

# ACGME Institutional Requirements

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## I INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES

### A. Sponsoring Institution

1. Residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must operate under the authority and control of one Sponsoring Institution. Institutional responsibility extends to resident assignments at all participating sites.
2. A Sponsoring Institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that its ACGME-accredited programs\* are in substantial compliance with the Institutional, Common and specialty-specific Program Requirements, and the ACGME Policies and Procedures.
3. A Sponsoring Institution's failure to maintain accreditation will jeopardize the accreditation of all its sponsored programs.

### B. Commitment to Graduate Medical Education (GME)

1. The Sponsoring Institution must provide graduate medical education (GME) that facilitates residents' professional, ethical, and personal development. The Sponsoring Institution and its GME programs, through curricula, evaluation, and resident supervision, must support safe and appropriate patient care.
2. A written statement must document the Sponsoring Institution's commitment to provide the necessary educational, financial, and human resources to support GME. It must be reviewed, dated, and signed by representatives of the Sponsoring Institution's governing body, administration, and GME leadership within at least one year prior to the institutional site visit.
3. An organized administrative system, led by a Designated Institutional Official (DIO) in collaboration with a Graduate Medical Education Committee (GMEC), must oversee all ACGME-accredited programs of the Sponsoring Institution.
4. The DIO and GMEC must have authority and responsibility for the oversight and administration of the Sponsoring Institution's programs and responsibility for assuring compliance with ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements.

- a) The DIO must establish and implement procedures to ensure that s/he, or a designee in the absence of the DIO, reviews and cosigns all program information forms and any documents or correspondence submitted to the ACGME by program directors (See III.B.10.a-k).
  - b) The DIO and/or the Chair of the GMEC must present an annual report to the Organized Medical Staff(s) (OMS) and the governing body(s) of the Sponsoring Institution. This report must also be given to the OMS and governing body of major participating sites that do not sponsor GME programs. This annual report will review the activities of the GMEC during the past year with attention to, at a minimum, resident supervision, resident responsibilities, resident evaluation, compliance with duty-hour standards, and resident participation in patient safety and quality of care education.
5. The Sponsoring Institution must provide sufficient institutional resources to ensure the effective implementation and support of its programs in compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements.
- a) The Sponsoring Institution must ensure that the DIO has sufficient financial support and protected time to effectively carry out his/her educational and administrative responsibilities to the Sponsoring Institution.
  - b) The Sponsoring Institution must ensure that program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs.
  - c) The Sponsoring Institution and the program must ensure sufficient salary support and resources (e.g., time, space, technology, supplies) to allow for effective administration of the GME Office and all of its programs.
6. Faculty and residents must have ready access to adequate communication resources and technological support.
7. Residents must have ready access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.

8. The Sponsoring Institution must have a policy that addresses administrative support for GME programs and residents in the event of a disaster or interruption in patient care. This policy should include assistance for continuation of resident assignments.

C. Institutional Agreements

1. The Sponsoring Institution retains responsibility for the quality of GME, including when resident education occurs in other sites.
2. Current master affiliation agreements must be renewed every five years and must exist between the Sponsoring Institution and all of its major participating sites. (See *ACGME Glossary* for definitions.)
3. The Sponsoring Institution must assure that each of its programs has established program letters of agreement with its participating sites in compliance with the Common Program Requirements.

D. Accreditation for Patient Care in Sponsoring and Major Participating Sites that Are Hospitals

1. Sponsoring Institutions and/or Major Participating Sites that are hospitals should be:
  - a) accredited by The Joint Commission;
  - b) accredited by another entity with reasonably equivalent standards as determined by the Institutional Review Committee (IRC);
  - c) accredited by another entity granted “deeming authority” for participation in Medicare under federal regulations;
  - d) certified as complying with the conditions of participation in Medicare set forth in federal regulations; or,
  - e) recognized by another entity with reasonably equivalent standards as determined by the IRC.
2. When a Sponsoring Institution or Major Participating Sites that is a hospital and is not so accredited or recognized, the Sponsoring Institution must provide an explanation satisfactory to the IRC of why neither has been granted or sought.

3. When a Sponsoring Institution or a Major Participating Sites that is a hospital loses its accreditation or recognition, the Sponsoring Institution must notify and provide a plan of response to the IRC within 30 days of such loss. Based on the particular circumstances, the IRC may request the ACGME to invoke its “egregious or catastrophic” policy.

