



**Accreditation Council for
Graduate Medical Education**

ACGME

ACGME Institutional Requirements

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ACGME Institutional Requirements

I. Structure for Educational Oversight

I.A. Sponsoring Institution

I.A.1. Residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must function under the ultimate authority and oversight of one 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. ^{(Core)*}

I.A.2. 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, and specialty-/subspecialty-specific Program Requirements, as well as with ACGME Policies and Procedures. ^(Outcome)

I.A.3. 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)

I.A.4. 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)

I.A.5. The Sponsoring Institution must identify a:

I.A.5.a) Designated Institutional Official (DIO): The individual who, 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, and specialty-/subspecialty-specific Program Requirements; and, ^(Core)

I.A.5.b) Governing Body: The single entity ~~which~~ ~~that~~ maintains authority over and responsibility for the Sponsoring Institution and each of its ACGME-accredited programs. ^(Core)

I.A.6. A written statement must document the Sponsoring Institution's commitment to GME by providing the necessary financial support for administrative, educational, and clinical resources, including personnel, and which must be 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. ^(Core)

I.A.7. Any Sponsoring Institution or participating site that is a hospital must maintain accreditation to provide patient care. ^(Core)

- 52
- 53 I.A.7.a) Accreditation for patient care must be provided by:
- 54
- 55 I.A.7.a).(1) ~~the Joint Commission; or,~~^(Core)
- 56
- 57 I.A.7.a).(2) an entity granted “deeming authority” for participation in
58 Medicare under federal regulations; or,^(Core)
- 59
- 60 I.A.7.a).(3) an entity certified as complying with the conditions of
61 participation in Medicare under federal regulations.^(Core)
- 62
- 63 I.A.8. When a Sponsoring Institution or major participating site that is a hospital
64 loses its accreditation for patient care, the Sponsoring Institution must
65 notify and provide a plan for its response to the Institutional Review
66 Committee (IRC) within 30 days of such loss. Based on the particular
67 circumstances, ~~the IRC may request the ACGME may~~ invoke its
68 procedures related to alleged egregious and/or catastrophic events.
69 ~~“Procedure for Alleged Egregious or Catastrophic Events” policy.~~^(Core)
- 70
- 71 I.A.9. When a Sponsoring Institution’s or participating site’s license is denied,
72 suspended, or revoked, or when a Sponsoring Institution or participating
73 site is required to curtail activities, or is otherwise restricted, the
74 Sponsoring Institution must notify and provide a plan for its response to
75 the IRC within 30 days of such loss or restriction. Based on the particular
76 circumstances, ~~the IRC may request that the ACGME may~~ invoke its
77 procedures related to alleged egregious and/or catastrophic events.
78 ~~“Procedure for Alleged Egregious or Catastrophic Events” policy.~~^(Core)
- 79
- 80 I.B. GMEC
- 81
- 82 I.B.1. Membership
- 83
- 84 I.B.1.a) A Sponsoring Institution with multiple ACGME-accredited
85 programs must have a GMEC that includes at least the following
86 voting members:^(Core)
- 87
- 88 I.B.1.a).(1) the DIO;^(Core)
- 89
- 90 I.B.1.a).(2) a representative sample of program directors (minimum of
91 two) from its ACGME-accredited programs;^(Core)
- 92
- 93 I.B.1.a).(3) a minimum of two peer-selected residents/fellows from
94 among its ACGME-accredited programs; and,^(Core)
- 95
- 96 I.B.1.a).(4) a quality improvement or patient safety officer or designee.
97^(Core)
- 98
- 99 I.B.1.b) A Sponsoring Institution with one program must have a GMEC
100 that includes at least the following voting members:
- 101
- 102 I.B.1.b).(1) the DIO;^(Core)

