



ACGME

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

POLICIES AND PROCEDURES

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Table of Contents

ACGME STRUCTURE AND FUNCTION

	Table of Contents	i
1.00	Mission and Scope, Vision and Values	1
2.00	Purpose of Accreditation by the Accreditation Council for Graduate Medical Education (ACGME).....	3
3.00	Employee and Volunteer Whistleblower Policy	4
4.00	Executive Committee of the ACGME	6
4.10	Policies and Procedures Advisory Committee to the Executive Committee.....	6
5.00	Committees of the ACGME	7
5.10	Description.....	7
5.20	Committee on Finance.....	8
	Purpose	8
	Composition.....	8
	Operational Guidelines and Procedures.....	8
5.30	Audit Committee	9
	Description.....	9
	Responsibilities	9
5.40	Compensation Committee.....	10
5.50	Committee on Requirements	11
	Purpose	11
	Composition.....	11
	Operational Guidelines	11
	Procedures for Revision of Requirements.....	11
	Resolution of Inter-Specialty and Multi-Specialty Conflicts	12
5.60	Monitoring Committee.....	13
	Purpose	13
	Composition.....	13
	Operational Guidelines and Procedures.....	13
5.70	Governance Committee	16
	Composition.....	16
	Responsibilities.....	16
5.80	Awards Committee.....	17
	Purpose	17
	Composition.....	17
5.90	Journal Oversight Committee.....	18
	Purpose	18
5.100	Education Committee.....	20
	Purpose	20
	Composition.....	20
6.00	Councils of the ACGME.....	21
6.10	Descriptions	21
6.20	ACGME Council of Review Committee Chairs	22
	Purpose	22
	Appointment.....	23
6.30	Council of Review Committee Residents	23
	Purpose	23
	Appointment.....	23

ACGME STRUCTURE AND FUNCTION (continued)

6.40	Council of Public Members	24
	Purpose	24
	Appointment.....	24
7.0	ACGME Conduct.....	25
7.10	Fiduciary Duty.....	25
7.20	Conflict and Duality of Interest Policy (Directors and Review Committee Members)	26
	Definitions.....	27
	Procedure – Conflict of Interest – Contract or Transaction	28
	Procedure – Addressing Number of Persons Voting	30
	Duality of Interest.....	31
	Procedure – Specialties under Consideration	32
	Procedures – Consultants / Site Visitor.....	33
	Failure to Disclose Conflict and Duality of Interest	33
7.30	Annual Disclosure - Directors / Committee Members	34
7.40	Confidentiality	35
	Published Information Released through ACGME.....	35
	Confidentiality Administration.....	36
7.50	Policies Governing Review Committee Member Conduct	37
7.60	Board and Review Committee Attendance.....	38
7.70	Directors Attendance at Board Standing Committee Meetings	39
8.00	Financials.....	40
8.10	Fee Structure	40
8.20	Expenses.....	41
9.00	Review Committees and Recognition Committee	42
	Review Committees	
9.10	ACGME Delegation of Authority to Review Committees.....	47
9.20	Procedure to Evaluate Requests for Accreditation Authority from an ACGME Residency Review Committee	48
9.30	Periodic Review of a Review Committee’s Activities	49
9.40	Accreditation Responsibilities.....	50
9.50	Conduct of Review Committee Meetings	51
	Recognition Committee	
9.60	ACGME Delegation of Authority and Oversight of Recognition Committees.....	52
9.70	Recognition Committee Responsibilities	53
9.80	Procedures for Recognition.....	54
10.00	Procedures for the Development and Approval of Requirements.....	55
10.10	New or Revised Requirements.....	55
10.20	Revision of Requirements	56
10.30	Editorial Revisions of Existing Requirements	58
10.40	Revisions to the Common Program Requirements.....	59
10.50	Waivers to the Common Program Requirements for Multicenter Educational Research Trials.....	60
10.60	Impact Statement.....	61
10.70	Procedures for Developing Program Requirements for Specialties Using a Common Set of Program Requirements in a Multidisciplinary Subspecialty	62
11.00	Procedures for Recognition of New Core Specialties.....	63
11.10	Criteria for Accreditation Recognition of a New Core Specialty	63

ACGME STRUCTURE AND FUNCTION (continued)

12.00 Procedures for the Accreditation of Programs in a New Subspecialty.....64
 12.10 Criteria for Accreditation.....64
 12.20 Criteria for Recognition of a New Subspecialty65
13.00 Monitoring the Recognition of Specialties and Subspecialties66
14.00 Procedures for Review Committees to Accredite the Same Subspecialty67
 14.10 Models for Accreditation of the Same Subspecialty.....67
 14.20 Recognition for a New Subspecialty.....69

ACCREDITATION POLICIES AND PROCEDURES

15.00	Types of Graduate Medical Education Programs and Institutions	70
16.00	Clinical Learning Environment Review (CLER)	73
16.10	Overview	73
16.20	Program Focus Areas	74
16.30	CLER Site Visit Team Composition and Activities	75
16.40	CLER Reports	76
16.50	CLER Evaluation Committee	77
	Purpose	77
	Composition	77
	Appointment	77
	Terms	77
16.60	Failure to Undergo a CLER Site Visit	78
17.00	The Accreditation Process	79
17.10	Continuous Accreditation	79
17.20	The Site Visit	80
17.30	Types of Site Visits	82
	Focused Site Visit	82
	Full Site Visit	82
	Site Visit for Alleged Egregious Violations	83
17.40	Application Process	84
17.50	Review of Applications	85
17.60	Continued Accreditation	86
17.70	The 10-Year Self-Study	89
17.80	Notification to Programs and Sponsoring Institutions of Review Committee Actions	90
18.00	Accreditation and Recognition Actions; Pre-Accreditation	91
	Accreditation Actions	
18.10	Accreditation Withheld	92
18.20	Initial Accreditation and Initial Accreditation with Warning	93
18.30	Continued Accreditation without Outcomes, Continued Accreditation, Continued Accreditation with Warning	94
18.40	Probationary Accreditation	95
18.50	Withdrawal of Accreditation	96
18.60	Administrative Probation	98
18.70	Administrative Withdrawal	99
18.80	Voluntary Withdrawal of Accreditation	100
18.90	Reduction in Resident Complement	102
18.100	Other Actions	103
	Request for Clarifying Information / Progress Reports	103
	Participating Sites	104
	Integrated Site	104
	Change in Sponsorship	104
	Resident Complement	105
18.110	Administrative Actions	106
	Accreditation Actions for Dependent Subspecialty and Sub-specialty Programs	106

ACCREDITATION POLICIES AND PROCEDURES (continued)

Pre-Accreditation	
18.120 Pre-Accreditation	107
Reapplication	108
Initial Accreditation after Pre-Accreditation.....	108
Recognition Actions.....	109
18.130 Recognition Actions	109
18.140 Recognition Withheld	110
18.150 Initial Recognition and Initial Recognition with Warning	111
18.160 Continued Recognition without Outcomes, Continued Recognition and Continued Recognition with Warning	112
18.170 Withdrawal of Recognition	113
19.00 Appeals of Adverse Actions and Adverse Recognition Actions.....	114
Appeals of Adverse Actions	
19.10 Adverse Actions for Programs and Sponsoring Institutions	114
19.20 Procedures for an Adverse Action.....	115
19.30 Procedures for Appeal of Adverse Actions	116
Appeals of Adverse Recognition Actions	
19.40 Adverse Recognition Actions	119
19.50 Procedures for an Adverse Recognition Action	120
19.60 Procedures for Appeal of Adverse Recognition Actions	121
20.00 Procedure for Alleged Egregious Events	124
21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances.....	125
21.10 ACGME Declaration of Extraordinary Circumstances	126
21.20 Resident Transfers and Program Reconfiguration.....	127
21.30 Communication with the ACGME	128
21.40 Institutions Offering to Accept Transfers	129
21.50 Changes in Participating Sites and Resident Complement.....	130
21.60 Temporary Resident Transfer	131
21.70 Site Visits	132
22.00 Policy for Granting Duty-Hour Exceptions.....	133
23.00 Procedures for Submission of Complaints or Concerns Regarding Residency Programs and Sponsoring Institutions	134
23.10 Complaints.....	134
23.20 Concerns	136
24.00 Advancing Innovation in Residency Education (AIRE).....	137
24.10 Pilot Goals and Objectives	137
24.20 Approval Process.....	138
Residency Review Committee (RRC) Approval	138
24.30 Pilot Requirements – Initial Proposal.....	139
24.40 Use of Milestones in the Innovation Pilots.....	140
24.50 Clinical Competency Committees in the Innovation Pilots	141
24.60 Program Evaluation	142
24.70 Monitoring.....	143
24.80 Submission of Proposal	144
Proposal Template for Program Experimentation and Innovation Project.....	144
Amendments and Exceptions.....	147

Subject: 1.00 Mission and Scope, Vision and Values

Mission and Scope

The Accreditation Council for Graduate Medical Education (ACGME) is a separately incorporated, non-governmental organization responsible for the accreditation of graduate medical education (GME) programs. Its mission is to improve healthcare and population health by assessing and advancing the quality of resident physicians' education through accreditation. Its scope of accreditation extends to those institutions and programs in GME within the jurisdiction of the United States of America, its territories and possessions¹. The ACGME has seven member organizations:

- American Board of Medical Specialties (ABMS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Association of American Medical Colleges (AAMC)
- Council of Medical Specialty Societies (CMSS)
- American Osteopathic Association (AOA)
- American Association of Colleges of Osteopathic Medicine (AACOM)

Each member organization nominates four individuals to the ACGME's Board of Directors, except that, as of January 1, 2015, AOA and AACOM nominate two individuals each to the Board, with a subsequent phase in period for additional nominated directors, up to four directors each. Each member organization nominates two individuals per directorship, and the ACGME Board elects the directors. In addition, the ACGME Board includes three public directors, up to three at-large directors, two resident directors, and the chair of the ACGME Council of Review Committee Chairs. Two representatives of the federal government may, without vote, attend meetings of the Board.

Under the delegated authority of the ACGME Board, accreditation of GME programs is carried out by the Review Committees and recognition of programs and sponsoring institutions is carried out by the Recognition Committees, both subject to appeal of adverse actions to the Board.

ACGME Vision

We imagine a world characterized by:

- A structured approach to evaluating the competency of all residents and fellows,
- Motivated physician role models leading all GME programs,
- High-quality, supervised, humanistic clinical educational experience, with customized formative feedback,
- Clinical learning environments characterized by excellence in clinical care, safety, and professionalism,
- Residents and fellows achieving specialty specific proficiency prior to graduation

¹ International accreditation services are provided by a related entity, ACGME International LLC (ACGME-I).

Subject: 1.00 Mission and Scope, Vision and Values (continued)

- Residents and fellows prepared to become Virtuous Physicians who place the needs and well-being of patients first.

ACGME Values

We accomplish our Mission guided by our commitment to the Public Trust and the ACGME values of:

- Honesty and Integrity
- Excellence and Innovation
- Accountability and Transparency
- Fairness and Equity
- Stewardship and Service
- Engagement of Stakeholders
- Leadership and Collaboration

ACGME Core Staff Values

- Stakeholder Focus
- Integrity and Ethical Behavior
- Results Focus
- Teamwork

Subject: 2.00 Purpose of Accreditation by the Accreditation Council for Graduate Medical Education (ACGME)

Accreditation of residency programs and sponsoring institutions by the ACGME is a voluntary process of evaluation and review performed by a non-governmental agency of peers. Accreditation benefits the public, protects the interests of residents, and improves the quality of teaching, learning, research, and professional practice.

The accreditation processes are designed to evaluate, improve, and publicly recognize programs and sponsoring institutions in GME that are in substantial compliance with standards of educational quality established by the ACGME².

The ACGME has a twofold purpose:

- (1) to establish and maintain accreditation standards that promote the educational quality of residency and subspecialty training programs; and
- (2) to promote conduct of the residency educational mission with sensitivity to the safety of care rendered to patients and in a humane environment that fosters the welfare, learning, and professionalism of residents.

² At its meeting on February 13-14, 1984, the ACGME voted to reaffirm a statement of policy originally adopted by the Liaison Committee on Graduate Medical Education, the predecessor organization of the ACGME, at its November 17-18, 1980 meeting.

The ACGME reaffirmed its policy that in the accrediting process, "the ACGME is not intent upon establishing numbers of practicing physicians in the various specialties in the country, but rather that the purpose of accrediting by the ACGME is to accredit those programs which meet the minimum standards as outlined in the institutional and program requirements. The purpose of accreditation is to provide for training programs of good educational quality in each medical specialty."

This resolution remains the policy of the ACGME.

Subject: 3.00 Employee and Volunteer Whistleblower Policy

The Accreditation Council for Graduate Medical Education (ACGME) is committed to preventing reprisals against employees and volunteers who report activity undertaken by other ACGME employees or volunteers in connection with the performance of official ACGME activity that may be in violation of (i) any state or federal law or related regulation; or (ii) the ACGME's corporate accounting practices, internal financial controls, or audit (collectively referred to as "Protected Disclosure").

The ACGME, and any individual associated with the ACGME, will not:

- retaliate against an employee or volunteer who has made a Protected Disclosure or who has refused to obey an illegal or unethical request, or otherwise harass or cause such persons to suffer adverse employment consequences; or,
- directly or indirectly use or attempt to use the official authority or influence of his/her position for the purpose of interfering with the right of an employee or volunteer to make a Protected Disclosure to ACGME leadership.

Reporting Violations

The ACGME has an open door policy and suggests that employees and volunteers share their questions, concerns, suggestions, or complaints with someone who can address them properly. In most cases, an employee's supervisor is in the best position to address an area of concern, however, individuals should always feel free to contact the Chair of the ACGME's Audit Committee directly, if they so choose. Supervisors are required to report suspected violations to the ACGME's Audit Committee Chair.

Audit Committee

The ACGME's Audit Committee is responsible for investigating and resolving all reported complaints and allegations concerning Protected Disclosures and, at the discretion of the Audit Committee Chair, shall advise the Chief Executive Officer of the ACGME.

The Audit Committee shall address all reported concerns or complaints regarding ACGME violation of state or federal law, corporate accounting practices, internal financial controls, or auditing. The Audit Committee Chair shall immediately notify the Audit Committee of any such complaint and work with the committee until the matter is resolved.

Confidentiality

Protected Disclosures may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Subject: 3.00 Employees and Volunteer Whistleblower Policy (continued)

Handling of Reported Violations

The Audit Committee Chair will promptly notify the sender and acknowledge receipt of a Protected Disclosure (unless such report was submitted anonymously). All reports will be investigated promptly and appropriate corrective action will be taken if warranted. Reports and copies of Protected Disclosures shall be retained by the ACGME in accordance with its record retention policy.

Subject: 4.00 Executive Committee of the ACGME

Subject to Article V, Section 13 of the *ACGME Bylaws*, the affairs of the ACGME shall be managed by the Executive Committee of the Board of Directors in the interim between regular or special meetings.

The Executive Committee consists of seven ACGME Directors. The Chair, the Vice-Chair or the Chair-Elect, and the Treasurer shall serve in the same roles on the Executive Committee. The Chair of the ACGME Council of Review Committee Chairs shall serve on the Executive Committee, and is entitled to a vote. The remaining Directors on the Executive Committee shall be elected for two year terms by the ACGME Board at the annual meeting of the ACGME Board from among the Directors.

Section: 4.10 Policies and Procedures Advisory Committee to the Executive Committee

The Policies and Procedures Advisory Committee shall review the adequacy of the ACGME Manual of Policies and Procedures, and propose revisions to the Executive Committee for consideration.

On recommendation of the ACGME Chair, the Governance Committee shall propose and the Board of Directors shall appoint members to serve on the Policies and Procedures Advisory Committee to the Executive Committee.

Subject: 5.00 Committees of the ACGME
Section: 5.10 Description

Standing Committees:

- Committee on Finance
- Audit Committee
- Compensation Committee
- Committee on Requirements
- Monitoring Committee
- Governance Committee
- Awards Committee
- Journal Oversight Committee
- Education Committee

Meetings

The committees shall meet at the time of the regular meetings of the ACGME Board, and at such other times as may become necessary.

Reporting

The committees shall report at the meetings of the ACGME Board and to the Executive Committee as appropriate. The Executive Committee shall report to the ACGME Board as appropriate.

Compensation

Members of the committees shall receive no financial compensation for their services, but shall be reimbursed for travel and other necessary expenses incurred in fulfilling their duties as committee members.

Subject: 5.00 Committees of the ACGME
Section: 5.20 Committee on Finance

5.21 Purpose

The Committee on Finance shall monitor ACGME revenue and expenditures and prepare an annual budget for review and approval by the ACGME Board. The Committee shall analyze and submit recommendations to the Executive Committee and/or the ACGME Board regarding the financial impact of policies, practices, and procedures.

5.22 Composition

Subject to committee membership requirements in Article VIII of the *ACGME Bylaws*, on recommendation of the Chair, the Governance Committee shall propose members of the Committee on Finance. The Committee is chaired by the ACGME Board Treasurer.

5.23 Operational Guidelines and Procedures

The Committee shall review ACGME revenue and expenditures during the course of the fiscal year. The ACGME fiscal year runs from January 1 to December 31. An annual budget for the next fiscal year shall be prepared for review and approval by the ACGME Board during each annual meeting of the Board. The Committee shall:

- (1) recommend for ACGME Board approval all ACGME fees, per diems, and honorariums as part of the budgeting process;
- (2) review ACGME investments and recommend for ACGME Board approval the ACGME investment strategy;
- (3) recommend for ACGME Board approval the ACGME financial reserve strategy; and,
- (4) review and submit recommendations to the Executive Committee and/or the ACGME Board regarding all major capital expenditures and the financial impact of policies, practices, and procedures requested by Review Committees, other ACGME committees, or the ACGME Board.

Subject: 5.00 Committees of the ACGME
Section: 5.30 Audit Committee

5.31 Description

The Audit Committee shall consist of the public directors and two or more additional committee members appointed by the ACGME Board. A majority of the directors on the Audit Committee shall not simultaneously serve as members of the Finance Committee. At least one member of the Audit Committee must have expertise or experience in financial matters, and that member need not be a director. Neither the Chief Executive Officer nor the Chief Financial Officer may be a member of the Audit Committee but may advise and consult with the committee.

5.32 Responsibilities

The Audit Committee shall:

- (1) recommend to the ACGME Board the selection, retention, and termination of the financial auditors of the ACGME;
- (2) provide oversight of the ACGME's internal system of financial controls procedures, and compliance activities; and,
- (3) investigate any complaints of ACGME violation of state or federal law or of ACGME accounting practices, internal financial controls, or audit.

Subject: 5.00 Committees of the ACGME
Section: 5.40 Compensation Committee

The Compensation Committee determines the annual compensation of the ACGME Chief Executive Officer and the Chief Financial Officer. The Compensation Committee consists of ACGME directors and others appointed by the ACGME Board who are free from conflicts of interest with regard to the compensation being determined. The Compensation Committee follows procedures provided by federal law to determine the compensation in a manner that results in a presumption of reasonableness under federal law.

Subject: 5.00 Committees of the ACGME
Section: 5.50 Committee on Requirements

5.51 Purpose

The Committee on Requirements shall review and make recommendations to the ACGME Board on all matters pertaining to the requirements submitted by the Review Committees or other committees of the ACGME. This includes, but is not limited to, recommendations on proposed institutional requirements, common program requirements, program requirements and recognition requirements in specialties and subspecialties.

5.52 Composition

Subject to committee membership requirements in Article VIII of the *ACGME Bylaws*, on recommendation of the ACGME Chair, the Governance Committee shall propose and the Board of Directors shall appoint members to serve on the Committee of Requirements.

5.53 Operational Guidelines

The Committee on Requirements shall review and evaluate the basis on which decisions about program, institutional and recognition requirements are made. Such review and evaluation shall include both content, such as consistency with ACGME guidelines, clarity of language, and general reasonableness of standards; and impact, such as effects on institutions sponsoring education in other disciplines, and on the financial position of an institution and its other residency programs. With respect to content that is specialty-specific (e.g., types of procedures and experiences necessary for resident education), the Committee on Requirements and the ACGME may rely on the expertise of the appropriate Review Committee.

The Committee on Requirements meetings shall include an open forum in which any member or representative of a Review Committee, institution, or the public with an interest in the institutional, program or recognition requirements being reviewed and discussed may speak to the relevant issues. The proposing Review Committee should have full opportunity to respond to comments from interested parties.

The recommendation of the Committee on Requirements shall be presented to the ACGME Board for final action.

5.54 Procedures for Revision of Requirements

- a. The Committee on Requirements will review each specialty's and subspecialty's Program Requirements, the Common Program Requirements, Institutional Requirements, and Recognition Requirements every 10 years in accordance with policy Section 10.00.

All Review Committees must review their respective requirements every 10 years.

- b. Interim modifications to the requirements must be reviewed by the Committee on Requirements. Such modifications must be based on changes in clinical or educational practice.

Subject: 5.00 Committees of the ACGME
Section: 5.50 Committee on Requirements (continued)

5.55 Resolution of Inter-Specialty and Multi-Specialty Conflicts

There may be special circumstances in which the proposed program requirements or the Institutional Requirements appear to have an adverse impact on either residency education in other disciplines or on patient safety. The Committee on Requirements shall exclusively evaluate such issues and shall encourage the interested parties to articulate the issues at hand. The Committee on Requirements shall review all available information, including comments by interested parties and the public, and shall have the opportunity to ask questions and seek additional information. The Committee on Requirements shall make a recommendation to the ACGME Board on the program requirements or Institutional Requirements after considering all information that it judges relevant and appropriate.

