

## **ACGME Program Requirements for Graduate Medical Education in Institutional Requirements Summary and Impact of Major Requirement Revisions**

### **Overview**

In this draft of the major revision of the ACGME Institutional Requirements, the Institutional Review Committee (IRC) proposes a set of Requirements for all types of Sponsoring Institutions intended to be achievable, measurable, and outcomes-oriented. To develop these requirements, the IRC appointed a Writing Group comprised of 10 current and former IRC members who represent a wide range of experience and types of Sponsoring Institutions. The Writing Group engaged in an intensive period of data collection to understand the challenges that Sponsoring Institutions encounter and to build new standards that apply to all Sponsoring Institutions of varying size and complexity. This included:

- Literature review on selected topics
- Stakeholder interviews
- Two public surveys on focused topics
- Stakeholder Summit
- Public comments from the 2024 Institutional Requirements major revision proposal
- Collaboration with the Common Program Requirements Major Revision Task Force

The Writing Group used the current Institutional Requirements as the foundation for the proposed requirements. Throughout this information gathering and writing process, the IRC was regularly updated and had opportunities to review data and consider the Writing Group's proposal. Upon receipt of the Writing Group's latest proposal, the IRC reviewed, discussed, and continued to shape the contents of this final draft it approved for public review and comment. The IRC welcomes additional feedback from all individuals and organizations that wish to provide comments regarding these proposed Institutional Requirements.

The Impact Statement that follows provides specific information about the proposed changes to the Institutional Requirements. The proposed effective date for implementation is July 1, 2027, pending approval by the ACGME Board of Directors.

Requirement #: 1.1.

Requirement Revision (significant change only):

1.1 Sponsoring Institution

The Sponsoring Institution is the organization or entity that ensures administrative, educational, financial, human, and clinical resources for graduate medical education (GME) programs. Residency and fellowship programs accredited and/or recognized by the ACGME must function under the ultimate authority and oversight of one ACGME-accredited Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites providing resident/fellow education. <sup>(Core)</sup>

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

This proposed requirement provides a definition of the "Sponsoring Institution" and clarifies its academic responsibilities, including expectations regarding the institutional commitment to supporting graduate medical education (GME). The core components of this requirement are unchanged.

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

Ensuring the necessary resources for resident/fellow education supports quality education and improved patient care.

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

There is no impact to continuity of care.

**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?**

This requirement will not necessitate additional resources.

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

This requirement intends to strengthen and clearly define the Sponsoring Institution's responsibility and commitment to supporting its programs.

Requirement #: 1.2., 1.2.b.

Requirement Revision (significant change only):

1.2. ~~Any Sponsoring Institutions and/or participating sites that provide clinical services must be approved by is a hospital must maintain the accreditation and regulatory authority(ies) that are required for the type(s) of clinical services provided. to provide patient care.~~ <sup>(Core)</sup> [This proposed requirement is a modification of current Institutional Requirement 1.6.]

1.2.a. ~~Accreditation for patient care must be provided by:~~

1.2.a.1. ~~an entity granted "deeming authority" for participation in Medicare under federal regulations; or,~~ <sup>(Core)</sup>

~~1.2.a.2. an entity certified as complying with the conditions of participation in Medicare under federal regulations. (Core)~~

1.2.b. When a Sponsoring Institution or major participating site that provides a required clinical experience is a hospital loses its approval or licensure to provide clinical services as identified in 1.2. accreditation for patient care, the Sponsoring Institution must provide notification and a provide a plan for its response to the Institutional Review Committee within 30 days of such loss or restriction. [This proposed requirement is a consolidation of current Institutional Requirements 1.7. and 1.8.]

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

This requirement establishes that the approval to provide clinical services that is required by regulatory authorities must be maintained at clinical participating sites where residents/fellows rotate as part of their educational program. The revision applies to all clinical facilities, and eliminates statements that are redundant, are addressed in ACGME policy, or are not requirements.

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

Maintaining approval to provide clinical services will ensure that resident/fellow education occurs only at participating sites deemed safe to provide clinical services and/or patient care.

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

While there is no direct impact, patient care approval processes include standards and measurements related to the continuity of patient care.

**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 intent of the requirement is unchanged, and it is anticipated that additional resources will not be required to fulfill this requirement.

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

Programs benefit from utilizing only those clinical participating sites that have approval to provide clinical services and/or patient care.

**Requirement #: 1.5.**

Requirement Revision (significant change only):

~~1.5. The Sponsoring Institution must complete a Self-Study prior to its 10-Year Accreditation Site Visit. (Core)~~

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

In conjunction with the ACGME's overall decision to suspend the self-study requirement for both programs and institutions, the IRC is proposing removal of this requirement to align with the ACGME's efforts to reduce burden. While Sponsoring Institutions may choose to

continue to conduct a self-study or similar assessment process, this revision removes the requirement for institutions to complete a self-study.

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

There is no impact.

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

There is no impact.

**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?**

This requirement will not necessitate additional resources.

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

There is no impact.

Requirement #: **1.6., 1.6.a.**

Requirement Revision (significant change only):

1.6. Statement of Commitment

The Sponsoring Institution's senior administration, governing body, designated institution official (DIO), and Graduate Medical Education Committee (GMEC) must work in partnership to ensure the Sponsoring Institution's commitment to GME by ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources to the institution and each of its ACGME-accredited programs.

1.6.a. Once every five years or when there is a change in the identified governing body, a written statement of commitment attesting to support for these essential components of GME must be reviewed, dated, and signed by a representative of the Sponsoring Institution's senior administration, a representative of the governing body, and the DIO.