- 103
- 104 I.B.1.b).(2) the program director when the program director is not the
105 DIO; ^(Core)
- 106
- 107 I.B.1.b).(3) a minimum of two peer-selected residents/fellows from its
108 ACGME-accredited program or the only resident/fellow if
109 the program includes only one resident/fellow; ^(Core)
- 110
- 111 I.B.1.b).(4) the individual or designee responsible for monitoring
112 quality improvement or patient safety if this individual is not
113 the DIO or program director; and, ^(Core)
- 114
- 115 I.B.1.b).(5) one or more individuals from a different department than
116 that of the program specialty (and other than the quality
117 improvement or patient safety member), within or from
118 outside the Sponsoring Institution, at least one of whom is
119 actively involved in graduate medical education. ^(Core)
- 120
- 121 I.B.2. Additional GMEC members and subcommittees: In order to carry out
122 portions of the GMEC's responsibilities, additional GMEC membership
123 may include others as determined by the GMEC. ^(Detail)
- 124
- 125 I.B.2.a) Subcommittees that address required GMEC responsibilities must
126 include a peer-selected resident/fellow. ^(Detail)
- 127
- 128 I.B.2.b) Subcommittee actions that address required GMEC
129 responsibilities must be reviewed and approved by the GMEC.
130 ^(Detail)
- 131
- 132 I.B.3. Meetings and Attendance: The GMEC must meet a minimum of once
133 every quarter during each academic year. ^(Core)
- 134
- 135 I.B.3.a) Each meeting of the GMEC must include attendance by at least
136 one resident/fellow member. ^(Core)
- 137
- 138 I.B.3.b) The GMEC must maintain meeting minutes that document
139 execution of all required GMEC functions and responsibilities. ^(Core)
- 140
- 141 I.B.4. Responsibilities: GMEC responsibilities must include:
- 142
- 143 I.B.4.a) Oversight of:
- 144
- 145 I.B.4.a).(1) the ACGME accreditation status of the Sponsoring
146 Institution and each of its ACGME-accredited programs;
147 ^(Outcome)
- 148
- 149 I.B.4.a).(2) the quality of the GME learning and working environment
150 within the Sponsoring Institution, each of its ACGME-
151 accredited programs, and its participating sites; ^(Outcome)
- 152
- 153 I.B.4.a).(3) the quality of educational experiences in each ACGME-

154		accredited program that lead to measurable achievement
155		of educational outcomes as identified in the ACGME
156		Common and specialty-/subspecialty-specific Program
157		Requirements; ^(Outcome)
158		
159	I.B.4.a).(4)	the ACGME-accredited program(s)' <u>annual program</u>
160		<u>evaluations and improvement activities self-studies</u> ; and,
161		^(Core)
162		
163	I.B.4.a).(5)	all processes related to reductions and closures of
164		individual ACGME-accredited programs, major
165		participating sites, and the Sponsoring Institution. ^(Core)
166		
167	I.B.4.a).(6)	<u>the provision of summary information of patient safety</u>
168		<u>reports to residents, fellows, faculty members, and other</u>
169		<u>clinical staff members. At a minimum, this oversight must</u>
170		<u>include verification that such summary information is being</u>
171		<u>provided.</u> ^(Detail)
172		
173	I.B.4.b)	review and approval of:
174		
175	I.B.4.b).(1)	institutional GME policies and procedures; ^(Core)
176		
177	I.B.4.b).(2)	annual recommendations to the Sponsoring Institution's
178		administration regarding resident/fellow stipends and
179		benefits; ^(Core)
180		
181	I.B.4.b).(3)	applications for ACGME accreditation of new programs;
182		^(Core)
183		
184	I.B.4.b).(4)	requests for permanent changes in resident/fellow
185		complement; ^(Core)
186		
187	I.B.4.b).(5)	major changes in each of its ACGME-accredited programs'
188		structure or duration of education; ^(Core)
189		
190	I.B.4.b).(6)	additions and deletions of each of its ACGME-accredited
191		programs' participating sites; ^(Core)
192		
193	I.B.4.b).(7)	appointment of new program directors; ^(Core)
194		
195	I.B.4.b).(8)	progress reports requested by a Review Committee; ^(Core)
196		
197	I.B.4.b).(9)	responses to Clinical Learning Environment Review
198		(CLER) reports; ^(Core)
199		
200	I.B.4.b).(10)	requests for exceptions to <u>duty-clinical and educational</u>
201		<u>work</u> hour requirements; ^(Core)
202		
203	I.B.4.b).(11)	voluntary withdrawal of ACGME program accreditation;
204		^(Core)