Subject: 5.00 Committees of the ACGME
Section: 5.60 Monitoring Committee

5.61 Purpose

The Monitoring Committee oversees the work of the Review Committees. In this role, it has the following responsibilities:

- a. make recommendations to the ACGME Board regarding Review Committee activities and delegation of accreditation authority based on evaluation and the Review Committee's performance, including consistency of decision-making, within and among the Review Committees; and,
- b. accrue and disseminate knowledge about improving accreditation practices by:
 - (1) oversight of administrative development and distribution of summary information regarding the performance of the Review Committees;
 - (2) identification and dissemination of salutary practices of Review Committees;
 - (3) recommendation, where appropriate, of standardized approaches to requirements construction and enforcement;
 - (4) monitoring and assessing the consistent application and enforcement of the requirements;
 - (5) recommending research on requirements and accreditation methods, including review of proposed methods and evaluation of results;
 - (6) reviewing accreditation data and information addressing special issues as directed by the ACGME Board; and,
 - (7) making recommendations to the ACGME administration regarding the processes, policies and procedures for Review Committee administration, requirements construction, and accreditation decision making.

5.62 Composition

Subject to committee membership requirements in Article VIII of the *ACGME Bylaws*, on recommendation of the ACGME Chair, the Governance Committee shall propose and the Board of Directors shall appoint members to serve on the Monitoring Committee.

5.63 Operational Guidelines and Procedures

- a. The Monitoring Committee shall review the performance of each Review Committee.

The Monitoring Committee shall periodically invite representatives of each Review Committee, including the Review Committee Chair, and others as appropriate, to discuss and clarify the Review Committee's activities.

Subject: 5.00 Committees of the ACGME
Section: 5.60 Monitoring Committee

5.63 Operational Guidelines and Procedures (continued)

b. Based on this evaluation of the Review Committee, the Monitoring Committee must recommend one of the following options:

- (1) continue to delegate accreditation authority;
- (2) continue to delegate accreditation authority with added supervision and oversight; or,
- (3) withdraw delegation of accreditation authority.

c. Review of Specialty and Subspecialty Accreditation

The Monitoring Committee will periodically review the continued recognition of a specialty or subspecialty, and make recommendations regarding the continuation of recognition of that specialty or subspecialty to the ACGME Board.

- (1) In its review of the continued recognition of a specialty or subspecialty, the Monitoring Committee will consider whether the ACGME should continue to accredit programs in the specialty or subspecialty. This review will include consideration of the number of programs that have been accredited, the number of filled resident and/or fellow positions, staff and other support requirements for accreditation, and other relevant information.

If the Monitoring Committee finds “Criteria for Recognition” (see Sections 11.10 and 12.20) are not met, it may recommend one of the following:

- i. accreditation of programs in the specialty or subspecialty should continue for a specified period of time to determine if the criteria can be met (at the conclusion of which time another review shall be conducted); or,
- ii. accreditation of programs in the specialty or subspecialty should be discontinued. The Monitoring Committee will recommend an effective date of loss of recognition of the specialty or subspecialty.

- (2) At the end of the provisional approval period for a new specialty or subspecialty, the Monitoring Committee will consider whether the ACGME should continue to accredit programs in the specialty or subspecialty. This review will include consideration of the number of programs that have been accredited, the number of filled resident and/or fellow positions, staff and other support requirements for accreditation, and other relevant information.

If the Monitoring Committee finds “Criteria for Recognition” (see Sections 11.10 and 12.20) are not met, it may recommend one of the following:

Subject: 5.00 Committees of the ACGME
Section: 5.60 Monitoring Committee

5.63 Operational Guidelines and Procedures (continued)

- i. accreditation of programs in the specialty or subspecialty should continue for a specified period of time to determine if the criteria can be met (at the conclusion of which time another review shall be conducted); or,
 - ii. accreditation of programs in the specialty or subspecialty should be discontinued. The Monitoring Committee will recommend an effective date of loss of recognition of the specialty or subspecialty.
- (3) Should the specialty community disagree and wish to continue accreditation of programs, the Review Committee may address the “Criteria for Recognition” for review by the Monitoring Committee. Interested parties may submit written comments and the rationale for continuing accreditation in the specialty or subspecialty to the Monitoring Committee. The Monitoring Committee shall make a final recommendation to the ACGME Board.

Subject: 5.00 Committees of the ACGME
Section: 5.70 Governance Committee

5.71 Composition

The Governance Committee consists of one director nominated by each member organization and at least one public director.

5.72 Responsibilities

The Governance Committee has the following responsibilities:

- a. serve as the nominating committee for elected directors who are not nominated by member organizations, for non-officer members of the Executive Committee, and for elected officers;

Candidates for non-officer member positions of the Executive Committee and for elected officers shall not serve in the nominating committee function of the Governance Committee;
- b. on recommendation of the ACGME Chair, propose members of the ACGME Board and members of the standing committees;
- c. maintain records of skills and experience needed on the ACGME Board, and of potential nominees by category of skills, including serving as a source of qualified non-director appointees to various Board committees where permitted by the *Bylaws* or by the resolution creating the standing or special committee;
- d. plan, oversee, and evaluate new director orientation for the ACGME Board;
- e. plan, oversee, and evaluate all continuing governance education events; and encourage optimal governance participation, and leverage the qualifications and experiences of each director to benefit the entire ACGME Board;
- f. conduct at least annual self-evaluations of the members of the ACGME Board as a whole and share appropriately the results thereof;
- g. oversee the implementation of the ACGME's policy on confidentiality and deliberate on breaches of the policy to make recommendations to the Board for action or sanctions;
- h. oversee the implementation of the ACGME's policy on conflicts and dualities of interest; review all disclosed conflicts and dualities for appropriate response, if any; and deliberate on breaches of the policy to make recommendations to the ACGME Board for action or sanctions;
- i. review the corporate bylaws and/or organizational documents of the ACGME at least bi-annually as to their effectiveness and currency; and,
- j. perform such other duties relating to governance as may be assigned by the ACGME Board.

Subject: 5.00 Committees of the ACGME
Section: 5.80 Awards Committee

5.81 Purpose

- a. The Awards Committee shall review and make recommendations to the ACGME Board on all matters pertaining to the Awards Program.
- b. The Awards Committee shall submit to the ACGME Board for approval nominations for the: Parker J. Palmer Courage to Teach Award; Parker J. Palmer Courage to Lead Award; John C. Gienapp Award; David C. Leach Award, The ACGME and Gold Foundation DeWitt (Bud) C. Baldwin, Jr., Award; Graduate Medical Education Institutional and Coordinator Excellence Award and other awards as determined by the ACGME Board.

5.82 Composition

Subject to committee membership requirements in Article VIII of the *ACGME Bylaws*, on recommendation of the ACGME Chair, the Governance Committee shall propose and the Board of Directors shall appoint members to serve on the Awards Committee.

Subject: 5.00 Committees of the ACGME
Section: 5.90 Journal Oversight Committee

5.91 Purpose

a. The Journal Oversight Committee guides the business affairs of the *Journal of Graduate Medical Education* (JGME) with the aim of promoting high-quality scholarship and dissemination, and to ensure JGME's financial viability and editorial independence.

b. Responsibilities

The Journal Oversight Committee shall:

- (1) monitor all activities associated with the publication of JGME, including receipt, at least annually, of a report on JGME from the Editor-in-Chief and Managing Editor;
- (2) approve the selection of the Editor-in-Chief and advise appointment of Associate Editors to ensure diversity of expertise;
- (3) approve the duties of the Editor-in-Chief and Associate Editors;
- (4) periodically evaluate the Editor-in-Chief, review the Editor-in-Chief's evaluations of the Associate Editors, and make decisions on retention;
- (5) approve the remuneration of the Editor-in-Chief within a budget that has been approved by the ACGME Board;
- (6) review and recommend to the ACGME Board changes in pricing, publication volume, publication frequency, and distribution of JGME;
- (7) work with the ACGME's senior administration, the Editor-in-Chief, and the Managing Editor, to develop and implement a budget to support JGME, which will annually be subject to the approval of the ACGME Board;
- (8) offer guidance in matters of overall direction for JGME, as requested by the Editor-in-Chief or the ACGME Board; and,
- (9) report at least annually to the ACGME Board on JGME operations.

c. Membership

The Journal Oversight Committee will be composed of members of the ACGME Board, including at least one Public Director and one resident selected by the Council of Review Committee Residents from among its members. The Editor-in-Chief will serve as an ex-officio member.

Subject: 5.00 Committees of the ACGME
Section: 5.90 Journal Oversight Committee

5.91 Purpose (continued)

d. Meetings

The Journal Oversight Committee will meet during at least two of the regular ACGME Board meetings and, as needed, by teleconference to discuss ongoing efforts for review, and endorse any proposed policies. Subject to the approval and oversight of the ACGME Board as stated herein, the Journal Oversight Committee will oversee the business activities of JGME.

Subject: 5.00 Committees of the ACGME
Section: 5.100 Education Committee

5.101 Purpose

The Education Committee shall monitor the quality and performance of ACGME education programs, and serve as a resource for the development of new ACGME education initiatives.

5.102 Composition

Subject to committee membership requirements in Article VIII of the ACGME Bylaws, on recommendation of the Chair, the Governance Committee shall propose and the Board of Directors shall appoint members to serve on the Education Committee.

Subject: 6.00 Councils of the ACGME
Section: 6.10 Descriptions

Purpose

The Council of Review Committee Chairs and the Council of Review Committee Residents advise the ACGME in matters pertaining to the education of residents and fellows and accreditation.

Meetings

The ACGME Councils may meet at the time of the regular meetings of the ACGME Board and at such other times as necessary.

Reporting

The Councils shall report to the ACGME Board and to the Executive Committee as appropriate.

Compensation

Council members shall receive no financial compensation for their services, but shall be reimbursed for travel and other necessary expenses incurred in fulfilling their duties as Council members.

Subject: 6.00 Councils of the ACGME

Section: 6.20 ACGME Council of Review Committee Chairs

6.21 Purpose

The CRCC recommends to the ACGME administration and the ACGME Board approaches to improve educational outcomes within and across clinical specialties, policies and procedures that guide accreditation and other matters as charged by the ACGME administration or the ACGME Board.

The ACGME Council of Review Committee Chairs has responsibility for participating in revisions to the ACGME's Common Program Requirements.

6.22 Composition

The ACGME Council of Review Committees Chairs (CRCC) is composed of the current chairs of all Review Committees, two resident ACGME Directors, and one public director appointed by the ACGME Board. A representative from the Royal College of Physicians and Surgeons of Canada, a representative from the Organization of Program Director Associations, and a representative from the Veterans Administration are official observers without vote.

The CRCC shall elect its chair from among its own members. The CRCC Chair shall serve a single term of two years and must be a Review Committee chair at the time of election, but need not be a Review Committee chair or member for the duration of the two-year term. The CRCC Chair shall serve as a director on the ACGME Board and as a voting member of the Executive Committee.

The CRCC shall also elect its vice chair from among its own members for a one-year term. The CRCC vice Chair shall be eligible for election as CRCC Chair only upon expiration of his or her term as the vice chair. The CRCC vice Chair may participate in meetings of the ACGME Board, except that he or she shall not be entitled to vote.

The CRCC shall nominate, through the Governance Committee for appointment by the ACGME Board, one member to serve a two-year term as a voting member to each of the following: Committee on Requirements, the Monitoring Committee, the Governance Committee, and the Awards Committee. One CRCC member will be appointed by the CRCC Chair to serve as a liaison to the Council of Review Committee Residents.

Subject: 6.00 Councils of the ACGME
Section: 6.30 Council of Review Committee Residents

6.31 Purpose

The CRCR serves as an advisory body to the ACGME concerning resident matters, GME, and accreditation.

6.32 Appointment

The Council of Review Committee Residents (CRCR) is composed of the current resident members of the ACGME Board and the Review Committees including one ACGME public director appointed by the ACGME Board of Directors.

The CRCR shall elect its chair from among its own members. The CRCR Chair shall serve a single term of two years. The CRCR Chair must be a member of a Review Committee at the time of election, but need not be a member of a Review Committee for the duration of the two-year term. The CRCR Chair shall serve as a director on the ACGME Board.

The CRCR shall also elect its vice chair from among its own members for a one-year term. The CRCR vice Chair shall be eligible for election as CRCR Chair only upon expiration of his or her term as the Vice Chair. In the absence of the CRCR Chair, the Vice Chair may participate in meetings of the ACGME Board, except that he or she shall not be entitled to vote.

Subject: 6.00 Councils of the ACGME
Section: 6.40 Council of Public Members

6.41 Purpose

The Council of Public Members (CPM) serves as an advisory body to the ACGME, increasing engagement on behalf of the Public.

6.42 Appointment

The CPM is composed of one Public Member from each Review Committee that has a Public Member and the Public Directors of the ACGME. Other CPM members may be appointed by the Board of Directors of the ACGME.

The CPM shall elect a Chair to serve a two-year term. The CPM shall function under ACGME Policies and Procedures approved by the Board of Directors.

Subject: 7.00 ACGME Conduct
Section: 7.10 Fiduciary Duty

Members of the ACGME Board and Review Committees hold a fiduciary duty to the ACGME. Each member of a Review Committee must be attentive to the needs and priorities of the ACGME, and must act in what he or she reasonably believes to be the best interests of the ACGME.

If a member of the ACGME Board or a Review Committee cannot discharge his/her fiduciary duty of acting in the best interest of the ACGME on any particular issue, the member should declare a conflict or duality of interest as described in Section 7.20.

Subject: 7.00 ACGME Conduct

Section: 7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

General

The mission of the Accreditation Council for Graduate Medical Education (“ACGME”) is to improve health care by assessing and advancing the quality of resident physicians’ education through accreditation. In furtherance of this mission, ACGME engages in accreditation and accreditation-related activities. The integrity of ACGME, its accreditation decisions, and the activities it undertakes, depend on (1) the avoidance of conflicts of interest, or even the appearance of such conflicts, by the individuals involved in those decisions and activities, and (2) appropriately addressing dualities of interest by those same individuals.

At the same time, ACGME recognizes that the leaders of ACGME also have significant professional, business and personal interests and relationships. Therefore, ACGME has determined that the most appropriate manner in which a Director/Committee Member addresses actual, apparent or potential conflicts of interest and dualities of interest begins with full disclosure of any relationship or interest which might be construed as resulting in such a conflict or duality. Disclosure under this Policy should not be construed as creating a presumption of impropriety or as automatically precluding someone from participating in an ACGME activity or decision-making process. Rather, it reflects ACGME’s recognition of the many factors that can influence a person’s judgment and a desire to make as much information as possible available to all participants in ACGME-related matters.

Insofar as actual, apparent or potential conflicts of interest and dualities of interest can be addressed before they are manifest in Board or committee meetings or otherwise, they should be referred to the Board or Committee Chair for resolution (with assistance and advice of the ACGME Chief Executive Officer) and failing satisfactory resolution to all involved, to the Governance Committee for resolution. Insofar as actual, apparent or potential conflicts of interest and dualities of interest are not so resolved, and they become manifest in Board or Committee meetings, the Board or Committee shall address them consistent with this Policy, or if permitted by time, refer them to the Governance Committee for resolution.

On or before January 31 of each year, the ACGME Chief Executive Officer and each Committee shall submit to the Governance Committee a report listing the date and a brief account (need not include names) of each disqualification occurring during the previous calendar year.

The Governance Committee of the ACGME Board has the responsibility to provide oversight for compliance with this Policy.

Subject: 7.00 ACGME Conduct

Section: 7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.21 Definitions

a. Conflict of Interest

A conflict of interest occurs when a Director/Committee member has a financial interest (as defined in this Policy), which is declared or determined under this Policy to be a personal and proprietary financial interest to the Director/Committee member or a close member of his/her family that relates to an ACGME decision or activity.

b. Duality of Interest

A duality of interest occurs when a Director/Committee member has an interest which is declared as, or determined under this Policy to be, a competing fiduciary obligation which does not involve a personal and proprietary financial interest. (Usually, this relates to a fiduciary obligation to another not for profit corporation with an interest in ACGME accreditation standards and policies.) A duality of interest sufficient in gravity to destroy the trust necessary for fiduciary service in the interest of ACGME and the public on an issue shall disqualify a Director/Committee member from fiduciary service on that issue.

c. Apparent Conflict or Duality

An apparent conflict or duality of interest is one which is perceived, but not actual. (Since third parties act or draw conclusions on what they perceive, an apparent, but unresolved, conflict or duality needs to be addressed.)

d. Potential Conflict or Duality

A potential conflict or duality of interest is one which has not yet occurred, but is predictable if a Director/Committee member is about to assume (i) ownership or investor status, (ii) a compensation arrangement, or (iii) a fiduciary responsibility.

e. Financial Interest

A Director/Committee member has a financial interest which is personal and proprietary if the person has, directly or indirectly, through business, investment or family (spouse, parent, child or spouse of a child, brother, sister, or spouse of a brother or sister):

- (1) An ownership or investment interest in any entity (other than a publicly held entity) with which ACGME has a contract or transactional arrangement, or in any entity (other than a publicly held entity) whose products or services are in competition or potential competition with those intrinsic to the ACGME contract or transactional arrangement; or

Subject: 7.00 ACGME Conduct

Section: 7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.21 Definitions (continued)

- (2) A compensation arrangement with any entity or individual with which/whom ACGME has a contract or transactional arrangement in which the compensation is in excess of One Thousand Dollars (\$1,000.00) in any year, or with any entity whose products or services are in competition or potential competition with those intrinsic to the ACGME contract or transactional arrangement; or
- (3) An actual or potential ownership or investment interest in any entity (other than a publicly held entity) with which ACGME is considering or negotiating a contract or transactional arrangement, or in any entity (other than a publicly held entity) whose products or services are in competition or potential competition with those intrinsic to the potential ACGME contract or transactional arrangement; or
- (4) A compensation arrangement with any entity or individual as to which/whom ACGME is considering or negotiating a contract or transactional arrangement, or with any entity or individual whose products or services are in competition or potential competition with those intrinsic to the potential ACGME contract or transactional arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors (in general those amounting to less than \$50 per calendar year are exempt from this Policy).

7.22 Procedure – Conflict of Interest – Contract or Transaction

a. Disclosure of Conflicts

Each Director/Committee member who has, or is advised that he/she may have, (a) an actual, apparent or potential conflict of interest (personal or proprietary financial interest) or (b) bias for or against a program or sponsoring institution under review must disclose the conflict and all relevant facts to the Board Chair (Vice Chair if the Chair is conflicted or unavailable) or Committee Chair (Vice Chair if the Chair is conflicted or unavailable; committee selected designee if the Chair is conflicted or unavailable, and there is no Vice Chair). A disclosure statement form shall be provided to each Director or Committee member annually for completion and return, but disclosure is most appropriate whenever conflicts arise or are suspected.

Subject: 7.00 ACGME Conduct

Section: 7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.22 Procedure – Conflict of Interest – Contract or Transaction (continued)

b. Self-Declared Conflict (Disqualifying)

- (1) A Director/Committee member may declare an actual, apparent or potential conflict of interest relating to Board or Committee action on a contract or transaction and shall disclose all facts material to the conflict of interest. Such disclosure and declaration shall be reflected in the minutes of the meeting, which need not state all the facts disclosed by the Director/Committee member.
- (2) The conflicted Director/Committee member shall not participate in or be permitted to hear the Board's or Committee's discussion of the contract or transaction except to disclose material facts and to respond to questions. The Director/Committee member shall not attempt to exert his or her personal influence with respect to the contract or transaction, either at or outside the meeting.
- (3) The Director/Committee member having an actual or apparent conflict of interest may not vote on the contract or transaction and shall not be present in the meeting room when the vote is taken. Such a person's ineligibility to vote on that matter shall be reflected in the minutes of the meeting.
- (4) Depending upon the facts involved, the Board Chair or Committee Chair may also conclude that certain confidential or proprietary information should not be shared with the person having the actual, apparent or potential conflict.

c. Same State or Territory (Accreditation Actions)

A Director/Committee member (a) employed by a program or sponsoring institution headquartered in the same state or territory as a program or sponsoring institution being considered for accreditation action by a Review Committee or the Board and/or (b) having a bias for or against a program or sponsoring institution being considered for accreditation action by a Review Committee or the Board shall withdraw from all discussion on the appeal and leave the meeting room. The person shall not attempt to exert his or her personal influence with respect to the appeal, either at or outside the meeting.

d. ACGME Determined Conflict (Disqualifying)

- (1) In the event it is not entirely clear that an actual, apparent or potential conflict of interest exists, the Director/Committee member with an alleged or suspected conflict shall disclose the circumstances to the Board Chair (Vice Chair if the chair is conflicted or unavailable) or the Committee Chair (Vice Chair if the Chair is conflicted or unavailable; Committee selected designee if the Chair is conflicted or unavailable, and there is no Vice Chair), who shall determine whether there exists an actual, apparent or potential conflict of interest.

Subject: 7.00 ACGME Conduct

Section: 7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.22 Procedure – Conflict of Interest – Contract or Transaction (continued)

- (2) The Director/Committee member may request a vote of the Board or Committee if he/she disagrees with the determination of the Board Chair or Committee Chair. The Director/Committee member may be present and may speak during Board or Committee discussion of the relevant facts regarding the actual apparent or potential conflict of interest, but shall leave the room for other discussion and voting. An actual, apparent or potential conflict may be found to exist by a simple majority vote, the Director/Committee member involved not voting, but being counted for quorum purposes and shown as abstaining.
- (3) Depending upon the facts involved, the Board Chair or Committee Chair may also conclude that certain confidential or proprietary information should not be shared with the person having the actual, apparent or potential conflict.

7.23 Procedure – Addressing Number of Persons Voting

If, upon conclusion of the Conflict of Interest Procedure (Section 7.22), the number of persons remaining to discuss and vote on a matter is less than half the total number of persons, those persons excluded under Section 7.22.c, (a) (Same State or Territory) who would not otherwise be excluded under the Conflict of Interest Procedure (Section 7.22) may participate in discussion and vote on the appeal of the program or sponsoring institution.