*[The proposed requirements under the "Statement of Commitment" are modified version of current Institutional Requirements 1.4, 1.4.a., and 1.4.b. Current Institutional Requirement 1.4.a. has been removed in this proposal.]*

A written statement, reviewed, dated, and signed at least once every five years by the DIO, a representative of the Sponsoring Institution's senior administration, and a representative of the governing body, must document the Sponsoring Institution's:

1.6.b. GME mission; and, <sup>(Core)</sup>

1.6.c. commitment to GME by ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources. <sup>(Core)</sup>

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

The proposed requirement has been revised to clarify and consolidate the relationships needed to demonstrate support for GME, which includes a senior administrative member of the Sponsoring Institution, the governing body, the DIO, and the GMEC. This proposed requirement recognizes that Sponsoring Institutions may operate within rapidly evolving environments and that changes in ownership or governance necessitate renewal of the commitment to support resident/fellow education. This requirement intends to highlight the importance of the continued commitment by the governing body when changes occur. Overall, the required resources and required signatories of the Statement of Commitment are unchanged.

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

This requirement adds the GMEC as a partner and emphasizes the need for collaboration among several entities in ensuring the Sponsoring Institution's commitment to providing the necessary resources for GME.

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

There is no impact to continuity of care.

**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 intent of the requirement is unchanged, and it is anticipated that additional resources will not be required to fulfill this requirement.

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

The intent of this requirement is to strengthen and clearly define the key institutional stakeholders responsible for supporting GME operations and the programs sponsored by the institution.

**Requirement #: 1.7., 1.7.a.-g.**

**Requirement Revision (significant change only):**

**1.7. Designated Institutional Official (DIO)**

The Sponsoring Institution must identify a designated institutional official (DIO) as the leader in the Sponsoring Institution who holds the authority and responsibility for all aspects of GME at the Sponsoring Institution, as well as oversight of all of its ACGME-accredited programs. The DIO at the Sponsoring Institution must:<sup>(Core)</sup>

- 1.7.a. This individual, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, specialty / subspecialty specific Program, and**

Recognition Requirements. <sup>(Core)</sup> [Moved to 1.7.a. and modified]

1.7.b. ensure that the GMEC fulfills its oversight and review/approval responsibilities;

1.7.c. establish the level of staffing needed to support the GME administration of the Sponsoring Institution based on its size and complexity;

1.7.d. collaborate effectively with senior leaders at the Sponsoring Institution and its participating sites on matters that impact residents/fellows, such as strategic planning, budgeting, and other major institutional decisions;

1.7.e. ~~The DIO must approve~~ ensure approval of program letters of agreement (PLAs) that govern relationships between each ACGME-accredited program and each participating site providing a required assignment for residents/fellows in the program; and, <sup>(Core)</sup>

1.7.f. ~~The DIO must oversee submissions to the ACGME of requests to the ACGME, including the Annual Update for the Sponsoring Institution and each of its ACGME-accredited and recognized program(s); and, the Sponsoring Institution to the ACGME.~~  
*[This proposed requirement is modified from current Institutional Requirement 1.2.c.]*

1.7.g. oversee the submission of applications for ACGME accreditation and recognition, requests for voluntary withdrawal of accreditation and recognition, and requests for changes in residency and fellowship program complements. <sup>(Core)</sup> *[This proposed requirement is modified from current Institutional Requirement 1.2.d.]*

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

The intent of this requirement is to define a set of the key responsibilities of the DIO. The requirement also emphasizes the collaborative relationship among the DIO, GMEC, and senior leadership at the Sponsoring Institution and participating sites necessary to ensure GME representation when business or strategic decisions that may impact GME are being discussed. This proposal empowers and offers the DIO flexibility to establish the necessary personnel for operationalizing GME at the Sponsoring Institution, which includes the ability to designate and delegate tasks to GME administrative personal identified by the DIO. Such individuals might hold local appointments as associate DIOs, chief academic officers, administrative GME directors, institutional coordinators/administrators, and others.

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

Strengthening the connections between Sponsoring Institutions and clinical learning environments by recognizing the integrated leadership role of the DIO that must be fulfilled in partnership with other health care organizational leaders will have a positive impact on resident/fellow education, patient safety, and high-quality care.

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

There is no impact.

**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?**

This requirement outlines the key responsibilities of the DIO and may require additional financial and personnel resources to support GME operations, depending on characteristics of the Sponsoring Institution, such as size and complexity.

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

Defining the role of the DIO by emphasizing their ability to directly support and provide resources to ensure effective GME office and program administration will positively impact accredited residency/fellowship programs at the Sponsoring Institution.

Requirement #: **1.8., 1.8.a.-b.**

Requirement Revision (significant change only):

1.8. ~~This individual,~~ The DIO, in collaboration with the a Graduate Medical Education Committee (GMEC), must:

1.8.a. ~~have authority and responsibility for the oversight and administration of each of the Sponsoring Institution's and each of its ACGME-accredited programs and their clinical learning environments; and~~ [This proposed requirement is modified from current Institutional Requirement 1.2.a.]

1.8.b. ~~as well as for ensuring compliance with the ACGME Institutional, Common, specialty-/subspecialty-specific Program, and Recognition Requirements.~~ (Core).

*[This proposed requirement is modified from current Institutional Requirement 1.2.a.]*

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

This series of requirements describes the collaboration and shared responsibilities of the DIO and the GMEC and includes several oversight requirements previously specific to the GMEC. This revision aims to enhance collaboration between the DIO and the GMEC. Proposed requirements 1.7.a.-b. are not new requirements [current Institutional Requirements 1.2.a. and 1.2.d.]; they have been grouped together to provide better clarity.