205		
206	I.B.4.b).(12)	requests for appeal of an adverse action by a Review
207		Committee; and, ^(Core)
208		
209	I.B.4.b).(13)	appeal presentations to an ACGME Appeals Panel. ^(Core)
210		
211	I.B.5.	The GMEC must demonstrate effective oversight of the Sponsoring
212		Institution's accreditation through an Annual Institutional Review (AIR).
213		^(Outcome)
214		
215	I.B.5.a)	The GMEC must identify institutional performance indicators for
216		the AIR, which to include, at a minimum: ^(Core)
217		
218	I.B.5.a).(1)	results of the most recent <u>ACGME</u> institutional self-study
219		visit; <u>letter of notification:</u> ^(DetailCore)
220		
221	I.B.5.a).(2)	results of ACGME surveys of residents/fellows and core
222		faculty members; and, ^(DetailCore)
223		
224	I.B.5.a).(3)	notification of each of its ACGME-accredited programs'
225		<u>ACGME</u> accreditation statuses and self-study visits
226		<u>information, including accreditation statuses and citations.</u>
227		^(DetailCore)
228		
229	I.B.5.b)	The AIR must include monitoring procedures for action plans
230		resulting from the review. ^(Core)
231		
232	I.B.5.c)	The DIO must <u>annually</u> submit a written annual -executive
233		summary of the AIR to the <u>Sponsoring Institution's</u> Governing
234		Body. <u>The written executive summary must include:</u> ^(Core)
235		
236	I.B.5.c).(1)	<u>a summary of institutional performance on indicators for</u>
237		<u>the AIR; and,</u> ^(Core)
238		
239	I.B.5.c).(2)	<u>action plans and performance monitoring procedures</u>
240		<u>resulting from the AIR.</u> ^(Core)
241		
242	I.B.6.	The GMEC must demonstrate effective oversight of underperforming
243		program(s) through a Special Review process. ^(Core)
244		
245	I.B.6.a)	The Special Review process must include a protocol that: ^(Core)
246		
247	I.B.6.a).(1)	establishes criteria for identifying underperformance; and,
248		^(Core)
249		
250	I.B.6.a).(2)	results in a report that describes the quality improvement
251		goals, the corrective actions, and the process for GMEC
252		monitoring of outcomes. ^(Core)
253		
254	II. Institutional Resources	
255		

- 256 II.A. Institutional GME Infrastructure and Operations: The Sponsoring Institution must
 257 ensure that:
 258
- 259 II.A.1. the DIO has sufficient financial support and protected time to effectively
 260 carry out his or her educational, administrative, and leadership
 261 responsibilities; ^(Core)
 262
- 263 II.A.2. the DIO engages in professional development applicable to his or her
 264 responsibilities as an educational leader; and, ^(Core)
 265
- 266 II.A.3. sufficient salary support and resources are provided for effective GME
 267 administration. ^(Core)
 268
- 269 II.B. Program Administration: The Sponsoring Institution, in collaboration with each
 270 ACGME-accredited program, must ensure that:
 271
- 272 II.B.1. the program director(s) has (have) sufficient financial support and
 273 protected time to effectively carry out his/her (their) educational,
 274 administrative, and leadership responsibilities, as described in the
 275 Institutional, Common, and specialty-/subspecialty-specific Program
 276 Requirements; ^(Core)
 277
- 278 II.B.2. the program(s) receives (receive) adequate support for core faculty
 279 members to ensure both effective supervision and quality resident/fellow
 280 education; ^(Core)
 281
- 282 II.B.3. the program director(s) and core faculty members engage in professional
 283 development applicable to their responsibilities as educational leaders;
 284 ^(Core)
 285
- 286 II.B.4. the program coordinator(s) has (have) sufficient support and time to
 287 effectively carry out his/her (their) responsibilities; and, ^(Core)
 288
- 289 II.B.5. resources, including space, technology, and supplies, are available to
 290 provide effective support for each of its ACGME-accredited programs.
 291 ^(Core)
 292
- 293 II.C. Resident/Fellow Forum: The Sponsoring Institution with more than one program
 294 must ensure availability of an organization, council, town hall, or other platform
 295 that allows all residents/fellows from within and across the Sponsoring
 296 Institution's ACGME-accredited programs to communicate and exchange
 297 information with ~~each other~~ residents/fellows relevant to their ACGME-accredited
 298 programs and their learning and working environment. ^(Core)
 299
- 300 II.C.1. Any resident/fellow from one of the Sponsoring Institution's ACGME-
 301 accredited programs must have the opportunity to directly raise a concern
 302 to the forum. ^(Core)
 303
- 304 II.C.2. Residents/fellows must have the option, at least in part, to conduct their
 305 forum without the DIO, faculty members, or other administrators present.
 306 ^(Core)

