an ACGME-accredited residency program in obstetrics and gynecology that has maternal-fetal medicine specialists. <sup>(Core)</sup>  | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |

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| Neurological Surgery      | 1.2.a.<br>1.2.a.1. | 1.2.a. Residents from ACGME-accredited programs in anesthesiology, diagnostic radiology, internal medicine, neurology, pediatrics, and surgery should be available at the primary clinical site in significant numbers. (Core)<br><br>1.2.a.1 To request an exception, programs must submit a plan for how the intent of the requirement will be met. (Core) | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |
| Obstetrics and Gynecology | 1.2.a.             | The primary clinical site should also be the clinical site for at least one other ACGME-accredited residency program in another specialty. (Core)  | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |
| Orthopaedic Surgery       | 1.2.a.             | To provide an adequate interdisciplinary educational experience, the institution that sponsors the orthopaedic program should also participate in ACGME-accredited programs in general surgery, internal medicine, and pediatrics. (Core)  | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |

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| Orthopaedic Surgery    | 1.2.a.1.           | To request an exception, programs should submit a plan for how the intent of the requirement will be met. <sup>(Core)</sup>                              | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |
| Pediatric Pathology    | 1.2.a.             | The Sponsoring Institution should also sponsor ACGME-accredited residency programs in diagnostic radiology, pediatrics, and surgery. <sup>(Detail)</sup> | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |
| Radiation Oncology     | 1.2.a.             | The Sponsoring Institution must sponsor at least one ACGME-accredited hematology and medical oncology and/or medical oncology program. <sup>(Core)</sup> | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |

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| Radiation Oncology     | 1.2.b.             | The Sponsoring Institution should also sponsor or have affiliations with ACGME-accredited programs in pathology, surgical oncology, and at least one other oncologic-related discipline sufficient to foster interdisciplinary care and enhance the training of the radiation oncology residents.<br><i>(Detail)</i> | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |
| Urology                | 1.2.a.             | To provide an adequate interdisciplinary educational experience, the primary clinical site must participate in an ACGME-accredited general surgery program through the same Sponsoring Institution as the urology program, unless an exception is granted by the Review Committee. <i>(Core)</i>                     | Pending the outcome of the major revision of the Common Program Requirements, the presence of a clinical service in each specialty referenced will be considered an acceptable alternative to an ACGME-accredited program. It is important to note that before the new Common Program Requirements are finalized, this modification will be subject to public comment when the proposed Common Program Requirement major revision is posted on the ACGME website, tentatively scheduled to occur before the end of 2026. |