



**ACGME International**

**ACGME International Institutional Requirements**

Revised: 19 February 2021; Effective: 1 July 2021  
Reformatted: 30 March 2016  
Initial Approval: 1 January 2010

## ACGME International Institutional Requirements

### I. Institutional Organization and Responsibilities

#### I.A. Sponsoring Institution

I.A.1. Residency and fellowship programs accredited by ACGME International (ACGME-I) must operate under the authority and control of one Sponsoring Institution. Institutional responsibility extends to resident and fellow assignments at all participating sites.

I.A.2. The Sponsoring Institution must be in substantial compliance with the ACGME-I Institutional Requirements and must ensure its ACGME-I-accredited programs are in substantial compliance with the Institutional, Foundational, and Advanced Specialty/Subspecialty Requirements, and with ACGME-I Policies and Procedures.

I.A.3. The Sponsoring Institution must maintain accreditation. Failure to do so will result in loss of accreditation of all its accredited programs.

I.A.4. The Sponsoring Institution should coordinate all professional education activities, including non-accredited physician education programs and programs dedicated to other professionals, in order to enhance interprofessional education.

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

I.B.1. The Sponsoring Institution must provide GME that facilitates residents' and fellows' professional, ethical, and personal development. The Sponsoring Institution and its GME programs, through curricula, evaluation, and resident/fellow supervision, must support safe and appropriate patient care.

I.B.2. A written statement must document the Sponsoring Institution's commitment to providing the necessary educational, financial, and human resources to support GME. It must be reviewed, dated, and signed by representatives of the Sponsoring Institution's governing body, administration, and GME leadership within a minimum of one year prior to an institutional site visit.

I.B.3. An organized administrative system, led by a designated institutional official (DIO) in collaboration with a Graduate Medical Education Committee (GMEC), must oversee all ACGME-I-accredited programs in the Sponsoring Institution.

I.B.3.a) The DIO must be a member of the medical staff and/or a faculty member in an ACGME-I-accredited program and engaged in professional development applicable to the responsibilities as an educational leader.

- I.B.4. The DIO and GMEC must have authority and responsibility for the oversight and administration of the Sponsoring Institution's programs, and responsibility for ensuring compliance with ACGME-I Institutional, Foundational, and Advanced Specialty/Subspecialty Requirements.
- I.B.4.a) The DIO must establish and implement procedures to ensure that in the absence of the DIO, a designee performs the duties of the DIO.
- I.B.4.b) The DIO and/or the Chair of the GMEC must present an annual report to the medical staff organization, or equivalent, and the governing body(ies) of the Sponsoring Institution. This report must also be given to the medical staff organization and governing body of major participating sites that do not sponsor GME programs.
- I.B.4.b).(1) This annual report should review the activities of the GMEC during the past year with attention to, at a minimum, resident/fellow supervision, responsibilities, evaluation, compliance with clinical and education work hour requirements, and participation in patient safety and quality of care education.
- I.B.5. The Sponsoring Institution must provide sufficient institutional resources to ensure the effective implementation and support of its programs in compliance with the ACGME-I Institutional, Foundational, and Advanced Specialty/Subspecialty Requirements.
- I.B.5.a) The Sponsoring Institution must ensure the DIO has sufficient financial support and protected time to effectively carry out the DIO's educational and administrative responsibilities to the institution.
- I.B.5.b) The Sponsoring Institution must ensure that program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs.
- I.B.5.c) The Sponsoring Institution and its GME programs must ensure sufficient salary support for coordinators and other administrative staff members and adequate resources (e.g., time, space, technology, supplies) to allow for effective administration of the GME Office and all its programs.
- I.B.5.d) The Sponsoring Institution is responsible for the provision of sufficient financial support and benefits for residents/fellows.
- I.B.6. The Sponsoring Institution, in collaboration with each of its ACGME-I-accredited programs, must ensure that physician faculty appointments follow established procedures, including review of:

- I.B.6.a) clinical expertise in the area of teaching responsibilities; and,
- I.B.6.b) evidence of or potential for:
  - I.B.6.b).(1) teaching and mentoring residents/fellows in each of the ACGME-I Competencies;
  - I.B.6.b).(2) leadership at the institutional and/or national or regional level;
  - I.B.6.b).(3) scholarly activity;
  - I.B.6.b).(4) participating in continuing education to enhance teaching; and,
  - I.B.6.b).(5) serving as a role model of professionalism.
- I.B.7. Faculty members, residents, and fellows must have ready access to adequate communication resources and technological support.
- I.B.8. Residents and fellows must have ready access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format.
  - I.B.8.a) Electronic medical literature databases with search capabilities should be available.
- I.B.9. The Sponsoring Institution must have a policy that addresses administrative support for GME programs in the event of a disaster or interruption in patient care.
  - I.B.9.a) This policy should include assistance for continuation of resident/fellow assignments.
- I.C. Institutional Agreements
  - I.C.1. The Sponsoring Institution must retain responsibility for the quality of GME, including when resident/fellow education occurs in other sites.
  - I.C.2. The Sponsoring Institution must ensure that each of its programs has established Program Letters of Agreement with its participating sites, in compliance with the ACGME-I Foundational Program Requirements.
- I.D. Accreditation for Patient Care at Sites that Are Hospitals
  - I.D.1. Any sites (including the Sponsoring Institution) used by GME programs, that are hospitals should be accredited by The Joint Commission International or by another entity with equivalent standards, as determined by the Review Committee-International.

- I.D.2. When a Sponsoring Institution or participating site that is a hospital is not accredited or recognized, the Sponsoring Institution must provide an explanation satisfactory to the Review Committee-International of why neither has been sought or granted.
- I.D.3. When a Sponsoring Institution or a participating site that is a hospital loses its accreditation or recognition, the Sponsoring Institution must notify the Review Committee-International and provide a plan of response within 30 days of such loss. Based on the particular circumstances, the Review Committee-International may request the ACGME-I invoke Procedures for Alleged Egregious Events or Policies and Procedures to Address Extraordinary Circumstances.

## **II. Institutional Responsibilities for Residents and Fellows**

### **II.A. Eligibility and Selection of Residents and Fellows**

II.A.1. The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment and appointment and must monitor each program for compliance. These eligibility requirements must address:

- II.A.1.a) graduation from a medical school registered in the World Directory of Medical Schools;
- II.A.1.b) satisfactory completion of the USMLE Steps 1 and 2 Clinical Knowledge or its equivalent; and,
- II.A.1.c) satisfactory completion of all requirements for licensure or its equivalent in the jurisdiction of the residency/fellowship program.

### **II.A.2. Resident/Fellow Selection**

II.A.2.a) The Sponsoring Institution must ensure that its ACGME-I-accredited programs select eligible applicants on the basis of residency/fellowship program-related criteria, such as their preparedness, ability, aptitude, academic credentials, and communication skills, as well as personal qualities, such as motivation and integrity.

II.A.2.b) ACGME-I-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally-protected status.

### **II.B. Financial Support for Residents and Fellows**

II.B.1. The Sponsoring Institution must provide all residents and fellows with appropriate financial support and benefits, with input from the GMEC, to ensure they are able to fulfill the responsibilities of their educational programs.

II.C. Benefits and Conditions of Appointment

II.C.1. Candidates for programs (applicants who are invited for an interview) must be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, either in effect at the time of the interview or that will be in effect at the time of their eventual appointment, including: financial support; vacation time; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability, and other insurance provided for residents and fellows and their families; and the provision of call rooms, meals, laundry services, or their equivalents.

II.D. Agreement of Appointment

II.D.1. The Sponsoring Institution must monitor programs with regard to implementation of terms and conditions of appointment by program directors.

II.D.2. The Sponsoring Institution and program directors must ensure that residents and fellows are informed of and adhere to established educational and clinical practices, policies, and procedures at all sites to which they are assigned.