- 307
308 II.C.3. Residents/fellows must have the option to present concerns that arise
309 from discussions at the forum to the DIO and GMEC. ^(Core)
310
- 311 II.D. Resident Salary and Benefits: The Sponsoring Institution, in collaboration with
312 each of its ACGME-accredited programs and participating sites, must provide all
313 residents/fellows with financial support and benefits to ensure that they are able
314 to fulfill the responsibilities of their ACGME-accredited program(s). ^(Core)
315
- 316 II.E. Educational Tools
- 317
- 318 II.E.1. Communication resources and technology: Faculty members and
319 residents/fellows must have ready access to adequate communication
320 resources and technological support. ^(Core)
321
- 322 II.E.2. Access to medical literature: Faculty members and residents/fellows must
323 have ready access to specialty-/subspecialty-specific electronic medical
324 literature databases and other current reference material in print or
325 electronic format. ^(Core)
326
- 327 II.F. Support Services and Systems
- 328
- 329 II.F.1. The Sponsoring Institution must provide support services and develop
330 health care delivery systems to minimize residents'/fellows' work that is
331 extraneous to their ACGME-accredited program(s)' educational goals and
332 objectives, and to ensure that residents'/fellows' educational experience
333 is not compromised by excessive reliance on residents/fellows to fulfill
334 non-physician service obligations. These support services and systems
335 must include: ^(Core)
336
- 337 II.F.1.a) peripheral intravenous access placement, phlebotomy, laboratory,
338 pathology and radiology services and patient transportation
339 services provided in a manner appropriate to and consistent with
340 educational objectives and to support high quality and safe patient
341 care; and, ^(Core)
342
- 343 II.F.1.b) medical records available at all participating sites to support high
344 quality and safe patient care, residents'/fellows' education, quality
345 improvement and scholarly activities. ^(Core)
346
- 347 II.F.2. ~~The Sponsoring Institution must ensure a healthy and safe learning and~~
348 ~~working environment that provides for:~~
349
- 350 II.F.2.a) ~~access to food while on duty at all participating sites;~~ ^(Core)
351
- 352 II.F.2.b) ~~safe, quiet, and private sleep/rest facilities available and~~
353 ~~accessible for residents/fellows to support education and safe~~
354 ~~patient care; and,~~ ^(Core)
355
- 356 II.F.2.c) ~~security and safety measures appropriate to the participating site.~~
357 ^(Core)

- 358
359 III. ~~Resident/Fellow~~ The Learning and Working Environment
360
361 III.A. The Sponsoring Institution and each of its ACGME-accredited programs must
362 provide a learning and working environment in which residents/fellows have the
363 opportunity to raise concerns and provide feedback without intimidation or
364 retaliation, and in a confidential manner, as appropriate. (Core)
365
366 III.B. The Sponsoring Institution is responsible for oversight and documentation of
367 resident/fellow engagement in the following: (Core)
368
369 III.B.1. Patient Safety: The Sponsoring Institution must ensure that
370 residents/fellows have:
371
372 III.B.1.a) access to systems for reporting errors, adverse events, unsafe
373 conditions, and near misses in a protected manner that is free
374 from reprisal; and, (Core)
375
376 III.B.1.b) opportunities to contribute to root cause analysis or other similar
377 risk-reduction processes. (Core)
378
379 III.B.2. Quality Improvement: The Sponsoring Institution must ensure that
380 residents/fellows have:
381
382 III.B.2.a) access to data to improve systems of care, reduce health care
383 disparities, and improve patient outcomes; and, (Core)
384
385 III.B.2.b) opportunities to participate in quality improvement initiatives. (Core)
386
387 III.B.3. Transitions of Care: The Sponsoring Institution must:
388
389 III.B.3.a) facilitate professional development for core faculty members and
390 residents/fellows regarding effective transitions of care; and, (Core)
391
392 III.B.3.b) in partnership with its ACGME-accredited program(s), ensure that
393 and monitor effective, structured patient hand-over processes to
394 facilitate continuity of care and patient safety at participating sites
395 engage residents/fellows in standardized transitions of care
396 consistent with the setting and type of patient care. (Core)
397
398 III.B.4. Supervision and Accountability:
399
400 III.B.4.a) The Sponsoring Institution must oversee:
401
402 III.B.4.a).(1) supervision of residents/fellows consistent with institutional
403 and program-specific policies; and, (Core)
404
405 III.B.4.a).(2) mechanisms by which residents/fellows can report
406 inadequate supervision and accountability in a protected
407 manner that is free from reprisal. (Core)
408