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

Reinforcing the relationship between the DIO and the GMEC in working as partners to effectively administer and support resident/fellow education will have a positive impact on resident/fellow education, patient safety, and high-quality care.

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

There is no impact.

**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?**

This requirement will not necessitate additional resources.

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

Accredited programs will benefit from a strengthened working and collaborative relationship between the DIO and GMEC.

Requirement #: **1.9., 1.9.a., 1.9.a.(1-5), 1.9.b., 1.9.b.(1-6)**

Requirement Revision (significant change only):

1.9. Graduate Medical Education Committee (GMEC) Membership

1.9.a. ~~A Each Sponsoring Institution with multiple ACGME-accredited programs~~ must have a GMEC that includes at least the following voting members: <sup>(Core)</sup>

1.9.a.1. the DIO; <sup>(Core)</sup>

1.9.a.2. a representative sample of program directors (minimum of two if there are multiple programs or one if there is only one program) from ~~its the~~ Sponsoring Institution's ACGME-accredited programs; <sup>(Core)</sup>

1.9.a.3. a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs or the only resident/fellow if the program includes only one resident/fellow; and, <sup>(Core)</sup>

1.9.a.4. ~~one of the program's~~ minimum of one core faculty members for Sponsoring Institutions with only one program. other than the program director, if the program includes core faculty members other than the program director; <sup>(Core)</sup>

1.9.a.5. ~~a quality improvement or patient safety officer or designee~~. <sup>(Core)</sup>

1.9.b. ~~A Sponsoring Institution with one program~~ must have a GMEC

that includes at least the following voting members:

- 1.9.b.1. ~~the DIO;~~ <sup>(Core)</sup>
- 1.9.b.2. ~~the program director when the program director is not the DIO;~~ <sup>(Core)</sup>
- 1.9.b.3. ~~one of the program's core faculty members other than the program director, if the program includes core faculty members other than the program director;~~
- <sup>(Core)</sup> 1.9.b.4. ~~a minimum of two peer selected residents/fellows from its ACGME-accredited program or the only resident/fellow if the program includes only one resident/fellow;~~ <sup>(Core)</sup>
- 1.9.b.5. ~~the individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director; and,~~ <sup>(Core)</sup>
- 1.9.b.6. ~~one or more individuals who are actively involved in GME, are outside the program, and are not the DIO or the quality improvement or patient safety member.~~ <sup>(Core)</sup>

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

Requirements for membership of the GMEC have been reduced and clarified to address administrative constraints of Sponsoring Institutions, and to streamline GMEC membership for Sponsoring Institutions including those with only one accredited program. The requirement for a "patient safety/quality improvement" officer to be included as a GMEC voting member has been eliminated to decrease burden for Sponsoring Institutions.

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

There is no impact.

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

There is no impact.

**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 proposed requirement reduces the resources needed for compliance.

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

There is no impact.

Requirement #: **1.11.c.**

Requirement Revision (significant change only):

1.11.c. The GMEC must not receive or discuss identifiable information

about the assessment, performance, and/or private health information of individual residents or fellows.

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

This requirement protects the confidentiality of individual residents'/fellows' personal and private information, including regarding issues of underperformance, remediation, and health matters. The GMEC may continue to review aggregate, non-identifiable information.

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

There is no impact.

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

There is no impact.

**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?**

This requirement will not necessitate additional resources.

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

Confidential evaluations of performance of residents/fellows is a responsibility of each program's Clinical Competency Committee. This requirement will preserve programs' evaluative function, protect personal and private information from individuals who should not be privy to it, and shield individual resident/fellow information from use in institutional processes.

Requirement #: **1.12.- 1.12.b.11.**

Requirement Revision (significant change only):

**1.12. GMEC Responsibilities**

The GMEC is responsible for the ultimate oversight of each of its ACGME-accredited and recognized programs and their clinical learning environments must collaborate with the DIO to ensure compliance with each of its ACGME Institutional, Common, specialty subspecialty-specific program and recognition requirements. The GMEC must collaborate with the DIO to ensure compliance with the applicable ACGME Institutional, Common and specialty-subspecialty-specific Program, and Recognition Requirements. The GMEC and, in partnership with the DIO, is responsible for ultimate oversight of the Sponsoring Institution and each of its ACGME-accredited and recognized programs and their clinical learning environments.

**1.12.a. GMEC responsibilities must include oversight of:**

**1.12.a.1. ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs; (Outcome)**

**1.12.a.2. the quality of the GME learning and working environment within the Sponsoring Institution, each of**

	its ACGME-accredited programs, and <u>all</u> its participating sites; <sup>(Outcome)</sup>
1.12.a.3.	<del>the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements;</del> <sup>(Outcome)</sup>
1.12.a.4.	The <del>GMEC</del> must demonstrate effective oversight of underperforming program(s) through a Special Review process; <sup>(Core)</sup> [moved from current Institutional Requirements 1.15.].
1.12.a.5.	additions and deletions of each of <del>its</del> the Sponsoring Institution's ACGME-accredited programs' participating sites; <sup>(Core)</sup> [moved from current Institutional Requirement 1.13.g]
1.12.a.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; [moved from current Institutional Requirement 1.13.f.]
1.12.a.7.	all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; <del>and</del>
1.12.a.8.	<del>the</del> <u>all of the Sponsoring Institution's ACGME-accredited program(s) Annual Program Evaluation(s) and Self Study(ies);</u> <sup>(Core)</sup>
1.12.a.9.	annual recommendations to the Sponsoring Institution's administration regarding resident/fellow <u>salaries</u> and benefits; <sup>(Core)</sup> [moved from current Institutional Requirement 1.13.c.]
1.12.a.10.	institutional and program-level compliance with ACGME clinical and educational work hour requirements, including institutional procedures for monitoring resident and fellow clinical and educational work hours that: [moved from current Institutional Requirements 3.2.e and 4.11]
	<ul style="list-style-type: none"> <li>• <u>address non-compliance with the ACGME requirements in a timely manner; and,</u></li> <li>• <u>do not depend only on reports generated by programs.</u></li> </ul>

