Proposed ACGME
Institutional Requirements

Revision Information
Proposed major revision; posted for review and comment August 26, 2024
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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.

ACGME Institutional Requirements

I. Structure for Educational Oversight

I.A. Sponsoring Institution

I.A.1. Residency and fellowship programs accredited by the 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, specialty-/subspecialty-specific Program, and Recognition 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 designated institutional official (DIO). (Core)~~ [Moved and edited to I.C.1.]

I.A.5.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 and edited to I.C.1.]

I.A.5.b) ~~The DIO must:~~

I.A.5.b).(1) ~~approve program letters of agreement (PLAs) that govern relationships between each program and each participating site providing a required assignment for residents/fellows in the program; (Core)~~ [Edited and moved to I.C.2.b)]

I.A.5.b).(2) ~~oversee submissions of the Annual Update for each program and the Sponsoring Institution to the ACGME; and, (Core)~~ [Edited and moved to I.C.2.c)]

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I.A.5.b).(3) ~~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)~~ [Edited and moved to I.C.2.d)]

I.A.6. The Sponsoring Institution must identify a governing body, which is the single entity that maintains authority over and responsibility for the Sponsoring Institution and each of its ~~ACGME-accredited~~ programs. (Core)

I.A.7. A written statement of commitment~~,~~ must be reviewed, dated, and signed at least once every three~~five~~ years by the designated institutional official (DIO), ~~a~~ representative of the Sponsoring Institution's senior administration and a representative of the Sponsoring Institution's governing body~~,~~. (Core)

I.A.7.a) The statement of commitment must document the Sponsoring Institution's~~:~~ commitment to graduate medical education (GME) by ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources. and by adhering to Sponsoring Institution GME policies and procedures. (Core)

I.A.7.b) ~~GME mission; and, (Core)~~

I.A.7.c) ~~commitment to GME by ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources. (Core)~~ [Edited and moved to I.A.7.a)]

I.A.8. The Sponsoring Institution must complete a Self-Study prior to its 10-Year Accreditation Site Visit. (Core)

I.A.9. The Sponsoring Institution must be in substantial compliance with the Institutional Requirements and ACGME Policies and Procedures, and ensure that each of its programs is in substantial compliance with the Institutional, Common, and specialty-/ subspecialty-specific Program Requirements, and Recognition Requirements, as applicable. (Outcome)

I.B. Participating Sites

I.B.1. The Sponsoring Institution's oversight of resident and fellow assignments, and of the learning and working environment, must extend to all participating sites for its programs, and must ensure that residents and fellows are only assigned to participating sites that facilitate patient safety and health care quality. (Core)

I.B.2. Any clinical ~~Sponsoring Institution or~~ participating site ~~that is~~ of a ~~hospital~~ Sponsoring Institution must be approved ~~maintain accreditation~~ to provide patient care by accreditation and regulatory authority(ies) for the type(s)

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of clinical services available at the location of the clinical participating site. (Outcome)

I.B.2.a) For clinical participating sites that are hospitals, accreditation for patient care must be provided by an entity certified as complying with the conditions of participation in Medicare under federal regulations. (~~Core~~Outcome)

I.B.2.b) ~~Accreditation for patient care must be provided by:~~

I.B.2.b).(1) ~~an entity granted "deeming authority" for participation in Medicare under federal regulations; or, (Core)~~

I.B.2.b).(2) ~~an entity certified as complying with the conditions of participation in Medicare under federal regulations. (Core)~~ [Moved and combined with I.B.2.]

I.B.3. When a ~~Sponsoring Institution or major~~ clinical participating site ~~that is a hospital~~ loses ~~its accreditation for~~ approval to provide patient care~~, the Sponsoring Institution must notify and provide a plan for its response to the Institutional Review Committee within 30 days of such loss. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events. (Core)~~ as identified in I.B.2. above; or when a clinical participating site's license to provide patient care is denied, suspended, or revoked; or when a Sponsoring Institution or a participating site is required to curtail operations, or is otherwise restricted, the Sponsoring Institution must notify and provide a written plan for its response to the Institutional Review Committee within 30 days of such loss or restriction. (Outcome)

I.B.4. ~~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)~~ [Edited and moved to I.B.3.]

I.B.5. The Sponsoring Institution must identify at least one PCLE that has: (Core)

Background and Intent: Educational experiences for residents and fellows occur at participating sites, and the number of participating sites per Sponsoring Institution ranges from one to more than one hundred, depending upon the scale and complexity GME operations. A Sponsoring Institution has responsibility for overseeing compliance with ACGME requirements at every participating site for its programs. Decades of changes to market and government involvement in the US health care system have influenced the structure and function of Sponsoring Institutions, including their relationships with participating sites. In a first acknowledgment of the growing complexity of health care delivery and GME financing, the Institutional Requirements from the 1990s to the

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mid-2000s described the oversight relationships needed to ensure educational quality across a Sponsoring Institution's programs. Increasingly, health care services and facilities have consolidated under the operations of large health systems spanning multiple locations. In 2007, a major revision of the Institutional Requirements further specified expectations for the Sponsoring Institution's centralized oversight of GME across participating sites. Since the early 2010s, the ACGME's Clinical Learning Environment Review (CLER) Program has informed Sponsoring Institutions' and participating sites' efforts to ensure safety while improving health care and population health in clinical learning environments for GME. The 2013 major revision of the Institutional Requirements included new standards for institutional oversight of all participating sites, or clinical learning environments, corresponding with the CLER Focus Areas.

More recent findings from the CLER Program and the ACGME's Sponsoring Institution 2025 initiative indicate the need for greater integration of GME and clinical learning environments to advance safety and improvement in health care organizations as they are being reshaped by the forces of health system transformation. The 2025 Institutional Requirements account for this necessary transition by recognizing the need for a Sponsoring Institution to identify at least one primary clinical learning environment from among its programs' participating sites. A primary clinical learning environment (PCLE) is a participating site for programs that is substantially integrated with a Sponsoring Institution to collaborate in oversight and responsibility for GME. Sponsoring Institutions may have multiple PCLEs, and a PCLE may be integrated with more than one Sponsoring Institution.

Section V of the Institutional Requirements specifies the integrative responsibilities of Sponsoring Institutions and PCLEs. Some new requirements apply only to PCLEs and not to all participating sites. The selection of one or more PCLE enables the focused introduction of GME and clinical learning environment integration to a smaller number of locations. It is anticipated that future requirement revisions will include enhanced expectations for the integration of GME and all clinical participating sites.

In a PCLE, the DIO or other GME leader is expected to be part of the executive leadership team. Responsibility for implementing the Institutional Requirements is shared across clinical care teams, and therefore an interprofessional working group is needed. This working group provides organizational structure that brings together representatives from the health system and GME to fulfill required responsibilities, address challenges, and pursue opportunities in partnership. The interprofessional working group has responsibility for overseeing compliance with Institutional Requirements for integration of GME and the clinical learning environment, and fulfills defined functions related to safety, interprofessional safety engagement, quality, well-being, supervision, health systems management, strategy, and education. The interprofessional work group can be managed either within an existing structure such as an executive team, or as a newly developed work group with dedicated support.