- 409 III.B.5. Duty Hours, Fatigue Management, and Mitigation: Clinical Experience
410 and Education:
411
412 III.B.5.a) The Sponsoring Institution must oversee:
413
414 III.B.5.a).(1) resident/fellow duty-clinical and educational work hours,
415 consistent with the Common and specialty-/subspecialty-
416 specific Program Requirements across all programs,
417 addressing areas of non-compliance in a timely manner;
418 (Core)
419
420 III.B.5.a).(2) systems of care and learning and working environments
421 that facilitate fatigue ~~management and mitigation~~ for
422 residents/fellows; and, (Core)
423
424 III.B.5.a).(3) an educational program for residents/fellows and core
425 faculty members in fatigue ~~management and mitigation~~.
426 (Core)
427
428 III.B.5.b) The Sponsoring Institution, in partnership with its ACGME-
429 accredited program(s), must ensure adequate sleep facilities and
430 safe transportation options for residents/fellows who may be too
431 fatigued to return safely home. (Core)
432
433 III.B.5.b).(1) Sleep facilities must be safe, quiet, and private, and must
434 be available and accessible for residents/fellows to support
435 education and safe patient care. (Core)
436
437 III.B.6. Professionalism:
438
439 III.B.6.a) The Sponsoring Institution, in partnership with the program
440 director(s) of its ACGME-accredited program(s), must provide a
441 culture of professionalism that supports patient safety and
442 personal responsibility. (Core)
443
444 III.B.6.b) The Sponsoring Institution, in partnership with its ACGME-
445 accredited program(s), must educate residents/fellows and faculty
446 members concerning the professional responsibilities of
447 physicians, including their obligation to be appropriately rested
448 and fit to provide the care required by their patients. (Core)
449
450 III.B.6.c) The Sponsoring Institution must provide systems for education in
451 and monitoring of:
452
453 III.B.6.c).(1) residents'/fellows' and core faculty members' fulfillment of
454 educational and professional responsibilities, including
455 scholarly pursuits; and, (Core)
456
457 III.B.6.c).(2) accurate completion of required documentation by
458 residents/fellows; and, (Core)
459

- 460 III.B.6.d) identification of resident/fellow mistreatment. The Sponsoring
461 Institution must ensure that its ACGME-accredited program(s)
462 provide(s) a professional, respectful, and civil environment that is
463 free from unprofessional behavior, including mistreatment, abuse
464 and/or coercion of residents/fellows, other learners, faculty
465 members, and staff members. ^(Core)
466
- 467 III.B.6.d).(1) The Sponsoring Institution, in partnership with its ACGME-
468 accredited program(s), must have a process for education
469 of residents/fellows and faculty members-regarding
470 unprofessional behavior, and a confidential process for
471 reporting, investigating, monitoring, and addressing such
472 concerns. ^(Core)
473
- 474 III.B.7. Well-Being
475
- 476 III.B.7.a) The Sponsoring Institution must oversee its ACGME-accredited
477 program's(s') fulfillment of responsibility to address well-being of
478 residents/fellows and faculty members, consistent with the
479 Common and specialty-/subspecialty-specific Program
480 Requirements, addressing areas of non-compliance in a timely
481 manner. ^(Core)
482
- 483 III.B.7.b) The Sponsoring Institution, in partnership with its ACGME-
484 accredited program(s), must educate faculty members and
485 residents/fellows in identification of the symptoms of burnout,
486 depression, and substance abuse, including means to assist those
487 who experience these conditions. This responsibility includes
488 educating residents/fellows and faculty members in how to
489 recognize those symptoms in themselves, and how to seek
490 appropriate care. ^(Core)
491
- 492 III.B.7.c) The Sponsoring Institution, in partnership with its ACGME-
493 accredited program(s), must: ^(Core)
494
- 495 III.B.7.c).(1) encourage residents/fellows and faculty members to alert
496 their program director, DIO, or other designated personnel
497 or programs when they are concerned that another
498 resident/fellow or faculty member may be displaying signs
499 of burnout, depression, substance abuse, suicidal ideation,
500 or potential for violence; ^(Core)
501
- 502 III.B.7.c).(2) provide access to appropriate tools for self screening; and,
503 ^(Core)
504
- 505 III.B.7.c).(3) provide access to confidential, affordable mental health
506 assessment, counseling, and treatment, including access
507 to urgent and emergent care 24 hours a day, seven days a
508 week. ^(Core)
509