- 1.12.a.11. progress reports requested by a Review Committee; and, (Core) [moved from current Institutional Requirement 1.13.i.]
- 1.12.a.12. requests for appeal of an adverse action by a Review Committee (Core); [moved from current Institutional Requirement 1.13.m.]
- 1.12.a.13. ~~ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually;~~ (Core)
- 1.12.a.14. ~~the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.~~ (Detail)
- 1.12.b. GMEC responsibilities must include review and approval of:
- 1.12.b.1. new and revised institutional GME policies and procedures; (Core)
- 1.12.b.2. applications for ACGME accreditation and recognition of new programs; (Core)
- 1.12.b.3. voluntary withdrawal of ACGME program accreditation or recognition; (Core)
- 1.12.b.4. requests for permanent changes in resident/fellow complement; (Core)
- 1.12.b.5. appointment of new program directors consistent with the qualifications required by the applicable ACGME specialty-/subspecialty-specific Program Requirements; (Core)
- 1.12.b.6. ~~The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an~~ Annual Institutional Review (AIR) written summary; (Outcome) [moved from current Institutional Requirement 1.14.]<sup>†</sup>
- 1.12.b.7. 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 ACGME Common Program Requirements; and (Core)
- 1.12.b.8. appointments of core or other required faculty members who do not meet the certification requirements outlined in the ACGME Common

	<u>Program Requirements, but who do meet the criteria for acceptable alternate qualifications.</u>
1.12.b.9.	<del>GMEC subcommittee actions that address required GMEC responsibilities;</del> <sup>(Core)</sup>
1.12.b.10.	<del>responses to Clinical Learning Environment Review (CLER) reports;</del> <sup>(Core)</sup>
1.12.b.11.	<del>requests for exceptions to clinical and educational work hour requirements;</del> <sup>(Core)</sup>
1.12.b.12.	<del>appeal presentations to an ACGME Appeals Panel; and,</del> <sup>(Core)</sup>

- 1. Describe the Review Committee’s rationale for this revision.**  
 This series of requirements revises the GMEC’s oversight and review and approval responsibilities to reduce unnecessary administrative burden by eliminating and consolidating requirements. Various elements have also been re-ordered to clarify expectations for GMEC operations.

Proposed requirements 1.12.a.5., 6., 9., 11., and 12. have been moved from GMEC review and approval responsibilities to an oversight function [current Institutional Requirements 1.13.f.-g.]; proposed requirement 1.12.a.4. (Special Review process) remains a GMEC function, but details about the Special Review policy have been moved to Section 4; proposed requirement 1.12.a.10. moves the work hours oversight function for clarity of GMEC responsibilities and clarifies the intent of an independent review of work hours [current Institutional Requirements 3.2.e. and 4.11].
- 2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**  
 This revision will enable the GMEC to optimize its oversight of resident/fellow education.
- 3. How will the proposed requirement or revision impact continuity of patient care?**  
 There is no impact.
- 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?**  
 This requirement will not necessitate additional resources.
- 5. How will the proposed revision impact other accredited programs?**  
 This revision will enable the GMEC to optimize its oversight of accredited programs.

Requirement #: **1.12.b.8.**

Requirement Revision (significant change only):

1.12.b.8. [GMEC responsibilities must include review and approval of] appointments of core or other required faculty members who do not meet the applicable certification requirements, but

who do meet the criteria for acceptable alternative qualifications, as outlined in the ACGME  
Common Program Requirements

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

This proposed requirement establishes the GMEC's responsibility to ensure that individuals not eligible for ABMS or AOA certification who are appointed as core or otherwise required faculty members for any ACGME-accredited program(s) hold the appropriate qualifications as described in the Common Program Requirements. This revision strengthens the role of the program and the GMEC in making determinations regarding appointment of physicians for resident/fellow education.
- 2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**

The proposed requirement will improve resident/fellow education, patient safety and/or patient care quality by ensuring that individuals appointed as physician faculty members who were not eligible for initial certification meet appropriate standards for appointment to their role.
- 3. How will the proposed requirement or revision impact continuity of patient care?**

There is no impact.
- 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?**

This requirement will not necessitate additional resources.
- 5. How will the proposed revision impact other accredited programs?**

The proposed requirement will provide assurance to accredited programs that appointed faculty members hold the necessary qualifications for the role.

Requirement #: **1.13., 1.13.a.-e.**

Requirement Revision (significant change only):

- 1.13. Annual Institutional Review (AIR)  
The Sponsoring Institution must conduct an AIR that results in a written summary, which must be submitted to the institution's governing body after GMEC review and approval. A Sponsoring Institution with one program is permitted to substitute its Annual Program Evaluation for this written summary, provided it contains a summary of the following elements. At a minimum, the written summary must include:
  - 1.13.a. accreditation and recognition statuses for the Sponsoring Institution and each of its ACGME-accredited programs;
  - 1.13.b. summarized citations for the Sponsoring Institution and each of its ACGME-accredited programs;
  - 1.13.c. aggregated results from the annual ACGME Faculty and Resident/Fellow Surveys;

- 1.13.d. summarized progress from the prior year's identified action plans; and,
- 1.13.e. action plans and performance monitoring procedures resulting from the AIR.

[This series of proposed requirements is a modification of the requirements listed under current Institutional Requirements 1.14., 1.14.a.(1-3), and 1.14.b (1-2).]

