ACGME Common Program Requirements Major Revision
First Stakeholder Survey

Released September 8, 2025

We invite you to complete our first stakeholder survey via Qualtrics.

Thank you for participating in the first survey for the Common Program Requirements Major Revision. We want to gather as broad a range of feedback as possible, and all responses will go to the Common Program Requirements Major Revision Task Force to help inform their development of these requirements. This survey focuses specifically on the resident learning experience; there will be future surveys that address fellowship experience as well as additional topics.

The survey consists of five topic sections:
 - Scholarly Activity
 - Other Learners and Health Care Personnel
 - Readiness for Autonomous Practice
 - Burden Reduction
 - General Questions

The first question identifying your current role is required. All other questions are optional, and you may skip any item you like. Please note that once you complete or skip a question, you will not be able to go back to earlier questions.

If you are submitting feedback gathered from your organization as a whole, please select "Responding on behalf of an organization" in the first question and list the organization name. Feel free to use text fields to enter citations to any research you feel would help support your feedback and/or inform the revision process.

For your reference, we have linked the current Common Program Requirements (Residency).

Note on the PDF version: Survey questions branch from the role respondents select at the start of the survey. For questions that don't appear for every role, there is a list of who will see that question. This and any other notes on the survey's structure appear [in brackets] after the question.

Scholarly Activity

1. How important is it for the ACGME to require reporting of resident scholarly activity output (number of articles, number of presentations, etc.)?
    - ○ Not at all important
    - ○ Somewhat important
    - ○ Moderately important
    - ○ Quite important
    - ○ Extremely important

2. How important is it for the ACGME to require reporting of faculty scholarly activity output (number of articles, number of presentations, etc.)?
   o Not at all important
   o Somewhat important
   o Moderately important
   o Quite important
   o Extremely important

3. Should scholarly activity be required for all residents? [Multiple choice: Yes/No. 'Yes' branches to 3.a.]
   a. In your opinion, what are the most important reasons to require resident scholarly activity? Please rank the following reasons in order of importance. [Question appears only if respondent selects 'Yes' above.]
      o Maintaining active engagement of faculty mentors with residents interested in research
      o Keeping the program connected to faculty members conducting research with residents
      o Ensuring there are program faculty members conducting independent research
      o Ensuring residents are able to interpret literature in their field
      o Employing quality improvement methods
      o Ensuring residents understand research methods
      o Producing publishable articles
      o Producing scientific presentations
      o Ensuring residents have the necessary scholarly experience for future subspecialty fellowship applications
      o Establishing and maintaining an environment of inquiry
      o Other (please specify): [text box – 750-character limit]

4. At a minimum, what types of scholarly activity do you believe residents in all programs and specialties should be able to demonstrate? Select all that apply.
   o Participation in journal club with faculty members
   o Ability to access reliable, relevant information that supports patient care
   o Publication of peer-reviewed articles
   o Publication of non-peer-reviewed articles
   o Presentations at local, regional, and national events external to the program
   o Presentations within the program (grand rounds, clinical teaching, didactic conferences, etc.)
   o Participation in expert panels
   o Leadership in quality improvement
   o Service on professional committees
   o Grant leadership
   o None
   o Other (please specify): [text box – 750-character limit]

5. At a minimum, what types of scholarly activity do you believe faculty members in all programs and specialties/subspecialties should demonstrate? Select all that apply.
   o Participation in journal club with residents
   o Ability to teach clinical decision-making in the specialty/subspecialty
   o Ability to access reliable, relevant information that supports patient care
   o Publication of peer-reviewed articles
   o Publication of non-peer-reviewed articles
   o Presentations at local, regional, and national events external to the program
   o Presentations within the program (grand rounds, clinical teaching, didactic conferences, etc.)
   o Participation in expert panels
   o Leadership in quality improvement
   o Service on professional committees
   o Grant leadership
   o None
   o Other (please specify): [text box – 750-character limit]

Other Learners and Health Care Personnel

6. Current Common Program Requirement 1.11. reads: "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 residents' education. (Core) [The Review Committee may further specify]." In your view, should the current requirement: [Multiple choice - one answer.]
   o Stay the same
   o Be divided into two separate requirements, one addressing other learners and one addressing other health care personnel
   o Be modified [text box – 750-character limit]
   o Be eliminated

7. In your view, should the ACGME's assessment of the impact of other learners (including, but not limited to non-licensed observers, students, residents from other programs, etc.) on resident education: (Select one.)
   o Remain the same
   o Increase [Branches to 7.a.]
   o Decrease [Branches to 7.b.]

   a. The ACGME should increase assessment of the impact of other learners using: (Select all that apply.) [Question appears only if respondent selects 'Increase' above.]
      o Annual ACGME Resident/Fellow and/or Faculty Surveys
      o ADS Annual Update
      o Specialty-specific questions in the annual ACGME Resident/Fellow Surveys
      o Program-specific oversight
      o Other (please specify): [Text box – 750-character limit]

b. The ACGME should decrease assessment of the impact of other learners in the following ways: [text box – 750-character limit] [Question appears only if respondent selects ''Decrease' above.]