I.B.5.a) an executive leadership team with responsibility for the PCLE's GME strategy, vision, and programmatic changes; (Core)

I.B.5.b) a chief executive officer or equivalent who provides an addendum to the statement of commitment affirming the PCLE's support of GME; (Detail)

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I.B.5.c) opportunities for GME leaders to regularly interact with executive leaders with authority and responsibility for patient care in that PCLE; and, (Core)

I.B.5.d) a designated, interprofessional working group reporting to the chief executive officer of that PCLE, and including interprofessional leadership with authority and responsibility for patient care in that PCLE. (Core) Membership of the working group must include:

I.B.5.d).(1) the quality and safety leader(s); (Core)

I.B.5.d).(2) the chief nursing officer or designee, or other leader of patient care services; (Core)

I.B.5.d).(3) the chief medical officer or equivalent or designee; and, (Core)

I.B.5.d).(4) the DIO or designee. (Core)

Background and Intent: Within a Sponsoring Institution's organizational structure, a DIO collaborates with other executive leaders of a PCLE to ensure a safe and appropriate environment for resident and fellow education that is aligned with health system goals. The position of the DIO within the executive team of a PCLE reflects the ongoing professional evolution of GME leaders within the US health system, and recognizes their necessary contributions to strategy, vision, and patient care services in health care organizations. The DIO serves in an executive leadership position in at least one PCLE. The DIO has the ability to identify a designee as a GME leader who serves as an associate DIO when there is more than one PCLE. Designated GME leaders who will serve as an associate DIO at a PCLE will need to have appropriate executive appointments (i.e., chief, chair, or equivalent). The DIO or designee will be included in regular meetings, communications, and planning activities with other executive leaders of the PCLE.

I.C. Designated Institutional Official (DIO)

I.C.1. The Sponsoring Institution must identify one DIO who, in collaboration with a Graduate Medical Education Committee (GMEC), has authority and responsibility for the oversight and administration of each of the Sponsoring Institution's programs, as well as for ensuring compliance with the Institutional, Common, and specialty-/subspecialty-specific Program Requirements, and Recognition Requirements, as applicable. (Core) [Edited and combined I.A.5 and I.A.5.a)]

I.C.2. The DIO must:

I.C.2.a) engage in professional development applicable to responsibilities as an educational leader in health care; (Core)

I.C.2.b) with GMEC approval of participating site addition(s), approve program letters of agreement (PLAs) that govern relationships between each program and each participating site providing a

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	required assignment for residents/fellows in the program; (Core) [Edited and moved from I.A.5.b).(1)]
I.C.2.c)	oversee submissions of the Accreditation Data System (ADS) Annual Update for the Sponsoring Institution and each of its programs to the ACGME; (Core) [Edited and moved from I.A.5.b).(2)]
I.C.2.d)	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; and, ~~(Core)~~ [Edited and moved from I.A.5.b).(3)]
I.C.2.e)	submit each annual report of the Annual Institutional Review (AIR) to the Sponsoring Institution's governing body and the chief executive officer(s) of the PCLE(s). (Core)
I.C.3.	At a PCLE, the DIO or designee must hold an executive leadership appointment with a title of chief, chair, or equivalent that enables collaboration with other executive leaders related to the PCLE's strategy, vision, and patient care services. (Core)

Background and Intent: In order to fulfill requirements for oversight and administration of the Sponsoring Institution and its programs, the DIO delegates some responsibilities to administrative personnel, including an institutional administrator. When delegating some institutional responsibilities, the DIO retains authority and ultimate responsibility for institutional oversight and administration throughout the Sponsoring Institution, and an executive leadership role in at least one PCLE.

I.D.	Institutional GME Administration
I.D.1.	The DIO must identify an institutional administrator to whom the DIO delegates responsibility for supporting the GME oversight and administrative functions of the Sponsoring Institution and the GMEC. (Core)
I.D.2.	In addition to the institutional administrator, the DIO must identify administrative personnel, as needed, to support the oversight and administrative functions of the Sponsoring Institution, the GMEC, and the PCLE(s). (Core)
I.E.	Graduate Medical Education Committee (GMEC)
I.E.1.	~~Membership~~
I.E.1.a)	~~A~~ Sponsoring Institutions ~~with multiple ACGME-accredited programs~~ must have a GMEC that includes at least the following voting members: ~~(Core)~~
I.E.1.a).(1)	the DIO; (Core)

I.E.1.a).(2) ~~a representative sample of~~ at least two program directors ~~(minimum of two)~~ from its ~~ACGME-accredited~~ programs, or the only program director, if applicable; (Core)

I.E.1.a).(3) a minimum of two peer-selected residents/fellows from ~~among~~ its ~~ACGME-accredited~~ program(s); and, (Core)

I.E.1.a).(4) for each PCLE, a member of the executive leadership who is responsible for monitoring ~~a~~ quality and ~~improvement or~~ patient safety, ~~officer~~ or a designee. (Core)

I.E.1.b) ~~A Sponsoring Institution with one program must have a GMEC that includes at least the following voting members:~~

I.E.1.b).(1) ~~the DIO; (Core)~~

I.E.1.b).(2) ~~the program director when the program director is not the DIO; (Core)~~

I.E.1.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)~~

I.E.1.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)~~

I.E.1.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)~~

I.E.1.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)~~

I.E.2. ~~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)~~

I.E.2.a) ~~Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. (Detail)~~

I.E.3. ~~Meetings and Attendance:~~ The GMEC must meet ~~a minimum of~~ at least once every quarter during each academic year. (Core)

I.E.4. Each meeting of the GMEC must include attendance by at least one peer-selected, voting resident/fellow member. (Core)

I.E.5. The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities for oversight, review, and approval. (Core)

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I.E.6. The GMEC must not receive or discuss identifiable information about the assessment of individual residents or fellows. (Core)

I.E.7. ~~Responsibilities: GMEC responsibilities must include:~~

I.E.7.a) ~~Oversight of:~~

I.E.7.a).(1) ~~ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs; (Outcome)~~

I.E.8. The GMEC must oversee:

I.E.8.a) the quality of the GME learning and working environment ~~within the Sponsoring Institution,~~ for each ~~of its ACGME-accredited~~ program~~s,~~ and ~~its~~ each participating site; (Outcome)

I.E.8.a).(1) ~~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)~~

I.E.8.a).(2) ~~the ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies); (Core)~~

I.E.8.a).(3) ~~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)~~

I.E.8.a).(4) ~~all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and, (Core)~~

I.E.8.a).(5) ~~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)~~

I.E.8.b) institutional accreditation, including an AIR summarized in an annual report that documents: (Outcome)

Background and Intent: The Sponsoring Institution annual report provides institutions a framework for reflection on their progress toward institutional goals and an opportunity to develop strategic plans for ongoing improvement. Within the context of the integration of continuing medical education and GME, the Sponsoring Institution will need to include aggregated findings pertaining to professionalism at the organizational level as identified by

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the PCLE's interprofessional working group. These findings will be included in the annual report of the AIR provided to the Sponsoring Institution's governing body and the chief executive officer(s) of the PCLE(s).

I.E.8.b).(1) institutional performance on indicators to include, at a minimum, the accreditation and recognition statuses and citations of the Sponsoring Institution and each accredited/recognized program, and the aggregated results of most recent ACGME Resident/Fellow and Faculty Surveys; and, (Outcome)

I.E.8.b).(2) action plans and performance monitoring procedures resulting from the AIR. (Outcome)

I.E.8.c) program accreditation and recognition, including: (Core)

I.E.8.c).(1) annual program evaluations of all programs; and, (Core)

I.E.8.c).(2) a special review process for addressing underperforming programs which adheres to a written protocol that establishes criteria for identifying underperformance, including, at a minimum, all warning and adverse accreditation and recognition statuses as described by the ACGME Policies and Procedures; and which results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines for each. (Core)

I.E.8.d) ~~review and approval of:~~

I.E.8.d).(1) ~~institutional GME policies and procedures; (Core)~~

I.E.8.d).(2) ~~GMEC subcommittee actions that address required GMEC responsibilities; (Core)~~

I.E.8.e) annual recommendations to the administration of the Sponsoring Institution~~'s administration~~ and its PCLE(s) regarding resident/fellow stipends and benefits; (Core)

I.E.8.f) 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:

I.E.8.f).(1) address non-compliance with ACGME requirements in a timely manner; and, (Core)

I.E.8.f).(2) do not depend only on reports from program directors and coordinators. (Core)

I.E.8.g) information regarding the financial performance of the PCLE(s), including the impact of organizational financial status on the administrative, educational, financial, human, and clinical resources needed for GME; and, (Core)