## II INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS

- A. Eligibility and Selection of Residents: The Sponsoring Institution must have written policies and procedures for resident recruitment and appointment and must monitor each program for compliance. These eligibility requirements must address the following:
  1. Resident eligibility: Applicants with one of the following qualifications are eligible for appointment to programs:
    - a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
    - b) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
    - c) Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
      - (1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or,
      - (2) Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are training.
    - d) Graduates of medical schools outside the United States who have completed a Fifth Pathway\*\* program provided by an LCME-accredited medical school.
  2. Resident selection
    - a) The Sponsoring Institution must ensure that its ACGME-accredited programs select from among eligible applicants on the basis of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials,

communication skills, and personal qualities such as motivation and integrity. ACGME-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.

- b) In selecting from among qualified applicants, it is strongly suggested that the Sponsoring Institution and all of its programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available.
- B. Financial Support for Residents: Sponsoring and participating sites must provide all residents with appropriate financial support and benefits to ensure that they are able to fulfill the responsibilities of their educational programs.
- C. Benefits and Conditions of Appointment: Candidates for programs (applicants who are invited for an interview) must be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which the Sponsoring Institution provides call rooms, meals, laundry services, or their equivalents.
- D. Agreement of Appointment
- 1. The Sponsoring Institution and program directors must assure that residents are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program.
  - 2. The Sponsoring Institution must monitor programs with regard to implementation of terms and conditions of appointment by program directors.
  - 3. The Sponsoring Institution and program directors must ensure that residents are informed of and adhere to established educational and clinical practices, policies, and procedures in all sites to which residents are assigned.
  - 4. The resident agreement/contract must contain or provide a reference to at least the following institutional policies:

- a) Residents' responsibilities;
- b) Duration of appointment;
- c) Financial support; and,
- d) Conditions for reappointment
  - (1) Non-renewal of appointment or non-promotion: In instances where a resident's agreement will not be renewed, or when a resident will not be promoted to the next level of training, the Sponsoring Institution must ensure that its programs provide the resident(s) with a written notice of intent no later than four months prior to the end of the resident's current agreement. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the agreement, the Sponsoring Institution must ensure that its programs provide the resident(s) with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the agreement.
  - (2) Residents must be allowed to implement the institution's grievance procedures if they receive a written notice either of intent not to renew their agreement(s) or of intent to renew their agreement(s) but not to promote them to the next level of training.
- e) Grievance procedures and due process: The Sponsoring Institution must provide residents with fair, reasonable, and readily available written institutional policies and procedures for grievance and due process. These policies and procedures must minimize conflict of interest by adjudicating parties in addressing:
  - (1) Academic or other disciplinary actions taken against residents that could result in dismissal, non-renewal of a resident's agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident's intended career development; and,

- (2) Adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.
- f) Professional liability insurance
  - (1) The Sponsoring Institution must provide residents with professional liability coverage and with a summary of pertinent information regarding this coverage.
  - (2) Liability coverage must include legal defense and protection against awards from claims reported or filed after the completion of the program(s) if the alleged acts or omissions of the residents are within the scope of the program(s).
- g) Health and disability insurance: The Sponsoring Institution must provide hospital and health insurance benefits for the residents and their families. Coverage for such benefits should begin upon the first recognized day of their respective programs, unless statute or regulation requires a later date to begin coverage. The Sponsoring Institution must also provide access to insurance to all residents for disabilities resulting from activities that are part of the educational program.
- h) Leaves of absence
  - (1) The Sponsoring Institution must provide written institutional policies on residents' vacation and other leaves of absence (with or without pay) to include parental and sick leave; these policies must comply with applicable laws.
  - (2) The Sponsoring Institution must ensure that each program provides its residents with:
    - (a) a written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program, and;
    - (b) information relating to access to eligibility for certification by the relevant certifying board.

