

Requirement	Subject to Citation July 1, 2025	Subject to Citation July 1, 2026	Subject to Citation July 1, 2027	Subject to Citation July 1, 2028
<b>I. Structure for Educational Oversight</b>				
<b>I.A. Sponsoring Institution</b>				
I.A.1. Residency and fellowship programs accredited by the ACGME must function under the ultimate authority and oversight of one Sponsoring Institution. <small>(Core)</small>	X			
I.A.2. 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 programs. <small>(Core)</small>	X			
I.A.3. A written statement of commitment must be reviewed, dated, and signed at least once every three 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. <small>(Core)</small>		X		
I.A.3.a) The statement of commitment must document the Sponsoring Institution's commitment to graduate medical education (GME) by ensuring the provision of necessary administrative, educational, financial, human, and clinical resources, and by adhering to Sponsoring Institution GME policies and procedures. <small>(Core)</small>		X		
I.A.4. The Sponsoring Institution must complete a Self-Study prior to its 10-Year Accreditation Site Visit. <small>(Core)</small>	X			
I.A.5. 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 <small>(Outcome)</small>	X			
<b>I.B. Participating Sites</b>				
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. <small>(Core)</small>	X			

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I.B.2. Any clinical participating site of a Sponsoring Institution must be approved to provide patient care by accreditation and regulatory authority(ies) for the type(s) of clinical services available at the location of the clinical participating site. (Outcome)	X			
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. (Outcome)	X			
I.B.3. When a clinical participating site loses approval to provide patient care 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)	X			
I.B.4. The Sponsoring Institution must identify at least one PCLE that has: (Core)		X		
I.B.4.a) an executive leadership team with responsibility for the PCLE's GME strategy, vision, and programmatic changes; (Core)		X		
I.B.4.b) a chief executive officer or equivalent who provides an addendum to the Statement of Commitment affirming the PCLE's support of GME; (Detail)		X		
I.B.4.c) opportunities for GME leaders to regularly interact with executive leaders with authority and responsibility for patient care in that PCLE; (Core) and,		X		
I.B.4.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:		X		
I.B.4.d).(1) the quality and safety leader(s); (Core)		X		

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I.B.4.d).(2) the chief nursing officer or designee, or other leader of patient care services; <sup>(Core)</sup>		X		
I.B.4.d).(3) the chief medical officer or equivalent or designee; <sup>(Core)</sup> and,		X		
I.B.4.d).(4) the DIO or designee. <sup>(Core)</sup>		X		
<b>I.C. Designated Institutional Official (DIO)</b>				
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. <sup>(Core)</sup>	X			
I.C.2. The DIO must:				
I.C.2.a) engage in professional development applicable to responsibilities as an educational leader in healthcare; <sup>(Core)</sup>	X			
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 required assignment for residents/fellows in the program; <sup>(Core)</sup>	X			
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; <sup>(Core)</sup>	X			
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; <sup>(Core)</sup> and,	X			
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). <sup>(Core)</sup>		X		
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		X		

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executive leaders related to the PCLE's strategy, vision, and patient care services. <small>(Core)</small>				
<b>I.D. Institutional GME Administration</b>				
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. <small>(Core)</small>			X	
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). <small>(Core)</small>			X	
<b>I.E. Graduate Medical Education Committee (GMEC)</b>				
I.E.1 Sponsoring Institutions must have a GMEC that includes at least the following voting members:	X			
I.E.1.a) the DIO; <small>(Core)</small>	X			
I.E.1.b) at least two program directors from its programs, or the only program director, if applicable; <small>(Core)</small>	X			
I.E.1.c) a minimum of two peer-selected residents/fellows from its program(s) and, <small>(Core)</small>	X			
I.E.1.d) for each PCLE, a member of the executive leadership who is responsible for monitoring quality and patient safety, or a designee. <small>(Core)</small>		X		
I.E.2. The GMEC must meet at least once every quarter during each academic year. <small>(Core)</small>	X			
I.E.3. Each meeting of the GMEC must include attendance by at least one peer-selected, voting resident/fellow member. <small>(Core)</small>	X			
I.E.4. The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities for oversight, review, and approval. <small>(Core)</small>	X			
I.E.5 The GMEC must not receive or discuss identifiable information about the assessment of individual residents or fellows. <small>(Core)</small>		X		