I.E.8.h) all processes related to reductions in the resident/fellow complement of programs, and closures of programs, participating sites, and the Sponsoring Institution. (Core)

I.E.9. The GMEC must review and approve:

I.E.9.a) new and revised Sponsoring Institution GME policies and procedures; (Core)

I.E.9.b) applications for ACGME accreditation and recognition of new programs, and requests for voluntary withdrawal of ACGME program accreditation and recognition; (Core)

I.E.9.c) major changes in ~~each of its ACGME-accredited programs'~~ the structure or duration of education in any program, including any change in the designation of a program's primary clinical site, and additions and deletions of any of a program's participating sites; (Core)

I.E.9.d) requests for permanent resident/fellow complement changes; (Core) [Moved from I.E.9.g).(1)]

I.E.9.e) appointment of new program directors; (Core) [Moved from I.E.9.g).(4)]

I.E.9.f) progress reports requested by Review Committees; and, (Core) [Moved from I.E.9.g).(5)]

I.E.9.g) requests for appeal of an adverse action by a Review Committee and appeal presentations to an ACGME Appeals Panel. (Core) [Moved and combined I.E.9.g).(9) and I.E.9.g).(10)]

I.E.9.g).(1) ~~requests for permanent changes in resident/fellow complement; (Core)~~ [Moved to I.E.9.d)]

I.E.9.g).(2) ~~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; (Core)~~

I.E.9.g).(3) ~~additions and deletions of each of its ACGME-accredited programs' participating sites; (Core)~~

I.E.9.g).(4) ~~appointment of new program directors; (Core)~~ [Moved to I.E.9.e)]

I.E.9.g).(5)	~~progress reports requested by a Review Committee; (Core)~~ [Moved to I.E.9.f)]
I.E.9.g).(6)	~~responses to Clinical Learning Environment Review (CLER) reports; (Core)~~
I.E.9.g).(7)	~~requests for exceptions to clinical and educational work hour requirements; (Core)~~
I.E.9.g).(8)	~~voluntary withdrawal of ACGME program accreditation or recognition; (Core)~~
I.E.9.g).(9)	~~requests for appeal of an adverse action by a Review Committee; and, (Core)~~ [Moved to I.E.9.g)]
I.E.9.g).(10)	~~appeal presentations to an ACGME Appeals Panel; and, (Core)~~ [Moved to I.E.9.g)]
I.E.9.g).(11)	~~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 Common Program Requirements. (Core)~~
I.E.10.	~~The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome)~~
I.E.10.a)	~~The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: (Core)~~
I.E.10.a).(1)	~~the most recent ACGME institutional letter of notification; (Core)~~
I.E.10.a).(2)	~~results of ACGME surveys of residents/fellows and core faculty members; and, (Core)~~
I.E.10.a).(3)	~~each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations. (Core)~~
I.E.10.b)	~~The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include: (Core)~~
I.E.10.b).(1)	~~a summary of institutional performance on indicators for the AIR; and, (Core)~~
I.E.10.b).(2)	~~action plans and performance monitoring procedures resulting from the AIR. (Core)~~ [Moved to I.E.8.b).(2)]

I.E.11. ~~The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)~~

I.E.11.a) ~~The Special Review process must include a protocol that: (Core)~~

I.E.11.a).(1) ~~establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and, (Core)~~

I.E.11.a).(2) ~~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)~~

I.F. Residents, Fellows, and Faculty Members

I.F.1. The Sponsoring Institution and each of its programs must ensure a learning and working environment in which residents/fellows and faculty members have opportunities to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate. (Core) [Edited and moved from IV.A.]

Background and Intent: A Sponsoring Institution has flexibility to develop a format for its Resident/Fellow Forum that is well suited for the organizational structure and residents'/fellows' preferences. There are various structures that could support a compliant Resident/Fellow Forum, including in-person meetings, electronic communication mechanisms, and organized asynchronous or hybrid engagements that are inclusive of all residents/fellows. Regardless of the structure of the forum, it is to be provided in a manner that enables the participation of all residents/fellows as well as timeliness in communication, exchange of information, and presentation of concerns.

I.F.2. Resident/Fellow Forum: Sponsoring Institutions must provide all residents/fellows from within and across the Sponsoring Institution's programs with a structure for open communication and exchange of information with all other residents/fellows relevant to any aspect of GME and their learning and working environment, including an option to communicate and exchange information without the DIO, faculty members, or other administrators present, and an option to present concerns to the DIO and GMEC. (Core) [Edited and moved from II.C.1-3.]

I.F.3. The Sponsoring Institution must ensure that residents/fellows and faculty members have access to systems for reporting, in a protected manner that is free from reprisal: (Core)

I.F.3.a) patient care errors, adverse events, unsafe conditions, and near misses; (Core)

I.F.3.b) inadequate supervision and patient care accountability; and, (Core)

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I.F.3.c) 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)

II. ~~Institutional~~ Resources

Background and Intent: Due to differences in the scale and structure of GME operations, there is variability in the amount of salary support and resources needed to provide effective institutional GME administration. Individuals who are designated as institutional administrators and other administrative personnel may have professional titles that include, but are not limited to, assistant or associate DIO, GME director, accreditation specialist, or data analyst. When institutional administrators and other administrative personnel are assigned responsibilities outside institutional GME, the support and time dedicated to institutional GME administration responsibilities is to be clearly specified.

II.A. ~~Institutional GME Infrastructure and Operations:~~ The Sponsoring Institution must ensure that~~:~~ sufficient salary support and resources are provided for effective GME administration. (Core)

II.A.1. T~~t~~he DIO must be provided with ~~has~~ sufficient support and dedicated time to effectively carry out educational, administrative, and leadership responsibilities.~~;~~ (Core)

II.A.2. ~~the DIO engages in professional development applicable to responsibilities as an educational leader; and, (Core)~~

II.A.3. ~~sufficient salary support and resources are provided for effective GME administration. (Core)~~ [Moved and combined with II.A.]

II.A.4. The institutional administrator must be provided with sufficient support and dedicated time to fulfill the responsibilities for supporting institutional GME oversight and administration. (Core)

II.A.5. Administrative personnel supporting GME oversight or administrative functions of the Sponsoring Institution, the GMEC, and the PCLE(s) must be provided with sufficient support and dedicated time. (Core)

II.B. ~~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, including:

II.B.1. support and dedicated time for the program director~~(s)~~ to effectively carry out educational, administrative, and leadership responsibilities, as described in the Institutional, Common, and specialty-/subspecialty-specific Program Requirements, and Recognition Requirements; (Core)

II.B.2. support for program directors and core faculty members to ensure ~~both~~ effective supervision and quality resident/fellow education, and to engage

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in professional development activities applicable to educational leadership responsibilities; (Core)

II.B.3. ~~support for professional development applicable to program directors' and core faculty members' responsibilities as educational leaders; (Core)~~

II.B.4. support and time for ~~the~~ program coordinators to effectively carry out responsibilities; and, (Core)

II.B.5. resources, including space, technology, and supplies, to provide effective support for each of its ~~ACGME-accredited~~ programs. (Core)

II.C. ~~Resident/Fellow Forum: The Sponsoring Institution 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)~~ [Edited and moved to I.F.2.]

II.C.1. ~~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)~~

II.C.2. ~~Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present. (Core)~~ [Edited and moved to I.F.2.]

II.C.3. ~~Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC. (Core)~~ [Edited and moved to I.F.2.]