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

Proposed requirement 1.13. moves the Annual Institutional Review oversight for clarity of GMEC responsibilities [current Institutional Requirements 1.14]. This revision clarifies the minimum expectations of the Sponsoring Institution's Annual Institutional Review (AIR) and the minimum documentation that must be included in the written summary. The components of the written summary have been rewritten for clarity. Proposed requirements 1.13.a.2,3,4, and 6 are unchanged; proposed requirement 1.13.a.5 is new, highlighting the need for the Sponsoring Institution to summarize progress it has made in addressing its previously identified AIR action plans. This proposed requirement also eliminates the need for a document separate from the program's Annual Program Evaluation when a Sponsoring Institution only sponsors one ACGME-accredited program. The proposed requirement clarifies that single-program Sponsoring Institutions may use a single document for both their Institutional and Program annual reviews, as long as the Institutional Requirements are addressed in the document. This is intended to decrease administrative burden for single-program Sponsoring Institutions while maintaining oversight of key Sponsoring Institution performance indicators.

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

There is no impact.

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

There is no impact.

**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?**

This requirement will not necessitate additional resources.

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

This requirement reduces burden for institutions that sponsor a single accredited program. The core reporting elements of the AIR are largely unchanged for institutions that sponsor two or more programs.

Requirement #: **2.1., 2.1.a.-d.**

Requirement Revision (significant change only):

2.1 Institutional ~~GME Infrastructure and Operations Administration~~

The Sponsoring Institution must ensure the resources necessary for compliance with the ACGME Institutional, Common, specialty-/subspecialty-specific Program, and Recognition

~~Requirements, including, provide: ensure that the DIO has sufficient support and dedicated time to effectively carry out educational, administrative, and leadership responsibilities. (Core)~~

~~2.1.a. financial, administrative, and personnel resources necessary for institutional administration based on the size and complexity of the programs and Sponsoring Institution;~~

~~2.1.b. sufficient support and dedicated administrative time for the DIO to effectively carry out educational, administrative, and leadership responsibilities; (Core) [moved from current Institutional Requirement 2.1.]~~

~~2.1.c. sufficient time and financial support for and ensure that the DIO to engagements in professional development applicable to their responsibilities as an educational leader; and, The Sponsoring Institution must ensure that the DIO engages in professional development applicable to responsibilities as an educational leader. (Core) and, [modification of current Institutional Requirement 2.1.a.]~~

~~2.1.d. sufficient support and dedicated administrative time to GME administrative professionals to effectively carry out the responsibilities delegated to them by the DIO and GMEC. [modification of current Institutional Requirement 2.1.b.]~~

~~2.1.e. The Sponsoring Institution must ensure that the DIO engages in professional development applicable to responsibilities as an educational leader. (Core)~~

~~2.1.f. The Sponsoring Institution must ensure that sufficient salary support and resources are provided for effective GME administration. (Core)~~

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

This revision recognizes the need for all types of Sponsoring Institutions to ensure appropriate personnel staffing and administrative and salary support to support institutional GME administration. These requirements intend to strengthen and recognize the variation in types, size, and complexity of Sponsoring Institutions and enable them to determine the optimal structure for their local GME operations. This proposed set of requirements provides the DIO with authority and flexibility to administer and delegate roles, as needed. The GME administrative professionals who have responsibilities delegated to them by the DIO may hold local appointments as associate DIOs, chief academic officers, administrative GME directors, institutional coordinators/administrators, and others. This authority of the DIO is reinforced by requirements in Section 1.

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

This proposed requirement emphasizes the responsibility of the Sponsoring Institution to appropriately resource GME infrastructure to effectively operationalize GME administration in support of resident/fellow education.

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

There is no impact.

**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?**

This proposed requirement may require additional personnel to adequately staff and support GME operations.

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

Ensuring that the Sponsoring Institution can provide the resources needed to administer GME will benefit the institution's accredited programs.

Requirement #: **2.2., 2.2..a.-d.**

Requirement Revision (significant change only):

**2.2. Program Administration**

The Sponsoring Institution, ~~in partnership with each of its ACGME-accredited programs,~~ must ensure ~~the availability of~~ adequate resources for resident/fellow education for compliance with the Common and applicable specialty-/subspecialty-specific Program and Recognition Requirements, including:

2.2.a. support and dedicated time for ~~the program director(s)~~ program leadership to effectively carry out educational, administrative, and leadership responsibilities, as described in the Institutional and Common and specialty-/subspecialty-specific Program Requirements; (Core)

2.2.b. support for core faculty members to ~~ensure~~ provide both effective supervision and quality resident/fellow education; (Core)

2.2.c. support for professional development applicable to program directors', associate program directors', and core faculty members' responsibilities as educational leaders; (Core)

2.2.d. support for professional development applicable to GME administrative professionals to fulfill their responsibilities in the accreditation efforts of the Sponsoring Institution and its ACGME-accredited and recognized programs, ~~and time for the program coordinator(s) to effectively carry out responsibilities;~~ and, (Core)

~~2.2.e. resources, including space, technology, and supplies to provide effective support for each of its ACGME-accredited programs.~~ (Core)

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

These proposed revisions are intended to emphasize the role of the Sponsoring Institution in supporting GME personnel and align Institutional Requirements language with that of the Common Program Requirements.

Requirement 2.2.d. specifically recognizes that across Sponsoring Institutions, there are many individuals who hold different titles and execute responsibilities related to program and institutional support, including program coordinators, managers, administrators, and others. This revision clarifies the responsibilities of these individuals related to GME

administration, as well as the responsibility of the Sponsoring Institution to ensure that individuals assigned to these GME administrative roles are provided with the resources necessary to carry out their responsibilities.

