



ACGME Institutional Requirements

Revision Information

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Definitions

For more information, see the [ACGME Glossary of Terms](#).

~~Core Requirements: Statements that define structure, resource, or process elements essential to every graduate medical educational program.~~

~~Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.~~

~~Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.~~

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ACGME Institutional Requirements

Section 1: Structure for Educational Oversight

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. ^(Core)

1.1.a. The Sponsoring Institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that each of its ACGME-accredited programs is in substantial compliance with the ACGME Institutional, Common, specialty-/subspecialty-specific Program, and Recognition Requirements, as well as with ACGME Policies and Procedures. ^(Outcome)

~~1.1.b. The Sponsoring Institution must maintain its ACGME institutional accreditation. Failure to do so will result in loss of accreditation for its ACGME-accredited program(s).~~ ^(Outcome)

~~1.1.c. The Sponsoring Institution and each of its ACGME-accredited programs must only assign residents/fellows to learning and working environments that facilitate patient safety and health care quality.~~ ^(Outcome)

1.2. ~~Any Sponsoring Institutions and/or participating sites that provide clinical services must be approved by 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.~~ ^(Core) [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,~~ ^(Core)

~~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.]

~~1.2.c. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events.^(Core)~~

~~1.3. When a Sponsoring Institution's or participating site's license is denied, suspended, or revoked, or when a Sponsoring Institution or participating site is required to curtail activities, or is otherwise restricted, the Sponsoring Institution must notify and provide a plan for its response to the Institutional Review Committee within 30 days of such loss or restriction. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events.^(Core)~~

1.4. The Sponsoring Institution must identify a governing body, which is the single entity that maintains accountability for, authority over, and responsibility for the Sponsoring Institution and each of its ACGME-accredited programs.^(Core) [This proposed requirement is a modification of current Institutional Requirement 1.3.]

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

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,^(Core)~~

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

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: (Core)

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.~~ (Core) [Moved to 1.8.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, (Core)

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. (Core) [This proposed requirement is modified from current Institutional Requirement 1.2.d.]

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
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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.]~~

~~1.8.c. _____ The DIO must oversee submissions of the Annual Update for each program and the Sponsoring Institution to the ACGME. (Core) [moved to 1.7.f. and modified]~~

~~1.8.d. _____ The DIO must after GMEC approval, 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. (Core)~~

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: (Core)~~

1.9.a.1. ~~the DIO; (Core)~~

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; (Core)~~

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, (Core)~~

~~1.9.a.4. _____ one of the program's a 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; (Core)~~

~~1.9.a.5. _____ a quality improvement or patient safety officer or designee. (Core)~~

~~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; (Core)~~

- 1.9.b.2. ~~the program director when the program director is not the DIO;~~ ^(Core)
- 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;~~
^(Core)
- 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;~~ ^(Core)
- 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,~~ ^(Core)
- 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.~~ ^(Core)
- 1.10. ~~Additional GMEC members and subcommittees: In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC.~~ ^(Detail)
- 1.10.a. ~~Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow.~~ ^(Detail)
- 1.11. GMEC Meetings and Attendance
The GMEC must meet a ~~minimum of once every~~ at least quarterly during each academic year. ^(Core)
- 1.11.a. Each meeting of the GMEC must include attendance by at least one peer-selected resident/fellow member. ^(Core)
- 1.11.b. The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities for oversight, review, and approval. ^(Core)
- 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.
- 1.12. 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 all its participating sites; ^(Outcome)
 - ~~1.12.a.3. 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; ^(Outcome)~~
 - 1.12.a.4. ~~The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process; ^(Core) [moved from current Institutional Requirements 1.15.]~~
 - 1.12.a.5. additions and deletions of each of ~~its~~ the Sponsoring Institution's ACGME-accredited programs' participating sites ^(Core); ~~[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; and [moved from current Institutional requirement 1.12.f.]
 - 1.12.a.8. ~~the~~ all of the Sponsoring Institution's ACGME-accredited program(s)' Annual Program Evaluation(s) and Self-Study(ies); ^(Core)
 - 1.12.a.9. annual recommendations to the Sponsoring Institution's administration regarding resident/fellow salaries and benefits; ^(Core) [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.]

- address non-compliance with the ACGME requirements in a timely manner; and,
- do not depend only on reports generated by programs.

- 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) [moved from current Institutional Requirement 1.13.d.]
- 1.12.b.3. voluntary withdrawal of ACGME program accreditation or recognition; ^(Core) [moved from current Institutional Requirement 1.13.l.]
- 1.12.b.4. requests for permanent changes in resident/fellow complement; ^(Core) [moved from current Institutional Requirement 1.13.m.]
- 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 the Annual Institutional Review (AIR) written summary; ^{Outcome)}~~ [moved from current Institutional Requirement 1.14.]
- 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 applicable certification requirements, but who do meet the criteria for acceptable alternative qualifications, as outlined in the ACGME Common Program Requirements.