II.D. ~~Resident Salary and Benefits:~~ The Sponsoring Institution, in partnership with its ~~ACGME-accredited~~ programs and participating sites, must ~~provide~~ ensure that all residents/fellows are provided with financial support and benefits ~~to ensure~~ that ~~they are~~ enable them to fulfill their responsibilities in the ~~of their ACGME-accredited~~ program~~(s)~~. (Core)

II.E. The Sponsoring Institution must ensure that residents/fellows are provided with:

II.E.1. professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its 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); and, (Core)

II.E.2. advance written notice of any substantial change to the details of their professional liability coverage. (Core)

II.F. The Sponsoring Institution must ensure that:

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II.F.1. on the first day of insurance eligibility, health insurance benefits are provided for residents/fellows and their eligible dependents, and disability insurance benefits are provided for the residents/fellows; and, (Core)

II.F.2. if the first day of benefits eligibility is not the first day that residents/fellows are required to report, that residents/fellows are given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)

II.G. ~~Educational Tools~~

II.G.1. ~~Communication resources and technology: Faculty members and residents/fellows must have ready access to adequate communication resources and technological support. (Core)~~

II.G.2. ~~Access to medical literature: Faculty members and r~~Residents/fellows and faculty members must have ready access to adequate communication resources, ~~electronic medical literature databases and specialty-/subspecialty-specific and other appropriate~~ full-text medical literature, reference materials ~~in print or electronic format~~, and technological support. (Core)

II.H. ~~Support Services and Systems~~

II.H.1. ~~The Sponsoring Institution must provide support services and develop health care delivery systems to 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 reliance on residents/fellows to fulfill non-physician service obligations. These support services and systems must include: (Core)~~

II.H.1.a) ~~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)~~

II.H.1.b) ~~medical records available at all participating sites to support high quality and safe patient care, residents'/fellows' education, quality improvement and scholarly activities; and, (Core)~~

II.H.1.c) ~~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)~~

II.I. The Sponsoring Institution, in partnership with its program(s) and participating sites, must ensure:

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II.I.1. support services to minimize residents'/fellows' work that is extraneous to their program(s)' educational goals and objectives, and to ensure that residents'/fellows' educational experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations; (Core)

II.I.2. resident/fellow access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week; (Core)

II.I.3. resident/fellow and faculty member access to appropriate tools for self screening; (Core)

II.I.4. resident/fellow access to food during clinical and educational assignments; (Core)

II.I.5. 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)

II.I.6. safe transportation options for residents/fellows who may be too fatigued to safely return home on their own; (Core)

II.I.7. clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of human milk; (Core)

II.I.8. safety and security measures appropriate to the participating site; and, (Core)

II.I.9. accommodations for residents/fellows with disabilities, consistent with the policy(ies) of the Sponsoring Institution and participating sites and applicable laws. (Core)

III. Sponsoring Institution GME Policies and Procedures

III.A. The Sponsoring Institution must:

III.A.1. demonstrate adherence to all Sponsoring Institution GME policies and procedures; and, (Core)

III.A.2. ensure that all Sponsoring Institution GME policies and procedures are available for review by all residents and fellows at all times. (Core)

III.B. An applicant invited to interview for a resident/fellow position must be informed in writing of the terms, conditions, and benefits of appointment to the program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointment, to include salary, vacation and leave of absence policy, professional liability coverage, and disability and health insurance benefits. (Core)

III.C. 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, and monitor each of its programs with regard to implementation of terms and conditions of appointment. (Core)

III.C.1. The contract/agreement of appointment must directly contain or provide a reference to the following items:

III.C.1.a) resident/fellow responsibilities; (Core)

III.C.1.b) duration of appointment; (Core)

III.C.1.c) financial support for residents/fellows; (Core)

III.C.1.d) conditions for reappointment and promotion to a subsequent postgraduate year (PGY) level; (Core)

III.C.1.e) grievance and due process; (Core)

III.C.1.f) professional liability insurance, including a summary of pertinent information regarding coverage; (Core)

III.C.1.g) health insurance and disability insurance benefits for residents/fellows and their eligible dependents; (Core)

III.C.1.h) vacation and leave(s) of absence for residents/fellows, including medical, parental, and caregiver leave(s) of absence, and compliant with applicable laws; and, (Core)

III.C.1.i) institutional policies and procedures regarding resident/fellow clinical and educational work hours and moonlighting. (Core)

III.D. The Sponsoring Institution must have written policies that:

III.D.1. include procedures for resident/fellow recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements, if applicable, with monitoring of each program for compliance; (Core)

III.D.2. require each of its programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment; (Core)

III.D.3. ensure that a program 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 education and training, or when that resident/fellow will be dismissed; (Core)

III.D.4. outline the procedures for submitting and processing resident/fellow grievances at the program and institutional level that minimize conflicts of interest; (Core)

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III.D.5. provide 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, or dismissal; (Core)

III.D.6. address moonlighting, specifying that:

III.D.6.a) residents/fellows are not required to engage in moonlighting; (Core)

III.D.6.b) written permission from the program director is required for a resident/fellow to moonlight; (Core)

III.D.6.c) a 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)

III.D.6.d) the Sponsoring Institution or individual programs may prohibit moonlighting by residents/fellows; (Core)

III.D.7. address vacation and leaves of absence, consistent with applicable laws, and: (Core)

III.D.7.a) 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 a program, starting the day the resident/fellow is required to report; (Core)

III.D.7.b) 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)

III.D.7.c) 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)

III.D.7.d) 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)

III.D.7.e) describe the process for submitting and approving requests for leaves of absence; and, (Core)

III.D.7.f) ensure that each of its 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)

III.D.8. address interactions between representatives of vendors/corporations and residents/fellows and each of its programs; (Core)

III.D.9. state that neither the Sponsoring Institution nor any of its programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant; (Core)

III.D.10. address substantial disruptions in patient care or education, including: (Core)

Background and Intent: Occasionally, disruptions in patient care or education result in extraordinary circumstances for GME in Sponsoring Institutions, programs, and participating sites. There are multiple potential causes for these extraordinary circumstances, or circumstances that significantly alter the ability of a Sponsoring Institution, its programs, and its participating sites to support GME. The ACGME developed policies and procedures for addressing extraordinary circumstances in the mid-2000s after the impact of Hurricane Katrina disrupted GME in New Orleans, leading to the temporary and permanent transfer of many residents and fellows who were able to continue their education in other ACGME-accredited programs. Since that time, ACGME extraordinary circumstances policies have been invoked if a participating site for GME abruptly closes, such as when bankruptcy caused the displacement of more than 500 Hahnemann University Hospital residents and fellows in 2019. The ACGME implemented policies and procedures for extraordinary circumstances at a national scale in 2020 when the COVID-19 pandemic disrupted GME across the US.

The proactive inclusion of the DIO and other institutional leaders in organizational responses to substantial disruptions protects patients and residents. Robust institutional policies and procedures are needed to ensure appropriate planning, oversight, support, and communication in the event of a substantial disruption in patient care or education in a Sponsoring Institution or any of its programs or participating sites. The 2025 Institutional Requirements describe the essential components of an institutional GME policy that is compatible with the ACGME Policies and Procedures, and establishes a commitment to assist residents and fellows while protecting them from negative effects on their education in ACGME-accredited programs. This institutional policy will focus on addressing substantial disruptions that affect an organization's ability to continue GME operations on a temporary or permanent basis, which may or may not be associated with invocation of ACGME policies and procedures regarding extraordinary circumstances.