Subject: 7.00 ACGME Conduct

Section: 7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.24 Duality of Interest

a. Disclosure of Dualities and Possible Dualities

Prior to Board or Committee action on an issue, each Director/Committee member who has, or is advised by one or more on the Board or ACGME Committee that he/she may have, an actual, apparent or potential duality of interest as regards an action being taken or to be taken by the Board or Committee must disclose the duality and all relevant facts to the Board Chair, (Vice Chair if the Chair is conflicted or unavailable) or the Committee Chair (Vice Chair if the Chair is conflicted or unavailable; Committee selected designee if the Chair is conflicted or unavailable, and there is no Vice Chair).

- (1) The affected Director/Committee member shall inform the Board or Committee how he/she has acted in the public's best interest to resolve the duality.
- (2) Annual Disclosure Form. A disclosure statement form shall be provided to each Director/Committee member annually for completion and return, but disclosure is most appropriate whenever dualities arise or are suspected.

b. Self-Declared Actual, Apparent or Potential Duality

(1) Self-Declared Actual, Apparent or Potential Duality (Non-Disqualifying)

Prior to Board or Committee action on a matter or issue, a Director/Committee member may declare an actual, apparent or potential duality of interest on an issue, and also declare that he/she can discharge his/her fiduciary duty relating to that issue in a manner that he/she reasonably believes is in the interests of ACGME and the public. Unless the ACGME determines, as provided herein, that the Director/Committee member has an actual, apparent or potential duality of interest on an issue and that he/she cannot discharge his/her fiduciary duty relating to that issue in a manner that is in the interests of ACGME and the public, the Director/Committee member may participate regarding that issue.

(2) Self-Declared Actual, Apparent or Potential Duality (Disqualifying)

A Director/Committee member declaring an actual, apparent or potential duality of interest on an issue, and that he/she cannot discharge his/her fiduciary duty relating to that issue in a manner that he/she reasonably believes is in the interests of ACGME and the public, shall not participate regarding that issue.

Subject: 7.00 ACGME Conduct

Section: 7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.24 Duality of Interest (Continued)

c. ACGME Determined Actual, Apparent or Potential Duality (Disqualifying).

- (1) In the event it is not clear that a disqualifying actual, apparent or potential duality of interest exists, the Director/Committee member with an actual, alleged, suspected or possible actual, apparent or potential duality shall disclose the circumstances to the Board Chair (Vice Chair if the Chair is conflicted or unavailable) or the Committee Chair (Vice Chair if the Chair is conflicted or unavailable; Committee selected designee if the Chair is conflicted or unavailable, and there is no Vice Chair), who shall determine whether there exists a disqualifying actual, apparent or potential duality of interest, i.e., whether an actual, apparent or potential duality of interest exists that is sufficient in gravity to destroy the trust necessary for fiduciary service to ACGME and the public on an issue.
- (2) The Director/Committee member involved may request a vote if he/she disagrees with a disqualification decision of the Board Chair or Committee Chair. The Director/Committee member involved may be present and may speak during Board or Committee discussion of the relevant facts, but shall leave the room for executive session discussion and voting. A disqualifying actual, apparent or potential duality may be found to exist by a two-thirds vote, the Director/Committee member involved not voting, but being counted for quorum purpose and shown as abstaining.

d. Addressing Duality (Disqualifying)

Upon a disqualifying actual, apparent or potential duality of interest being either declared or determined regarding an action being taken or to be taken by the Board or the ACGME committee, the duality shall be noted in the minutes. The Director/Committee member with the actual, apparent or potential duality shall not participate in the debate or vote on the action, and, in the discretion of the Board Chair or Committee Chair, shall not have access to certain confidential information.

7.25 Procedure – Specialties Under Consideration

- a. Prior to and during a Board or Committee meeting at which a specialty is being considered (including but not limited to specialties addressed by the Monitoring and Requirements Committees), Directors/Committee members of the same specialty as that under consideration shall not (a) review, (b) participate in Board or Committee discussion, (c) participate in Board or Committee vote, and/or (d) moderate Board or Committee consideration of that specialty.

Subject: 7.00 ACGME Conduct

Section: 7.20 Conflict and Duality of Interest Policy (Directors and Committee Members)

7.25 Procedure – Specialties Under Consideration (continued)

- b. Prior to and during a Board or Committee meeting at which a specialty is being considered (including but not limited to specialties addressed by the Monitoring and Requirements Committees), no Director/Committee member shall (a) review, (b) participate in Board or Committee discussion, (c) participate in Board or Committee vote, and/or (d) moderate Board or Committee consideration of any specialty as to which the Director/Committee member, because of his/her background or otherwise, feels he/she cannot fairly participate in consideration.
- c. During a Board or Committee meeting, prior to consideration of a specialty, the Board or Committee will determine whether any Director/Committee member, because of a conflict of interest, should not participate in consideration of the specialty.
- d. If, as a result of the above process, two or fewer Committee members remain eligible to participate in Committee recommendation on a specialty, the Chair of the ACGME shall appoint a Director without such conflicts to participate as an ad hoc Committee member for recommendation on a specialty.
- e. A Director/Committee member having a conflict of interest shall withdraw from all consideration of the specialty and shall leave the meeting room during consideration.

7.26 Procedure – Consultant/Site Visitor

A person shall not serve as a program or institutional consultant or as program or institutional site visitor to GME programs or sponsoring institutions inside or outside the United States while serving on the Board of Directors or a Review Committee.

7.27 Failure to Disclose Conflict and Duality of Interest

If the Governance Committee has reasonable cause to believe (based on information from the ACGME Chief Executive Officer or other sources that a Director/Committee member has knowingly and deliberately failed to disclose an actual, apparent or potential conflict or duality of interest, it shall inform the Director/Committee member of the bases for such belief and afford him or her an opportunity to explain the alleged failure to disclose.

If, after hearing the response of the Director/Committee member and making such further investigation as may be warranted in the circumstances, the Governance Committee determines that the Director/Committee member has in fact knowingly failed to disclose an actual, apparent or potential conflict or duality of interest, it shall recommend appropriate action or sanctions to the ACGME Board. The recommendation shall reflect the Governance Committee's view of the violation's seriousness and the degree of harm or potential harm to ACGME.

Subject: 7.00 ACGME Conduct

Section: 7.30 Annual Disclosure – Directors / Committee Members

Annually each Director/Committee member shall be provided with and asked to review a copy of this Policy and to acknowledge in writing that she/he has done so and that he/she agrees to follow this Policy.

Annually each Director/Committee member shall complete a disclosure form identifying any relationships, positions or circumstances in which s/he is involved that he or she believes could contribute to an actual or apparent conflict of interest or duality of interest. Any such information regarding the business interests of a person or a family member thereof, shall generally be made available only to the Chair, the Chief Executive Officer, and any committee appointed to address conflicts and dualities of interest, except to the extent additional disclosure is necessary in connection with the implementation of this Policy.

Subject: 7.00 ACGME Conduct
Section: 7.40 Confidentiality

The ACGME recognizes that adherence to confidentiality of the information acquired during the accreditation process is vital to its operation. Intrinsic to accreditation is the promotion of candor within its process, which may include constructive criticism that leads to improvement in the educational quality of a program or institution. Maintaining confidentiality within the accreditation process promotes this candor. Confidentiality means that the ACGME and its committees will not disclose the documents listed in this Section nor the information contained therein, except as required for ACGME accreditation purposes, as may be required legally, or as provided in Section 7.41. In order to meet the requirement of confidentiality, the ACGME holds as confidential the following documents and the information contained therein:

- a. institutional and program files, including without limitation: institutional review and clinical learning environment review information; program information; program and institution accreditation history; site visit reports; progress reports; Case Log data; survey data; and records of committee consideration;
- b. appeals files;
- c. additional documents and correspondence recording accreditation actions and consideration thereof by the ACGME; and,
- d. personal resident physician information, and protected health information submitted to the ACGME.

A breach of confidentiality could result in irreparable damage to the Review Committees, the ACGME and its mission, and the public, and may result in removal of a director, committee member, or ACGME employee.

7.41 Published Information Released through ACGME

The ACGME publishes and releases a list of programs and sponsoring institutions accredited by the ACGME, through its website (www.acgme.org) and other media, the following information about accredited programs and institutions:

- a. name and address of sponsoring institution;
- b. name and address of major participating site(s);
- c. name and address of program director;
- d. name and address of GME coordinator;
- e. specialty and length of program;
- f. total number of resident/fellow positions;

Subject: 7.00 ACGME Conduct
Section: 7.40 Confidentiality

7.41 Published Information Released through ACGME (continued)

- g. program and institutional accreditation, program and institutional accreditation status, and effective date (current, and for the previous 10 years);
- h. date of last self study; and,
- i. date of next self study.

Summary data and other information about programs, institutions, resident physicians, or resident physician education which is not identifiable by person or organization may be published by the ACGME or in collaboration with other entities in a manner appropriate to further the quality of GME consistent with ACGME policies and the law.

Individual resident physician data may be submitted to specialty certification boards upon written or electronic authorization of the individual resident physicians and programs, as appropriate.

7.42 Confidentiality Administration

In order to protect confidential information, the ACGME assumes responsibility to:

- a. not make copies of, disclose, discuss, describe, distribute, or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any confidential information, or any part of it, that the Review Committees receive or generate, except directly in conjunction with service to the ACGME;
- b. not use such confidential information for personal or professional benefit or for any other reason, except directly in conjunction with service to the Review Committees and/or the ACGME; and,
- c. dispose of all materials and notes regarding confidential information in compliance with ACGME policies.

The confidentiality obligations continue to apply to former Review Committee members. A former Review Committee member may serve as a consultant to a program or institution, but he or she shall continue to maintain the confidentiality of confidential ACGME information. He or she may not serve as a consultant for a program or institution which has an accreditation decision pending before the ACGME in which decision, or part thereof, the former Review Committee member participated as a Review Committee member. If a former Review Committee member, while serving as a consultant, receives information from a program or institution, he or she may discuss such information with the program or institution, if the same information had been submitted to the Review Committee. However, the former Review Committee member may not discuss the consideration of the program or institution by the Review Committee in which the former Review Committee member participated or otherwise became aware by virtue of his or her Review Committee membership.

Subject: 7.00 ACGME Conduct

Section: 7.50 Policies Governing Review Committee Member Conduct

Upon appointment by the ACGME Board, all Review Committee members (except ex-officio members) must sign an agreement annually to comply with *ACGME Policies and Procedures*, including those relating to Fiduciary Duty, Conflict and Duality of Interest, and Confidentiality. Ex-officio members must sign an agreement annually to comply with *ACGME Policies and Procedures*, including those related to Conflict of Interest and Confidentiality. These agreements shall be kept on-file by the ACGME administration.

Members of a Review Committee may not act for or on behalf of the Review Committee or the ACGME without explicit authorization by ACGME administration. This does not preclude Review Committee members from reporting on general committee activities to appropriate organizations.

Subject: 7.00 ACGME Conduct

Section: 7.60 Board and Review Committee Attendance

Whenever an ACGME Director or Review Committee member fails to attend two or more of any four consecutive regular meetings of the ACGME Board or Review Committee, the Governance Committee shall:

- a. invite the Director or Review Committee member to submit a written explanation of any extraordinary circumstances underlying the absences; and,
- b. make a recommendation to the ACGME Board as to whether it should take any action for failure of the Director or Review Committee member to attend two or more of any four consecutive meetings of the ACGME Board or Review Committee.

Subject: 7.00 ACGME Conduct

Section: 7.70 Directors Attendance at Board Standing Committee Meetings

Subject to ACGME policy on conflicts and dualities of interest, upon invitation of a standing committee through its chair, ACGME Directors who are not members of the standing committee may attend all or parts of a meeting of the standing committee as observers. Standing committee chairs may exercise discretion in allowing a Board member to speak and address agenda issues. In addition, subject to ACGME policy on conflicts and dualities of interest, the ACGME Board Chair may attend meetings of all standing committees as an *ex-officio* member, and public Directors have an invitation to attend meetings of all standing committees, even if they are not members of those committees.

Subject: 8.00 Financials
Section: 8.10 Fee Structure

The ACGME charges fees to defray the costs of accreditation. These fees are annually determined by the ACGME.

Accreditation Fee

The ACGME shall charge a yearly accreditation fee to all accredited programs. This fee covers all of the costs associated with ongoing accreditation, including the following services:

- site visits
- collection, preparation, and distribution of data
- review of program materials
- surveys and operative log processing and reporting
- selecting, organizing, and convening peer-review committees
- notification of accreditation decisions

Accreditation fees are determined by program size and number.

Application Fee

A non-refundable fee is charged for processing applications of programs seeking initial accreditation or re-accreditation of previously withdrawn programs. This fee is assessed upon receipt of the application.

Appeal Fee

In the event of an appeal of an adverse action, an appeal fee shall be assessed. In addition, the appellant and the ACGME shall equally share the following costs associated with the appeal:

- cost of court reporter
- actual expenses for travel, meals, and hotel for the appeals panel and the Review Committee Chair or designee

Canceled or Postponed Site Visit Fee

Should a program cancel or postpone a scheduled site visit, the ACGME may charge a cancellation fee. This fee may be charged at the discretion of the Department of Field Activities.

Due Date

Fees are payable within 45 days of receipt of invoice.

Subject: 8.00 Financials
Section: 8.20 Expenses

The ACGME defrays expenses in accordance with financial policies established annually.

a. ACGME Board and Committee Meetings

(1) Facilities

Charges for facilities and services associated with a Review Committee meeting, such as meeting rooms, food service, or special arrangements, are paid by the ACGME.

(2) ACGME Board and Committee members

Members are reimbursed for expenses associated with their attendance at Board meetings and Review Committee meetings. The ACGME reimburses all actual expenses for travel and lodging of a member for attending a meeting. Lodging expenses are placed on a master account, and meals, except dinner, are provided during the course of the meeting. The ACGME will reimburse up to \$125 per day for meal expenses during travel days.

Members may not accept payment for service on the ACGME Board or a Review Committee, including travel upgrades at the expense of the appointing organization or the ACGME, honoraria, or duplicative remuneration.

(3) Ex-officio Members of a Review Committee

Ex-officio members of a Review Committee shall not be reimbursed for expenses by the ACGME.

(4) Resident Member

Resident members of the Review Committees shall be reimbursed for actual expenses for travel, meals, and lodging under ACGME guidelines for attendance at Review Committee meetings.

(5) ACGME Staff

Expenses incurred by ACGME staff members shall be reimbursed by the ACGME.

(6) Guests and Consultants

Guests and consultants shall be eligible for reimbursement of expenses if they are attending a meeting at the request of the ACGME Board or a Review Committee.

Subject: 9.00 Review Committees and Recognition Committee

The function of a Review Committee is to set accreditation standards and to provide peer evaluation of specialty and subspecialty residency programs (or, in the case of the Institutional Review Committee, to set accreditation standards and to provide peer evaluation of sponsoring institutions). The purpose of the evaluation is to assess whether the program or institution is in substantial compliance with the published set of ACGME educational standards, and to confer an accreditation status on programs and institutions.

Residency Review Committee – A Residency Review Committee must include physician members, at least one of whom is a resident at the time of appointment, and, should include, one public member. Each public member may participate in discussion and vote relating to all matters.

If a public member is not appointed to a Residency Review Committee, that Residency Review Committee shall inform the Monitoring Committee in writing of its reasons for not including a public member on the Committee. The Review Committee must reconsider its position in this regard every two years subject to review by the Monitoring Committee.

Members of each Residency Review Committee (except the resident member and the public member) are nominated by Residency Review Committee appointing organizations, recommended by the Residency Review Committee, and appointed by the ACGME Board.

- (1) Appointing Organizations – Each Residency Review Committee is comprised of members nominated by the American Medical Association’s Council on Medical Education, the specialty board that certifies physicians within the specialty and in most cases by the professional college, or another professional organization or society associated with the specialty. These members are confirmed by the ACGME Board. Residency Review Committee appointing organizations may be added by the Board of Directors. Residency Review Committee appointing organizations may be changed or deleted upon unanimous recommendation of the existing appointing organizations for that Residency Review Committee and approval by the ACGME Board.
- (2) Appointment of Residency Review Committee Members – Appointing organizations should submit to the ACGME administration the names of two candidates for each vacancy at least 12 months before the date of the appointment. Appointing organizations should consider professional qualifications, geographic distribution, and diversity in nominating their candidates.

The Review Committee will recommend one of the nominated candidate(s) to the ACGME Board, which has the authority for appointing all Residency Review Committee members. If the recommended candidate is not appointed, the ACGME administration will request another candidate. Public members shall be selected by the ACGME Board from among nominees submitted by the Residency Review Committees.

Subject: 9.00 Review Committees and Recognition Committee (continued)

Institutional Review Committee and Transitional-Year Review Committee – The Institutional Review Committee and Transitional-Year Review Committee, including the voting resident member, shall be from the GME community at large, and shall be recommended by the ACGME Executive Committee and appointed by the ACGME Board. One public member should serve as a member of the Institutional Review Committee and the Transitional Review Committee. Public members shall be appointed by the ACGME Board from among nominees submitted by the ACGME Executive Committee. Each public member of each of these committees may participate in discussion and vote relating to all matters.

If a public member is not appointed to the Institutional Review Committee or the Transitional-Year Committee, the Institutional Review Committee or the Transitional-Year Committee shall inform the Monitoring Committee in writing of its reason(s) for not including a public member on the Committee. The Review Committee must reconsider its position in this regard every two years subject to review by the Monitoring Committee.

a. Terms

With the exception of the resident member, Review Committee members shall be appointed to six-year terms. Upon completion of a six-year term, a member may not be appointed again to the same Review Committee. The term of the resident member is two years. Upon completion of a two-year term, the resident member may not be appointed again to the same Review Committee; however, his or her two-year term may be extended to enable him or her to complete his or her term as chair of the Council of Review Committee Residents. The terms of new members shall begin on July 1.

b. Qualifications for Appointment

Each member of a Residency Review Committee, Recognition Committee, and the Transitional Year Review Committee, with the exception of the resident member and public member, must be certified by the appropriate American Board of Medical Specialties (ABMS) Board or the appropriate specialty Board of the American Osteopathic Association (as applicable); should be actively involved in GME; should demonstrate substantial experience in administration and/or teaching in the specialty (e.g., as a program director, an active faculty member, or a participating site director); should have knowledge of the accreditation process; and should be associated with a program in good standing with the ACGME.

Each member of the Institutional Review Committee, with the exception of the resident member and public member, should be associated with a sponsoring institution that holds initial accreditation or continued accreditation, and possess demonstrated experience in educational administration, institutional oversight, and/or institutional review.

Each member of a Recognition Committee must satisfy the above qualifications for appointment of either a Residency Review Committee or the Institutional Review Committee, as applicable.

Subject: 9.00 Review Committees and Recognition Committee (continued)

c. Composition

a. Chair

A Review Committee Chair should be elected for a three-year term from the membership of the Review Committee and shall not be eligible for re-election. If the Chair for any reason relinquishes the position prior to the completion of the term, the Review Committee shall elect a new Chair. If a Review Committee member is elected Chair with only two years remaining in her or his six year term, that term may be extended by one year in order to fulfill her or his three-year term as Chair.

b. Vice Chair

The Vice Chair should be elected by the Review Committee for a term of two years, which may be extended.

c. Resident

Each Review Committee must follow ACGME procedures for nominating its resident member. Candidates must be enrolled in an ACGME-accredited residency or fellowship program at the time of the appointment, and may not serve more than one year beyond completion of residency or fellowship.

d. Responsibilities

Prior to assuming responsibility for reviewing programs or sponsoring institutions, each member of the Review Committee must attend the Annual New Member Orientation or an approved alternative orientation. Each member must:

(1) adhere to ACGME policies and procedures;

(2) attend meetings (Section 7.60);

a. whenever a Review Committee member fails to attend two or more of any four consecutive regular meetings, the ACGME Governance Committee shall:

i. invite the member to submit a written explanation of any extraordinary circumstances underlying the absences, and

ii. make a recommendation to the ACGME Board as to whether it should take any action for failure of the member to attend two or more of any four consecutive meetings of the Review Committee.

(3) agree to and perform the tasks associated with membership; and,

(4) be evaluated on performance by other members of the Review Committee and appropriate ACGME senior staff members.

Subject: 9.00 Review Committees and Recognition Committee (continued)

Review Committee Chair

A Review Committee Chair shall call and preside over meetings of the Review Committee. The Chair shall ensure that the Review Committee conducts its responsibilities in accordance with ACGME policies and procedures. The Chair shall attend the meetings of the ACGME Council of Review Committee Chairs.

Review Committee Vice Chair

In the Chair's absence, the Vice Chair shall assume the duties of the Chair.

e. Failure of Member to Perform

Consistent with Article IX, Section 5, of the *ACGME Bylaws*, a Review Committee member may be removed by a majority vote of the Board of Directors when, in the judgment of the Board, the best interests of the ACGME would be served. This may include, but is not limited to, the failure of the member to perform his or her responsibilities appropriately or the violation of rules of confidentiality. In removing a Review Committee member, the following procedures shall apply:

- (1) The Chief Executive Officer of the ACGME shall provide the Review Committee member in question with written notice of the proposed removal, which must include an explanation of the reason for the proposed removal. The Review Committee member shall be given an opportunity to provide a written response to the allegations.
- (2) If the allegation is deemed to warrant removal of the Review Committee member, the Chief Executive Officer of the ACGME presents the information and a recommendation to the ACGME Executive Committee.
- (3) The Review Committee member shall be given the opportunity to appear before the ACGME Executive Committee.
- (4) The recommendation of the ACGME Executive Committee shall be presented for action to the ACGME Board at its next meeting. During this process, the Review Committee member in question may not attend Review Committee meetings. The decision of the ACGME Board is final and not appealable.
- (5) The action of the ACGME Board shall be communicated by the Chief Executive Officer of the ACGME to the Review Committee member, the appointing organization, and the Chair of the Review Committee (or the Vice Chair, if the Review Committee member in question is the Chair). The details of the action shall be considered final and confidential and shall not be shared with the Review Committee.