8. In your view, should the ACGME's assessment of the impact of other health care personnel (including, but not limited to advanced practice providers, non-physician practitioners, pharmacists, physical therapists, etc.) on resident education:
   o Remain the same
   o Increase [Branches to 8.a.]
   o Decrease [Branches to 8.b.]

   a. The ACGME should increase assessment of the impact of other health care personnel using: (Select all that apply.) [Question appears only if respondent selects 'Increase' above.]
      o ADS Annual Update
      o Specialty-specific questions in the annual Resident/Fellow Surveys
      o Program-specific oversight
      o Other (please specify): [text box – 750-character limit]

   b. The ACGME should decrease assessment of the impact of other health care personnel in the following ways: [text box – 750-character limit] [Question appears only if respondent selects 'Decrease' above.]

Readiness for Autonomous Practice

9. Should the Common Program Requirements (Residency version) include a requirement that each specialty list what skills, experiences, procedures, etc. graduates must have upon completion of the program? [Multiple choice: Yes/No.]

10. Faculty member and recent graduate interviews have indicated the following are often gaps in graduating residents' knowledge. In which of these areas should residents demonstrate competence upon graduation? Select all that apply. [Question appears for: Designated Institutional Official, Core Faculty, Non-Core Faculty, Program Director/Associate Program Director (Residency), Program Director/Associate Program Director (Fellowship), and Other]
    a. Understanding of billing and coding
    b. Practice management
    c. Ability to manage complex medical conditions
    d. Ability to manage rare medical conditions/presentations
    e. Confidence in their ability to deliver care in a variety of clinical settings
    f. Ability to lead teams
    g. Ability to work in interprofessional teams
    h. Understanding of malpractice regulations
    i. Knowledge of rules and regulations for their practice
    j. Nutrition
    k. Other (please specify): [text box – 750-character limit]

11. Having completed a GME program within the last five years, what gaps do you feel you have in your knowledge and abilities? Select all that apply. [Question appears for: Recent Graduates]
    o Understanding of billing and coding
    o Practice management
    o Ability to manage complex medical conditions
    o Ability to manage rare medical conditions/presentations
    o Confidence in the ability to deliver care in a variety of clinical settings
    o Ability to lead teams
    o Ability to work in interprofessional teams
    o Knowledge of malpractice regulations
    o Knowledge of rules and regulations for practice
    o Other (please specify): [text box – 750-character limit]

12. Should there be a requirement for decreased supervision during the last few months of an ACGME-accredited educational program in preparation for fully autonomous practice? [Multiple choice: Yes/No. 'Yes' branches to 12.a.]
    a. During the last few months of an ACGME-accredited educational program, residents should receive: (Select one) [Question appears only if respondent selects 'Yes' above.]
       o Indirect Supervision/Semi-Autonomous Practice/Sheltered Independence ("The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.")
       o Oversight ("The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.")

Burden Reduction

13. Which, if any, areas of the Common Program Requirements (Residency version) and/or related specialty-specific Program Requirements create significant financial and/or administrative burden for your program/institution? Select all that apply. You may provide additional feedback for each area you select on the following page(s). [Each selection allows respondents to provide additional feedback in a 750-character-limit text box.]

    o Participating sites (Section 1)
    o Resources (1.8.)
    o Personnel (Section 2)
    o Program Director (2.1 – 2.6)
    o Dedicated time FTE (2.4.)
    o Qualifications (2.5.)
    o Responsibilities (2.6.)
    o Faculty (2.7.-2.11.)
    o Responsibilities (2.8.)
    o Qualifications (2.9.-2.10.)
    o Dedicated time FTE (2.11.a.)

- Coordinator dedicated time FTE (2.12.)
- Resident Appointments (Section 3)
- Eligibility (3.2.)
- Eligibility Exceptions (3.3.b.)
- Educational Program (Section 4)
- Competencies (4.3.-4.9.)
- Faculty Scholarly Activity (4.14.)
- Resident Scholarly Activity (4.15.)
- Evaluation (Section 5)
- Resident Evaluation (5.1.-5.2.)
- Clinical Competency Committee (5.3.)
- Faculty Evaluation (5.4.)
- Program Evaluation (5.5.)
- Learning and Working Environment (Section 6)
- Patient Safety/Quality Metrics (6.1.-6.4.)
- Supervision (6.5.-6.11.)
- Professionalism (6.12.)
- Well-Being (6.13.-6.19.)
- Clinical Experience and Education – Work Hours (6.20.-6.28.)
- Other: [text box – 750-character limit]

General Questions

14. The Task Force invites suggestions regarding modifications or deletions in the current Common Program Requirements (Residency version). Please select any areas below for which you would like to give additional feedback. You may provide additional feedback for each area you select on the following page(s). [Each selection allows respondents to provide additional feedback in a 2000-character-limit text box.]
    a. Section 1: Oversight
    b. Section 2: Personnel
    c. Section 3: Resident Appointments
    d. Section 4: Educational Program
    e. Section 5: Evaluation
    f. Section 6: The Learning and Work Environment
    g. Other (please specify):

15. What data and/or literature relevant to resident education should the Task Force consider as the new Common Program Requirements (Residency version) are developed? [text box – 2000-character limit]