III.D.10.a) the authority of the DIO or designee to activate the substantial disruptions in patient care or education policy; (Core)

III.D.10.b) notification to the DIO within 30 days of any decision to close a participating site; (Core)

III.D.10.c) support for each of its programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education, consistent with the ACGME Policies and Procedures; (Core)

III.D.10.d) support for resident/fellow well-being during a substantial disruption; (Core)

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III.D.10.e) information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments; (Core)

III.D.10.f) assurance of regular and direct communication and engagement between the DIO and other organizational leaders during the response to the substantial disruption in patient care or education; and, (Core)

III.D.10.g) information about assistance for transfer of residents/fellows, including financial assistance provided by the Sponsoring Institution or participating sites. (Core)

III.D.11. address reductions in size or closure of any of its programs, or closure of the Sponsoring Institution, including:

III.D.11.a) notification of residents/fellows as soon as possible when there is a decision to reduce the size of or close one or more programs, or when it is decided to close the Sponsoring Institution; (Core)

III.D.11.b) allowance of residents/fellows already in an affected program(s) to complete their education at the Sponsoring Institution, or assistance for residents/fellows in enrolling in other program(s) in which they can continue their education; and, (Core)

III.D.11.c) GMEC oversight of the process. (Core)

III.E. The Sponsoring Institution and each of its participating sites must have policies and procedures, not necessarily GME-specific, addressing:

III.E.1. physician impairment; (Core)

III.E.2. sexual and other forms of harassment, which allow 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)

III.E.3. accommodations for disabilities consistent with all applicable laws and regulations; and, (Core)

III.E.4. prohibition of discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations. (Core)

III.F. The Sponsoring Institution must ensure that each clinical participating site maintains a policy regarding supervision of residents/fellows, and that each of its programs establishes a separate program-specific supervision policy, consistent with clinical participating site policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements. (Core)

IV. The Learning and Working Environment

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IV.A. ~~The Sponsoring Institution and each of its ACGME-accredited programs must 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)~~ [Edited and moved to I.F.1.]

IV.B. ~~The Sponsoring Institution is responsible for oversight and documentation of resident/fellow engagement in the following: (Core)~~

IV.C. Patient Safety: The Sponsoring Institution must ensure that residents/fellows have~~:~~ opportunities to contribute to root cause analyses or other similar risk-reduction processes. (Core)

IV.C.1.a) ~~access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal; and, (Core)~~

IV.C.1.b) ~~opportunities to contribute to root cause analysis or other similar risk-reduction processes. (Core)~~ [Moved and combined with IV.C.]

IV.D. Health Care Quality Improvement: The Sponsoring Institution must ensure that residents/fellows have~~:~~ opportunities to participate in quality improvement initiatives. (Core)

IV.D.1.a) ~~access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; and, (Core)~~

IV.D.1.b) ~~opportunities to participate in quality improvement initiatives. (Core)~~ [Moved and combined with IV.D.]

IV.D.2. ~~Transitions of Care: The Sponsoring Institution must:~~

IV.D.2.a) ~~facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care; and, (Core)~~

IV.D.2.b) ~~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)~~

IV.E. Teaming: The Sponsoring Institution must ensure that there are structured learning activities for residents, fellows, and faculty members incorporating interprofessional, team-based care. (Core)

IV.F. Supervision: ~~and Accountability:~~The Sponsoring Institution must oversee supervision of residents/fellows consistent with its policies and the policies of its program(s) and participating site(s). (Core)

IV.F.1.a) ~~The Sponsoring Institution must oversee:~~

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IV.F.1.a).(1) ~~supervision of residents/fellows consistent with institutional and program-specific policies; and, (Core)~~

IV.F.1.a).(2) ~~mechanisms by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal. (Core)~~

IV.F.2. ~~Clinical Experience and Education~~

IV.F.2.a) ~~The Sponsoring Institution must oversee:~~

IV.G. Well-Being: The Sponsoring Institution must:

IV.G.1. ~~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; and, (Core)~~

IV.G.2. oversee its program's(s') fulfillment of the 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)

IV.G.3. oversee systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows; and, ~~and,~~ (Core)

IV.G.3.a).(1) ~~an educational program for residents/fellows and faculty members in fatigue mitigation. (Core)~~

IV.G.4. encourage residents/fellows and faculty members to alert their program director, DIO, or other designated personnel or programs when they are concerned that a resident/fellow or faculty member may be displaying signs of burnout, depression, a substance use disorder, suicidal ideation, or potential for violence. (Core)

IV.H. Professionalism

IV.H.1. The Sponsoring Institution, in partnership with the program director(s) of its ~~ACGME-accredited~~ program(s) must:

IV.H.1.a) provide a culture of professionalism that supports patient safety and personal responsibility;~~.~~ and, (Core)

IV.H.1.b) educate residents/fellows and faculty members concerning the professional responsibilities of physicians. (Core)

IV.H.1.c) ~~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)~~

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IV.H.1.d) ~~The Sponsoring Institution must provide systems for education in and monitoring of:~~

IV.H.1.d).(1) ~~residents'/fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits; and, (Core)~~

IV.H.1.d).(2) ~~accurate completion of required documentation by residents/fellows. (Core)~~

IV.H.2. The Sponsoring Institution and its participating sites must ensure that its ~~ACGME-accredited~~ program(s) provide(s) a professional, equitable, 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)

IV.H.2.a) The Sponsoring Institution, in partnership with its ~~ACGME-accredited~~ program(s) and participating sites, 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)

IV.H.3. ~~Well-Being~~

IV.H.3.a) ~~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)~~

IV.H.3.b) ~~The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must educate faculty members and residents/fellows 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 those symptoms in themselves, and how to seek appropriate care. (Core)~~

IV.H.3.c) ~~The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must: (Core)~~

IV.H.3.c).(1) ~~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~~

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~~of burnout, depression, substance abuse, suicidal ideation, or potential for violence; (Core)~~

IV.H.3.c).(2) ~~provide access to appropriate tools for self screening; and, (Core)~~

IV.H.3.c).(3) ~~provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)~~

IV.H.3.d) ~~The Sponsoring Institution must ensure a healthy and safe clinical and educational environment that provides for: (Core)~~

IV.H.3.d).(1) ~~access to food during clinical and educational assignments; (Core)~~

IV.H.3.d).(2) ~~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)~~

IV.H.3.d).(3) ~~safe transportation options for residents/fellows who may be too fatigued to safely return home on their own; (Core)~~

IV.H.3.d).(4) ~~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)~~

IV.H.3.d).(5) ~~safety and security measures appropriate to the clinical learning environment site; and, (Core)~~

IV.H.3.d).(6) ~~accommodations for residents/fellows with disabilities, consistent with the Sponsoring Institution's policy. (Core)~~

IV.H.4. Diversity, Equity, and Inclusion: The Sponsoring Institution, in partnership with each of its programs and PCLE(s), must engage in practices that focus on ongoing, mission-driven, systematic recruitment and retention of a diverse and inclusive workforce of residents/fellows, faculty members, senior administrative staff members, and other relevant members of its GME community. (Core)

V. GME and Clinical Learning Environment Integration

Background and Intent: Relationships between Sponsoring Institutions and participating sites are growing increasingly complex, and the US health care system continues to be shaped by market and governmental interventions that directly affect health care organizations and GME operations. In this context, it has become necessary to assign accountability, authority, and responsibility for some aspects of GME within a PCLE.

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Section V specifies minimum requirements for GME and clinical learning environment integration, recognizing the role played by organizations serving as PCLEs in institutional oversight, support, and operations. These responsibilities require interprofessional partnership of leaders from the Sponsoring Institution and each of its PCLEs to ensure a coordinated approach to improvement of GME and the health system. By selecting one or very few participating sites as PCLEs, the Sponsoring Institution introduces the concepts of GME and clinical learning environment integration in a limited number of settings. Over time, it is anticipated that Sponsoring Institutions will foster GME and clinical learning environment integration at an increasing number of participating sites that become PCLEs, and at other participating sites that advance GME and clinical learning environment integration without the formal designation of a PCLE.

V.A. Patient Safety

V.A.1. At least annually, staff members of each PCLE with responsibility for patient safety and quality must solicit input regarding patient safety concerns from the GMEC. (Core)

Background and Intent: It has been 25 years since the National Academy of Medicine (then the Institute of Medicine) issued its report *To Err Is Human* (Institute of Medicine (US) Committee on Quality of Health Care in America. 2000. *To Err is Human: Building a Safer Health System*. Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson, eds. National Academies Press. PMID: 25077248). The report was a definitive statement of patient safety concerns in US health care with clear recommendations for engaging the health care workforce in patient safety processes to improve patient care.

With early input from the CLER Program, the first Institutional Requirements related to patient safety were introduced in the early 2010s. Those requirements recognized the importance of experiential learning as residents/fellows learn to participate in implementing sustainable interprofessional solutions to patient safety issues that arise in everyday clinical care.