~~1.12.b.9. GMEC subcommittee actions that address required GMEC responsibilities;~~ ^(Core)

~~1.12.b.10. responses to Clinical Learning Environment Review (CLER) reports;~~ ^(Core)

~~1.12.b.11. requests for exceptions to clinical and educational work hour requirements;~~ ^(Core)

~~1.12.b.12. appeal presentations to an ACGME Appeals Panel; and,~~ ^(Core)

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).]

~~1.14. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).~~ ^(Outcome)

~~1.15. The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum:~~ ^(Core)

~~1.15.a. the most recent ACGME institutional letter of notification;~~ ^(Core)

- 1.15.b. ~~results of ACGME surveys of residents/fellows and core faculty members; and, (Core)~~
- 1.15.c. ~~each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations. (Core)~~
- 1.15.d. ~~The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. (Core)~~
- 1.15.d.1. ~~The written executive summary must include a summary of institutional performance on indicators for the AIR. (Core)~~
- 1.15.d.2. ~~The written executive summary must include action plans and performance monitoring procedures resulting from the AIR. (Core)~~
- 1.16. ~~The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)~~

Section 2: Institutional Resources

- 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

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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)

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)

2.3. Resident/Fellow Feedback Forum

~~The Sponsoring Institution must provide all residents/fellows from within and across the Sponsoring Institution's programs with a shared process for communication and exchange of information with other residents/fellows relevant to any aspect of GME and their learning and working environment, as well as a method to present concerns to the DIO and GMEC. with more than one program must 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 to communicate and exchange information with other residents/fellows relevant to their ACGME-~~

~~accredited programs and their learning and working environment.~~ ^(Core)

2.3.a. Residents/fellows must have the option to present feedback from this process to the DIO and the GMEC.

~~2.3.b. 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.c. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present.~~ ^(Core)

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

2.4. Resident Salary and Benefits

The Sponsoring Institution, in partnership with its ACGME-accredited programs and participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited program(s). ^(Core)

2.5. Educational Tools

The Sponsoring Institution must ensure that faculty members and residents/fellows must have ready access to:

~~Communication resources and technology: Faculty members and residents/fellows must have ready access to adequate communication resources and technological support.~~ ^(Core)

2.5.a. ~~Communication resources and technology: Faculty members and residents/fellows must have ready access to~~ adequate communication resources and technological support; and, ^(Core)

2.5.b. ~~Access to medical literature: Faculty members and residents/fellows must have ready access to~~ electronic medical literature databases and specialty-subspecialty-specific and other appropriate full-text reference material in print or electronic format. ^(Core)

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 to 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.~~ ^(Core)

- 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. (Core)~~
- 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. (Core)~~
- 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. (Core)~~

Section 3: The Learning and Working Environment

- 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. (Core)~~
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. (Core)~~
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, and
 - 3.1.a.2. report errors, investigating, monitoring, in a protected manner that is free from reprisal, to include: timely manner. (Core)
 - 3.1.a.2.a. ~~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. (Core)~~ [moved and modified from current Institutional Requirement 3.2.a.]

- 3.1.a.2.b. ~~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.~~ ^(Core) [moved and modified from current Institutional Requirements 3.2.d.1.]
- 3.1.a.2.c. unprofessional behavior, including discrimination, sexual, and other forms of harassment, mistreatment, abuse, and/or coercion. [moved from current Institutional Requirement 3.2.f.4.]
- 3.1.b. The Sponsoring Institution must provide a process for confidentially addressing and correcting concerns.
- 3.2. Resident/Fellow Engagement ~~The Sponsoring Institution is responsible for oversight and documentation of resident/ fellow engagement in the following:~~ ^(Core)
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~~ ^(Core) 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;~~ ^(Core)
- 3.2.c. ~~The Sponsoring Institution must oversee~~ ensure the supervision of residents/fellows consistent with institutional and program-specific policies; ^(Core)
- 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,~~ ^(Core)
- 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.~~ ^(Core)
- 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.~~ ^(Core)
- 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)

~~3.3.c.1. 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~~

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~~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 these conditions. This responsibility includes educating residents/fellows and faculty members in how to recognize these symptoms, in themselves, and how to access self-screening tools, and how to report and access how to seek appropriate care. (Core)~~

~~3.3.i.2. 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)~~

~~3.3.i.3. The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must provide access to appropriate tools for self screening. (Core)~~