Subject: 9.00 Review Committees and Recognition Committee (continued)

f. Other Attendees

(1) Ex-Officio

Each appointing organization may send one ex-officio member, without vote, to attend the Residency Review Committee meetings.

Ex-officio members are subject to the same rules of conflict and duality of interest and confidentiality as voting members. Ex-officio members may participate only in policy discussion, and shall not participate in program review.

(2) Staff members, Consultants, and Guests

Staff members, consultants, and guests are subject to the same rules of conflict and duality of interest and confidentiality as members.

- a. During program review, staff and consultants may provide information or clarification for matters related to programs under review, but may not participate in program review discussion or accreditation decisions.
- b. In advance of the meeting, the Review Committee Executive Director, in consultation with the Review Committee Chair, shall inform the guest whether or not he or she may be present during the review portion of the meeting.
- c. On occasion, members of the ACGME Board may attend Review Committee meetings. These members may observe both program review and policy discussions, but may not participate in program review discussion or accreditation decisions.

g. Size

The ACGME shall determine the number of Review Committee members based on the overall workload, including the number of specialty and subspecialty programs or sponsoring institutions. Requests for changes in the number of members of a Review Committee must be submitted to the ACGME administration and approved by the ACGME Board.

Subject: 9.00 Review Committees and Recognition Committee
Section: 9.10 ACGME Delegation of Authority to Review Committees

The responsibility for the accreditation of programs and institutions in GME resides with the ACGME Board which may delegate responsibility for accreditation to the Review Committees. *ACGME Bylaws*, Article XI, Section 2I states:

“Upon application of a Review Committee, including the RRCs, the IRC, and TYRC and following a review of its performance, the Board of Directors may delegate accreditation authority to the Review Committee. Such delegation shall be for a period determined by the Board of Directors. The Board of Directors shall conduct periodic reviews of the accreditation process of the Review Committee and of its authority to accredit.”

Subject: 9.00 Review Committees and Recognition Committee
Section: 9.20 Procedures to Evaluate Requests for Accreditation Authority from an ACGME Residency Review Committee

The ACGME shall use the following procedure to evaluate requests for authority to accredit programs in a specialty or subspecialty:

- a. The Chair of the ACGME Board, with the concurrence of the ACGME Executive Committee, shall appoint an ad hoc committee to assess the request for authority to accredit programs in the proposed specialty or subspecialty.
- b. After reviewing a request for accreditation authority, the ad hoc committee may recommend that the Review Committee be granted accreditation authority.
- c. If, however, the ad hoc committee recommends the request be denied and the ACGME Board concurs, a response will be provided to the Review Committee indicating the reasons for the denial. The Review Committee may address these concerns and resubmit the request for accreditation authority.

Subject: 9.00 Review Committees and Recognition Committee
Section: 9.30 Periodic Review of a Review Committee's Activities

The ACGME provides oversight of the effectiveness of the Review Committees through the Monitoring Committee.

Based on its evaluation of a Review Committee, the Monitoring Committee must recommend one of the following options:

- a. continue to delegate accreditation authority;
- b. continue to delegate accreditation authority with added supervision and oversight; or,
- c. withdraw delegation of authority to accredit.

For details of continuing review of Review Committee activity, see Section 5.63.

Subject: 9.00 Review Committees and Recognition Committee
Section: 9.40 Accreditation Responsibilities

Each Review Committee functions under accreditation authority delegated by the ACGME Board.

Review Committee responsibilities:

- a. accredit programs and sponsoring institutions consistent with established ACGME policies and procedures using the Common Program, Specialty specific and Institutional Requirements;
- b. review programs and sponsoring institutions annually based on continuous collection of data as outlined in Section 17.61;
- c. confer an accreditation status for each program or sponsoring institution being evaluated;
- d. prepare or revise the Common Program, Specialty specific and Institutional Requirements to reflect current educational and clinical practice;
- e. initiate discussion in matters of policy, best practice, and innovation relating to GME; and,
- f. recommend changes in policy, procedures, and requirements to the ACGME Council of Review Committee Chairs.

Subject: 9.00 Review Committees and Recognition Committee
Section: 9.50 Conduct of Review Committee Meetings

Review Committee meetings should be conducted as follows:

- a. Review Committees shall meet at regularly prescribed intervals to conduct business. The length and frequency of meetings should be determined by workload. Any additional meetings or extended meetings require prior administrative approval.
- b. In addition to the Review Committee Executive Director or ACGME designee, a simple majority of the voting members must be present for all policy and accreditation decisions.
- c. During deliberations and conduct of business, Review Committee members must function in a manner consistent with the ACGME policies and procedures regarding Fiduciary Duty, Conflict and Duality of Interest, and Confidentiality (Sections 7.10 – 7.40).
- d. All accreditation-related actions must comply with ACGME accreditation policies and procedures.
- e. ACGME Review Committee staff members shall record the minutes of meetings, including the accreditation actions taken.
- f. A Review Committee may conduct a regular Review Committee meeting by conference call.
- g. Review Committees may also use conference calls as necessary to conduct a Review Committee meeting for unscheduled business.
- h. Circumstances may cause a Review Committee to reschedule a confirmed meeting for reasons such as inclement weather, a national emergency, or other emergency situation. The decision to cancel and permission to reschedule a meeting is made by the ACGME's Chief Executive Officer, Chief Financial Officer, and others as deemed appropriate in consultation with the Review Committee Chair and Executive Director. All staff and Review Committee members shall be notified immediately of the cancellation. Another date for the meeting shall be determined in a timely fashion.

Subject: 9.00 Review Committees and Recognition Committee

Section: 9.60 ACGME Delegation of Authority and Oversight of Recognition Committees

Under the delegated authority of the ACGME Board, recognition of sponsoring institutions, graduate medical education programs and one or more components of an ACGME-accredited program is carried out by the relevant Recognition Committee, subject to appeal of adverse actions to the Board.

The ACGME Board provides oversight of the Recognition Committees through the Monitoring Committee.

Subject: 9.00 Review Committees and Recognition Committee
Section: 9.70 Recognition Committee Responsibilities

The functions of the Recognition Committees are to:

- a. prepare, revise and recommend to the Board standards (recognition requirements) with which sponsoring institutions and/or programs must substantially comply in order for the sponsoring institution and/or program to be conferred recognition;
- b. review and evaluate the sponsoring institution or program for compliance with these standards; and
- c. confer recognition on the sponsoring institutions or programs that seek, or seek to maintain, recognition, and that comply substantially with the requirements for recognition, subject to appeal of adverse actions to the Board.

Recognition Committees will operate generally under ACGME policies and procedures in a manner similar to Review Committees. In this regard, ACGME Policies and Procedures Sections 7.10-7.70 and Section 8.20 and Sections 9.10-9.50, are applicable to the Recognition Committees.

Subject: 9.00 Review Committees and Recognition Committee
Section: 9.80 Procedures for Recognition

An ACGME-accredited program may submit to ACGME an application for Osteopathic Recognition of its osteopathic principles dimension.

A program that has been conferred Initial or Continued Accreditation may submit an application for recognition of a dimension (such as osteopathic recognition) to the applicable Recognition Committee. This recognition indicates that the program complies substantially with ACGME requirements for recognition.

Osteopathic principles recognition will be available to any ACGME-accredited program beginning July 1, 2015, and will be conferred by the Osteopathic Principles Committee.

The order of submission is as follows: (1) submission of program application for Initial Accreditation; (2) conferring of pre-accreditation status on programs; and, (3) submission of program application for Osteopathic Recognition. Osteopathic Recognition may not be conferred unless and until the applying program is conferred Initial Accreditation.

Subject: 10.00 Procedures for the Development and Approval of Requirements
Section: 10.10 New or Revised Requirements

Each Review Committee and Recognition Committee must submit proposed new or revised Institutional, Program or Recognition Requirements to the ACGME Committee on Requirements. All Review Committees and Recognition Committees must review their respective requirements every 10 years. Prior to submission, the proposal must be reviewed by administrative staff members as designated by the Chief Executive Officer of the ACGME. The administrative staff will make a recommendation as to whether new, major or focused requirement revisions are required.

Upon recommendation of administrative staff members to the Chief Executive Officer of the ACGME, the Committee on Requirements shall review and make recommendations to the ACGME Board on the approval of proposed new requirements, and/or major or focused revisions to the requirements, pursuant to Section 10.20.

Subject: 10.00 Procedures for the Development and Approval of Requirements
Section: 10.20 Revisions of Requirements

Prior to drafting major revisions to existing requirements, all Review Committees must solicit input on the requirements currently in effect from the community of interest.

(1) The following groups constitute the community of interest who must be solicited:

- Review Committee Chairs and Executive Directors
- program directors in the specialty and its subspecialties
- nominating organizations of the Review Committee
- selected patient groups
- selected public officials
- the public and other selected interested parties

Additional specialty organizations may be notified; these notifications, however, are made at the discretion of the applicable Review Committee.

(2) After consideration of the comments received and the deliberations of the Review Committee, the Review Committee shall complete the revisions in the form and format required by the ACGME to include the development of an Impact Statement that responds objectively to each required question.

(3) New requirements, and major or focused revisions to existing requirements, must be subjected to review and comment. The proposed revised requirements and the Impact Statement shall be posted on the ACGME website. A 45-day period of public comment shall commence upon email notice.

(a) Comments are invited from the following groups:

- member organizations of the ACGME
- nominating organizations of the Review Committee
- designated institutional officials (DIOs)
- Chairs and Executive Directors of each Review Committee
- program directors in the specialty
- selected public officials
- selected patient groups
- the public and other selected interested parties

(b) ACGME Directors and Review Committee members shall not provide written comments on the proposed requirement revisions individually, or on behalf of their programs (if applicable), institutions, or other organizations, except that:

1. Review Committee Chairs may submit written comments on behalf of their Review Committees, and,

Subject: 10.00 Procedures for the Development and Approval of Requirements
Section: 10.20 Revision of Requirements (continued)

2. a Review Committee whose chair is an ACGME Director shall submit the Review Committee's comments through its Vice Chair.
 - (c) Requirements must be reviewed every 10 years, even if a Review Committee deems that no revisions are required; the existing requirements must still be posted for public comment. If no comments are received, a letter explicitly stating that the review has been accomplished and that no revisions are required must be submitted by the Review Committee to the ACGME Committee on Requirements
- (4) Comments shall be evaluated by the Review Committee, and it shall determine which suggestions will be incorporated into the proposed revisions for submission to the Committee on Requirements. The Review Committee will submit all comments received, along with its responses, to the Committee on Requirements together with the proposed revisions.
- (5) The review of the proposed revised requirements shall occur at the next scheduled meeting of the Committee on Requirements, and its recommendations shall be forwarded to the ACGME Board for action.
- (6) The effective date for revisions shall be July 1 or January 1, as approved by the ACGME Board. The ACGME Board shall consider the recommendation of the Review Committee for the effective date of implementation of revised requirements. The effective date must provide sufficient time for programs or institutions to implement changes.
- (7) On initial approval of new requirements, the effective date will be when the requirements are approved by the ACGME Board, unless otherwise indicated by the ACGME Board. The ACGME Board shall consider a recommendation of a Review Committee as to the effective date.

Subject: 10.00 Procedures for the Development and Approval of Requirements
Section: 10.30 Editorial Revisions of Existing Requirements

After approval by the ACGME Board, requirements may be edited by the ACGME Editor or designated staff before they are posted on the ACGME website. Any such editing must not substantively change approved requirements

Subject: 10.00 Procedures for the Development and Approval of Requirements
Section: 10.40 Revisions to the Common Program Requirements

The ACGME Board has responsibility for oversight of the Common Program Requirements. The ACGME Council of Review Committee Chairs has responsibility for participating in revisions to the ACGME's Common Program Requirements. Proposed revisions to the Common Program Requirements may be submitted by any program director, resident, Review Committee, Designated Institutional Official, member organization, appointing organization, or the ACGME Board. Only in rare instances may the Common Program Requirements be revised more often than every 10 years.

Revisions to the Common Program Requirements shall be conducted by a committee convened by the ACGME Board composed of members of the ACGME Board and the Council of Review Committee Chairs, which shall:

- (1) request comments from ACGME member organizations, Review Committees, appointing organizations, standing ACGME committees and councils, program directors, and DIOs;
- (2) develop a draft of the revised Common Program Requirements;
- (3) post the draft on the ACGME website for public comment;
- (4) request comment on the draft by the Council of Review Committee Chairs; and
- (5) review the comments of the Council of Review Committee Chairs, together with all comments received, make revisions to the draft, and submit proposed revised Common Program Requirements and a recommended effective date to the ACGME Committee on Requirements.

Subject: 10.00 Procedures for the Development and Approval of Requirements
Section: 10.50 Waivers to the Common Program Requirements for Multicenter Educational Research Trials

Under special circumstances, the ACGME Board may review and approve requests for waivers to the Common Program Requirements in order to permit the conduct of multicenter educational research trials designed to answer questions fundamental to development or modification of the Common Program Requirements. Such proposals must first gain approval of the involved specialty(s) Residency Review Committee and the administration of the ACGME.

Decisions of the ACGME Board related to multicenter educational research trials are final. There is no appeal of these decisions.

Subject: 10.00 Procedures for the Development and Approval of Requirements
Section: 10.60 Impact Statement

The Impact Statement serves to advise that some change in the requirements for a discipline may materially affect patient care or the allocation of resources within a sponsoring institution. The Impact Statement must address the effect of requirements on resident education, patient care, faculty resources, institutional facilities and services, and other services and educational programs in the institution for each area where substantive change is proposed.

Subject: 10.00 Procedures for the Development and Approval of Requirements
Section: 10.70 Procedures for Developing Program Requirements for Specialties Using a Common Set of Program Requirements in a Multidisciplinary Subspecialty

The Chair of the ACGME Board shall appoint an advisory committee to include representatives of the specialties participating in a new multidisciplinary subspecialty. The relevant Residency Review Committees shall agree to adhere to one set of Program Requirements. For subsequent revisions of the Program Requirements, the relevant Residency Review Committees must reach agreement on the revisions of the requirements. The requirements submitted to the Committee on Requirements must represent the consensus of all participating Residency Review Committees.

Subject: 11.00 Procedures for Accreditation of New Core Specialties
Section: 11.10 Criteria for Accreditation Recognition of a New Core Specialty

The ACGME Board determines whether the ACGME will accredit programs in a new core specialty and establish an associated Review Committee, or delegate accreditation authority to an existing Residency Review Committee (Section 9.20). The ACGME Board shall evaluate proposals for the accreditation of residency programs in a new core specialty in accordance with the criteria set forth below. This evaluation will ensure that the accreditation of programs in the new core specialty is consistent with the mission of the ACGME.

The proposal for accreditation recognition in a new core specialty shall be sent to the Chief Executive Officer of the ACGME.

The proposal must provide evidence that the new core specialty:

- a. demonstrates that the clinical care of patients and their safety will be improved through recognition of education in that discipline;
- b. is sufficiently distinct from other specialties based on major new concepts in medical science and the delivery of patient care;
- c. represents a new and well-defined field of medical practices;
- d. is based on substantial advancement in medical science;
- e. offers educational content that cannot be incorporated within established residency programs;
- f. will generate sufficient interest and resources to establish the critical mass of quality residency programs with long-term commitment for successful integration of the graduates in the health care system nationally;
- g. At a minimum, the new core specialty should maintain 50 active programs and 200 residents nationally.
- h. is recognized as the single pathway to the competent preparation of a physician in the new core specialty; and,
- i. has one or more national medical societies with a principal interest in the proposed new core specialty.

Subject: 12.00 Procedures for the Accreditation of Programs in a New Subspecialty
Section: 12.10 Criteria for Accreditation

The ACGME Board shall evaluate proposals for the accreditation of fellowship programs in a new subspecialty in accordance with the criteria set forth below. This evaluation will ensure that the accreditation of programs in the subspecialty is consistent with the mission of the ACGME.

A subspecialty program is a structured educational activity comprising a series of learning experiences which follows the successful completion of prerequisite specialty education (a) in a residency program accredited by the ACGME, or (b) as otherwise provided in the ACGME Program Requirements of the particular subspecialty, and leads to the unsupervised practice of medicine in that subspecialty.

Subject: 12.00 Procedures for the Accreditation of Programs in a New Subspecialty
Section: 12.20 Criteria for Recognition of a New Subspecialty

The ACGME accredits programs in all recognized subspecialties when it can be demonstrated that the clinical care of patients and their safety will be improved through recognition of training in that discipline.

- a. In order to achieve recognition, the proposal for accreditation recognition in a new subspecialty must provide documentation on the professional and scientific status of the new subspecialty to include, at minimum, evidence of the following:
 - (1) the clinical care and safety of patients will be improved through the recognition of the discipline;
 - (2) the existence of a body of scientific medical knowledge underlying the subspecialty that is clinically distinct from other areas in which accreditation is already offered;
 - i. This body of knowledge must be sufficient for educating individuals in a clinical field, and not simply in one or more techniques.
 - (3) the existence of a sufficiently large group of physicians who concentrate their practice in the proposed subspecialty;
 - (4) the existence of national medical societies with a principal interest in the proposed subspecialty;
 - (5) the regular presence in academic units and health care organizations of educational programs, research activities, and clinical services such that the subspecialty is broadly available nationally;
 - (6) a projected number of programs sufficient to ensure that ACGME accreditation is an effective method for quality evaluation;
 - (7) the duration of the subspecialty program is at least one year beyond education in the core specialty; and,
 - (8) the educational program is primarily clinical.

Subject: 13.00 Monitoring the Recognition of Specialties and Subspecialties

When the ACGME decides to extend recognition of a specialty, the decision shall be provisional for a period of up to five years and reevaluated periodically thereafter. At the end of this provisional period, the ACGME shall review its action using its criteria for the recognition of a specialty as specified in Section 11.10 of this document.

When the ACGME decides to extend recognition of a subspecialty, the decision shall be provisional for a period of up to five years and reevaluated periodically thereafter. At the end of this provisional period, the ACGME shall review its action using its criteria for the recognition of a subspecialty as specified in Section 12.20 of this document. The ACGME may decide to continue accrediting programs in the subspecialty if the criteria are met.

If the criteria for recognition of the subspecialty are not met, the ACGME may decide to discontinue recognition of the subspecialty. If a decision to discontinue recognition of a subspecialty is made, the ACGME shall follow its procedures for discontinuing accreditation of programs as defined in the responsibilities of the Monitoring Committee (Section 5.60).

Combining resident education in two or more specialties does not constitute, in and of itself, the creation of a new specialty or subspecialty for the purpose of recognition.

Subject: 14.00 Procedures for Review Committees to Accredite the Same Subspecialty
Section: 14.10 Models for Accreditation of the Same Subspecialty

The ACGME uses two models for the review of subspecialty programs.

- a. Multiple Residency Review Committee Model: a subspecialty is offered by multiple specialties and is accredited by multiple Residency Review Committees.
 - (1) The Program Requirements in this model may or may not be the same. The interpretation of the Program Requirements represents and reflects a unique specialty approach to the care of patients and the education of residents in each subspecialty.
 - (2) Each Residency Review Committee reviews the subspecialty programs in its specialty.
- b. Co-sponsored Multiple Residency Review Committee Model: a subspecialty is co-sponsored by multiple specialties and is accredited by multiple Residency Review Committees.
 - (1) There is one set of Program Requirements for the subspecialty that applies to all programs regardless of the Review Committee to which the program submits an application for accreditation.
 - (a) Each of the multiple Review Committees may accept or reject eligibility exceptions for all of the subspecialty programs it accredits, as provided in Common Program Requirement III A.2.c. and One –Year Common Program Requirement III.A.3 (effective July 1, 2016).
 - (2) If a Residency Review Committee (specialty) is interested in joining in the co-sponsorship of a currently accredited subspecialty, it will notify the ACGME Board and administration of its interest.

Effective February 7, 2015 (date of adoption of this policy), relating to multidisciplinary subspecialties.

- (1) Review Committees for specialties that participate in accreditation of a multidisciplinary subspecialty must accredit five or more programs in the multidisciplinary subspecialty in order to accept and process an application for accreditation of any program in the multidisciplinary subspecialty;
- (2) Review Committees for specialties that accredit four or fewer programs in the multidisciplinary subspecialty may continue to accredit those four or fewer programs;
- (3) Review Committees for specialties that accredit one to four programs in the multidisciplinary subspecialty may participate in requirement development for the multidisciplinary subspecialty;
- (4) Review Committees for specialties that accredit no programs in the multidisciplinary subspecialty, but that accredit programs as to which the training can be prerequisite to entry into the subspecialty, may participate in requirement development for the multidisciplinary subspecialty; and

Subject: 14.00 Procedures for Review Committees to Accredite the Same Subspecialty
Section: 14.10 Models for Accreditation of the Same Subspecialty (continued)

- (5) Multidisciplinary subspecialty programs accredited by Review Committees that accredit one to four programs in the multidisciplinary subspecialty are encouraged to transfer program sponsorship responsibility within the same sponsoring institution to a specialty, the Review Committee for which accredits five or more programs in the multidisciplinary subspecialty.

Subject: 14.00 Procedures for Review Committees to Accredite the Same Subspecialty
Section: 14.20 Recognition for a New Subspecialty

Review Committees wishing to offer accreditation in a new subspecialty will follow policy Section 14.00 for submission.

The ACGME Board and administration shall determine which of the above identified two models of review will be used, taking into consideration the number of programs, Residency Review Committee expertise, and workload.