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I.E.6. The GMEC must oversee:				
I.E.6.a) the quality of the GME learning and working environment for each program and each participating site; (Outcome)	X			
I.E.6.b) institutional accreditation, including an AIR summarized in an annual report that documents: (Outcome)	X			
I.E.6.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)	X			
I.E.6.b).(2) action plans and performance monitoring procedures resulting from the AIR. (Outcome)	X			
I.E.6.c) program accreditation and recognition, including: (Core)	X			
I.E.6.c).(1) annual program evaluations of all programs, and; (Core)	X			
I.E.6.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)	X			
I.E.6.d) annual recommendations to the administration of the Sponsoring Institution and its PCLE(s) regarding resident and fellow stipends and benefits; (Core)	X			

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I.E.6.e) 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:	X			
I.E.6.e).(1) address non-compliance with ACGME requirements in a timely manner; (Core) and,	X			
I.E.6.e).(2) do not depend only on reports from program directors and coordinators; (Core)		X		
I.E.6.f) 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)			X	
I.E.6.g) all processes related to reductions in the resident/fellow complement of programs, and closures of programs, participating sites, and the Sponsoring Institution. (Core)	X			
I.E.7. The GMEC must review and approve:				
I.E.7.a) new and revised Sponsoring Institution GME policies and procedures; (Core)	X			
I.E.7.b) applications for ACGME accreditation and recognition of new programs, and requests for voluntary withdrawal of ACGME program accreditation and recognition; (Core)	X			
I.E.7.c) major changes in 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)	X			
I.E.7.d) requests for permanent resident/fellow complement changes; (Core)	X			
I.E.7.e) appointments of new program directors; (Core)	X			

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I.E.7.f) progress reports requested by Review Committees; and, <sup>(Core)</sup>	X			
I.E.7.g) requests for appeal of an adverse action by a Review Committee and appeal presentations to an ACGME Appeals Panel. <sup>(Core)</sup>	X			
<b>I.F. Residents, Fellows, and Faculty Members</b>				
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. <sup>(Core)</sup>	X			
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. <sup>(Core)</sup>	X	The IRC will begin citations for Sponsoring Institutions with only one program for the resident/fellow forum in 2026, recognizing that these Sponsoring Institutions have previously been exempted from this portion of the requirement.		
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: <sup>(Core)</sup>	X			
I.F.3.a) patient care errors, adverse events, unsafe conditions, and near misses; <sup>(Core)</sup>	X			
I.F.3.b) inadequate supervision and patient care accountability; <sup>(Core)</sup> and,	X			
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. <sup>(Core)</sup>	X			
<b>II. Resources</b>				
II.A. The Sponsoring Institution must ensure that sufficient salary support and resources are provided for effective institutional GME administration. <sup>(Core)</sup>	X			

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II.A.1. The DIO must be provided with sufficient support and dedicated time to effectively carry out educational, administrative, and leadership responsibilities. <small>(Core)</small>	X			
II.A.2. The institutional administrator must be provided with sufficient support and dedicated time to fulfill the responsibilities for supporting institutional GME oversight and administration. <small>(Core)</small>			X	
II.A.3. 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. <small>(Core)</small>			X	
II.B. The Sponsoring Institution, in partnership with each of its programs, must ensure the availability of adequate resources for resident/fellow education, including:	X			
II.B.1. support and dedicated time for the program directors to effectively carry out educational, administrative, and leadership responsibilities, as described in the Institutional, Common, and specialty-/subspecialty-specific Program Requirements and Recognition Requirements; <small>(Core)</small>	X			
II.B.2. support for program directors and core faculty members to ensure effective supervision and quality resident/fellow education, and to engage in professional development activities applicable to educational leadership responsibilities; <small>(Core)</small>	X			
II.B.3. support and time for program coordinators to effectively carry out responsibilities; and, <small>(Core)</small>	X			
II.B.4. resources, including space, technology, and supplies, to provide effective support for each of its programs. <small>(Core)</small>	X			
II.C. The Sponsoring Institution, in partnership with its programs and participating sites, must ensure that all residents/fellows are provided with financial support and benefits that enable them to fulfill their responsibilities in the programs. <small>(Core)</small>	X			
II.D. The Sponsoring Institution must ensure that residents/fellows are provided with:				