More recent findings from the CLER Program have indicated that while there has been progress in engaging residents and fellows in patient safety reporting, these changes have been insufficient to provide physicians with experiential learning that addresses educational and patient care needs.

The ACGME Pursuing Excellence Initiative conducted a learning collaborative in patient safety. It had several key observations. First, the goal of resident engagement in patient safety is not to increase resident reporting of patient safety events; rather, residents and fellows are much more interested in resolving the underlying causes for the safety event. The collaborative identified many opportunities for engaging residents in patient safety events if they examined low-harm and near-miss events. The collaborative also found that engagement needed to be one of active experiential learning in an interprofessional small group setting. Finally, engaging residents early in their program was both feasible and useful for getting residents actively engaged.

This requirement was developed to close the gap in resident engagement with patient safety and to enhance patient care. A PCLE that integrates GME provides robust experiential learning in patient safety for residents. Many health care organizations have existing activities, such as morbidity and mortality conferences, that may provide early learners with basic knowledge and initial exposure to patient safety concepts. For first-year residents, this

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exposure may provide introductory education prior to their participation in a real patient safety event investigation in the form of online modules, lectures, simulations, or morbidity and mortality conferences directed toward understanding patient safety. These pedagogical methods are not equivalent to residents' engagement in real-time, actual patient safety event analyses done in a timely fashion after an event and with a small enough interprofessional group to fully engage all participants in the discovery, analysis, action plan development, and monitoring of action plan implementation.

While all residents and fellows are expected to have opportunities to participate in risk reduction processes at every participating site, the Sponsoring Institution and PCLE(s) are responsible for ensuring that each first-year resident in the PCLE(s) is engaged in meaningful activities supporting patient safety. Authentic analyses need not be limited to serious safety events. The analysis of near misses, close calls, and safety events that did not cause harm to patients may optimize the participation of first-year residents, reserving participation in analysis of events in which patients were harmed for more senior residents and fellows.

V.A.2. Each PCLE must ensure that each resident who is new to that PCLE participates in a non-simulated interprofessional process addressing a real patient safety event. (Core) This must occur within the resident's first year of engagement in patient care at that PCLE, and include:

V.A.2.a) analysis; (Core)

V.A.2.b) action planning; (Core)

V.A.2.c) implementation of improvement; and, (Core)

V.A.2.d) evaluation of clinical care outcomes of implementing improvement. (Core)

Background and Intent: This new requirement is responsive to the US President's Council of Advisors on Science and Technology report to the President: *A Transformational Effort on Patient Safety*, issued September 2023. The report's recommendation 2.B identifies the need to create a learning ecosystem and shared accountability system to ensure that evidence-based practices are implemented and goals for reduced harms and risks of harm for every American are realized.

The CLER Program has indicated that participating sites for GME provide residents and fellows with experiential training opportunities in communicating and resolving patient safety events with patients and families; and these opportunities may ensure that residents and fellows are involved with faculty members in such disclosures relating to patients to whom they have provided care. In recent years, health care organizations have widened their focus by creating programs that address physicians' communication and resolution of issues in care with patients, families, and caregivers, irrespective of whether harm has occurred. There are examples of nationally recognized communication and resolution programs that have been well studied.

PCLEs need to engage clinical care team members, including residents and fellows, in programs that provide emotional support after safety events in which a patient is harmed by their health care. General well-being or employee assistance programs may not be specially designed to manage the complex needs of care practitioners after a patient is harmed.

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Additionally, CLER visits have identified many participating sites with safety cultures that are challenged by the interactions between clinical patient safety and risk management programs. In some participating sites, these two different important functions are consolidated in a single program even though clinical patient safety and risk management have differing primary functions. To make further progress in creating cultures of safety, PCLEs and other participating sites will need to clarify and balance the respective functions of patient safety and risk management. Programs responding to care events will establish roles for both patient safety and risk management that are transparent to residents, fellows, and faculty members, and enable them to engage appropriately with patients, families, and caregivers while contributing to health care improvement.

V.A.3. At each PCLE, there must be a program for responding to harm events that includes the residents, fellows, and faculty members. (Core) The program must include residents/fellows and faculty members in:

V.A.3.a) communicating and seeking resolution with patients and families following a harm event; and, (Core)

V.A.3.b) support provided to clinicians following a harm event. (Core)

V.A.4. At each PCLE, there must be policies and procedures outlining actions taken after the occurrence of a patient safety event, with or without harm, and distinguishing the role of the clinical patient safety program from the role of risk management. Residents, fellows, and faculty members must be provided with education on these policies and procedures. (Core)

V.B. Health Care Quality

V.B.1. Each PCLE must have a patient safety and quality plan that integrates GME. (Core) The plan must:

V.B.1.a) describe the roles of residents and fellows, and their participation in the plan; (Core)

V.B.1.b) establish accountability and oversight; (Core)

V.B.1.c) include a timeline and monitoring procedures for implementing the plan and evaluating progress toward goals; (Core)

V.B.1.d) provide residents and fellows with opportunities to participate in any existing surveys of the culture of patient safety in the PCLE; (Core)

V.B.1.e) include the goals of integrating GME and patient safety and quality programs; and, (Core)

V.B.1.f) specify how the PCLE will work with the Sponsoring Institution to provide data for quality performance and ensure interpretation of the data in the context of the PCLE. (Core)

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V.B.2. Each PCLE must:

V.B.2.a) provide current information to residents, fellows, and faculty members regarding community health care needs assessments conducted by the PCLE; (Core)

V.B.2.b) provide residents and fellows with the opportunity to engage in clinical learning environment-led activities resulting from these assessments; (Detail)

Background and Intent: The Sponsoring Institution 2025 initiative recommended that Sponsoring Institutions offer enhanced interdisciplinary and multidisciplinary educational programming and experiences for residents and fellows that support the development of physicians in their professional roles, including clinical leadership skills. Health care organizations have many ways to develop clinical leadership. It is recognized that it is essential to ensure that these programs are available within each Sponsoring Institution.

In order to optimize health systems for learning, each PCLE will ensure that interested residents and fellows have equitable access to clinical leadership development programs. These programs will provide broad exposure across the health care organization, and will be viewed as a supplement to, and not a substitute for, any leadership programs offered within clinical departments or specialty areas of the PCLE. In PCLEs providing multispecialty patient care services, access to the program may not be limited to residents or fellows in specific specialty or subspecialty programs.

V.B.2.c) provide residents and fellows with opportunities to participate in a longitudinal clinical leadership development program or pathway; (Core)

V.B.2.d) maintain a central repository of the site's clinical quality improvement projects, including identification of resident- and fellow-led projects and monitoring of project statuses and outcomes; and, (Core)

Background and Intent: Organizational financial stability affects clinical and educational operations, and decisions regarding commitment to GME need to be informed by the financial performance of a PCLE.

V.B.2.e) provide information at least annually to the DIO and the GMEC regarding the health care organization's financial performance as it relates to the status of organizational operations and the safety and quality of patient care. (Core)

Background and Intent: It is well established that there are social and environmental factors that place populations at risk for disparities in health and health care. Organizational recognition of these issues and educational programming provide an important early step toward organizational improvement that addresses important related issues such as structural racism, implicit bias, cultural humility, and health and health care equity.

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In addition to any educational efforts in this area, PCLEs need to pursue the implementation of performance-based measurements that are relevant both to patient care provided by residents, fellows, and faculty members and to health care equity for populations served by the PCLE.