510	III.B.7.d)	<u>The Sponsoring Institution must ensure a healthy and safe clinical and educational environment that provides for:</u> ^(Core)
511		
512		
513	III.B.7.d).(1)	<u>access to food during clinical and educational assignments; and,</u> ^(Core)
514		
515		
516	III.B.7.d).(2)	<u>safety and security measures for residents/fellows appropriate to the participating site.</u> ^(Core)
517		
518		
519	IV.	Institutional GME Policies and Procedures
520		
521	IV.A.	Resident/Fellow Recruitment
522		
523	IV.A.1.	Eligibility and Selection of Residents/Fellows: The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment and appointment, and must monitor each of its ACGME-accredited programs for compliance. ^(Core)
524		
525		
526		
527		
528	IV.A.2.	An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: ^(Core)
529		
530		
531	IV.A.2.a)	graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or, ^(Core)
532		
533		
534		
535	IV.A.2.b)	graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or, ^(Core)
536		
537		
538		
539	IV.A.2.c)	graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: ^(Core)
540		
541		
542		
543	IV.A.2.c).(1)	holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or, ^(Core)
544		
545		
546		
547	IV.A.2.c).(2)	holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty-/subspecialty program; or, ^(Core)
548		
549		
550		
551	IV.A.2.c).(3)	has graduated from a medical school outside the United States and has completed a Fifth Pathway** program provided by an LCME-accredited medical school. ^(Core)
552		
553		
554		
555	IV.A.3.	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 his or her eventual appointment. ^(Core)
556		
557		
558		
559		
560		

- 561 IV.A.3.a) Information that is provided must include: financial support;
562 vacations; parental, sick, and other leaves of absence; and
563 professional liability, hospitalization, health, disability and other
564 insurance accessible to residents/fellows and their eligible
565 dependents. ^(Core)
566
- 567 IV.B. Agreement of Appointment/Contract
568
- 569 IV.B.1. The Sponsoring Institution must ensure that residents/fellows are
570 provided with a written agreement of appointment/contract outlining the
571 terms and conditions of their appointment to a program. The Sponsoring
572 Institution must monitor each of its programs with regard to
573 implementation of terms and conditions of appointment. ^(Core)
574
- 575 IV.B.2. The contract/agreement of appointment must directly contain or provide a
576 reference to the following items: ^(Core)
577
- 578 IV.B.2.a) resident/fellow responsibilities; ^(Core)
579
- 580 IV.B.2.b) duration of appointment; ^(Core)
581
- 582 IV.B.2.c) financial support for residents/fellows; ^(Core)
583
- 584 IV.B.2.d) conditions for reappointment and promotion to a subsequent PGY
585 level; ^(Core)
586
- 587 IV.B.2.e) grievance and due process; ^(Core)
588
- 589 IV.B.2.f) professional liability insurance, including a summary of pertinent
590 information regarding coverage; ^(Core)
591
- 592 IV.B.2.g) hospital and health insurance benefits for residents/fellows and
593 their eligible dependents; ^(Core)
594
- 595 IV.B.2.h) disability insurance for residents/fellows; ^(Core)
596
- 597 IV.B.2.i) vacation, parental, sick, and other leave(s) for residents/fellows,
598 compliant with applicable laws; ^(Core)
599
- 600 IV.B.2.j) timely notice of the effect of leave(s) on the ability of
601 residents/fellows to satisfy requirements for program completion;
602 ^(Core)
603
- 604 IV.B.2.k) information related to eligibility for specialty board examinations;
605 and, ^(Core)
606
- 607 IV.B.2.l) institutional policies and procedures regarding resident/fellow duty
608 clinical and educational work hours and moonlighting. ^(Core)
609
- 610 IV.C. Promotion, Appointment Renewal and Dismissal
611