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

This revision emphasizes the importance of appropriate GME infrastructure to effectively operationalize GME administration in support of resident/fellow education.

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

There is no impact.

**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?**

This proposed requirement may require additional personnel to adequately staff GME operations.

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

Ensuring that GME infrastructure is adequately staffed to meet the needs of the institution will benefit the administration of accredited programs.

**Requirement #: 2.3.**

Requirement Revision (significant change only):

**2.3. Resident/Fellow Forum Feedback**

The Sponsoring Institution ~~with more than one program~~ must provide ensure availability of an organization, council, town hall, or other platform that allows all residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs with a shared process for communication to communicate and exchange of information with other residents/fellows relevant to any aspect of GME their ACGME-accredited programs and their learning and working environment, and a method to present concerns to the DIO and GMEC.

~~2.3.a. Any resident/fellow from one of the Sponsoring Institution's ACGME-accredited programs must have the opportunity to directly raise a concern to the forum. (Core)~~

~~2.3.b-2.3.a. Residents/fellows must have the option, at least in part, to conduct their forum present feedback from this process without the DIO, faculty members, or other administrators present. (Core)~~

~~2.3.c. Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC. (Core)~~

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

This proposed revision provides a Sponsoring Institution with flexibility to develop a format for residents/fellows to communicate that is suited to the organizational structure and residents'/fellows' preferences. Structures that could support a communication mechanism include in-person meetings, electronic communication mechanisms, and organized asynchronous or hybrid engagements that include all residents/fellows. Regardless of the structure, this communication process is to be provided in a manner that enables the

participation of all residents/fellows and allows for exchange of information and presentation of concerns.

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

This proposed revision facilitates residents'/fellows' ability to have a venue to voice concerns that serves their needs.

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

There is no impact.

**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?**

Sponsoring Institutions are responsible for ensuring that there is a communication mechanism as described but have the flexibility to provide a format that serves the needs of their residents/fellows. Additional resources may be required if particular electronic applications or meeting spaces are needed to support residents'/fellows' ability to communicate and voice concerns.

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

**By allowing Sponsoring Institutions flexibility to structure a process for resident/fellow feedback that fits their institutional needs,** Resident/fellow communication across accredited programs will be enhanced with this proposed requirement revision.

**Requirement #: 2.6.**

Requirement Revision (significant change only):

**2.6. Support Services and Systems**

The Sponsoring Institution must ~~provide~~ ensure that ancillary support services and develop health care delivery systems available to its ACGME-accredited programs are sufficient to prevent routine reliance on residents/fellows to fulfill non-physician responsibilities, minimize residents'/fellows' work that is extraneous to their ACGME-accredited program(s)' educational goals and objectives, and ensure that residents'/fellows' educational experience is not compromised by excessive residents'/fellows to fulfill non-physician service obligations. support services and develop health care delivery systems. <sup>(Core)</sup>

~~2.6.a. These support services and systems must include peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care;~~ <sup>(Core)</sup>

~~2.6.b. These support services and systems must include medical records available at all participating sites to support high quality and safe patient care, residents'/fellows' education, quality improvement and scholarly activities; and,~~ <sup>(Core)</sup>

~~2.6.c. These support services and systems must include institutional processes for ensuring the availability of resources to support residents'/fellows' well-being and~~

education by minimizing impact to clinical assignments resulting from leaves of absence. <sup>(Core)</sup>

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

The elimination of requirements in this section is intended to reduce burden for institutions without removing the intent of the overall requirement. The core of this requirement section remains unchanged.

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

This continues to recognize the Sponsoring Institution's role in supporting the prioritization of resident/fellow education by minimizing non-educational service obligations.

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

There is no impact.

**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?**

N/A

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

This requirement supports accredited programs and recognizes the Sponsoring Institution's role in supporting the prioritization of resident/fellow education by minimizing non-educational service obligations.

Requirement #: **3.1.; 3.1.a., 3.1.a.1.-2., 3.1.a.2.a.-c., 3.1.b.**

Requirement Revision (significant change only):

- 3.1. ~~The Sponsoring Institution and each of its ACGME-accredited programs must ensure that its provide a learning and working environment in which residents/fellows and faculty members have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate.~~ <sup>(Core)</sup>

The Sponsoring Institution must ensure that ACGME-accredited program(s) must provide(s) a professional, fair, respectful, and civil culture and an learning and working environment that supports patient safety and psychological safety, and

- 3.1.a. ~~must provide unprofessional behavior, including discrimination, sexual, and other forms of harassment, mistreatment, abuse, and/or coercion of residents/fellows, other learners, faculty members, and staff members.~~ <sup>(Core)</sup> The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must have a process for education of through which residents/fellows and faculty members are able to confidentially, as appropriate:

- 3.1.a.1. raise concerns and provide feedback without intimidation or retaliation; and, regarding unprofessional behavior,

	<u>and</u>
3.1.a.2.	<u>report errors, investigating, monitoring, in a protected manner that is free from reprisal, to include: timely manner.</u> <sup>(Core)</sup>
3.1.a.2.a.	<del>The Sponsoring Institution must ensure that residents/fellows have access to systems for reporting errors-patient safety ,concerns, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal.</del> <sup>(Core)</sup> [moved and modified from current Institutional Requirement 3.2.a.]
3.1.a.2.b.	<del>The Sponsoring Institution must oversee mechanisms by which residents/ fellows can report inadequate supervision and patient care accountability; and, in a protected manner that is free from reprisal.</del> <sup>(Core)</sup> [moved and modified from current Institutional Requirements 3.2.d.1.]
3.1.a.2.c.	<u>unprofessional behavior, including discrimination, sexual, and other forms of harassment, mistreatment, abuse, and/or coercion.</u> [moved from current Institutional Requirement 3.2.f.4.]
3.1.b.	<u>The Sponsoring Institution must provide a process for confidentially addressing and correcting concerns.</u>