V.B.3. Each PCLE, in collaboration with the Sponsoring Institution, must:

V.B.3.a) provide all residents/fellows with longitudinal training in the areas of: (Core)

V.B.3.a).(1) the effect of bias in health care delivery; (Core)

V.B.3.a).(2) cultural humility; (Core)

V.B.3.a).(3) health and health care equity relevant to the patient populations served by the PCLE; and, (Core)

V.B.3.a).(4) the impact of racism and other societal factors on health care delivery and health outcomes. (Core)

Background and Intent: Resident, fellow, and faculty member engagement in interprofessional quality improvement is to be aligned and integrated with a PCLE's priorities for sustained improvements in patient care. Sponsoring Institution and PCLE leaders are responsible for ensuring that residents, fellows, and faculty members experience complete cycles of improvement, including the steps of measuring the success of the improvement activities, and modifying the actions to address subsequent quality improvement cycles (i.e., plan, do, study, act), as warranted.

V.B.4. Each PCLE, in partnership with the DIO and program directors, must:

V.B.4.a) engage residents, fellows, and faculty members in quality improvement educational activities that address PCLE quality improvement metrics or systems-based challenges; and, (Core)

V.B.4.b) ensure that residents, fellows, and faculty members actively engage in interprofessional continuous quality improvement that is aligned with PCLE priorities. (Core)

V.C. Care Transitions

Background and Intent: In partnership with residency and fellowship programs, leaders of Sponsoring Institutions and PCLEs participate in the oversight of resident/fellow transitions of patient care between settings (e.g., transfers of patient care between services or facilities), recognizing their importance to patient safety and teaming. The standardization of transitions does not denote the creation of a single or uniform process. Clicinal learning environments and their GME community will be encouraged to find solutions that standardize essential properties of processes to transition patient care between settings while allowing for additional specialty- or unit-specific components as needed. The interprofessional working group applies an integrated perspective to the oversight of patient care transitions in the PCLE.

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In patient care settings, active strategies for reviewing and revising transition-of-care related policies and procedures involve input from residents, fellows, faculty members, and other members of the care team. These transitions involve care team workflow, patient throughput, medication reconciliation, and interprofessional care planning. Passive strategies include periodic review of patient safety event reports and patient safety event investigations in which care transitions or communication issues are contributing factors, including any resulting actions taken and their effectiveness.

All transitions in patient care are points of vulnerability, posing inherent risks for patient safety due to incomplete or inadequate communication. As such, the PCLE's approach to optimizing care transitions benefits from the engagement of multiple interprofessional team members in developing, maintaining, monitoring, and enforcing relevant policies and procedures.

V.C.1. The leadership of the Sponsoring Institution must meet periodically with the interprofessional working group of each PCLE to:

V.C.1.a) review resident/fellow hand-offs, addressing standardization, oversight, and continuous quality improvement. (Core)

V.C.1.b) review and revise policies and procedures for transitions between patient care settings in which residents/fellows are involved, including review of both active and passive strategies. (Core)

V.D. Supervision

Background and Intent: Patient care requires the combined efforts of a team of various professionals. Although physicians have primary responsibility for supervising and overseeing care provided by residents and fellows, many clinical care team members, through their participation in patient care, are able to contribute important insights regarding the quality of resident/fellow supervision and identify opportunities for enhanced GME oversight. If institutional oversight of resident/fellow supervision is not integrated with the clinical learning environment, executive leaders may only learn of deficiencies if they rise to the level of patient harm. Just as health care organizations' analyses of near misses and close calls will be used to prevent harm to patients, GME and PCLE leaders will engage in proactive surveillance and communication related to the supervision of residents and fellows, with measurable actions focused on ameliorating potential supervision issues. Tools such as joint goal-setting exercises; follow-up to see if goals were achieved and root causes of challenges were identified; dashboards; and regularly scheduled meetings can build relationships and facilitate a shared vision among GME and clinical learning environment leaders. Therefore, it is important for oversight of supervision to be informed by an interprofessional working group within a PCLE. This oversight will be:

- proactive, seeking out and anticipating issues before they arise, with annual goal setting and monitoring to guide progress toward meeting goals, and improvements in supervision as warranted;
- timely, with regard to exchanging and acting upon information about newly identified issues and concerns; and,
- integrative, examining the impact on GME and clinical learning environment joint efforts to optimize patient safety, professionalism, and well-being.

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In partnership with residency and fellowship programs, interprofessional leadership of a PCLE evaluates the impact of resident and fellow supervision on patient safety, professionalism, and well-being. Interprofessional oversight of GME supervision recognizes the roles and contributions of multiple professions in clinical learning environments, and, by engaging a PCLE's leaders, enhances communication with interprofessional teams and facilitates support for the evaluation and enhancement of supervision at the program level. Evaluations of GME supervision will include input from frontline care practitioners and should focus on the identification of general themes and issues based on analyses of aggregated data, without identifying specific residents, fellows, or faculty members.

When implementing information systems for verification of the level of supervision required for residents and fellows to perform patient procedures, PCLEs are encouraged to engage interprofessional teams in determining the level of detail required to make the databases functional, as indicated by the provision of necessary information to care team members and assurance that members of the care team are able to use the systems during episodes of patient care.

V.D.1. The Sponsoring Institution and interprofessional working group of each PCLE must:

V.D.1.a) engage in purposeful regular collaboration around GME supervision that is proactive, timely, and integrative; (Core)

V.D.1.b) ensure that each PCLE periodically conducts an evaluation of GME supervision that solicits input and feedback from various interprofessional members of the clinical care team; and, (Core)

V.D.1.c) ensure systems for verification of the level of supervision required for residents and fellows to perform patient procedures that: (Core)

V.D.1.c).(1) set expectations for use of the systems; (Detail)

V.D.1.c).(2) provide the clinical care team with training to use the systems; and, (Detail)

V.D.1.c).(3) monitor and improve the use of the systems. (Detail)

V.E. Patient Care Systems and Resident, Fellow, and Faculty Member Well-Being

Background and Intent: The ACGME Common Program Requirements and Institutional Requirements have increasingly recognized shared responsibilities of Sponsoring Institutions and programs related to resident and fellow well-being. Sponsoring Institutions and PCLEs share responsibility for well-being at an organizational level by identifying and addressing health care systems issues (e.g., prolonged wait times and delays, ineffective communications or workflow, high workforce turnover) that affect the well-being of residents and fellows as well as other members of clinical care teams.

V.E.1. The Sponsoring Institution, in partnership with the interprofessional working group of each PCLE and the leaders of organization-wide well-being efforts, must establish a process of regular GMEC review of issues

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affecting resident, fellow, and faculty physician well-being, addressing the patient care systems-based factors that contribute to acute and chronic fatigue and burnout. (Core)

V.E.2. The interprofessional working group of each PCLE must provide the governance of the PCLE with an annual report of well-being issues affecting residents, fellows, and faculty members, including related follow-up assessments, improvement actions, and evaluation of efforts. (Core)

V.F. Professionalism

Background and Intent: Professional values are shared among physicians, across various members of clinical care teams, and within health care organizations. To ensure patient safety and health care quality, Sponsoring Institutions and PCLEs share responsibility for promoting these professional values with clear expectations and commitment backed by interventions when persistent unprofessional behavior is identified. It is essential that leaders of a PCLE, in cooperation with a Sponsoring Institution's GMEC, regularly convene conversations about the organization's role in supporting professionalism. These conversations will include representatives from the GME community (e.g., DIOs, program directors, residents, and fellows), other members of health care teams, and patient representatives (e.g., representatives from a PCLE's patient advisory council or equivalent) with a focus on advancing professionalism and optimizing the environment for residents, fellows, and the other members of the clinical care team. In this context, the organization's role in supporting professionalism in the PCLE can provide a basis for interprofessional learning. To achieve this goal, Sponsoring Institution and PCLE leaders define and communicate core professional values, and evaluate PCLE performance in realizing those values. Professionalism issues may involve various members of the clinical care team, and the engagement of human resources personnel in these conversations is beneficial. Aggregated findings pertaining to professionalism at the organizational level will be communicated within a PCLE, and will be included in the annual report of the AIR provided to the Sponsoring Institution's governing body and the chief executive officer(s) of the PCLE(s).