II.D.3. The Sponsoring Institution and program directors must ensure that residents and fellows are provided with a written agreement/contract outlining the terms and conditions of their appointment to a program.

II.D.4. The resident/fellow agreement/contract must contain or provide a reference to the following institutional policies:

II.D.4.a) resident and fellow responsibilities;

II.D.4.b) duration of appointment;

II.D.4.c) financial support;

II.D.4.d) conditions for reappointment and promotion to the next level of the educational program;

II.D.4.d).(1) The Sponsoring Institution must have a policy that requires each of its ACGME-I-accredited programs to determine the criteria for promotion and or renewal of a resident's/fellow's appointment.

II.D.4.d).(2) The Sponsoring Institution must ensure that each of its programs provides a resident/fellow with a written notice of intent when a resident's/fellow's appointment will not be renewed, or when a resident/fellow will not be promoted to the next level of the educational program or will be dismissed.

- II.D.4.e) grievance procedures and due process;
- II.D.4.e).(1) The Sponsoring Institution must have a policy that provides residents/fellows with due process related to non-promotion, non-renewal, and dismissal regardless of when the action is taken during the appointment period.
- II.D.4.e).(2) The written institutional policies and procedures for grievance and due process must be fair, reasonable, and readily available and must minimize conflict of interest by adjudicating parties in addressing:
  - II.D.4.e).(2).(a) academic or other disciplinary actions taken against residents and fellows that could result in dismissal, non-renewal of a resident's/fellow's agreement, non-promotion of a resident/fellow to the next level of the educational program, or other actions that could significantly impact a resident's/fellow's intended career development; and,
  - II.D.4.e).(2).(b) adjudication of resident/fellow complaints and grievances related to the work environment or issues related to the program or faculty member(s).
- II.D.4.f) professional liability insurance coverage, if applicable;
- II.D.4.g) leaves of absence;
  - II.D.4.g).(1) The Sponsoring Institution must provide written institutional policies on residents' and fellows' vacation and other leaves of absence (with or without pay), to include parental, sick, and other leaves of absence.
    - II.D.4.g).(1).(a) These policies must comply with applicable laws.
    - II.D.4.g).(1).(b) The policies must specify the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency/fellowship program and eligibility for certification in the applicable specialty.
- II.D.4.h) health and disability benefits; and,
- II.D.4.i) appropriate benefits to support resident/fellow well-being.
- II.D.5. Residents and fellows must be informed and have access to formal policies and procedures governing:

- II.D.5.a) clinical and education work hours;
- II.D.5.b) access to confidential counseling, medical, and psychological support services;
- II.D.5.c) how the Sponsoring Institution will address physician impairment, including due to substance abuse;
- II.D.5.d) sexual and other forms of harassment;
- II.D.5.e) accommodations that would apply to residents and fellows with disabilities; and,
- II.D.5.e).(1) This policy need not be graduate medical education-specific.
- II.D.5.f) reduction in size or closure of a residency or fellowship program or closure of the institution.
- II.D.5.f).(1) The Sponsoring Institution must inform the GMEC, DIO, and residents and fellows as soon as possible when it intends to reduce the size of or close one or more programs, or when it intends to close.
- II.D.5.f).(2) The Sponsoring Institution must either allow residents and fellows already in the program(s) to complete their education or assist them with enrolling in another ACGME-I-accredited program in which they can continue their education.
- II.E. Resident and Fellow Participation in Educational and Professional Activities
  - II.E.1. The Sponsoring Institution must ensure that each program provides effective educational experiences for residents and fellows that lead to measurable achievement of educational outcomes in the ACGME-I Competencies as outlined in the Foundational and Advanced Specialty/Subspecialty Requirements.
  - II.E.2. The Sponsoring Institution must ensure that residents and fellows:
    - II.E.2.a) participate on committees and councils whose actions affect their education and/or patient care; and,
    - II.E.2.b) participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.