Subject: 15.00 Types of Graduate Medical Education Programs and Institutions

a. Residency programs are divided into the following categories:

(1) Residency (Primary Specialty) Programs

A residency program is a structured educational activity comprising a series of patient-based and other learning experiences in GME designed to train physicians to competency to enter the unsupervised practice of medicine in a primary specialty. There are two general structures of such residency programs:

- (a) residency programs available for physician admission immediately upon graduation from medical school as described in the ACGME Institutional Requirements; and,
- (b) residency programs available for physician admission after completion of prerequisite clinical training as described in the relevant specialty requirements.

(2) Fellowship (Subspecialty) Programs

The ACGME accredits advanced training in progressive levels of specialization, following completion of training in the primary specialty, as described in the relevant specialty or subspecialty requirements. These structured, patient-based, and other educational activities lead to competency in the unsupervised practice of medicine in that subspecialty. There are two general structures of such programs:

- (a) Subspecialty Programs: following successful completion of prerequisite education in a primary specialty.
- (b) Sub-subspecialty Programs: following successful completion of prerequisite education in a subspecialty.

Throughout these Policies and Procedures, the ACGME uses the term “Subspecialty” to encompass both types of fellowship (subspecialty or sub-subspecialty) training.

**Subject: 15.00 Types of Graduate Medical Education Programs and Institutions
(continued)**

Historically, there have been two types of subspecialty programs: dependent and independent. Effective July 1, 2015, all fellowship programs within a specialty must be accredited as dependent subspecialty programs.

(a) Dependent Subspecialty Programs

Dependent subspecialty programs are affiliated with an accredited specialty program and are under the governance of that specialty program's sponsoring institution. The continued accreditation of a subspecialty program is dependent on the specialty program's maintaining its accreditation. A dependent subspecialty program must be sponsored by the same ACGME-accredited sponsoring institution and should be geographically proximate.

(b) Independent Subspecialty Programs

Independent subspecialty programs historically were not directly related to, or dependent upon, the accreditation status of a specialty program. Effective July 1, 2013, the ACGME will not accredit new independent subspecialty programs.

Independent subspecialty programs accredited by the ACGME as of the date of adoption of this policy (6/11/12) by the ACGME Board may continue to be accredited by the ACGME under the following circumstances, one of which must be satisfied by July 1, 2015:

- (1) an independent subspecialty program within an institution without an associated core residency program in the specialty must operate under the oversight of a sponsoring institution accredited by ACGME and should be geographically proximate; or
- (2) an independent subspecialty program sponsored by an ACGME accredited institution with an associated core residency program must function as a dependent subspecialty program to the associated core residency program.

**Subject: 15.00 Types of Graduate Medical Education Programs and Institutions
(continued)**

(3) Transitional Year Programs

A Transitional Year program (TY) is a one-year educational experience in GME designed to prepare a resident for training in a specialty. TY training may also facilitate career/ specialty selection. The Transitional Year is only a prerequisite for specialty training; it does not comprise a complete program in GME.

(4) Sponsoring Institution

Sponsoring institutions oversee and provide assurance for the quality of the learning and working environment in all of their ACGME-accredited sponsored programs. Sponsoring institutions support patient safety and quality of care at all participating sites. Each sponsoring institution must achieve and maintain institutional accreditation before it sponsors one or more ACGME-accredited programs.

Subject: 16.00 Clinical Learning Environment Review (CLER)
Section: 16.10 Overview

The ACGME Clinical Learning Environment Review (CLER) provides the profession and the public a broad view of sponsoring institutions' initiatives to enhance the safety of the learning environment and to determine how residents are engaged in patient safety and quality improvement activities. The CLER consists of regular site visits to review programs' and institutions' effectiveness in managing resident engagement in patient safety, quality improvement, care transitions, supervision, fatigue management and mitigation, and institutional efforts related to professionalism.

The underlying principle of the CLER is that safe, effective, professional health care learning environments are necessary to prepare residents to be safe, effective, professional health care practitioners.

The aims of the CLER are to:

- (1) support national efforts addressing patient safety;
- (2) increase resident knowledge of and participation in patient safety activities;
- (3) reinforce the proposition that an enhanced patient safety program in a residency will increase resident knowledge of and participation in ongoing quality improvement activities; and,
- (4) monitor a sponsoring institution's maintenance of a learning environment that promotes and advances appropriate care transitions, supervision, fatigue mitigation, and duty hours compliance, and the institution's support of professionalism throughout all of its residency and fellowship programs.

Subject: 16.00 Clinical Learning Environment Review (CLER)
Section: 16.20 Program Focus Areas

The CLER assesses sponsoring institutions in the following six focus areas:

- a. Patient Safety – including opportunities by residents to report errors, unsafe conditions, and near misses, and to participate in inter-professional teams to promote and enhance safe care
- b. Quality Improvement – including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities and improve patient outcomes.
- c. Transitions in Care – including how sponsoring institutions demonstrate effective standardization and oversight of transitions of care
- d. Supervision – including how sponsoring institutions maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that assures the absence of retribution
- e. Duty Hours Oversight, Fatigue Management and Mitigation – including how sponsoring institutions demonstrate: (i) effective and meaningful oversight of duty hours across all residency programs institution-wide; (ii) design systems and provide settings that facilitate fatigue management and mitigation; (iii) and provide effective education of faculty members and residents in sleep, fatigue recognition, and fatigue mitigation
- f. Professionalism – with regard to how sponsoring institutions educate for professionalism, monitor behavior on the part of residents and faculty and respond to issues concerning: (i) accurate reporting of program information; (ii) integrity in fulfilling educational and professional responsibilities; and (iii) veracity in scholarly pursuits.

Subject: 16.00 Clinical Learning Environment Review (CLER)
Section: 16.30 CLER Site Visit Team Composition and Activities

The CLER Team will include at least one professional site visitor employed by the ACGME and may include volunteer site visitors from other ACGME-accredited institutions. The size and composition of the CLER Team will be determined by the size and complexity of the sponsoring institution.

The CLER does not require a sponsoring institution to submit information to the ACGME prior to the visit. The sponsoring institution must maintain current information related to the above six focus areas (Section 16.20), along with evidence of periodic reporting of this information to the chief executive officer of the sponsoring institution. The sponsoring institution must provide this information to the CLER Team.

Each sponsoring institution must undergo a CLER site visit. ACGME will notify the sponsoring institution's DIO of the CLER Site Visit Team's arrival date and expected length of visit no less than 10 days prior to the visit.

The CLER Site Visit Teams will conduct interviews with faculty, program directors, trainees, participating site personnel, institutional leadership, and other selected staff. The CLER Site Visit Team will review institutional documentation, as needed, to assess the effectiveness of the sponsoring institution and its participating sites in managing the integration of GME in the six focus areas.

The CLER (Site Visit) Team will provide a verbal summary of its finding at the end of the visit, and may provide suggestions for improvement throughout the visit with the caveat that its summary and suggestions are not the final findings of the CLER Evaluation Committee.

Subject: 16.00 Clinical Learning Environment Review (CLER)
Section: 16.40 CLER Reports

The CLER Site Visit Team will synthesize the information gleaned from the visit into a draft report to the CLER Evaluation Committee (see Section 16.50) which will assess the strengths and areas for improvement in each of the six focus areas. The CLER Site Visit Team will first share the findings orally during the exit interview with the Designation Institutional Official of the sponsoring institution and the senior leadership of participating sites. Subsequently, the sponsoring institution will receive a draft copy of the written report and have the opportunity to provide a written response. The draft report and accompanying response will then be forwarded to the CLER Evaluation Committee for review. The CLER Evaluation Committee will render a final CLER Report to be sent to the sponsoring institution (effective provisionally during the first 18 months of the CLER program).

The information derived from these visits is a component of the continuous data acquisition of ACGME-accredited sponsoring institutions and programs. CLER findings alone will not result in adverse accreditation actions unless the CLER Team identifies potential egregious violations of accreditation standards.

Periodically, a summary of the national experience will be published by the ACGME. No individual institution will be identified without first receiving permission from the institution.

Subject: 16.00 Clinical Learning Environment Review (CLER)

Section: 16.50 CLER Evaluation Committee

16.51 Purpose

The CLER Evaluation Committee will review the draft reports from the CLER Site Visit Team, and make recommendations to the sponsoring institutions and their participating sites as related to the six focus areas (effective provisionally during the first 18 months of the CLER program).

16.52 Composition

The CLER Evaluation Committee will be comprised of physician and non-physician members, at least two of whom are residents or fellows at the time of appointment.

The CLER Evaluation Committee will include individuals with expertise in the following areas: patient safety, quality improvement, graduate medical education, and hospital administration. The committee will also include representatives of the public and may include members from federal agencies.

The ACGME Senior Vice President for Institutional Accreditation will serve as a member and co-chair of the CLER Evaluation Committee. The other co-chair will be elected by the members of the CLER Evaluation Committee.

16.53 Appointment

Candidates for membership on the CLER Evaluation Committee shall be solicited from the member organizations of the ACGME; the ACGME Board; the ACGME Council of Review Committee Chairs; the ACGME Council of Review Committee Residents; the GME, Safety and Quality communities at-large; and the public. ACGME senior administration will select candidates and communicate recommendations to the ACGME Executive Committee for appointment and confirmation by the ACGME Board.

16.54 Terms

CLER Evaluation Committee members appointed by the ACGME Board shall be appointed to a three-year term with the option to renew for one additional three-year term. The resident members will be appointed to a single two-year, non-renewable term. Initially, members will be appointed to terms of variable length (not to exceed three years).

CLER Evaluation Committee volunteer co-chair shall be initially appointed by the ACGME Board to a three-year term and shall not be eligible for re-election. Thereafter, the volunteer co-chair will be elected for a three-year term from the membership of the CLER Evaluation Committee and shall not be eligible for re-election as volunteer co-chair. If a CLER Evaluation Committee member is elected co-chair with only two years remaining in his or her six year term, that term may be extended by one year in order to fulfill his or her three-year term as co-chair.

Subject: 16.00 Clinical Learning Environment Review (CLER)
Section: 16.60 Failure to Undergo a CLER site visit

If a sponsoring institution fails to complete a CLER site visit, the administration of the ACGME may recommend to the ACGME Board that it place that sponsoring institution on Administrative Probation for no less than 18 months, and no more than 24 months.

If Administrative Probation is conferred, the sponsoring institution may not (1) apply for accreditation of new programs, or (2) request a permanent increase in complement for any accredited program. The status of Administrative Probation will be publicly listed on the ACGME website.

If a sponsoring institution fails to complete a CLER site visit while on Administrative Probation, the administration of the ACGME may recommend to the ACGME Board that the accreditation of the sponsoring institution be administratively withdrawn pursuant to Section 18.70, b & c.

The status of Administrative Probation will be removed, upon successful completion of a CLER site visit, but no earlier than 18 months after Administrative Probation was conferred.

Subject: 17.00 The Accreditation Process
Section: 17.10 Continuous Accreditation

The ACGME accredits GME programs and sponsoring institutions based on the demonstration of continuous oversight of processes and outcomes of education, and substantial compliance with accreditation standards, through the review of annually acquired information.

Subject 17.00 The Accreditation process

Section 17.20 The Site Visit

The ACGME uses accreditation site visits in assessing compliance with the accreditation standards for programs and sponsoring institutions. A status of an accredited program or sponsoring institution may be changed with or without a site visit as determined by the Review Committee pursuant to Section 17.61.

- a. Site visits are conducted by individual members of the ACGME Field Staff, or by a team made up of a group of field staff members. For certain circumstances, the site visit team may include peer representatives (in the context of a program or institutional site visit) of the program or institution being visited.
- b. Site visits may be “announced” or “unannounced.”
- c. For all types of accreditation site visits, the site visitor or team assesses the compliance status of the program or sponsoring institution and reconciles potentially different perspectives.
- d. Accreditation site visitors use, as indicated, information collected by the ACGME (including certifying examination scores, operative logs, Resident and Faculty Survey results, resident experience data, milestones, and other information), the program’s or institution’s accreditation history, on-site interviews and review of documents, tours of clinical and educational facilities, and other fact-finding processes.
- e. Site visitors may also use documents specifically prepared for the site visit, such as requested program information self-study reports or focused documents prepared to describe and clarify selected aspects of the program or sponsoring institution being visited.
- f. Site visitors may vary the model for interviews, and may choose to interview residents and other participants in large or small groups, or individually.
- g. Site visits may entail site visitor participation in programs or institutional activities, such as morning reports or other educational conferences, patient safety rounds, Quality Assurance/Quality Improvement activities, simulation-based education and assessment activities, or other activities in the learning environment.
- h. Through the interviews, review of documents, tours, participation in program or institutional activities, and other data collection activities, the site visitor or team aims for a thorough assessment of strengths and opportunities for improvement of the program or institution.
- i. The site visitor or team prepares a report to the appropriate Review Committee on the relevant aspects of the program or sponsoring institution.
- j. The site visitor or team does not make recommendations regarding a program’s or sponsoring institution’s accreditation status.
- k. During the exit interview the site visitor or site visit team may clarify potentially discrepant information with program and institutional leadership discovered during the site visit.

Subject: 17.00 The Accreditation Process
Section: 17.20 The Site Visit (continued)

- l. The site visitor or site visit team may offer suggestions or ideas for innovative practices based on knowledge from other programs and institutions that are successful in creating an effective working and learning environment.

- m. Site Visits of Sponsoring Institutions:
 - (1) During site visits of sponsoring institutions, the site visitor or site visit team interviews the DIO, other administrators, and members of the Graduate Medical Education Committee (GMEC), a peer-selected group of residents, institutional representatives, and others as appropriate.

- n. Program Site Visits:
 - (1) During program site visits, the site visitor or team interviews the program director, the DIO, faculty members, and residents (peer-selected or all available), and may interview other administrators and program or institutional representatives.

Subject: 17.00 The Accreditation Process
Section: 17.30 Types of Site Visits

The following site visits may be conducted at the discretion of a Review Committee:

17.31 Focused Site Visit

- a. A focused site visit assesses selected aspects of a program or sponsoring institution identified by a Review Committee, and may be used:
 - (1) to address selected aspects of the program needing attention or follow-up that were identified during the annual continuous review of accreditation information;
 - (2) to evaluate the merits of a complaint against a program or sponsoring institution; and/or,
 - (3) as a diagnostic visit to explore the factors underlying deterioration in selected aspects of a program's or institution's performance identified during the continuous accreditation review or through another indicator or alert.
- b. The site visitor or site visit team prepares a report that encompasses the selected aspect(s) of the program or institution and other information identified during the site visit that are relevant to the accreditation process. All information in the site visit report may be considered by the Review Committee.
- c. For these visits, the site visitor or site visit team may offer suggestions and ideas for innovative practices based on knowledge from other programs and institutions that are successful in creating an effective working and learning environment.

17.32 Full Site Visit

- a. A full site visit addresses and assesses compliance with all applicable standards and encompasses all aspects of a program or sponsoring institution. A full site visit may be scheduled:
 - (1) to review an application for accreditation by a new sponsoring institution or a new program in a specialty or subspecialty;
 - (2) when review of continuous accreditation data identifies broad issues and/or concerns;
 - i. for other serious conditions or situations at the discretion of a Review Committee;
- b. A full site visit must be scheduled:
 - (1) at the end of the initial accreditation period and/or;
 - (2) up to the end of the 10 year accreditation period.

Subject: 17.00 The Accreditation Process
Section: 17.30 Types of Site Visits (continued)

- (a) The 10 Year Self Study site visit is based on a comprehensive self-study, which includes a description of how the program or sponsoring institution creates an effective learning and working environment, and how this leads to desired educational outcomes, and an analysis of strengths, weaknesses, and plans for improvement.
- (b) In the site visit report, the site visitor or site visit team verifies and clarifies that the self-study document offers an objective, factual description of the learning and working environment.
 - 1. In the report for a specialty or subspecialty program, the site visitor or site visit team verifies educational outcomes and their measurements and how processes and the learning environment contribute to these outcomes.
 - 2. The report for a sponsoring institution focuses on oversight and assessment of educational outcomes, and how the institution creates an effective, safe, high-quality learning and working environment.
- c. The site visitor or site visit team will prepare a report that addresses all aspects of the program or sponsoring institution.
- d. During the site visit for a new application, the site visitor or site visit team may offer suggestions and ideas for innovative practices based on knowledge from other programs and institutions that are successful in creating an effective learning and/or clinical environment.

17.33 Site Visit for Alleged Egregious Violations

- a. The ACGME may conduct a site visit at any time during the maintenance of accreditation process, if an alleged egregious violation is identified pursuant to Section 20.00 of this document.
- b. The size and membership of the site visit team and the format and scope of the visit are determined by the Chief Executive Officer of the ACGME.
- c. The site visit team prepares a report for the relevant Review Committee or the Institutional Review Committee that addresses all aspects of the alleged egregious violation.

Subject: 17.00 The Accreditation Process
Section: 17.40 Application Process

There is a single, electronic application process for programs seeking initial accreditation and programs reapplying for initial accreditation after a previous application was withheld or withdrawn. Similarly, there is a single, electronic application process for sponsoring institutions. Applications must be initiated by the designated institutional official through the ACGME's Accreditation Data System (ADS).

The ACGME will conduct a site visit for all re-applications in core programs with previous applications withheld or withdrawn. For new core program applications from sponsoring institutions currently holding statuses of continued accreditation, the Review Committee will render an accreditation decision based on review of the application with a site visit. New sponsoring institutional applications may be reviewed without a site visit.

New dependent subspecialty applications from a sponsoring institution whose core programs have the status of Continued Accreditation may be reviewed by the Review Committee without a site visit.

The ACGME may conduct a site visit for a reapplication of a dependent subspecialty.

Subject: 17.00 The Accreditation Process
Section: 17.50 Review of Applications

A Review Committee shall consider the following information:

- a. the current application for a program submitted by the program director and approved by the DIO, or the current application for a sponsoring institution submitted by the DIO;
- b. the site visitor report, if applicable;
- c. the history of the program and/or the sponsoring institution, as applicable;
- d. correspondence pertinent to the review;
- e. other information, as required by the Review Committee; and,

During program or institutional review, a Review Committee shall confer an accreditation status on the program or institution. The Review Committee will issue a citation(s) based on findings that a program or an institution fails to demonstrate substantial compliance with any accreditation standard(s) or ACGME policy or procedure. The final action represents a peer judgment by the Review Committee as a whole.

17.51 Accreditation Actions Available to the Review Committee on Application for New Programs and Sponsoring Institutions

The Review Committee may confer one of the following accreditation actions for sponsoring institutions or programs:

- i. Accreditation Withheld (Section 18.10)
- ii. Initial Accreditation (Section 18.20)

Subject: 17.00 The Accreditation Process
Section: 17.60 Continued Accreditation

In the accreditation process, all programs will be reviewed annually by the relevant Review Committee. The Review Committee will confer an accreditation decision of Continued Accreditation based on satisfactory ongoing performance of the program. When a program's performance is deemed unsatisfactory, or when performance parameters are unclear, the Review Committee may change the program's accreditation status or request a site visit and/or additional information prior to rendering a decision.

17.61 Review of Annual Data

The Review Committee may use the following information to assess programs:

- a. Continuous Data Collection/Review
 - (1) ADS annual update
 - (2) Resident Survey
 - (3) Faculty Survey
 - (4) Milestone data
 - (5) Certification examination performance
 - (6) Case Log data
 - (7) Hospital accreditation data
 - (8) Faculty and resident scholarly activity and productivity
 - (9) Other
- b. Other data (episodic)
 - (1) ACGME Complaints (Section 23.10)
 - (2) Verified public information
 - (3) Historical accreditation decisions/citations
 - (4) Institutional quality and safety metrics
 - (5) Other

Subject: 17.00 The Accreditation Process
Section: 17.60 Continued Accreditation (continued)

17.61 Review of Annual Data (continued)

a. Upon review of annual data, the Review Committee has the following options:

- (1) The Committee may confer the existing accreditation status based on information described in Section 17.61 (a) and (b).
- (2) The Committee may request additional information prior to making an accreditation decision. The following options are available to the Review Committee:
 - (a) Request clarifying information
 - (b) Initiate a focused site visit (“announced” or “unannounced”)
 - (c) Initiate a full site visit

After review of any additional information, the Review Committee will confer an accreditation status (see below).

- (3) The Committee may change the existing accreditation status based on the information described in Section 17.61 (a) and (b), and may confer one of the following accreditation statuses/options:
 - (a) Continued Accreditation (Section 18.30)
 - (b) Continued Accreditation with Warning (Section 18.30)
 - (c) Probationary Accreditation (Section 18.40) – (A program or sponsoring institution with the accreditation status of Continued Accreditation must undergo a site visit before a Review Committee may confer Probationary Accreditation upon it.)
 - (d) Withdrawal of Accreditation (Section 18.50) – (A program or sponsoring institution must undergo a site visit before a Review Committee may confer Withdrawal of Accreditation upon it.)
 - (e) Recommend Administrative Withdrawal (Section 18.70)
 - (f) Changes in Resident Complement (Section 18.90)
 - (g) Recommend invoking the Alleged Egregious Violation Policy (Section 20.00)

Subject: 17.00 The Accreditation Process
Section: 17.60 Continued Accreditation

17.61 Review of Annual Data (continued)

- (4) At the time it issues an accreditation decision, the Review Committee may:
- (a) recognize and commend exemplary performance or innovations in GME;
 - (b) identify areas for program improvement;
 - (c) identify concerning trends;
 - (d) issue new citations;
 - (e) continue previous citations;
 - (f) acknowledge program's correction of previous citation(s),
 - (g) increase or reduce resident complement, or
 - (h) request a progress report.

Subject: 17.00 The Accreditation Process
Section: 17.70 The 10 Year Self-Study

After achievement of a status of Continued Accreditation, a program or sponsoring institution will submit a self-study, undergo a site visit, and receive an accreditation decision from the relevant Review Committee every 10 years. The first program self-study date will be set by the ACGME administration in consultation with the Review Committee.

The information available to the Review Committee includes:

- (1) the self-study document; and,
- (2) all data (Section 17.61) and the site visitor report.