3.3.i.4. The Sponsoring Institution, in partnership with its ACGME-

accredited program(s), must provide access to confidential, affordable ~~mental~~ behavioral health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. ^(Core)

- 3.3.i.5. The Sponsoring Institution must ensure a healthy and safe clinical and educational environment that provides ~~for~~ access to: ^(Core)
- 3.3.i.5.a. ~~access to~~ food during clinical and educational assignments; ^(Core)
- 3.3.i.5.b. sleep/rest facilities that are safe, quiet, clean, and private, and that must be available and accessible for residents/fellows, with proximity appropriate for safe patient care; ^(Core)
- 3.3.i.5.c. ~~options for residents/fellows safe transportation options for residents/fellows~~ who may be too fatigued to safely return home on their own; ^(Core)
- 3.3.i.5.d. clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of breast milk; ^(Core)
- 3.3.i.5.e. safety and security measures appropriate to the clinical learning environment site; and, ^(Core)
- 3.3.i.5.f. accommodations for residents/fellows with disabilities, consistent with the Sponsoring Institution's policy (ies). ^(Core)

Section 4: Institutional GME Policies and Procedures

- 4.1. The Sponsoring Institution must demonstrate adherence to all institutional ~~graduate medical education~~ GME policies and procedures. ^(Core) ~~These is-~~ policies ~~The Special Review process must include a protocol that:~~ ^(Core)
- 4.2. Special Review
~~The Special Review process must include a protocol that~~ There must be a Special Review policy, which must: ^(Core)
- 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, ^(Core) require a written Special Review report that includes, at a minimum:

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

- 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.]

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

4.3. Resident/Fellow Appointments

The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment, selection, eligibility, and appointment consistent with the 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 must monitor each of its ACGME-accredited programs for compliance. ^(Core)

- 4.3.a. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointments. ^(Core)

- 4.3.b. Applicants must be provided with:

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

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

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

- 4.3.c.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. (Core)~~
- 4.3.c.4. information regarding that is provided must include stipends, salary, benefits, professional liability coverage, and disability insurance accessible to residents/fellows; (Core)
- 4.3.c.5. ~~Information that is provided must include institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence; and, (Core)~~
- 4.3.c.6. ~~Information that is provided must include health insurance accessible to residents/fellows and their eligible dependents; and, (Core)~~
- 4.3.c.7. information related to the applicant's options and eligibility for the relevant American Osteopathic Association (AOA), American Board of Medical Specialties (ABMS), or other specialty board examination(s).
- 4.4. Agreement of Appointment/Contract
The Sponsoring Institution must ensure that residents/fellows are provided with a 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 with regard to implementation of terms and conditions of appointment. (Core)
- 4.4.a. The contract/agreement of appointment must directly contain or provide a reference to the following items: (Core)
- 4.4.a.1. resident/fellow responsibilities; (Core)
 - 4.4.a.2. duration of appointment; (Core)
 - 4.4.a.3. ~~financial support~~ salary for residents/fellows; (Core)
 - 4.4.a.4. conditions for reappointment and promotion to a subsequent PGY level; (Core)
 - 4.4.a.5. grievance and due process; (Core)

- 4.4.a.6. professional liability insurance, including a summary of pertinent information regarding coverage; ^(Core)
- 4.4.a.7. health insurance benefits for residents/fellows and their eligible dependents; ^(Core)
- 4.4.a.8. disability insurance for residents/fellows; ^(Core)
- 4.4.a.9. vacation and leave(s) of absence for residents/fellows, including medical, parental, and caregiver leave(s) of absence, and compliant with applicable laws; ^(Core)
- 4.4.a.10. information related to eligibility for specialty board examinations, including ~~timely notice of~~ the effect of leave(s) of absence on the ability of residents/ fellows to satisfy requirements for program completion; and, ^(Core) [consolidated current Institutional Requirements 4.3.1.10 and 4.3.a.11]
- ~~4.4.a.11. information related to eligibility for specialty board examinations; and,~~ ^(Core)
- 4.4.a.12. institutional policies and procedures regarding resident/fellow clinical and educational work hours and moonlighting. ^(Core)
- 4.5. Promotion, Appointment Renewal, and Dismissal
The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment. ^(Core)
- 4.5.a. The Sponsoring Institution must ensure that each of its programs provides a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training/education, or when that resident/fellow will be dismissed. ^(Core)
- 4.5.b. The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension; non-renewal; non-promotion; dismissal. ^(Core)
- 4.6. Grievances
The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest. ^(Core)
- 4.7. Professional Liability Insurance
The Sponsoring Institution must ensure that residents/fellows are provided with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited programs, or after completion of the program(s) if the alleged acts or

omissions of a resident/fellow are within the scope of the program(s). ^(Core)