- 612 IV.C.1. The Sponsoring Institution must have a policy that requires each of its
613 ACGME-accredited programs to determine the criteria for promotion
614 and/or renewal of a resident's/fellow's appointment. ^(Core)
615
- 616 IV.C.1.a) The Sponsoring Institution must ensure that each of its programs
617 provides a resident/fellow with a written notice of intent when that
618 resident's/fellow's agreement will not be renewed, when that
619 resident/fellow will not be promoted to the next level of training, or
620 when that resident/fellow will be dismissed. ^(Core)
621
- 622 IV.C.1.b) The Sponsoring Institution must have a policy that provides
623 residents/fellows with due process relating to the following actions
624 regardless of when the action is taken during the appointment
625 period: suspension, non-renewal, non-promotion; or dismissal.
626 ^(Core)
627
- 628 IV.D. Grievances: The Sponsoring Institution must have a policy that outlines the
629 procedures for submitting and processing resident/fellow grievances at the
630 program and institutional level and that minimizes conflicts of interest. ^(Core)
631
- 632 IV.E. Professional Liability Insurance
- 633
- 634 IV.E.1. The Sponsoring Institution must provide residents/fellows with
635 professional liability coverage, including legal defense and protection
636 against awards from claims reported or filed during participation in each
637 of its ACGME-accredited programs, or after completion of the program(s)
638 if the alleged acts or omissions of a resident/fellow are within the scope of
639 the program(s). ^(Core)
640
- 641 IV.E.2. The Sponsoring Institution must provide official documentation of the
642 details of liability coverage upon request of the individual. ^(Core)
643
- 644 IV.F. Health and Disability Insurance
- 645
- 646 IV.F.1. The Sponsoring Institution must provide health insurance benefits for
647 residents/fellows and their eligible dependents beginning on the first day
648 of insurance eligibility. ^(Core)
649
- 650 IV.F.1.a) If the first day of health insurance eligibility is not the first day that
651 residents/fellows are required to report, then the residents/fellows
652 must be given advanced access to information regarding interim
653 coverage so that they can purchase coverage if desired. ^(Core)
654
- 655 IV.F.2. The Sponsoring Institution must provide disability insurance benefits for
656 residents/fellows beginning on the first day of disability insurance
657 eligibility. ^(Core)
658
- 659 IV.F.2.a) If the first day of disability insurance eligibility is not the first day
660 that residents/fellows are required to report, then the
661 residents/fellows must be given advanced access to information
662 regarding interim coverage so that they can purchase coverage if

- 663 desired. (Core)
- 664
- 665 IV.G. Vacation and Leaves of Absence
- 666
- 667 IV.G.1. The Sponsoring Institution must have a policy for vacation and other
668 leaves of absence, consistent with applicable laws. (Core)
- 669
- 670 IV.G.2. This policy must ensure that each of its ACGME-accredited programs
671 provides its residents/fellows with accurate information regarding the
672 impact of an extended leave of absence upon the criteria for satisfactory
673 completion of the program and upon a resident's/fellow's eligibility to
674 participate in examinations by the relevant certifying board(s). (Core)
- 675
- 676 IV.H. Resident Services
- 677
- 678 IV.H.1. Behavioral Health: The Sponsoring Institution must provide
679 residents/fellows with access to confidential counseling and behavioral
680 health services. (Core)
- 681
- 682 IV.H.2. Physician Impairment: The Sponsoring Institution must have a policy, not
683 necessarily GME-specific, which addresses physician impairment. (Core)
- 684
- 685 IV.H.3. Harassment: The Sponsoring Institution must have a policy, not
686 necessarily GME-specific, covering sexual and other forms of
687 harassment, that allows residents/fellows access to processes to raise
688 and resolve complaints in a safe and non-punitive environment consistent
689 with applicable laws and regulations. (Core)
- 690
- 691 IV.H.4. Accommodation for Disabilities: The Sponsoring Institution must have a
692 policy, not necessarily GME-specific, regarding accommodations for
693 disabilities consistent with all applicable laws and regulations. (Core)
- 694
- 695 IV.I. Supervision
- 696
- 697 IV.I.1. The Sponsoring Institution must maintain an institutional policy regarding
698 supervision of residents/fellows. (Core)
- 699
- 700 IV.I.2. The Sponsoring Institution must ensure that each of its ACGME-
701 accredited programs establishes a written program-specific supervision
702 policy consistent with the institutional policy and the respective ACGME
703 Common and specialty-/subspecialty-specific Program Requirements.
704 (Core)
- 705
- 706 IV.J. ~~Duty-Clinical and Educational Work~~ Hours: The Sponsoring Institution must
707 maintain a ~~duty-clinical and educational work~~ hour policy that ensures effective
708 oversight of institutional and program-level compliance with ACGME ~~duty-clinical~~
709 ~~and educational work~~ hour ~~standards requirements~~. (Core)
- 710
- 711 IV.J.1. Moonlighting: The Sponsoring Institution must maintain a policy on
712 moonlighting that includes the following:
- 713