For the self-study, the Review Committee has the following accreditation status options:

- (1) Continued Accreditation
- (2) Continued Accreditation with Warning
- (3) Probationary Accreditation
- (4) Withdrawal of Accreditation
- (5) Recommend Administrative Withdrawal (Section 18.70)
- (6) Changes in Resident Complement (Section 18.90)
- (7) Recommend Invoking the Alleged Egregious Violation Policy (Section 20.00)

Subject: 17.00 The Accreditation Process

**Section: 17.80 Notification to Programs and Sponsoring Institutions of Review
Committee Actions**

The Review Committee Executive Director prepares the Letter of Notification for each program or sponsoring institution. The Program/Institutional Letter of Notification shall state the action(s) taken by the Review Committee and the current accreditation status.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation

Introduction

The following accreditation status options are conferred on programs and sponsoring institutions:

- Accreditation Withheld
- Initial Accreditation
- Initial Accreditation with Warning
- Continued Accreditation without Outcomes
- Continued Accreditation
- Continued Accreditation with Warning
- Probationary Accreditation
- Withdrawal of Accreditation
- Withdrawal of Accreditation Under Special Circumstances
- Voluntary Withdrawal of Accreditation
- Administrative Probation
- Administrative Withdrawal of Accreditation
- Administrative Withdrawal due to withdrawal of sponsoring program's accreditation

Appealable Accreditation Actions

The statuses of Accreditation Withheld, Probationary Accreditation, Withdrawal of Accreditation, and Withdrawal of Accreditation Under Special Circumstances as well as a non-voluntary reduction in resident complement by the Review Committee, are adverse actions and may be appealed.

Programs and institutions may not appeal other accreditation actions (e.g., citations, warnings, other).

Subject: 18.00 Accreditation and Recognition Actions: Pre-Accreditation
Section: 18.10 Accreditation Withheld

- a. Accreditation shall be withheld when a Review Committee determines that an application for a new program or sponsoring institution does not demonstrate substantial compliance with the requirements.
- b. If a program or sponsoring institution reapplies for accreditation within two years of the effective date of Accreditation Withheld, the accreditation history of the previous accreditation action shall be included as part of the file. The program or sponsoring institution shall include a statement addressing each previous citation with the new application.
- c. Within two years of its accreditation being withheld or withdrawn, a program may reapply for accreditation only to the same Review Committee.
- d. A site visit must be conducted for all core re-applications submitted within two years of receipt of an accreditation decision of Accreditation Withheld or Accreditation Withdrawn. However, the ACGME may conduct a site visit for reapplications of dependent subspecialties.

Subject: 18.00 Accreditation and Recognition Actions: Pre-Accreditation
Section: 18.20 Initial Accreditation and Initial Accreditation with Warning

A status of Initial Accreditation is conferred when a Review Committee determines that an application for a new program or sponsoring institution substantially complies with the requirements.

When a status of Initial Accreditation is conferred on a program or sponsoring institution, the effective date is the date of the decision, or the Review Committee may apply a retroactive effective date to the beginning of the academic year.

A sponsoring institution or program will have a full site visit within two years of the effective date of Initial Accreditation. However, if a program does not matriculate residents or fellows in the first academic year after receiving a status of Initial Accreditation, a site visit will be conducted within three years from the effective date of accreditation.

If a program or sponsoring institution demonstrates substantial compliance at the subsequent review, the Review Committee will confer a status of Continued Accreditation or Continued Accreditation without Outcomes.

If a program or sponsoring institution does not demonstrate substantial compliance at the subsequent review, the Review Committee may withdraw accreditation or confer a status of Initial Accreditation with Warning for a period of one year. At the end of this year, the program or sponsoring institution will undergo a site visit. If the program or sponsoring institution demonstrates substantial compliance with the requirements, a status of Continued Accreditation will be conferred. If not, accreditation will be withdrawn.

Upon withdrawal of accreditation, the program or sponsoring institution shall be allowed to complete the current academic year and, at the discretion of the Review Committee, one additional academic year.

A status of Initial Accreditation may be conferred when separately accredited programs or sponsoring institutions merge, or when an accredited program or sponsoring institution has been so altered that in the judgment of the Review Committee it is the equivalent of a new program or sponsoring institution.

Programs with the status of Initial Accreditation or Initial Accreditation with Warning may not request a permanent increase in resident complement or a duty hour exception.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.30 Continued Accreditation without Outcomes, Continued Accreditation, Continued Accreditation with Warning

A status of Continued Accreditation is conferred when a Review Committee determines that a program or sponsoring institution has demonstrated substantial compliance with the requirements.

After the period of Initial Accreditation, the Review Committee may confer a status of Continued Accreditation without Outcomes to a new program or sponsoring institution holding Initial Accreditation or Initial Accreditation with warning that, after a full site visit and review within two years from the original accreditation, has insufficient data to be conferred the status of Continued Accreditation. Programs and sponsoring institutions holding Continued Accreditation without Outcomes are subject to accreditation review under detailed and core requirements. The length of accreditation for programs and sponsoring institutions holding Continued Accreditation without Outcomes must not exceed the length of training plus one year, at which time the Review Committee must confer either Continued Accreditation or Withdrawal of Accreditation.

A Review Committee may confer a status of Continued Accreditation to a program or sponsoring institution holding a status of Initial Accreditation, Initial Accreditation with Warning, Continued Accreditation with Warning, or Probationary Accreditation, that upon review has demonstrated substantial compliance with the requirements.

The Review Committee may confer a status of Continued Accreditation with Warning if it determines that a program or sponsoring institution has areas of non-compliance that may jeopardize its accreditation status.

Programs with the status of Continued Accreditation with Warning may not request a permanent increase in resident complement or a duty hour exception.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.40 Probationary Accreditation

A status of Probationary Accreditation is conferred when the Review Committee determines that a program or sponsoring institution has failed to demonstrate substantial compliance with the requirements. A program or sponsoring institution with the accreditation status of Continued Accreditation must undergo a site visit before a Review Committee may confer Probationary Accreditation upon it.

Probationary status of a program shall not exceed two consecutive annual reviews, at which point the program must achieve a status of either Continued Accreditation or Continued Accreditation with Warning, or its accreditation will be withdrawn.

Upon site visit and review, a program or sponsoring institution demonstrating substantial compliance with the requirements will achieve a status of Continued Accreditation or Continued Accreditation with Warning. If a program or sponsoring institution with a status of Probationary Accreditation does not demonstrate substantial compliance with the requirements due to failure to correct previous citations, or if new areas of non-compliance are identified, accreditation may be withdrawn.

Sponsoring institutions with statuses of Probationary Accreditation may not apply for accreditation of new programs.

All current residents and applicants (those invited for interviews) at the sponsoring institution must be advised in writing if the sponsoring institution's status is Probationary Accreditation.

Programs with statuses of Probationary Accreditation may not request a permanent increase in resident complement or a duty hour exception.

All applicants invited to interview and residents accepted or enrolled into a program with a status of Probationary Accreditation must be notified in writing of the probationary status, with copies of these communications sent to the Executive Director of the Review Committee.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.50 Withdrawal of Accreditation

Accreditation may be withdrawn when a Review Committee determines that a program or sponsoring institution has failed to demonstrate substantial compliance with the requirements. A program or sponsoring institution must undergo a site visit before a Review Committee may confer Withdrawal of Accreditation upon it.

Upon withdrawal of accreditation of a program:

- a. the program may complete the current academic year, and at the discretion of the Review Committee, one additional academic year;
- b. no new residents may be appointed to the program;
- c. all applicants invited to interview and residents accepted or enrolled into the program must be notified in writing of the withdrawal and its effective date, with copies of these communications sent to the Executive Director of the Review Committee; and,
- d. the sponsoring institution is responsible for placement of the current program residents in other ACGME-accredited programs.

Upon withdrawal of accreditation of a sponsoring institution:

- a. all of its ACGME-accredited residency programs will be administratively withdrawn;
- b. its ACGME-accredited programs may complete the current academic year, and at the discretion of the Institutional Review Committee, one additional academic year;
- c. no new residents may be appointed to any of its ACGME-accredited programs;
- d. all applicants invited to interview and residents accepted or enrolled into its ACGME-accredited programs must be notified in writing of the withdrawal and effective date, with copies of these communications sent to the Executive Director(s) of the Review Committee(s); and,
- e. the sponsoring institution is responsible for placement of the current programs' residents in other ACGME-accredited programs.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.50 Withdrawal of Accreditation (continued)

Withdrawal of Accreditation under Special Circumstances

Regardless of a program's accreditation status, the Review Committee may withdraw the accreditation of a program based on clear evidence of non-substantial compliance with accreditation standards, such as:

- (1) a catastrophic loss of resources, including faculty members, facilities, or funding; or
- (2) egregious non-compliance with accreditation requirements.

The effective date of the withdrawal shall be determined by the Review Committee. The effective date should not exceed six months from the time of the action, and should not extend into the next academic year.

Upon Withdrawal of Accreditation of a program under special circumstances:

- a. no new residents may be appointed to the program;
- b. all applicants invited to interview and residents matriculated into the program must be notified in writing of the withdrawal and its effective date, with copies of these communications sent to the Executive Director of the Review Committee; and,
- c. the sponsoring institution is responsible for placement of the current program residents in other ACGME-accredited programs.

Application for Accreditation after Withdrawal

If a program or sponsoring institution reapplies for accreditation within two years of the effective date of Accreditation Withdrawn, the accreditation history of the previous accreditation action shall be included as part of the file. The program or sponsoring institution shall include a statement addressing each previous citation with the new application.

A site visit must be conducted for all re-applications after withdrawal of accreditation.

Administrative Withdrawal due to withdrawal of Sponsoring Program's Accreditation

If a specialty or a subspecialty program has its accreditation withdrawn, the accreditation of each of its dependent programs is administratively withdrawn simultaneously.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.60 Administrative Probation

If a sponsoring institution fails to complete a CLER site visit, the administration of the ACGME may recommend to the ACGME Board that it place that sponsoring institution on Administrative Probation for no less than 18 months, and no more than 24 months (see Section 16.60).

A status of Administrative Probation may not be appealed.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.70 Administrative Withdrawal

- a. A program or sponsoring institution that is delinquent in payment of fees, according to ACGME policies and procedures, is not eligible for review, and shall be notified by express mail (signature required) of the effective date of a status of Administrative Withdrawal of Accreditation. On that date, the program or sponsoring institution shall be removed from the ACGME list of accredited programs or sponsoring institutions.
- b. A program or sponsoring institution may be deemed to have withdrawn from the voluntary process of accreditation if it does not comply with the following actions and procedures:
 - (1) undergo a site visit and program/sponsoring institution review;
 - (2) follow directives associated with an accreditation action;
 - (3) supply a Review Committee with requested information (e.g., a progress report, operative data, Resident or Faculty Survey, or other information);
 - (4) maintain current data in Accreditation Data System (ADS);
 - (5) undergo a CLER site visit and review while on Administrative Probation; or
 - (6) matriculate residents for six or more consecutive years (programs only).
- c. Under the above circumstances, the Review Committees (Section 18.70 b) and/or administration of the ACGME (Section 18.70 a and b) may recommend to the ACGME Board that accreditation be administratively withdrawn. The ACGME Board may administratively withdraw accreditation of the program or sponsoring institution.
- d. A status of Administrative Withdrawal may not be appealed.
- e. If a program or sponsoring institution reappplies within two years after the effective date of administrative withdrawal, the accreditation history of the program or sponsoring institution will be considered. The program or sponsoring institution shall include with the new application, a statement addressing each existing citation and issue(s) leading to the status of Administrative Withdrawal.

A site visit must be conducted for all re-applications after Administrative Withdrawal of accreditation.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.80 Voluntary Withdrawal of Accreditation

A program or sponsoring institution may request Voluntary Withdrawal of Accreditation.

a. Programs

(1) Such a request must:

- (a) indicate Designated Institutional Official (DIO) and Graduate Medical Education Committee (GMEC) approval;
- (b) be submitted through the Accreditation Data System (ADS);
- (c) have an effective date that should coincide with the end of the current academic year; and,
- (d) state whether residents and/or fellows are currently enrolled, and if so, describe a plan for placement.

(2) A program that has requested Voluntary Withdrawal of Accreditation:

- (a) may not accept new residents and/or fellows;
- (b) may not request “reversal” of the action after submitting the request (regardless of the proposed effective date);
- (c) may seek re-accreditation after a period of 12 months following the effective date of the Voluntary Withdrawal; and,
- (d) through its sponsoring institution, is responsible for placement of its current residents in other ACGME-accredited programs.

b. Sponsoring Institutions

(1) Such a request must:

- (a) be made in writing by the Designated Institutional Official (DIO) with approval by the GMEC;
- (b) be submitted to the Executive Director of the Institutional Review Committee; and,
- (c) include the effective date of withdrawal and a detailed plan for placement of all current programs’ residents and/or fellows in other ACGME-accredited programs.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.80 Voluntary Withdrawal of Accreditation (continued)

Upon voluntary withdrawal of institutional accreditation, the accreditation of all sponsored programs will be administratively withdrawn. The Institutional Review Committee will coordinate communications and activities with all affected Residency Review Committees.

The sponsoring institution and its programs may not accept new residents and/or fellows, may not request "reversal" of the action (regardless of the proposed effective date), but may seek re-accreditation by undergoing the application process pursuant to ACGME policy.

The sponsoring institution is responsible for placement of residents and/or fellows in ACGME-accredited programs.

c. Voluntary Withdrawal of Programs with Adverse Accreditation Statuses:

- (1) If a program or a sponsoring institution voluntarily withdraws accreditation when the program or institution has an adverse accreditation status, the program or institution may not apply for accreditation for a period of 12 months from the effective date of the status of Voluntary Withdrawal.
- (2) If a Review Committee has conferred a status of Withdrawal of Accreditation, the program may not request Voluntary Withdrawal. The status of the program may be altered only through an appeal.

If after accreditation has previously been voluntarily withdrawn, a program or sponsoring institution reapplies for accreditation after a period of 12 months and between 12 and 24 months, then the accreditation history of the program or institution will be considered. The program or sponsoring institution shall include a statement addressing each citation with the new application.

A site visit must be conducted for all re-applications after Voluntary Withdrawal of Accreditation.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.90 Reduction in Resident Complement

A Review Committee may reduce resident complement if a program cannot demonstrate the capacity to provide each resident with a sufficient educational experience.

This is an adverse accreditation decision and a program may appeal this decision (Section 19.10).

**Subject 18:00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.100 Other Actions**

18.101 Request for Clarifying Information

As part of a program's annual review and prior to making an accreditation decision, a Review Committee may request clarifying information, and specify a due date for this information. The clarifying information must be reviewed by the sponsoring institution's Graduate Medical Education Committee, and must be signed by the designated institutional officer prior to submission to the Review Committee.

Progress Reports

As part of the program's annual review, and in conjunction with an accreditation status decision, a Review Committee may request a progress report based on one or more citations, and specify a due date for the progress report. The progress report will be reviewed as part of the next scheduled annual review of the program following the progress report due date. The progress report must be reviewed by the sponsoring institution's Graduate Medical Education Committee, and must be signed by the designated institutional official prior to submission to the Review Committee.

- (1) The following options are available to the Review Committee, based on progress reports or clarifying information:
 - (a) Recognize exemplary performance/ innovation
 - (b) Confirm maintenance of accreditation
 - (c) Request additional clarifying information or a progress report
 - (d) Schedule a focused site visit (known problems in particular area or topic), announced or unannounced (Section 17.30)
 - (e) Schedule a full site visit (Section 17.30)
 - (f) Identify opportunities for program improvement/concerning trends (may include warning)
 - (g) Issue citations
 - (h) Change accreditation status, except Probationary Accreditation and "Withdrawal of Accreditation"
 - (i) Recommend an Alleged Egregious Violation site visit (Section 17.30)
 - (j) Recommend "Administrative Withdrawal" in accordance with Section 18.70
 - (k) Change the resident complement (Section 18.90)

**Subject 18:00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.100 Other Actions (continued)**

18.101 Request for Clarifying Information (continued)

- (l) Acknowledge sponsoring institution/program's correction of previous citation(s)

18.102 Participating Sites

- a. The program, with the approval of the sponsoring institution, may identify one or more additional sites to provide necessary educational resources for a program. During accreditation reviews, the Review Committee shall confirm that each participating site contributes meaningfully to the educational program.
- b. For each participating site, programs must maintain a Program Letter of Agreement (PLA) and identify a physician site coordinator responsible for resident education.
- c. Based on the quality of the educational experience, a Review Committee may stipulate the deletion of one or more participating sites.

18.103 Integrated Site

- a. A Residency Review Committee may stipulate specific criteria for the relationship with an integrated site as a condition of accreditation.

18.104 Change of Sponsorship

- a. Transfer of program or institutional sponsorship to another ACGME-accredited sponsoring institution requires a letter from the designated institutional official and the senior administrative official of the origination sponsoring institution, indicating willingness to give up sponsorship, and a letter from the designated institutional official and the institution's senior administrative official of the receiving sponsoring institution, indicating willingness to accept program or institutional sponsorship. In the case of a program change, the letters should be addressed to the Executive Director of the respective specialty-specific Review Committee, with a copy to the Executive Director, Institutional Review Committee, and the Senior Vice President, Department of Field Activities. In the case of a sponsoring institution change, the letter should be addressed to the Executive Director of the Institutional Review Committee, with a copy to the Senior Vice President, Department of Field Activities.
- b. Transfer of sponsorship to a non-accredited sponsoring institution cannot be completed until the new sponsoring institution receives initial institutional accreditation. This type of transfer requires a full application for both the program(s) and the proposed sponsoring institution.

**Subject 18:00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.100 Other Actions (continued)**

18.105 Resident Complement

The complement of residents in a program must be commensurate with the total capacity of the program to provide each resident with a sufficient educational experience.

A Review Committee may indicate that a program is approved to educate a specific number of residents as a maximum and/or a specific number, and, if applicable, type of position, of residents in each year of the program. A Review Committee may also define the minimum number of residents necessary in each program to provide an effective learning environment.

**Subject 18:00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.110 Administrative Actions**

18.111 Accreditation Actions for Dependent Subspecialty and Sub-subspecialty Programs

A dependent subspecialty and/or sub-subspecialty program (“dependent program”) is required to function in conjunction with a sponsoring accredited core specialty program, or/and subspecialty program (“parent program”). The accreditation status of a dependent program(s) is reliant upon the accreditation status of its parent program.

1. Dependent programs have the full range of accreditation status options as parent programs.
 - (a) An adverse status of a parent program results in the same status being administratively conferred on its dependent program(s).
2. A request for initial accreditation of a dependent program will be considered only if the accreditation status of its parent program(s) is Continued Accreditation and its parent program(s) is (are) not holding Probationary accreditation status or is (are) involved in any phase of an appeals process.
3. Under certain circumstances, a Review Committee may confer a status of Initial Accreditation to a dependent program when the parent program holds a status of Initial Accreditation.
4. A Review Committee may withhold initial accreditation when it determines that a new dependent program does not have an educational relationship with (an) appropriate parent program(s).

**Subject 18:00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.120 Pre-Accreditation**

Pre-Accreditation status is a status created exclusively for use during the 2015-2020 transition to a single accreditation system.

Under the terms of the agreement among the ACGME, the AOA, and AACOM, there are two pathways to ACGME “pre-accreditation”:

- a. Programs that are AOA-approved and have matriculated residents as of July 1, 2015, and that apply for ACGME accreditation between July 1, 2015 and June 30, 2020 will be granted “pre-accreditation status.” These programs may have AOA certified faculty members, and may have co-program directors (one American Board of Medical Specialties (ABMS) – certified and one AOA – certified).
- a. Programs that are AOA-approved as of July 1, 2015 with no matriculated residents as of that date, and that apply for ACGME accreditation between July 1, 2015 and June 30, 2020 will be granted “pre-accreditation status.”

AOA-approved programs that do not meet the criteria in a. or b. above may apply at any time for ACGME accreditation under the same process as programs that are not AOA-approved.

Sponsoring institutions of AOA approved programs applying for Initial Accreditation that are not already ACGME-accredited, must submit an application for Initial Accreditation. Upon receipt of a completed application, the ACGME will assign Pre-Accreditation status to the sponsoring institution.

Sponsoring Institutions and programs in Pre-Accreditation status will be publicly acknowledged on the ACGME website.

Between July 1 2015 and June 30, 2020, any AOA-approved clinical training (i) of graduates of US colleges of osteopathic medicine accredited by AOA that apply for initial year or fellowship positions in ACGME-accredited programs (ii) that meets ACGME initial year or fellowship eligibility requirements in effect on either June 30, 2013 or July 1, 2016, and (iii) that has occurred in AOA-approved residency programs that have elected to enter into Pre-Accreditation status, will be deemed to meet the ACGME initial year and fellowship eligibility requirements.

Programs in Pre-Accreditation status, together with their residents and sponsoring institutions, will participate in ACGME data reporting and other administrative activities.

Pre-Accreditation status is not synonymous with Initial Accreditation or Continued Accreditation.

Continued Pre-Accreditation is conferred when (1) a sponsoring institution or program holding Pre-Accreditation status is assessed by the Review Committee and determined not to be in substantial compliance with the applicable requirements, and (2) a program holding Initial Accreditation – Contingent as a result of the sponsoring institution failing to achieve Initial Accreditation within two years of the issuance of Initial Accreditation – Contingent. (Section 18.122)

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.120 Pre-Accreditation (continued)

18.121 Reapplication

Between July 1, 2015 and June 30, 2020, any AOA approved program whose application and reapplication for Initial Accreditation is unsuccessful may continue in Pre-Accreditation status until the program achieves Initial Accreditation by ACGME or withdraws from Pre-Accreditation status. During the five-year application window, ACGME accreditation reapplication fees will be waived for these programs.