4.7.a. The Sponsoring Institution must ensure that residents/fellows are provided with official documentation of the details of their professional liability coverage before the start date of their resident/fellow appointments. ^(Core)

4.7.b. The Sponsoring Institution must ensure that residents/fellows are provided with written advance notice of any substantial change to the details of their professional liability coverage. ^(Core)

4.8. Health and Disability Insurance

The Sponsoring Institution must ensure that residents/fellows are provided with health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of ~~insurance eligibility employment~~. ^(Core)

4.8.a. If the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given, in advance of employment, ~~advanced~~ access to information regarding interim coverage so that they can purchase coverage if desired. ^(Core)

4.8.b. The Sponsoring Institution must ensure that residents/fellows are provided with disability insurance benefits for residents/fellows beginning on the first day of employment. ~~of disability insurance eligibility~~. ^(Core)

4.8.b.1. If the first day of ~~disability insurance eligibility employment~~ is not the first day that residents/fellows are eligible, ~~are required to report~~, then the residents/fellows must be given, in advance of employment, ~~advanced~~ access to information regarding interim coverage so that they can purchase coverage if desired. ^(Core)

4.9. Vacation and Leaves of Absence

The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws, which must: ^(Core)

4.9.a. ~~This policy must~~ provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day ~~the resident/fellow is required to report~~ of employment. ^(Core)

4.9.b. ~~This policy must~~ provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. ^(Core)

4.9.c. ~~This policy must~~ provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. ^(Core)

- 4.9.d. ~~This policy must~~ ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence. ~~;~~ ^(Core)
- 4.9.e. ~~This policy must~~ describe the process for submitting and approving requests for leaves of absence; and. ^(Core)
- ~~4.9.f. This policy must be available for review by residents/fellows at all times.~~ ^(Core)
- 4.9.g. ~~This policy must~~ ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). ^(Core)
- 4.10. Resident Services
- 4.10.a. ~~Behavioral Health~~
~~The Sponsoring Institution must ensure that residents/fellows are provided with access to confidential counseling and behavioral health services.~~ ^(Core) [moved to proposed Institutional Requirement 3.2.e.2.]
- 4.10.b. Physician Impairment
The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. ^(Core)
- 4.10.c. Harassment
The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations. ^(Core)
- 4.10.d. Accommodation for Disabilities
The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. ^(Core)
- 4.10.e. Discrimination
The Sponsoring Institution must have policies and procedures, not necessarily GME-specific, prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations. ^(Core)
- 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. ^(Core)

- 4.11.a. The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written, program-specific, supervision policy consistent with the ~~institutional policy and the respective~~ ACGME Common and applicable specialty-/subspecialty-specific Program Requirements. ^(Core)
- ~~4.12. Clinical and Educational Work Hours:~~
~~The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program level compliance with ACGME clinical and educational work hour requirements.~~ ^(Core) [moved to Proposed Requirement 1.9.a.9]
- 4.13. Moonlighting
 The Sponsoring Institution must maintain a policy on moonlighting. Sponsoring Institutions with only one ACGME-accredited program may use a program moonlighting policy to serve as the institutional supervision policy. This policy must ~~that~~ include the following~~that~~:
- 4.13.a. residents/fellows must not be required to engage in moonlighting; ^(Core)
- 4.13.b. residents/fellows must have written permission from their program director to moonlight; ^(Core)
- 4.13.c. an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight; and, ^(Core)
- 4.13.d. the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows. ^(Core)
- 4.14. Vendors
 The Sponsoring Institution must maintain a policy, not necessarily GME-specific, that addresses interactions between vendor representatives/corporations and residents/fellows ~~and each of its ACGME-accredited programs.~~ ^(Core)
- 4.15. Non-Competition
 The Sponsoring Institution must maintain a policy ~~which~~ that states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant. ^(Core)
- 4.16. Substantial Disruptions in Patient Care or Education
 The Sponsoring Institution must maintain a policy consistent with the ACGME Policies and Procedures that addresses support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education. ^(Core)
- 4.16.a. This policy must include information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow

assignments. ~~(Core)~~

4.17. Closures and Reductions

The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes ~~the following~~ that:
(Core)

4.17.a. the Sponsoring Institution must inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited program(s), or when the Sponsoring Institution intends to close; and, ~~(Core)~~

4.17.b. the Sponsoring Institution must allow residents/fellows already in (an) affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an) other ACGME-accredited program(s) in which they can continue their education. ~~(Core)~~