- 1. Describe the Review Committee’s rationale for this revision.**  
This proposed revision reorganizes and expands language around existing requirements to recognize the importance of residents, fellows, and faculty members in the structure for institutional oversight, and to create a reader-friendly list of required institutional resources for communication and reporting. There are no new requirements in this section. The obligation of Sponsoring Institutions to have systems for reporting concerns about their ACGME-accredited program(s) or the clinical learning environment are from existing current requirements, including 3.2.a.; 3.2.d.1.; 3.2.f.4., and 3.2.f.4.a.
- 2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**  
This revision provides transparency regarding standards for resident/fellow and faculty member communication, exchange of information, and reporting.
- 3. How will the proposed requirement or revision impact continuity of patient care?**  
This reorganization facilitates resident/fellow and faculty member awareness of mechanisms for reporting issues that may impact improvement in continuity of care.
- 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?**

As this is reorganization of existing requirements, Sponsoring Institutions should not need to allocate additional resources to provide a mechanism for residents/fellows and faculty members to report concerns.

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

Resident/fellow and faculty member communication in the Sponsoring Institution's accredited program(s) may be enhanced by the clarity provided by this proposed revision.

Requirement #: **3.2.a.-e., 3.3., 3.3.a.-i.**

Requirement Revision (significant change only):

- 3.2. Resident/Fellow Engagement ~~The Sponsoring Institution is responsible for oversight and documentation of resident/ fellow engagement in the following:~~ <sup>(Core)</sup>  
The Sponsoring Institution must:
- 3.2.a. ~~The Sponsoring Institution must ensure that residents/fellows have opportunities to contribute to root cause analysis or other similar participate in patient safety experiences around risk-reduction strategies~~ <sup>(Core)</sup>  
processes;
- 3.2.b. ~~The Sponsoring Institution must ensure that residents/fellows have access to data to improve quality of care systems of care, reduce health care disparities, and improve patient outcomes;~~ <sup>(Core)</sup>
- 3.2.c. ~~The Sponsoring Institution must oversee~~ ensure the supervision of residents/fellows consistent with institutional and program-specific policies; <sup>(Core)</sup>
- 3.2.d. ~~The Sponsoring Institution, in partnership with the program director(s) of its ACGME-accredited program(s), must provide a culture of professionalism that supports patient safety and personal responsibility; and,~~ <sup>(Core)</sup>
- 3.2.e. ~~The Sponsoring Institution must oversee its ACGME-accredited program's(s') fulfillment of responsibility to address well-being of residents/fellows and faculty members, consistent with the Common and applicable specialty-/subspecialty-specific Program Requirements, addressing areas of non-compliance in a timely manner.~~ <sup>(Core)</sup>
- 3.3. **Patient Safety**
- 3.3.a.1. ~~The Sponsoring Institution must ensure that residents/fellows have opportunities to contribute to root cause analysis or other similar risk-reduction processes.~~ <sup>(Core)</sup>
- 3.3.b. **Quality Improvement**  
The Sponsoring Institution must ensure that residents/fellows

~~have access to data to improve systems of care, reduce health care disparities, and improve patient outcomes. (Core)~~

~~3.3.b.1. The Sponsoring Institution must ensure that residents/fellows have opportunities to participate in quality improvement initiatives. (Core)~~

~~3.3.c. Transitions of Care~~

~~The Sponsoring Institution must facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care. (Core)~~

~~The Sponsoring Institution must in partnership with its ACGME-accredited program(s), ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites. (Core)~~

~~3.3.d. Supervision and Accountability~~

~~The Sponsoring Institution must oversee supervision of residents/fellows consistent with institutional and program-specific policies. (Core)~~

~~3.3.d.1. The Sponsoring Institution must oversee mechanisms by which residents/ fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal. (Core)~~

~~3.3.e. Clinical Experience and Education~~

~~The Sponsoring Institution must oversee resident/fellow clinical and educational work hours, consistent with the Common and specialty-/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner. (Core)~~

~~3.3.f. The Sponsoring Institution must oversee systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows. (Core)~~

~~3.3.f.1. The Sponsoring Institution must oversee an educational program for residents/ fellows and faculty members in fatigue mitigation. (Core)~~

~~3.3.g. Professionalism~~

~~The Sponsoring Institution, in partnership with the program director(s) of its ACGME-accredited program(s), must provide a~~

~~culture of professionalism that supports patient safety and personal responsibility. (Core)~~

~~3.3.h. The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must educate residents/fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)~~

~~3.3.h.1. The Sponsoring Institution must provide systems for education in and monitoring of accurate completion of required documentation by residents/ fellows. (Core)~~

~~3.3.h.2. The Sponsoring Institution must ensure that its ACGME-accredited program(s) provide(s) a professional, fair, respectful and civil environment that is free from unprofessional behavior, including discrimination, sexual, and other forms of harassment, mistreatment, abuse, and/or coercion of residents/fellows, other learners, faculty members, and staff members. (Core)~~

~~3.3.h.2.a. The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must have a process for education of residents/fellows and faculty members regarding unprofessional behavior, and a confidential process for reporting, investigating, monitoring, and addressing such concerns in a timely manner. (Core)~~

3.3.i. Well-Being  
~~The Sponsoring Institution must oversee its ACGME-accredited program's(s') fulfillment of responsibility to address well-being of residents/fellows and faculty members, consistent with the Common and specialty-/subspecialty-specific Program Requirements, addressing areas of non-compliance in a timely manner. (Core)~~