- i) Duty Hours: The Sponsoring Institution must have formal written policies and procedures governing resident duty hours. (See Common Program Requirements, VI)
  - j) Moonlighting
    - (1) The Sponsoring Institution must have a written policy that addresses moonlighting. The policy must:
      - (a) Specify that residents must not be required to engage in moonlighting;
      - (b) Require a prospective, written statement of permission from the program director that is included in the resident's file; and,
      - (c) State that the residents' performance will be monitored for the effect of these activities and that adverse effects may lead to withdrawal of permission.
    - (2) Sponsoring Institutions and program directors must closely monitor all moonlighting activities.
  - k) Counseling services: The Sponsoring Institution should facilitate residents' access to confidential counseling, medical, and psychological support services.
  - l) Physician impairment: The Sponsoring Institution must have written policies that describe how it will address physician impairment, including that due to substance abuse.
  - m) Harassment: The Sponsoring Institution must have written policies covering sexual and other forms of harassment.
  - n) Accommodation for disabilities: The Sponsoring Institution must have a written policy regarding accommodation, which would apply to residents with disabilities. This policy need not be GME-specific.
5. Closures and Reductions: The Sponsoring Institution must have a written policy that addresses a reduction in size or closure of a residency program or closure of the Institution. The policy must include the following:

- a) The Sponsoring Institution must inform the GMEC, the DIO, and the residents as soon as possible when it intends to reduce the size of or close one or more programs, or when the Sponsoring Institution intends to close; and,
  - b) The Sponsoring Institution must either allow residents already in the program(s) to complete their education or assist the residents in enrolling in an ACGME-accredited program(s) in which they can continue their education.
6. Restrictive Covenants: Neither the Sponsoring Institution nor its programs may require residents to sign a non-competition guarantee.

E. Resident Participation in Educational and Professional Activities

1. The Sponsoring Institution must ensure that each program provides effective educational experiences for residents that lead to measurable achievement of educational outcomes in the ACGME competencies as outlined in the Common and specialty/subspecialty-specific Program Requirements.
2. The Sponsoring Institution must ensure that residents:
  - a) Participate on committees and councils whose actions affect their education and/or patient care; and,
  - b) Participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.

F. Resident Educational and Work Environment

1. The Sponsoring Institution and its programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. Mechanisms to ensure this environment must include:
  - a) An organization or other forum for residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues.
  - b) A process by which individual residents can address concerns in a confidential and protected manner.

2. The Sponsoring Institution must provide services and develop health care delivery systems to minimize residents' work that is extraneous to their GME programs' educational goals and objectives. These services and systems must include:
  - a) Patient support services: Peripheral intravenous access placement, phlebotomy, and laboratory and transporter services must be provided in a manner appropriate to and consistent with educational objectives and quality patient care.
  - b) Laboratory/pathology/radiology services: Laboratory, pathology, and radiology services must be in place to support timely and quality patient care.
  - c) Medical records: A medical records system that documents the course of each patient's illness and care must be available at all times and must be adequate to support quality patient care, residents' education, quality assurance activities, and provide a resource for scholarly activity.
3. The Sponsoring Institution must ensure a healthy and safe work environment that provides for:
  - a) Food services: Residents must have access to appropriate food services 24 hours a day while on duty in all institutions.
  - b) Call rooms: Residents on call must be provided with adequate and appropriate sleeping quarters that are safe, quiet, and private.
  - c) Security/safety: Appropriate security and personal safety measures must be provided to residents at all locations including but not limited to: parking facilities, on-call quarters, hospital and institutional grounds, and related facilities.

### III GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)

#### A. GMEC Composition and Meetings

1. The Sponsoring Institution must have a GMEC.
2. Voting membership on the committee must include the DIO, residents nominated by their peers, representative program directors, and administrators. It may also include other members of the faculty or other members as determined.

3. The GMEC must meet at least quarterly and maintain written minutes.
- B. GMEC Responsibilities: The GMEC must establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs. These policies and procedures must include:
1. Stipends and position allocation: Annual review and recommendations to the Sponsoring Institution regarding resident stipends, benefits, and funding for resident positions.
  2. Communication with program directors: The GMEC must:
    - a) Ensure that communication mechanisms exist between the GMEC and all program directors within the institution.
    - b) Ensure that program directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites.
  3. Resident duty hours: The GMEC must:
    - a) Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements.
    - b) Consider for approval requests from program directors prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours in compliance with ACGME Policies and Procedures for duty hour exceptions.
  4. Resident supervision: Monitor programs' supervision of residents and ensure that supervision is consistent with:
    - a) Provision of safe and effective patient care;
    - b) Educational needs of residents;
    - c) Progressive responsibility appropriate to residents' level of education, competence, and experience; and,