V.F.1. The Sponsoring Institution, in partnership with the interprofessional working group of each PCLE, must:

V.F.1.a) establish a joint process of regular GMEC review of persistent professionalism issues within the clinical care environment that affect resident and fellow education and patient safety, including the following topics: (Core)

V.F.1.a).(1) interprofessional interactions; (Detail)

V.F.1.a).(2) issues identified by the PCLE's patients and their families; (Detail)

V.F.1.a).(3) issues identified by the PCLE's residents and fellows and medical staff; and, (Detail)

V.F.1.a).(4) performance in meeting the PCLE's expectations for disclosure of conflicts of interest by faculty members at the start of each resident's/fellow's clinical rotation. (Detail)

V.F.1.b) report aggregated, deidentified summarized findings of GMEC reviews of persistent professionalism issues annually to PCLE governance, including improvement actions and an evaluation of their efficacy. (Core)

Background and Intent: Medical staff by-laws set clear expectations for faculty member and other medical staff supervision and education of residents and fellows. These formal expectations will guide faculty member and medical staff interactions with learners and other members of the interprofessional care team.

V.F.2. The medical staff by-laws or equivalent of each PCLE must define the roles and responsibilities of faculty members and other medical staff physicians who serve in teaching roles. (Core)

Background and Intent: Unaddressed conflicts of interest in health care organizations erode trust among health care providers and patients. As health care operations and financing become more complex, new types of conflicts are challenging organizations and physicians to balance the needs of patients and communities with individual and corporate self-interest. Organizational responses to conflicts of interest may be internalized by residents and fellows as part of their professional formation. To promote a professional setting for GME, interprofessional leaders of a Sponsoring Institution and a PCLE have a responsibility to identify conflicts at an individual and organizational level. Recording the conflicts of interest within a PCLE is necessary step in mitigating potential harm to resident and fellow education and patient care.

V.F.3. The interprofessional working group of each PCLE, the DIO, and the GMEC must develop an annual list of perceived organizational and personal conflicts of interests of medical staff members that may have a substantial adverse effect on GME performance. (Core)

Background and Intent: Residents, fellows, and faculty members are key contributors to a PCLE's disaster response. GME and PCLE leaders will work together in planning, preparedness, and management to ensure the appropriate engagement with programs. GME and PCLE integration facilitates the safe participation of residents, fellows, and faculty members when caring for patients during a disaster.

V.G. Disaster Planning, Preparedness, and Management: The DIO or designee must be part of the disaster planning, preparedness, and management program at each PCLE. (Core)

VI. ~~Institutional GME Policies and Procedures~~

VI.A. ~~The Sponsoring Institution must demonstrate adherence to all institutional graduate medical education policies and procedures. (Core)~~

VI.B. ~~Resident/Fellow Appointments~~

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VI.B.1. ~~The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME-accredited programs for compliance. (Core)~~

VI.B.2. ~~An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)~~

VI.B.2.a) ~~graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or, (Core)~~

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

VI.B.2.c) ~~graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: (Core)~~

VI.B.2.c).(1) ~~holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or, (Core)~~

VI.B.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. (Core)~~

VI.B.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 the applicant's eventual appointments. (Core)~~

VI.B.3.a) ~~Information that is provided must include:~~

VI.B.3.a).(1) ~~stipends, benefits, professional liability coverage, and disability insurance accessible to residents/fellows; (Core)~~

VI.B.3.a).(2) ~~institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence; and, (Core)~~

VI.B.3.a).(3) ~~health insurance accessible to residents/fellows and their eligible dependents. (Core)~~

VI.C. ~~Agreement of Appointment/Contract~~

VI.C.1. ~~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 programs with regard to implementation of terms and conditions of appointment. (Core)~~

VI.C.2. ~~The contract/agreement of appointment must directly contain or provide a reference to the following items: (Core)~~

VI.C.2.a) ~~resident/fellow responsibilities; (Core)~~

VI.C.2.b) ~~duration of appointment; (Core)~~

VI.C.2.c) ~~financial support for residents/fellows; (Core)~~

VI.C.2.d) ~~conditions for reappointment and promotion to a subsequent PGY level; (Core)~~

VI.C.2.e) ~~grievance and due process; (Core)~~

VI.C.2.f) ~~professional liability insurance, including a summary of pertinent information regarding coverage; (Core)~~

VI.C.2.g) ~~health insurance benefits for residents/fellows and their eligible dependents; (Core)~~

VI.C.2.h) ~~disability insurance for residents/fellows; (Core)~~

VI.C.2.i) ~~vacation and leave(s) of absence for residents/fellows, including medical, parental, and caregiver leave(s) of absence, and compliant with applicable laws; (Core)~~

VI.C.2.j) ~~timely notice of the effect of leave(s) of absence on the ability of residents/fellows to satisfy requirements for program completion; (Core)~~

VI.C.2.k) ~~information related to eligibility for specialty board examinations; and, (Core)~~

VI.C.2.l) ~~institutional policies and procedures regarding resident/fellow clinical and educational work hours and moonlighting. (Core)~~

VI.D. ~~Promotion, Appointment Renewal and Dismissal~~

VI.D.1. ~~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)~~

VI.D.1.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~~

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resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed. (Core)

VI.D.1.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; or dismissal. (Core)

VI.E. 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)

VI.F. Professional Liability Insurance

VI.F.1. 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)

VI.F.2. The Sponsoring Institution must ensure that residents/fellows are provided with: (Core)

VI.F.2.a) official documentation of the details of their professional liability coverage before the start date of resident/fellow appointments; and, (Core)

VI.F.2.b) written advance notice of any substantial change to the details of their professional liability coverage. (Core)

VI.G. Health and Disability Insurance

VI.G.1. 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. (Core)

VI.G.1.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 advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)

VI.G.2. The Sponsoring Institution must ensure that residents/fellows are provided with disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility. (Core)

VI.G.2.a) If the first day of disability insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information

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regarding interim coverage so that they can purchase coverage if desired. (Core)

VI.H. Vacation and Leaves of Absence

VI.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: (Core)

VI.H.1.a) 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; (Core)

VI.H.1.b) 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)

VI.H.1.c) 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)

VI.H.1.d) 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)

VI.H.1.e) describe the process for submitting and approving requests for leaves of absence; (Core)

VI.H.1.f) be available for review by residents/fellows at all times; and, (Core)

VI.H.1.g) 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)

VI.I. Resident Services

VI.I.1. Behavioral Health: The Sponsoring Institution must ensure that residents/fellows are provided with access to confidential counseling and behavioral health services. (Core)

VI.I.2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. (Core)

VI.I.3. 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)~~

VI.I.4. ~~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)~~

VI.I.5. ~~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)~~

VI.J. ~~Supervision~~

VI.J.1. ~~The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows.~~ ~~(Core)~~

VI.J.2. ~~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 specialty-/subspecialty-specific Program Requirements.~~ ~~(Core)~~

VI.K. ~~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)~~

VI.K.1. ~~Moonlighting: The Sponsoring Institution must maintain a policy on moonlighting that includes the following:~~

VI.K.1.a) ~~residents/fellows must not be required to engage in moonlighting;~~ ~~(Core)~~

VI.K.1.b) ~~residents/fellows must have written permission from their program director to moonlight;~~ ~~(Core)~~

VI.K.1.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)~~

VI.K.1.d) ~~the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows.~~ ~~(Core)~~

VI.L. ~~Vendors: The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs.~~ ~~(Core)~~

VI.M. ~~Non-competition: The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs~~

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will require a resident/fellow to sign a non-competition guarantee or restrictive covenant. (Core)

VI.N. Substantial Disruptions in Patient Care or Education: The Sponsoring Institution must maintain a policy consistent with 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)

VI.N.1. This policy must include information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments. (Core)

VI.O. 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: (Core)

VI.O.1. 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 programs, or when the Sponsoring Institution intends to close; and, (Core)

VI.O.2. 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)

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*__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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