3.3.i.1. The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must provide systems to support and a means to assist educate faculty members and residents/fellows experiencing physical and/or behavioral health conditions that may impair their safety and/or ability to provide safe patient care. ~~in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience~~

3.3.i.2.	<p><del>these conditions. This responsibility includes educating residents/fellows and faculty members in how to recognize these symptoms, in themselves, and <u>how to access self-screening tools, and how to report and access how to seek appropriate care.</u> (Core)</del></p> <p>The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must encourage residents/fellows and faculty members to alert their program director, DIO, or other designated personnel or programs when they are concerned that another resident/fellow or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence. (Core)</p>
3.3.i.3.	<p><del>The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must provide access to appropriate tools for self screening. (Core)</del></p>
3.3.i.4.	<p>The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must provide access to confidential, affordable <del>mental</del> <u>behavioral</u> health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)</p>

- 1. Describe the Review Committee’s rationale for this revision.**  
 This proposed revision reorganizes and consolidates requirements to highlight the Sponsoring Institution’s obligation to resident/fellow engagement to ensure that their education and training are adequately supported. The proposed eliminations are intended to reduce burden for Sponsoring Institutions. Elements concerning mechanisms to report patient safety errors and inadequate supervision remain in proposed Institutional Requirements 3.1.a.2.a.-b. No new requirements have been added in this area.

Requirements formerly under the “Transitions of Care” section (current requirements 3.2.c.) are proposed for removal; these requirements appear in the Common Program Requirements.
- 2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**  
 These requirements continue to support resident/fellow education by ensuring that they are receiving the support necessary to learn and train in a safe clinical learning and working environment.
- 3. How will the proposed requirement or revision impact continuity of patient care?**  
 There is no impact.

**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?**

This requirement will not necessitate additional resources.

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

This revision will benefit accredited programs by highlighting the Sponsoring Institution's commitment to ensure resources that enable residents/fellows to learn and train in safe clinical learning and working environments.

Requirement #: **4.2.-4.2.d.**

Requirement Revision (significant change only):

4.2. Special Review

The Special Review process must include a protocol that There must be a Special Review policy, which must:

4.2.a. describe the process for identification and oversight of potentially underperforming programs;

4.2.b. includes ~~establishes a variety of~~ criteria for identifying underperformance that include, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as ~~described~~ defined by in ACGME policies; and

4.2.c. describe the procedure(s) for conducting the Special Review, and, <sup>(Core)</sup> require a written Special Review report that includes, at a minimum:

4.2.c.1. the identified areas of potential underperformance, the date when the GMEC was notified of an underperforming program, and action plans and the process for GMEC monitoring of the program's process toward improvement. results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines. (Core) [This proposed requirement is a modification of current Institutional Requirement 1.15.1.a.2.]

[The proposed requirements in this series are a modification of current Institutional Requirements 1.15., 1.15.a., 1.15.a.1.]

4.2.d. The Special Review report must be presented to the GMEC within six months of identification of ~~ifying the~~ an underperforming program.

**1. Describe the Review Committee’s rationale for this revision.**

This proposed revision changes the Special Review protocol to a Special Review policy. Reference to the Special Review policy was moved to Section 4. for alignment with other policy requirements. Components of the Special Review process have been rewritten for clarity; core elements are unchanged.

This revision is also intended to clarify what was previously termed “timely.” Proposed requirement 4.1.d. outlines a specific timeframe to aid Sponsoring Institutions and their accredited programs in determining a maximum appropriate timeline for initiation of the Special Review process.

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

This proposed requirement will enhance oversight of resident/fellow education, clarifying when special reviews must be conducted to identify and address issues.

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

There is no impact.

**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?**

This requirement will not necessitate additional resources.

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

This revision will clarify the expectations for Special Reviews and provide Sponsoring Institutions with a clear plan for identifying and correcting issues in underperforming programs.

**Requirement #: 4.3.**

Requirement Revision (significant change only):

~~4.3. The Sponsoring Institution must have written policies and procedures for residents/fellows recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable) that ensures any qualified applicant is considered eligible for appointment to an ACGME-accredited program and written agreement of appointment/contract outlining the terms and conditions of their appointment to a program. The Sponsoring Institution must monitor each of its ACGME-accredited programs for compliance. (Core)~~

~~4.3.a. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)~~

~~4.3.a.1. graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME); or, (Core)~~

~~4.3.a.2. graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or, (Core)~~

~~4.3.a.3. graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)~~

- ~~• holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or, (Core)~~
- ~~• holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty /subspecialty program.~~

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

Requirements for resident/fellow eligibility are detailed in the ACGME Common Program Requirements; this proposed revision reinforces that all qualified candidates are eligible for appointment to an ACGME-accredited program.

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

There is no impact.

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

There is no impact.

**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?**

This requirement will not necessitate additional resources.

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

Sponsoring Institutions and programs should work together to ensure compliance with eligibility requirements for resident/fellow appointment to ACGME-accredited programs.

Requirement #: **4.11.**

Requirement Revision (significant change only):

4.11. Supervision  
The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. Sponsoring Institutions with only one ACGME-accredited program may use a program supervision policy to serve as the institutional supervision policy.

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

This requirement clarifies that a single-program Sponsoring Institution's supervision policy can be the same as the supervision policy for its accredited program.

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

The proposed requirement will clarify the supervision obligations for both the Sponsoring Institution and its accredited program.

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

The proposed requirement will outline supervision policies that benefit continuity of patient care.

**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?**

This requirement will not necessitate additional resources.

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

N/A