- d) Other applicable Common and specialty/subspecialty-specific Program Requirements.
5. Communication with Medical Staff: Communication between leadership of the medical staff regarding the safety and quality of patient care that includes:
    - a) The annual report to the OMS;
    - b) Description of resident participation in patient safety and quality of care education; and,
    - c) The accreditation status of programs and any citations regarding patient care issues
  6. Curriculum and evaluation: Assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.
  7. Resident status: Selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program Requirements.
  8. Oversight of program accreditation: Review of all ACGME program accreditation letters of notification and monitoring of action plans for correction of citations and areas of noncompliance.
  9. Management of institutional accreditation: Review of the Sponsoring Institution's ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance.
  10. Oversight of program changes: Review of the following for approval, prior to submission to the ACGME by program directors:
    - a) All applications for ACGME accreditation of new programs;
    - b) Changes in resident complement;
    - c) Major changes in program structure or length of training;
    - d) Additions and deletions of participating sites;
    - e) Appointments of new program directors;

- f) Progress reports requested by any Review Committee;
  - g) Responses to all proposed adverse actions;
  - h) Requests for exceptions of resident duty hours;
  - i) Voluntary withdrawal of program accreditation;
  - j) Requests for an appeal of an adverse action; and,
  - k) Appeal presentations to a Board of Appeal or the ACGME.
11. Experimentation and innovation: Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirements, including:
- a) Approval prior to submission to the ACGME and/or respective Review Committee;
  - b) Adherence to Procedures for “Approving Proposals for Experimentation or Innovative Projects” in *ACGME Policies and Procedures*; and,
  - c) Monitoring quality of education provided to residents for the duration of such a project.
12. Oversight of reductions and closures: Oversight of all processes related to reductions and/or closures of:
- a) Individual programs;
  - b) Major participating sites; and,
  - c) The Sponsoring Institution.
13. Vendor interactions: Provision of a statement or institutional policy (not necessarily GME-specific) that addresses interactions between vendor representatives/corporations and residents/GME programs.

## IV INTERNAL REVIEW

### A. Process

1. The GMEC must develop, implement, and oversee an internal review process as follows:
  - a) An internal review committee(s) for each program must include at least one faculty member and at least one resident from within the Sponsoring Institution but not from within GME programs being reviewed. Additional internal or external reviewers may be included on the internal review committee as determined by the GMEC. Administrators from outside the program may also be included.
  - b) A written protocol approved by the GMEC that incorporates, at a minimum, the requirements in this Section IV of the Institutional Requirements.
2. Internal reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit. (See *ACGME Policies and Procedures*, II.B.4)
3. When a program has no residents enrolled at the mid-point of the review cycle, the following circumstances apply:
  - a) The GMEC must demonstrate continued oversight of those programs through a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a resident.
  - b) After enrolling a resident, an internal review must be completed within the second six-month period of the resident's first year in the program.
4. The internal review should assess each program's:
  - a) Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements;

- b) Educational objectives and effectiveness in meeting those objectives;
- c) Educational and financial resources;
- d) Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
- e) Effectiveness of educational outcomes in the ACGME general competencies;
- f) Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies; and,
- g) Annual program improvement efforts in:
  - (1) resident performance using aggregated resident data;
  - (2) faculty development;
  - (3) graduate performance including performance of program graduates on the certification examination; and,
  - (4) program quality. (see Common Program Requirements, V.C.)

5. Materials and data to be used in the review process must include:

- a) The ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review;
- b) Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC;
- c) Reports from previous internal reviews of the program;
- d) Previous annual program evaluations; and,
- e) Results from internal or external resident surveys, if available.

6. The internal review committee must conduct interviews with the program director, key faculty members, at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the committee.

B. Internal Review Report

1. The written report of the internal review for each program must contain, at a minimum:
  - a) The name of the program reviewed;
  - b) The date of the assigned midpoint and the status of the GMEC's oversight of the internal review at that midpoint;
  - c) The names and titles of the internal review committee members;
  - d) A brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;
  - e) Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol;
  - f) A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.
2. The DIO and the GMEC must monitor the response by the program to actions recommended by the GMEC in the internal review process.
3. The Sponsoring Institution must submit the most recent internal review report for each training program as a part of the Institutional Review Document (IRD). If the institutional site visitor simultaneously conducts individual program reviews at the same time as the institutional review, the internal review reports for those programs must not be shared with the site visitor.

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## Footnote for I.A.2

- \* Further use in this document of the term “program(s)” will refer to “ACGME-accredited program(s).”

## Footnote for II.A.1.d

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