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II.D.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, <sup>(Core)</sup>	X			
II.D.2. advance written notice of any substantial change to the details of their professional liability coverage. <sup>(Core)</sup>	X			
II.E. The Sponsoring Institution must ensure that:				
II.E.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, <sup>(Core)</sup>	X			
II.E.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. <sup>(Core)</sup>	X			
II.F. Residents/fellows and faculty members must have ready access to adequate communication resources, full-text medical literature, reference materials, and technological support. <sup>(Core)</sup>	X			
II.G. The Sponsoring Institution, in partnership with its program(s) and participating sites, must ensure:				
II.G.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; <sup>(Core)</sup>	X			
II.G.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; <sup>(Core)</sup>	X			
II.G.3. resident/fellow and faculty member access to appropriate tools for self screening; <sup>(Core)</sup>	X			

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II.G.4. resident/fellow access to food during clinical and educational assignments; <small>(Core)</small>	X			
II.G.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; <small>(Core)</small>	X			
II.G.6. safe transportation options for residents/fellows who may be too fatigued to safely return home on their own; <small>(Core)</small>	X			
II.G.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; <small>(Core)</small>	X			
II.G.8. safety and security measures appropriate to the participating site; and, <small>(Core)</small>	X			
II.G.9. accommodations for residents/fellows with disabilities, consistent with the policy(ies) of the Sponsoring Institution and participating sites and applicable laws. <small>(Core)</small>	X			
<b>III. Sponsoring Institution GME Policies and Procedures</b>				
III.A. The Sponsoring Institution must:				
III.A.1. demonstrate adherence to all Sponsoring Institution GME policies and procedures; <small>(Core)</small> and,	X			
III.A.2. ensure that all Sponsoring Institution GME policies and procedures are available for review by all residents and fellows at all times. <small>(Core)</small>		X		
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 appointments, to include salary, vacation and leave of absence policy, professional liability coverage, and disability and health insurance benefits. <small>(Core)</small>	X			
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. <small>(Core)</small>	X			

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III.C.1. The contract/agreement of appointment must directly contain or provide a reference to the following items: <i>(Core)</i>	X			
III.C.1.a) resident/fellow responsibilities; <i>(Core)</i>	X			
III.C.1.b) duration of appointment; <i>(Core)</i>	X			
III.C.1.c) financial support for residents/fellows; <i>(Core)</i>	X			
III.C.1.d) conditions for reappointment and promotion to a subsequent postgraduate year (PGY) level; <i>(Core)</i>	X			
III.C.1.e) grievance and due process; <i>(Core)</i>	X			
III.C.1.f) professional liability insurance, including a summary of pertinent information regarding coverage; <i>(Core)</i>	X			
III.C.1.g) health insurance and disability insurance benefits for residents/fellows and their eligible dependents; <i>(Core)</i>	X			
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, <i>(Core)</i>	X			
III.C.1.i) institutional policies and procedures regarding resident/fellow clinical and educational work hours and moonlighting. <i>(Core)</i>	X			
III.D. The Sponsoring Institution must have written policies that:	X			
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; <i>(Core)</i>	X			
III.D.2. require each of its programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment; <i>(Core)</i>	X			

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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; <sup>(Core)</sup>	X			
III.D.4. outline the procedures for submitting and processing resident/fellow grievances at the program and institutional level that minimize conflicts of interest; <sup>(Core)</sup>	X			
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; <sup>(Core)</sup>	X			
III.D.6. address moonlighting, specifying that:	X			
III.D.6.a) residents/fellows are not required to engage in moonlighting; <sup>(Core)</sup>	X			
III.D.6.b) written permission from the program director is required for a resident/fellow to moonlight; <sup>(Core)</sup>	X			
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, <sup>(Core)</sup>	X			
III.D.6.d) the Sponsoring Institution or individual programs may prohibit moonlighting by residents/fellows; <sup>(Core)</sup>	X			
III.D.7. address vacation and leaves of absence, consistent with applicable laws, and: <sup>(Core)</sup>	X			
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; <sup>(Core)</sup>	X			
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	X			

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approved medical, parental, or caregiver leave(s) of absence taken; <sup>(Core)</sup>				
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; <sup>(Core)</sup>	X			
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; <sup>(Core)</sup>	X			
III.D.7.e) describe the process for submitting and approving requests for leaves of absence; and, <sup>(Core)</sup>	X			
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). <sup>(Core)</sup>	X			
III.D.8. address interactions between representatives of vendors/corporations and residents/fellows and each of its programs; <sup>(Core)</sup>	X			
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; <sup>(Core)</sup>	X			
III.D.10. address substantial disruptions in patient care or education, including: <sup>(Core)</sup>	X			
III.D.10.a) the authority of the DIO or designee to activate the substantial disruptions in patient care or education policy <sup>(Core)</sup>		X		
III.D.10.b) notification to the DIO within 30 days of any decision to close a participating site; <sup>(Core)</sup>		X		
III.D.10.c) support for each of its programs and residents/fellows in the event of a	X			