- 714 IV.J.1.a) residents/fellows must not be required to engage in moonlighting;
715 (Core)
716
- 717 IV.J.1.b) residents/fellows must have written permission from their program
718 director to moonlight; (Core)
719
- 720 IV.J.1.c) an ACGME-accredited program will monitor the effect of
721 moonlighting activities on a resident's/fellow's performance in the
722 program, including that adverse effects may lead to withdrawal of
723 permission to moonlight; and, (Core)
724
- 725 IV.J.1.d) the Sponsoring Institution or individual ACGME-accredited
726 programs may prohibit moonlighting by residents/fellows. (Core)
727
- 728 IV.K. Vendors: The Sponsoring Institution must maintain a policy that addresses
729 interactions between vendor representatives/corporations and residents/fellows
730 and each of its ACGME-accredited programs. (Core)
731
- 732 IV.L. Non-competition: The Sponsoring Institution must maintain a policy which states
733 that neither the Sponsoring Institution nor any of its ACGME-accredited programs
734 will require a resident/fellow to sign a non-competition guarantee or restrictive
735 covenant. (Core)
736
- 737 IV.M. Disasters: The Sponsoring Institution must maintain a policy consistent with
738 ACGME Policies and Procedures that addresses administrative support for each
739 of its ACGME-accredited programs and residents/fellows in the event of a
740 disaster or interruption in patient care. (Core)
741
- 742 IV.M.1. This policy should include information about assistance for continuation of
743 salary, benefits, and resident/fellow assignments. (Core)
744
- 745 IV.N. Closures and Reductions: The Sponsoring Institution must maintain a policy that
746 addresses GMEC oversight of reductions in size or closure of each of its
747 ACGME-accredited programs, or closure of the Sponsoring Institution that
748 includes the following: (Core)
749
- 750 IV.N.1. the Sponsoring Institution must inform the GMEC, DIO, and affected
751 residents/fellows as soon as possible when it intends to reduce the size of
752 or close one or more ACGME-accredited programs, or when the
753 Sponsoring Institution intends to close; and, (Core)
754
- 755 IV.N.2. the Sponsoring Institution must allow residents/fellows already in an
756 affected ACGME-accredited program(s) to complete their education at the
757 Sponsoring Institution, or assist them in enrolling in (an)other ACGME-
758 accredited program(s) in which they can continue their education. (Core)
759
- 760 ***
761
- 762 ***Core Requirements:** Statements that define structure, resource, or process elements essential to every
763 graduate medical educational program.

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

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

771
772 **Footnote for IV.A.2.c).(3): A Fifth Pathway program is an academic year of supervised clinical education
773 provided by an LCME-accredited medical school to students who meet the following conditions: (1) have
774 completed, in an accredited college or university in the United States, undergraduate premedical
775 education of the quality acceptable for matriculation in an accredited United States medical school; (2)
776 have studied at a medical school outside the United States and Canada but listed in the World Health
777 Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the
778 foreign medical school except internship and/or social service; (4) have attained a score satisfactory to
779 the sponsoring medical school on a screening examination; and (5) have passed either the Foreign
780 Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National
781 Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination
782 (USMLE).