For those programs with Continued Pre-Accreditation and scheduled for a site visit, the programs must complete an updated application in the Accreditation Data System (ADS). For those programs with Continued Pre-Accreditation but not scheduled for a site visit, the program must continue to complete the annual data as requested which includes response to citations which may be reviewed by the Review Committee to render an accreditation decision.

After ACGME review of the initial application or reapplication, the program will receive a Letter of Notification (LON) indicating the areas of non-compliance.

When the program achieves Initial Accreditation, that accreditation status is conferred in accordance with Section 18.20.

18.122 Initial Accreditation after Pre-Accreditation

Although ACGME processing of applications for Initial Accreditation by a sponsoring institution and its programs may proceed simultaneously, Initial Accreditation of a program may be conferred only if its sponsoring institution is ACGME-accredited. If Initial Accreditation would be conferred upon one or more of its sponsored programs but for the sponsoring institution's lack of Initial Accreditation, Initial Accreditation of the program(s) will be contingent on the sponsoring institution's being initially accredited. If the sponsoring institution does not become initially accredited within two years of the program's achieving Initial Accreditation – Contingent, the program must resubmit an application for Initial Accreditation prior to June 30, 2020.

Programs on Pre-Accreditation status will be scheduled for a site visit by an ACGME field representative. Following the site visit, the field representative will write a site visit report. The Review Committee for the program's specialty will review the program to make an assessment of substantial compliance with the ACGME accreditation standards.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.130 Osteopathic Recognition Actions

The following recognition statuses may be conferred on sponsoring institutions or programs after Initial or Continued Accreditation (specialty):

- Recognition Withheld
- Initial Recognition
- Initial Recognition with Warning
- Continued Recognition without Outcomes
- Continued Recognition
- Continued Recognition with Warning
- Withdrawal of Recognition
- Administrative Withdrawal of Recognition

Appealable Recognition Actions

The statuses of Recognition Withheld and Withdrawal of Recognition are adverse actions and may be appealed.

Other recognition actions may not be appealed (e.g. citations, warnings, other).

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.140 Recognition Withheld

- a. Recognition shall be withheld when the Recognition Committee determines that an application for Recognition of a sponsoring institution or program does not demonstrate substantial compliance with the recognition requirements.
- b. If a sponsoring institution or program reapplies for recognition within two years of the effective date of Recognition Withheld, the recognition history of the previous recognition action shall be included as part of the file. A statement addressing each previous citation must be included with the new application.
- c. A site visit may be conducted for reapplications submitted within two years of receipt of a recognition decision of Recognition Withheld.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.150 Initial Recognition and Initial Recognition with Warning

A status of Initial Recognition is conferred when the Recognition Committee determines that an application for recognition of a new sponsoring institution or program, or an application for Recognition of an ACGME-accredited residency program without recognition, substantially complies with the recognition requirements.

Initial Recognition is considered a developmental stage. A sponsoring institution or program will have a full site visit and review within two years of the effective date of Initial Recognition status. If a sponsoring institution or program demonstrates substantial compliance with the recognition requirements at that time, a status of Continued Recognition will be conferred.

If a sponsoring institution or program does not demonstrate substantial compliance with the recognition requirements, the Recognition Committee may withdraw recognition or confer a status of Initial Recognition with Warning for a period of one year. At the end of this additional year, the sponsoring institution or program must demonstrate substantial compliance with the recognition requirements to achieve a status of Continued Recognition, or else recognition will be withdrawn.

Upon withdrawal of recognition, the sponsoring institution or program shall be allowed to complete the current academic year and, at the discretion of the Recognition Committee, one additional academic year.

A status of Initial Recognition may be conferred when separately recognized sponsoring institutions or programs merge, or when a recognized sponsoring institution or program has been so altered that in the judgment of the Recognition Committee it is the equivalent of a new sponsoring institution or program

When a status of Initial Recognition is conferred on a sponsoring institution or program, the Recognition Committee may apply a retroactive effective date of recognition to the beginning of the academic year of the decision.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.160 Continued Recognition without Outcomes, Continued Recognition and Continued Recognition with Warning

A status of Continued Recognition is conferred when the Recognition Committee determines that a sponsoring institution or program has demonstrated substantial compliance with the recognition requirements.

After a period of Initial Recognition, the Recognition Committee may confer a status of Continued Recognition without Outcomes to a new program holding Initial Recognition or Initial Recognition with Warning that, after a full site visit and review within two years from the original recognition, has insufficient data to be conferred the status of Continued Recognition. The length of recognition for programs holding Continued Recognition without Outcomes must not exceed the length of training plus one year, at which time the Recognition Committee must confer either continued Recognition or Withdrawal of Recognition.

The Recognition Committee may confer a status of Continued Recognition to a sponsoring institution or program holding a status of Initial Recognition, Initial Recognition with Warning, or Continued Recognition with Warning that, upon review has demonstrated substantial compliance with the recognition requirements.

The Recognition Committee may confer a status of Continued Recognition with Warning if it determines that a program has areas of non-compliance with recognition requirements that may jeopardize its recognition status.

Subject: 18.00 Accreditation and Recognition Actions; Pre-Accreditation
Section: 18.170 Withdrawal of Recognition

Recognition may be withdrawn on a sponsoring institution or program under Continued Recognition with Warning when the Recognition Committee determines that a sponsoring institution or program has failed to demonstrate substantial compliance with the recognition requirements. A sponsoring institution or program must undergo a site visit before the Recognition Committee may confer Withdrawal of Recognition upon it.

Upon withdrawal of recognition of a sponsoring institution or program, the sponsoring institution or program may complete through the end of the current academic year, and at the discretion of the Recognition Committee, one additional academic year.

Application for Recognition after Withdrawal

If a sponsoring institution or program reapplies for recognition within two years of the effective date of Recognition Withdrawn, the recognition history of the previous recognition action shall be included as part of the file. The sponsoring institution or program shall include a statement addressing each previous citation with the new application.

A site visit must be conducted for all re-applications after withdrawal of recognition.

Administrative Withdrawal due to withdrawal of the Specialty Program.

If a specialty program's accreditation is withdrawn, the recognition of the program is Administratively Withdrawn simultaneously.

Subject: 19.00 Appeals of Adverse Actions and Adverse Recognition Actions
Section: 19.10 Adverse Actions for Programs and Sponsoring Institutions

Adverse Actions

The following are considered adverse accreditation actions:

- Accreditation Withheld
- Probationary Accreditation
- Withdrawal of Accreditation
- Reduction in Resident Complement (not applicable to sponsoring institutions)

The above adverse actions may be appealed under this section with the exception of an adverse action resulting from reconsideration by the ACGME Board under the Alleged Egregious Violation Event policy (Section 20.00).

Subject: 19.00 Appeals of Adverse Actions and Adverse Recognition Actions
Section: 19.20 Procedures for an Adverse Action

- a) When Review Committee confers an adverse action, it shall give notice of the adverse action to the program director and the designated institutional official of the sponsoring institution. This notice of adverse action shall include the citations that form the basis for the adverse action and a copy of the site visitor report if there was a site visit.
- b) Letter of Notification shall be sent to the program director and copied to the designated institutional official. The program director may appeal an adverse action; otherwise, the adverse action is final.
- c) Upon receipt of notification of an adverse action, the program director must inform, in writing, the residents and any candidates (applicants who have been invited to interview with the program). The program director must inform residents and candidates, regardless of whether or not the action is appealed. A copy of this written notice must be sent to the Executive Director of the Review Committee within 50 days of receipt of the Review Committee's Letter of Notification.

Subject: 19.00 Appeals of Adverse Actions and Adverse Recognition Actions
Section: 19.30 Procedures for Appeal of Adverse Actions

- a. If a Review Committee confers an adverse action, the program or institution may request a hearing before an Appeals Panel. If a written request for such a hearing is not received by the Chief Executive Officer of the ACGME within 30 days following receipt by the program or institution of the notice of adverse action, the action of the Review Committee shall be deemed final and not subject to further appeal.
- b. If a hearing is requested, a panel shall be appointed according to the following procedures:
 - (1) The ACGME shall maintain a list of qualified persons as potential Appeals Panel members to review programs.
 - (2) For a given hearing, the program or institution shall receive a copy of the list of potential Appeals Panel members, and shall have an opportunity to delete a maximum of one-third of the names from this list. Within 15 days of receipt of this list, the program or institution shall submit its revised list to the Chief Executive Officer of the ACGME.
 - (3) A three-member Appeals Panel will be constituted by the ACGME from among the remaining names on the list.
- c. When a hearing is requested, the following policies and procedures shall apply:
 - (1) When a program or institution requests a hearing before an Appeals Panel, the program or institution holds the accreditation status determined by the Review Committee with the addition of the term “under appeal.” This accreditation status shall remain in effect until the ACGME makes a final determination on the accreditation status of the program or institution following the appeal process.

Nonetheless, upon receipt of a notice of adverse action, residents and any applicants who have been invited to interview with the sponsoring institution must be informed in writing as to the adverse action conferred by the Review Committee.
 - (2) Hearings conducted in conformity with these procedures shall be held at a time and place to be determined by the ACGME. At least 25 days prior to its hearing, a program or institution shall be notified of the time and place of the hearing.
 - (3) The program or institution shall be given the documents comprising the program file and the record of the Review Committee’s action.
 - (4) The documents comprising the program or institutional file and the record of the Review Committee’s action, together with oral and written presentations to the Appeals Panel, shall be the basis for the final recommendations of the Appeals Panel.

Subject: 19.00 Appeals of Adverse Actions and Adverse Recognition Actions
Section: 19.30 Procedures for Appeal of Adverse Actions (continued)

- (5) The Appeals Panel shall meet to review the written record and receive the presentations. The applicable Review Committee shall be notified of the hearing and a representative of the Review Committee may attend the hearing in order to be available to the Appeals Panel to provide clarification of the record.
- (6) Proceedings before an Appeals Panel are not of an adversary nature as typical in a court of law, but rather provide an administrative mechanism for peer review of an accreditation decision about an educational program. The Appeals Panel shall not be bound by technical rules of evidence usually employed in legal proceedings.
- (7) The appellant may be represented by no more than five individuals at the hearing.
- (8) The Appeals Panel shall not consider any changes in the program or institution or descriptions of the program or institution that were not in the record at the time when the Review Committee reviewed it and conferred the adverse action.
- (9) Presentations shall be limited to clarifications of the record and to information which addresses compliance by the program or institution with the published standards for accreditation and the review of the program or institution according to the administrative procedures which govern accreditation of GME programs. Presentations may include written and oral elements. The appellant may make an oral presentation to the Appeals Panel, but this presentation shall be limited to two hours. Any information, including presentations and audio-visual and written materials must be provided to the ACGME two weeks prior to the hearing.
- (10) The appellant shall communicate with the Appeals Panel only at the hearing or in writing through the Chief Executive Officer of the ACGME.
- (11) The Appeals Panel shall make recommendations to the ACGME Board as to whether substantial, credible, and relevant evidence exists to support the action taken by the Review Committee in the matter under appeal. The Appeals Panel shall, in addition, make recommendations as to whether there has been substantial compliance with the administrative procedures which govern the process of accreditation of GME programs.
- (12) The appeals Panel may recommend either upholding the Review Committee's decision or restoring the program or sponsoring institution to its previous status.
- (13) The Appeals Panel shall submit its recommendation to the ACGME Board within 20 days of the hearing. The ACGME Board shall act on the appeal at its next regularly-scheduled meeting.

Subject: 19.00 Appeals of Adverse Actions and Adverse Recognition Actions
Section: 19.30 Procedures for Appeal of Adverse Actions (continued)

- (14) The decision of the ACGME Board in this matter shall be final. There is no provision for further appeal.
- (15) The Chief Executive Officer of the ACGME shall, within 15 days of the final decision, notify the program/institution under appeal of the decision of the ACGME Board.
- (16) The appellant is fully responsible for the Appeal Fee as set yearly by the ACGME. Expenses of the Appeals Panel members and the associated administrative costs shall be shared equally by the appellant and the ACGME.

d. Notification of Residents and Applicants

Program directors must inform current residents as well as applicants of the accreditation status of the program, as follows:

- (1) Each resident in a program or institution should be aware of the accreditation status of the program or institution and must be notified in writing following any adverse change in the accreditation action taken by the Review Committee.
- (2) If an adverse action regarding the accreditation status of a program or institution is conferred by a Review Committee, the program director and designated institutional official must ensure that all residents, applicants, and accepted applicants are advised of it in writing. This written notification must be made even if the program or institution requests a hearing before an Appeals Panel. For applicants, the information on accreditation status must be provided in writing prior to their coming to the program for an interview. In the event applicants or accepted applicants have already interviewed, they must be notified of the adverse action taken on the sponsoring institution or program. A copy of the written notification must be submitted to the Review Committee Executive Director within 50 days of the date of the Letter of Notification in which the program director and DIO are advised of the adverse action.
- (3) A copy of the letters to residents, applicants, and accepted applicants must be kept on-file by the program or institution. The Review Committee Executive Director shall monitor compliance with the requirement to notify residents, applicants, and accepted applicants in the case of adverse actions, and shall advise the Review Committee if a program or institution has failed to comply with the specified procedures. If a program or institution fails to comply, the Review Committee shall notify the sponsoring institution's GMCC to take appropriate action in order to ensure that residents, applicants, and accepted applicants are notified of the program's current accreditation status.

Subject: 19.00 Appeals of Adverse Actions and Adverse Recognition Actions
Section: 19.40 Adverse Recognition Actions

Adverse Actions

The following are considered adverse recognition actions:

- Recognition Withheld
- Withdrawal of Recognition

The above adverse actions may be appealed.

Subject: 19.00 Appeals of Adverse Actions and Adverse Recognition Actions
Section: 19.50 Procedures for an Adverse Recognition Action

- a. When the Recognition Committee confers an adverse action, it shall give notice of the adverse action to the program director and the designated institutional official of the sponsoring institution. A Letter of Notification (LON) shall include the citations that form the basis for the adverse action and a copy of the site visitor report, if there was a site visit. The LON shall be sent to the program director and copied to the designated institutional official.
- b. The program director, or in the case of an adverse recognition action against a sponsoring institution, the designated institutional official, may appeal an adverse recognition action; otherwise, the adverse action is final.
- c. Upon receipt of notification of an adverse recognition action, the program director or designated institutional official must inform, in writing, the residents, trainees, and any candidates (applicants who have been invited to interview with the program). The program director must inform residents and candidates, regardless of whether or not the action is appealed. A copy of this written notice must be sent to the Executive Director of the Recognition Committee within 50 days of receipt of the Recognition Committee's Letter of Notification.

Subject: 19.00 Appeals of Adverse Actions and Adverse Recognition Actions
Section: 19.60 Procedures for Appeal of Adverse Recognition Actions

- a. If the Recognition Committee confers an adverse action, the sponsoring institution or program may request a hearing before an Appeals Panel. If a written request for such a hearing is not received by the Chief Executive Officer of the ACGME within 30 days following receipt by the program of the notice of adverse recognition action, the action of the Recognition Committee shall be deemed final and not subject to further appeal.
- b. If a hearing is requested, a panel shall be appointed according to the following procedures:
 - (1) The ACGME shall maintain a list of qualified persons as potential Appeals Panel members to review programs.
 - (2) For a given hearing, the sponsoring institution or program shall receive a copy of the list of potential Appeals Panel members, and shall have an opportunity to delete a maximum of one-third of the names from this list. Within 15 days of receipt of this list, the program shall submit its revised list to the Chief Executive Officer of the ACGME.
 - (3) A three-member Appeals Panel will be constituted by the ACGME from among the remaining names on the list.

c. When a hearing is requested, the following policies and procedures shall apply:

- (1) When a sponsoring institution or program requests a hearing before an Appeals Panel, the sponsoring institution or program holds the recognition status determined by the Recognition Committee with the addition of the term “under appeal for recognition.” This status shall remain in effect until the ACGME makes a final determination on conferring recognition of the program following the appeal process.

Nonetheless, upon receipt of a notice of adverse action, residents and any applicants who have been invited to interview with the program must be informed in writing as to the adverse action conferred by the Recognition Committee.

- (2) Hearings conducted in conformity with these procedures shall be held at a time and place to be determined by the ACGME. At least 25 days prior to its hearing, the sponsoring institution or program shall be notified of the time and place of the hearing.
- (3) The sponsoring institution or program shall be given the documents comprising the record of the Recognition Committee’s action.
- (4) The documents comprising the record of the Recognition Committee’s action, together with oral and written presentations to the Appeals Panel, shall be the basis for the final recommendations of the Appeals Panel.
- (5) The Appeals Panel shall meet to review the written record and receive the presentations. The Recognition Committee shall be notified of the hearing and a representative of the Recognition Committee may attend the hearing in order to be available to the Appeals Panel to provide clarification of the record.

Subject: 19:00 Appeals of Adverse Actions and Adverse Recognition Actions
Section: 19.60 Procedures for Appeal of Adverse Recognition Actions (continued)

- (6) Proceedings before an Appeals Panel are not of an adversary nature as typical in a court of law, but rather provide an administrative mechanism for peer review of the Osteopathic Recognition decision about an educational program. The Appeals Panel shall not be bound by technical rules of evidence usually employed in legal proceedings.
- (7) The appellant may be represented by no more than five individuals at the hearing.
- (8) The Appeals Panel shall not consider any changes in the program or descriptions of the program that were not in the record at the time when the Recognition Committee reviewed it and conferred the adverse action.
- (9) Presentations shall be limited to clarifications of the record and to information which addresses compliance by the program with the published standards for recognition and the review of the program according to the administrative procedures which govern recognition of osteopathic recognition of the osteopathic principles dimension of GME programs. Presentations may include written and oral elements. The appellant may make an oral presentation to the Appeals Panel, but this presentation shall be limited to two hours. Any information, including presentations and audio-visual and written materials must be provided to the ACGME two weeks prior to the hearing.
- (10) The appellant shall communicate with the Appeals Panel only at the hearing or in writing through the Chief Executive Officer of the ACGME.
- (11) The Appeals Panel shall make recommendations to the ACGME Board as to whether substantial, credible, and relevant evidence exists to support the action taken by the Recognition Committee in the matter under appeal. The Appeals Panel shall, in addition, make recommendations as to whether there has been substantial compliance with the administrative procedures which govern the process of recognition of GME programs.
- (12) The appeals Panel may recommend either upholding the Recognition Committee's decision or restoring the program to its previous status.
- (13) The Appeals Panel shall submit its recommendation to the ACGME Board within 20 days of the hearing. The ACGME Board shall act on the appeal at its next regularly-scheduled meeting.
- (14) The decision of the ACGME Board in this matter shall be final. There is no provision for further appeal.
- (15) The Chief Executive Officer of the ACGME shall, within 15 days of the final decision, notify the program under appeal of the decision of the ACGME Board.

Subject: 19:00 Appeals of Adverse Actions and Adverse Recognition Actions
Section: 19.60 Procedures for Appeal of Adverse Recognition Actions (continued)

- (16) The appellant is fully responsible for the Appeal Fee as set yearly by the ACGME. Expenses of the Appeals Panel members and the associated administrative costs shall be shared equally by the appellant and the ACGME.

d. Notification of Residents and Applicants

Program directors must inform current residents as well as applicants of the recognition status of the program, as follows:

- (1) Each resident in a program should be aware of the recognition status of the program and must be notified in writing following any adverse change in the recognition status taken by the Recognition Committee.
- (2) If an adverse action regarding the recognition status of a program is conferred by the Recognition Committee, the program director and designated institutional official must ensure that all residents, applicants, and accepted applicants are advised of it in writing. This written notification must be made even if the program requests a hearing before an Appeals Panel. For applicants, the information on recognition status must be provided in writing prior to their coming to the program for an interview. In the event applicants or accepted applicants have already interviewed, they must be notified of the adverse action taken on the program. A copy of the written notification must be submitted to the Recognition Committee Executive Director within 50 days of the date of the Letter of Notification in which the program director and DIO are advised of the adverse action.
- (3) A copy of the letters to residents, applicants, and accepted applicants must be kept on-file by the program. The Recognition Committee Executive Director shall monitor compliance with the requirement to notify residents, applicants, and accepted applicants in the case of adverse actions, and shall advise the Recognition Committee if a program has failed to comply with the specified procedures. If a program fails to comply, the Recognition Committee shall notify the sponsoring institution's GMEC to take appropriate action in order to ensure that residents, applicants, and accepted applicants are notified of the program's current recognition status.

Subject: 20.00 Procedures for Alleged Egregious Events

The occurrence of an alleged egregious accreditation violation affecting programs or institutions must be reported to the Chief Executive Officer of the ACGME. Individuals involved in graduate medical education have a professional responsibility to report such matters promptly. The Chief Executive Officer of the ACGME will initiate an investigation to determine credibility and the degree of urgency. When the Chief Executive Officer of the ACGME determines that the matter disclosed is of sufficient importance and urgency to require a rapid response, the following procedures shall be initiated:

- a. The Chief Executive Officer of the ACGME will consult with the Chair of the ACGME Board, and the Chair of the ACGME Council of Review Committee Chairs. The Chief Executive Officer of the ACGME may request a formal and prompt response from the appropriate responsible individual(s). The Chief Executive Officer of the ACGME may decide that a review of the affected program or institution under this policy should occur, or recommend that the matter be referred to the appropriate Review Committee for action.
- b. If the Chief Executive Officer of the ACGME decides that a site visit should occur, he or she shall assemble a site visit team and inform the appropriate responsible individual(s) at the program and the institution of the site visit and the stated reason(s).
- c. The site visit shall address all matters related to the allegation(s). At the conclusion of the site visit, the site visit team shall submit a written report to the Chief Executive Officer of the ACGME. He or she shall then forward the report to the Executive Committee of the ACGME Board, with his or her recommendations, for consideration at the next regular meeting of the Executive Committee, or at a meeting specifically convened to address the site visit findings.
- d. The Executive Committee will recommend to the ACGME Board for its final approval, disposition of the matter, which may include, without limitation, the following accreditation actions:
 - (1) No change in current accreditation status
 - (2) Probationary Accreditation
 - (3) Withdrawal of Accreditation
- e. If an adverse accreditation decision is rendered, the program or institution may request reconsideration by the ACGME Board. This request must be made in writing to the Chief Executive Officer of the ACGME within 30 days of receipt of written notification of the decision. The result of the reconsideration will be final.

Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances

The ACGME may invoke the Extraordinary Circumstances policy in response to circumstances that significantly alter the ability of a sponsor and its programs to support resident education. The ACGME is committed to assisting in reconstituting or restructuring residents' educational experiences as quickly as possible. Examples of extraordinary circumstances include abrupt hospital closures, natural disasters, or a catastrophic loss of funding.

Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances
Section: 21.10 ACGME Declaration of Extraordinary Circumstances

If the Chief Executive Officer of the ACGME, in consultation with the Chair of the ACGME Board, determines that a sponsoring institution's ability to support resident education has been significantly altered, he or she shall invoke the Extraordinary Circumstances policy. A notice will be posted on the ACGME website with information relating to ACGME's response to the extraordinary circumstances.

Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances
Section: 21.20 Resident Transfers and Program Reconfiguration

When the ACGME deems that a sponsoring institution's ability to support resident education has been significantly altered, the sponsoring institution must:

- a. revise its educational program to comply with the applicable Common, specialty specific Program and Institutional Requirements within 30 days of the invocation of the policy; and,
- b. arrange temporary transfers to other programs or institutions until such time as the program(s) can provide an adequate educational experience for each of its residents and/or fellows; or,
- c. assist the residents and/or fellows in permanent transfers to other ACGME-accredited programs in which they can continue their education.

If more than one program or institution is available for temporary or permanent transfer of a particular resident or fellow, the preferences of the resident or fellow must be considered by the transferring program or institution. Programs must expeditiously make the decision to reconstitute the program and/or arrange for temporary or permanent transfers of the residents and/or fellows so as to maximize the likelihood that each resident or fellow will complete the academic year with the least disruption to her or his education.

Within 10 days of the invocation of the Extraordinary Circumstances policy, the designated institutional official, or designee(s), of each affected sponsoring institution must contact the ACGME to receive the timelines the ACGME has established for its programs. These timelines will establish deadlines for the sponsoring institution(s) to:

- (1) submit program reconfigurations to the ACGME; and,
- (2) inform each program's residents of the decision to reconstitute the program and/or transfer the residents either temporarily or permanently.

The due dates for submission of said plans shall be no later than 30 days after the invocation of the Extraordinary Circumstances policy unless other due dates are approved by the ACGME.

If within the 10 days of the invocation of the Extraordinary Circumstances policy the ACGME has not received communication from the designated institutional official(s), the ACGME will attempt to establish contact with the sponsoring institution(s) to communicate its expectations.

Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances
Section: 21.30 Communication with the ACGME

On its website, the ACGME will provide phone numbers and e-mail addresses for communication with the ACGME from affected institutions and programs.

Designated Institutional Officials should call or e-mail the Institutional Review Committee Executive Director with information and/or requests for information.

Program directors should call or e-mail the appropriate Review Committee Executive Director with information and/or requests for information.

Residents should call or e-mail the appropriate Review Committee Executive Director or the Office of Resident Services (residentservices@acgme.org; or 312.755.5000) with information and/or requests for information.

On its website, the ACGME will provide instructions for changing resident e-mail information through Accreditation Data System.

Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances
Section: 21.40 Institutions Offering to Accept Transfers

The ACGME will expedite the process for transfers of affected residents and/or fellows. The process of approval of requests for increases in resident complement from receiving programs to accommodate resident and/or fellow transfers from the affected programs must be handled through the Accreditation Data System (ADS). The Review Committees will expeditiously review applications for complement changes and communicate their decisions. Affected institutions must coordinate temporary or permanent transfers through the ACGME.

Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances
Section: 21.50 Changes in Participating Sites and Resident Complement

The ACGME will expedite the review and approval of submissions by programs relating to:

- a. the addition or deletion of a participating site(s);
- b. change(s) in the format of the educational program(s); and,
- c. change(s) in the approved resident complement.

Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances
Section: 21.60 Temporary Resident Transfer

At the outset of a temporary resident or fellow transfer, programs must inform each transferred resident or fellow of the estimated duration of his or her temporary transfer. When a program determines that a temporary transfer will continue through the end of the academic year, it must promptly notify each transferred resident or fellow.

Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances
Section: 21.70 Site Visits

Upon invocation of the Extraordinary Circumstances policy, the ACGME may determine that one or more site visits is required. Prior to the visit(s), the designated institutional official(s) will receive notification of the information that will be required. This information, as well as information received by the ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to the extraordinary circumstances may be postponed.

Subject: 22.00 Policy for Granting Duty Hour Exceptions

Programs may apply to a Review Committee for a maximum 10 percent increase in the 80-hour per week duty hour limit. Each Review Committee may decide that it will not consider any requests for exception. Information on whether a Review Committee grants exceptions to the 80-hour limit can be found on that Review Committee's web page on the ACGME website, as well as in the specialty Program Requirements.

The institutional GMEC must review and formally endorse the request for an exception. The endorsement must be indicated by the signature of the designated institutional official.

If approved, an exception will be reviewed annually by the Review Committee.

**Subject: 23.00 Procedures for Submission of Complaints or Concerns Regarding
Residency Programs and Sponsoring Institutions**
Section: 23.10 Complaints

The ACGME has two mechanisms for individuals and/or groups to raise issues related to programs or sponsoring institutions: submission of complaints, and reporting of concerns. The ACGME addresses issues related to compliance with accreditation standards of programs and sponsoring institutions through its complaint process. In addition, individuals may raise issues that may not rise to the level of non-compliance with ACGME standards through the ACGME concerns process.

Individuals with issues regarding the performance of residency programs or sponsors initiate the process of investigation of their issues by contacting the ACGME's Office of Resident Services. A mutually agreeable path of filing a formal complaint or use of the less formal concern process will be determined through discussion between the individual(s) and the Office of Resident Services.

The ACGME requires that sponsoring institutions and programs provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. Sponsoring institutions and their programs that are accredited by the ACGME are expected to comply with the ACGME's Institutional and Program Requirements. The ACGME and its Review Committees address only matters regarding compliance with ACGME accreditation requirements. The ACGME will investigate potential non-compliance with accreditation standards that relate to program quality. The ACGME does not adjudicate disputes between individual persons and residency programs or sponsoring institutions regarding matters of admission, appointment, contract, credit, discrimination, promotion, or dismissal of faculty, residents, or fellows.

23.11 Confidentiality of Individuals

The ACGME will take steps to keep the identity of any individual(s) reporting potential non-compliance with requirements confidential, except when a complainant specifically waives the right to confidentiality. However, if a complaint alleges failure of a program or institution to provide due process, the identity of the complainant may be disclosed when a response to the allegation is requested from the program director or institutional official. In addition, there may be the rare occurrence when the identity of the complainant may be disclosed as necessary for the ACGME to provide due process to a program or institution appealing an adverse accreditation action.

23.12 Confidentiality of Programs' and Institutions' Responses to Complaints

The ACGME will maintain as confidential a program's and/or institution's response to a complaint or concern submitted to ACGME.

**Subject: 23.00 Procedures for Submission of Complaints or Concerns Regarding
Residency Programs and Sponsoring Institutions**
Section: 23.10 Complaints (continued)

23.13 Submission of Complaints

Anyone having evidence of non-compliance with accreditation standards by a program or institution may submit a complaint to the ACGME. Such complaints must be submitted in writing and bear the name and address of the complainant(s). However, before a complaint is submitted, the complainant should utilize all of the resources available in the program and sponsoring institution unless there is a valid reason for not doing so. Allegations of non-compliance that occurred prior to the current and preceding residency year should not be submitted.

23.14 Review Committee Action for Formal Complaints

Review Committees shall review a complaint and the program or institution response and shall determine one of the following:

- a. the response satisfactorily addressed the allegations and no further action is required; or,
- b. there is validity to the complaint and the applicable Review Committee will determine the appropriate response, which may include a site visit (Section 17.00).

Following consideration by a Review Committee, the program director and the designated institutional official shall be informed in writing of the Review Committee's decision in its official Letter of Notification. The ACGME Office of Resident Services shall inform the complainant in writing as to whether the complaint resulted in a change in accreditation status of the program or sponsoring institution.

**Subject: 23.00 Procedures for Submission of Complaints or Concerns Regarding
Residency Programs and Sponsoring Institutions**
Section: 23.20 Concerns

A concern is an issue, care, trouble or distress that someone has about a residency program and/or its sponsoring institution that creates uncertainty and apprehension.

23.21 Confidentiality of Individuals

The ACGME will take steps to keep the identity of any individual(s) reporting concerns confidential, except when a concerned person specifically waives the right to confidentiality. However, there may be times when the ACGME Office of Resident Services may need to identify the individual to the program and/or institution in order to advocate for fair process and to identify options and strategies for resolution about the actions taken in response to a concern, and also to contact the individual should additional information be needed.

23.22 Confidentiality of Programs' and Institutions' Responses to Concerns

The ACGME will maintain as confidential a program's and/or institution's response to a concern submitted to ACGME.

23.23 Submission of Concerns

Anyone can submit a concern by phone, e-mail, letter, or through the annual ACGME Resident Survey, which includes a direct link to contacting the Office of Resident Services. However, before a concern is submitted, the concerned individual should utilize all of the resources available in the program and sponsoring institution unless there is a valid reason for not doing so. Concerns that occurred prior to the current and preceding residency year may not be considered.

23.24 Office of Resident Services Action for Concerns

Submitting a concern will not affect a program's or institution's accreditation. The specific duties of the ACGME Office of Resident Services are: to determine the facts in each case; to work with the concerned individual and designated institutional official in seeking a satisfactory resolution; and to discuss the use of the formal complaint process for violation of ACGME Institutional and Program Requirements.

Subject: 24.00 Advancing Innovation in Residency Education (AIRE)

The implementation of the Next Accreditation System (NAS) offers an opportunity to help catalyze, recognize and highlight innovation in graduate medical education (GME). While the current program requirements provide substantial flexibility to test new educational and assessment approaches, the ACGME anticipates the potential need to offer waivers from compliance with selected program requirements to further foster innovation in GME.

24.10: Pilot Goal and Objectives

The overarching goal is to catalyze greater innovation in residency and fellowship training that improves the quality and safety of healthcare delivered by graduates of those programs. To help achieve this goal the ACGME is initiating a pilot program with the dual aims of 1) enabling the exploration of novel approaches and pathways in GME, and 2) enhancing the attainment of educational and clinical outcomes through innovative structure and processes in resident and fellowship education.

The pilot will encourage the adoption of the key principles and characteristics of competency-based medical education (CBME) and outcomes.

Principles	Characteristics
<ol style="list-style-type: none">1. Competencies are role-derived, specified in behavioral terms and made public2. Assessment criteria are competency-based and specify what constitutes mastery level of achievement3. Assessment requires performance as the prime evidence but also takes knowledge into account4. Individual learners progress dependent on demonstrated competency5. The instructional program facilitates development and evaluation of the specific competencies	<ol style="list-style-type: none">1. Learning is individualized2. Feedback to the learner is critical3. Emphasis is more on the exit criteria than on the admission criteria4. CBET requires a systematic program (approach)5. Training is modularized6. Both the learner and the program have accountability

Subject: 24.00 Advancing Innovation in Residency Education (AIRE)
Section: 24.20 Approval Process

Pilot proposals will be initially reviewed by the Innovation Pilot Research Committee (Innovation PRC) for completeness and methodological rigor. The Innovation PRC is an ACGME staff committee consisting of individuals with experience in curricular design and assessment. If the proposal meets criteria as outlined below, the proposal will be forwarded to the appropriate RRC for review and potential approval. If the Innovation PRC has concerns regarding the proposal, it will provide feedback to the proposers and invite a re-submission.

Implicit in this approval process is an understanding that these pilots represent complex interventions in graduate medical education training. As such, ACGME understands that pilot study interventions and anticipated outcomes will likely require modification as the pilot projects evolve. Each pilot project must critically review and iteratively assess the project design and outcomes based on real-time learning during the implementation period, and to collaborate closely with ACGME staff and project facilitators in this work. Regular monitoring reports will be shared with the respective RRC to promote learner and patient safety and to address adverse events in the event they occur. Applicants should be mindful that the review process will further the proposition that pilots provide innovative approaches to GME without jeopardizing program accreditation, trainee certification eligibility or the learning environment. To that end, programs participating in the pilot may need to obtain approval and/or relief from existing board certification requirements. It is strongly recommended that the program first contact the pertinent certification board first to ensure that graduates of program will be board eligible.

24.21 Residency Review Committee (RRC) Approval

Proposals which include requests for a waiver/variation/suspension of Common Program and/or Specialty Program Requirements require ACGME approval; the proposal will be reviewed by ACGME staff prior to consideration by the RRC. The RRC Executive Director will provide official notification to the Program Director and DIO of the RRC's decision to include:

1. The duration of the approval will depend on the nature of the innovation, and submitting programs should clearly specify the rationale for the requested duration
2. The method of monitoring (e.g., progress reports, updates) will be determined by the Innovation PRC staff at ACGME in collaboration with the RRC and at a minimum will include yearly program updates and performance by the residents or fellows on the Milestones.
3. Supporting evidence from the program of assessment developed to support the innovative pathway must be specified in the proposal.

Subject: 24.00 Advancing Innovation in Residency Education (AIRE)
Section: 24.30 Pilot Requirements – Initial Proposal

Proposals must be grounded in sound educational principles and theory, including competency-based training principles with a clear focus on outcomes, a clear rationale for what the pilot program intends to accomplish from a patient, learner, faculty, educational system and public perspective. In addition, pilot programs must meet the following requirements:

1. Have a faculty lead/champion;
2. Have obtained local approval and support as evidenced by letters of support from the organizational entity responsible for the program's oversight, the GMEC and the DIO;
3. The proposal must provide evidence that the executive leadership of the pertinent clinical learning environment (CLE) in which these residents or fellows will train has signed off on the proposal and attests to:
 - a. local monitoring by its DIO and GMEC;
 - b. how the innovation could impact the CLE, including issues of supervision policies that are understood for traditional trainees within these CLE's;
 - c. how their GME community would view success/failure of such a pilot, and;
 - d. what they believe the scalability of such a change in training would look like if such pilots are successful.

Note: the CLER team will be informed of the pilot and will also be included as part of the monitoring activity.
4. Describe in sufficient detail the re-design of the specific curriculum based on CBME principles for the pilot;
5. Provide a description of the study design and methodology that documents how the pilot project will advance the assessment and evaluation of trainees in an outcomes-based education framework;
6. Include a clear definition of the outcome measures that will be used to demonstrate over time how the innovation improved educational outcomes, in keeping with CBME principles ;
7. Include an evaluation plan to generate evidence-based data and outcomes, including plans on how the program will track the learner after completion of the training program, that is focused on actionable learning from the strengths and weaknesses of the project and its overall impact;
8. Use rigorous assessment methods;
9. If a new assessment method or tool is utilized, describe how the method or tool will be evaluated to collect validity evidence, using the ACGME Assessment Review Group Criteria;
10. Continue to use a competency or promotions committee to review assessment data and provide attestation regarding competency of trainees;
11. Provide a specific corrective action plan for trainees, including remediation and how trainees would be transitioned back into other pathways (where applicable) who fail to meet pilot developmental standards;
12. Define how faculty development activities required to implement the innovation will be organized and delivered, and how outcomes of faculty development will be assessed;
13. Provide information on how the program will meet infrastructure and resource needs to conduct the pilot; and
14. Describe how the Milestones will be used as part of the pilot.

Pilot project submissions must address all of the above requirements as part of the pilot approval process.

Subject: 24.00 Advancing Innovation in Residency Education (AIRE)
Section: 24.40 Use of Milestones in the Innovation Pilots

While the use of Milestones in innovation pilots is required as a component of the pilot proposal, the current version of Milestones has not been sufficiently studied to support using Milestones as the sole mechanism regarding decisions around trainee progression.

Subject: 24.00 Advancing Innovation in Residency Education (AIRE)
Section: 24.50 Clinical Competency Committees in the Innovation Pilots

Clinical Competency Committees (CCC) must be used in all pilots. The ACGME strongly encourages proposals to explicitly describe how the CCC process will be used in the pilot. Research has demonstrated that effectively performed group process leads to better judgments and decisions. ACGME recommends that proposals should include robust and innovative approaches to group decision making as part of the proposal.

Subject: 24.00 Advancing Innovation in Residency Education (AIRE)
Section: 24.60 Program Evaluation

Since it will be important to determine the success of approved pilot studies, these proposals must emphasize the program evaluation approach to support the pilot, especially with regard to ongoing assessment that enables the faculty to more accurately determine learners' developmental progress of the learner, and help learners through frequent feedback, coaching and adjustments to learning plans (Holmboe 2010; van der Vleuten, 2012; Kogan 2013). The ACGME also expects that the results of the innovation be shared with the community through presentations and scholarly publications.

Subject: 24.00 Advancing Innovation in Residency Education (AIRE)
Section: 24.70 Monitoring

The proposal must include a description of how the innovation will be monitored, especially for unintended consequences. For example, if the innovation targets only a subset of learners, how will the quality of the program for non-participants be maintained? The proposal must also describe how, and under what circumstances, an innovation will be suspended or ended should problems arise.

Proposals must include learner outcome measures. In addition, inclusion of outcomes related to the quality of care experienced by patients is encouraged.

Subject: 24.00 Advancing Innovation in Residency Education (AIRE)
Section: 24.80 Submission of Proposal

Proposals should be submitted to the Innovation Pilot Research Committee. All information must be provided and complete before the proposal will be considered.

24.81 Proposal Template for Program Experimentation and Innovation Project

- I. Program and sponsoring Institution Demographics
 - A. Residency Review Committee:
 - B. Program Name:
 - C. Program Number:
 - D. Program Director Name (include email and telephone number):
 - E. Program Accreditation Status:
 - F. Program Citations and/or areas for improvement (AFI): List each citation or area for improvement included in the program's current letter of notification and explain how each has been addressed.
 - G. Sponsoring Institution Name:
 - H. Designated Institutional Official Name:
 - I. Sponsoring Institution Accreditation Status:

Subject: 24.00 Advancing Innovation in Residency Education (AIRE)
Section: 24.80 Submission of Proposal

- II. Project Description
 - A. Title:
 - B. Goals and Objectives:
 - C. Description of the Innovation: Briefly describe the innovation (or experimentation), including changes or improvements from the current process and the anticipated outcomes. If the innovation requires a request for waiver/variation/suspension of a Common, Institutional and/or specialty-specific requirement, provide the exact requirement reference (e.g., Common Program Requirements, section #, etc.). Include current methods for requirement compliance and how that will change. A diagram highlighting key design features and processes is encouraged.
 - D. Methodology and Evaluation: Describe in detail the specific changes to the curriculum and assessment program. Describe how the innovation will improve graduate medical education and improve learner and patient outcomes. In addition, how will the proposed changes improve or advance current accreditation requirements. For example, how will the project improve the learning environment and resident education? How will it improve patient care quality/continuity/access/outcomes and/or better support the competency/outcomes project objectives? How might the innovation help address remediation challenges with struggling residents and fellows? Given that robust, rigorous assessment is essential to effective CBME, please provide examples of what assessment approaches and instruments will be used in this pilot. This proposal should also include what evidence exists regarding the instruments' reliability, validity, feasibility, cost effectiveness, educational impact and acceptability. As noted above, if new assessment approaches are to be used the proposal must describe how the new approach will be studied.
 - E. Monitoring: Please describe how you will monitor progress of the implementation of the innovation. The proposal should describe your evaluation plan for the innovation, addressing the overarching questions, what works, for whom, under what circumstances and why regarding the innovation.
 - F. Timeline: Provide the tentative implementation date and duration of project.
 - G. Description of the Measures: Describe the type and frequency of measures by which the innovation will be evaluated. Some of the measures must be outcome-based in relation to the innovation being proposed.
 - H. Criteria for Assessing Degree of Success: Describe the criteria for determining success of the innovation, including the related targets/benchmarks and outcomes. This should be included in your program evaluations plans.
 - I. Applicability: Describe how the innovation's goals and anticipated outcomes may apply to other residency programs.

Subject: 24.00 Advancing Innovation in Residency Education (AIRE)
Section: 24.80 Submission of Proposal (continued)

- III. Approval Signatures and Dates
 - A. Program Director:
 - B. Department Chair, if applicable:
 - C. If a dependent subspecialty, core Program Director:
 - D. American Board of _____, if applicable (i.e., if proposal affects any requirement of the specialty board, prior approval should be included with the proposal)
 - E. Designated Institutional Official:
 - F. Chair, Graduate Medical Education Committee
 - G. Clinical learning environment impact assessment: Please describe how your innovation will assess and monitor the impact on the learning environment, especially if the innovation only involves a subset of learners.
- IV. Appendices, if applicable

The effective date of these *ACGME Policies and Procedures*, and of any further revisions, is the last date printed on the title page. All ACGME activities, including those of the ACGME Review Committees, subsequent to the effective date shall be guided by this document as published.

AMENDMENTS AND EXCEPTIONS

The *ACGME Policies and Procedures* may be amended at any time by the ACGME Board.

A Review Committee may recommend changes to these *Policies and Procedures* to improve the accreditation process. Such recommendations shall be evaluated by the Policies and Procedures Committee for final approval by the ACGME Board.

A Review Committee may request authority from the ACGME Board to deviate from these *Policies and Procedures* when it can be demonstrated that such exceptions will improve the process of accreditation for that area of GME. Such policies and procedures shall be published in conjunction with the Common, Institutional and Program Requirements for the specialty or subspecialty.