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disaster or other substantial disruption in patient care or education, consistent with the ACGME Policies and Procedures; <sup>(Core)</sup>				
III.D.10.d) support for resident/fellow well-being during a substantial disruption; <sup>(Core)</sup>		X		
III.D.10.e) information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments; <sup>(Core)</sup>	X			
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; <sup>(Core)</sup> and,			X	
III.D.10.g) information about assistance for transfer of residents/fellows, including financial assistance provided by the Sponsoring Institution or participating sites. <sup>(Core)</sup>		X		
III.D.11. address reductions in size or closure of any of its programs, or closure of the Sponsoring Institution, including:	X			
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; <sup>(Core)</sup>	X			
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; <sup>(Core)</sup> and,	X			
III.D.11.c) GMEC oversight of the process. <sup>(Core)</sup>		X		
III.E. The Sponsoring Institution and each of its participating sites must have policies and procedures, not necessarily GME-specific, addressing:	X			
III.E.1. physician impairment; <sup>(Core)</sup>	X			

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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)	X			
III.E.3. accommodations for disabilities consistent with all applicable laws and regulations; and, (Core)	X			
III.E.4. prohibition of discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations. (Core)	X			
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)	X			
<b>IV. The Learning and Working Environment</b>				
IV.A. 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)	X			
IV.B. Health Care Quality Improvement: The Sponsoring Institution must ensure that residents/fellows have opportunities to participate in quality improvement initiatives. (Core)	X			
IV.C. Teaming: The Sponsoring Institution must ensure that there are structured learning activities for residents, fellows, and faculty members incorporating interprofessional, team-based care. (Core)		X		
IV.D. Supervision: 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)	X			
IV.E. Well-Being: The Sponsoring Institution must:				
IV.E.1 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)	X			

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IV.E.2 oversee systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows, and; <small>(Core)</small>	X			
IV.E.3. 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. <small>(Core)</small>	X			
<b>IV.F. Professionalism</b>				
IV.F.1. The Sponsoring Institution, in partnership with the program director(s) of its program(s), must:	X			
IV.F.1.a) provide a culture of professionalism that supports patient safety and personal responsibility; and, <small>(Core)</small>	X			
IV.F.1.b) educate residents/fellows and faculty members concerning the professional responsibilities of physicians. <small>(Core)</small>	X			
IV.F.2. The Sponsoring Institution and its participating sites must ensure that its program(s) provide(s) a professional, equitable, respectful, and civil environment that is free from unprofessional behavior. <small>(Core)</small>	X			
IV.F.2.a) The Sponsoring Institution, in partnership with its 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. <small>(Core)</small>	X			
IV.G. 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. <small>(Core)</small>	X			
<b>V. GME and Clinical Learning Environment Integration</b>				



Requirement	Subject to Citation July 1, 2025	Subject to Citation July 1, 2026	Subject to Citation July 1, 2027	Subject to Citation July 1, 2028
<b>V.A. Patient Safety</b>				
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)		X		
<p>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)</p> <p>This must occur within the resident's first year of engagement in patient care at that PCLE, and include:</p> <ul style="list-style-type: none"> <li>V.A.2.a) analysis; (Core)</li> <li>V.A.2.b) action planning; (Core)</li> <li>V.A.2.c) implementation of improvement; and, (Core)</li> <li>V.A.2.d) evaluation of clinical care outcomes of implementing improvement. (Core)</li> </ul>			Institutional Review Committee (IRC) will begin issuing citations if less than 50 percent of new residents are participating in patient safety event analysis	IRC will begin issuing citations if less than 90 percent of new residents are participating in patient safety event analysis
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:			X	
V.A.3.a) communicating and seeking resolution with patients and families following a harm event; and, (Core)			X	
V.A.3.b) support provided to clinicians following a harm event. (Core)			X	
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)			X	
<b>V.B. Health Care Quality</b>				
V.B.1. Each PCLE must have a patient safety and quality plan that integrates GME. (Core) The plan must:		X		
V.B.1.a) describe the roles of residents and fellows, and their participation in the plan; (Core)		X		
V.B.1.b) establish accountability and oversight; (Core)		X		

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V.B.1.c) include a timeline and monitoring procedures for implementing the plan and evaluating progress toward goals; <sup>(Core)</sup>		X		
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; <sup>(Core)</sup>		X		
V.B.1.e) include the goals of integrating GME and patient safety and quality programs; and, <sup>(Core)</sup>		X		
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. <sup>(Core)</sup>		X		
V.B.2. Each PCLE must:				
V.B.2.a) provide current information to residents, fellows, and faculty members regarding community healthcare needs assessments conducted by the PCLE; <sup>(Core)</sup>		X		
V.B.2.b) provide residents and fellows with the opportunity to engage in clinical learning environment-led activities resulting from these assessments; <sup>(Detail)</sup>			X	
V.B.2.c) provide residents and fellows with opportunities to participate in a longitudinal clinical leadership development program or pathway; <sup>(Core)</sup>				X
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, <sup>(Core)</sup>			IRC will begin issuing citations for maintaining a central repository	IRC will begin issuing citations for all components, including monitoring project statuses and outcomes
V.B.2.e) provide information at least annually to the DIO and the GMEC regarding the healthcare organization's financial performance as it relates to the status of organizational operations and the safety and quality of patient care. <sup>(Core)</sup>			X	
V.B.3. Each PCLE, in collaboration with the Sponsoring Institution, must:			X	

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V.B.3.a) provide all residents/fellows with longitudinal training in the areas of: <sup>(Core)</sup>			X	
V.B.3.a).(1) the effect of bias in health care delivery; <sup>(Core)</sup>			X	
V.B.3.a).(2) cultural humility; <sup>(Core)</sup>			X	
V.B.3.a).(3) health and health care equity relevant to the patient populations served by the PCLE; and, <sup>(Core)</sup>			X	
V.B.3.a).(4) the impact of racism and other societal factors on health care delivery, and health outcomes. <sup>(Core)</sup>			X	
V.B.4. Each PCLE, in partnership with the DIO and program directors, must:			X	
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; <sup>(Core)</sup> and,			X	
V.B.4.b) ensure that residents, fellows, and faculty members actively engage in interprofessional continuous quality improvement that is aligned with PCLE priorities. <sup>(Core)</sup>			X	
<b>V.C. Care Transitions</b>				
V.C.1. The leadership of the Sponsoring Institution must meet periodically with the interprofessional working group of each PCLE to:			X	
V.C.1.a) review resident/fellow hand-offs, addressing standardization, oversight, and continuous quality improvement. <sup>(Core)</sup>			X	
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. <sup>(Core)</sup>			X	
<b>V.D. Supervision</b>				
V.D.1. The Sponsoring Institution and interprofessional working group of each PCLE must:			X	
V.D.1.a) engage in purposeful regular collaboration around GME supervision that is proactive, timely, and integrative; <sup>(Core)</sup>			X	

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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, <sup>(Core)</sup>			X	
V.D.1.c) ensure systems for verification of the level of supervision required for residents and fellows to perform patient procedures that: <sup>(Core)</sup>			X	
V.D.1.c).(1) set expectations for use of the systems; <sup>(Detail)</sup>			X	
V.D.1.c).(2) provide the clinical care team with training to use the systems; and, <sup>(Detail)</sup>			X	
V.D.1.c).(3) monitor and improve the use of the systems. <sup>(Detail)</sup>			X	
<b>V.E. Patient Care Systems and Resident, Fellow, and Faculty Member Well-Being</b>				
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 affecting resident, fellow, and faculty physician well-being, addressing the patient care systems-based factors that contribute to acute and chronic fatigue and burnout. <sup>(Core)</sup>			X	
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. <sup>(Core)</sup>			X	
<b>V.F. Professionalism</b>				
V.F.1. The Sponsoring Institution, in partnership with the interprofessional working group of each PCLE, must:			X	
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: <sup>(Core)</sup>			X	
V.F.1.a).(1) interprofessional interactions; <sup>(Detail)</sup>			X	
V.F.1.a).(2) issues identified by the PCLE's patients and their families; <sup>(Detail)</sup>			X	

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V.F.1.a).(3) issues identified by the PCLE's residents and fellows and medical staff; and (Detail)			X	
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)			X	
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)			X	
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)			X	
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)			X	
<b>V.G. Disaster Planning, Preparedness, and Management:</b>				
V.G The DIO or designee must be part of the disaster planning, preparedness, and management program at each PCLE. (Core)		X		