### III. The Learning and Working Environment

III.A. The Sponsoring Institution and its ACGME-I-accredited programs must provide a learning and working environment in which residents and fellows have the opportunity to raise concerns, provide feedback, and resolve issues without fear of intimidation or retaliation in a confidential manner, as appropriate. Mechanisms to ensure this environment must include:

III.A.1. an organization or other forum for residents and fellows to communicate and exchange information on their educational and work environments, their programs, and other resident and fellow issues; and,

III.A.1.a) Regular reports from this forum should be provided to the GMEC.

III.A.2. a process by which individual residents and fellows can address concerns in a confidential and protected manner.

III.B. The Sponsoring Institution must provide support services and develop health care delivery systems to minimize residents' and fellows' work that is extraneous to their ACGME-I-accredited program(s)' educational goals and objectives, and to ensure that residents'/fellows' educational experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations. These support services and systems must include:

III.B.1. Patient support services: peripheral intravenous access placement, phlebotomy, laboratory, and transporter services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care;

III.B.2. Laboratory, pathology and radiology services: laboratory, pathology, and radiology services provided in a manner appropriate to and consistent with educational objectives and to support timely, high quality, and safe patient care; and,

III.B.3. Medical records: a medical records system, available at all participating sites, that documents the course of each patient's illness and care, available at all times and adequate to support high-quality and safe patient care, resident/fellow education, quality assurance/improvement, and scholarly activities.

III.C. The Sponsoring Institution and each of its ACGME-I-accredited programs must providing oversight and documentation of a healthy and safe work environment for residents and fellows.

III.C.1. Food Services: Residents and fellows must have access to appropriate food services 24 hours a day while on duty in all institutions.

- III.C.2. Call Rooms: Residents and fellows on call must be provided with adequate and appropriate sleeping quarters that are safe, quiet, and private.
- III.C.3. Security/Safety: Appropriate security and personal safety measures, including mechanisms directed to protections from patient violence, must be provided to residents and fellows at all locations, to include parking facilities, on-call quarters, hospital and institutional grounds, and related facilities.
- III.C.4. Patient Safety: Residents and fellows must have access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal, as well as opportunities to contribute to root cause analyses or other similar risk-reduction processes.
- III.C.5. Quality Improvement: Residents and fellows must have access to data to improve systems of care and reduce health care disparities, and on patient outcomes, as well as opportunities to participate in quality improvement initiatives.
- III.C.6. Supervision and Accountability: The Sponsoring Institution must oversee supervision of residents/fellows consistent with institutional/program-specific policies and the mechanisms by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal.
- III.C.7. Professionalism: The Sponsoring Institution, in partnership with the program director(s) of its ACGME-I-accredited programs, must provide:
- III.C.7.a) a culture of professionalism that supports patient safety and personal responsibility;
  - III.C.7.b) education to residents/fellows and faculty members regarding the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients;
  - III.C.7.c) systems for education in and monitoring of residents'/fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits, and accurate completion of required documentation by residents/fellows;
  - III.C.7.d) a professional, respectful, and civil environment that is free from unprofessional behavior, including mistreatment, abuse, and/or coercion of residents/fellows, other learners, faculty members, and staff members in all ACGME-I-accredited program(s); and,

- III.C.7.e) a process for education of residents/fellows and faculty members regarding unprofessional behavior and a confidential process for reporting, investigating, monitoring, and addressing such concerns.
- III.C.8. Well-Being: The Sponsoring Institution must:
  - III.C.8.a) oversee its ACGME-I-accredited program's(s') fulfillment of the responsibility to address well-being of residents/fellows and faculty members, consistent with the Foundational and Advanced Specialty/Subspecialty Requirements, addressing areas of non-compliance in a timely manner;
  - III.C.8.b) educate faculty members and residents/fellows in identification of the symptoms of burnout, depression, and substance abuse, including the means to assist those who experience these conditions, to include education on how to recognize these symptoms in themselves and how to seek appropriate care;
  - III.C.8.c) encourage residents/fellows and faculty members to alert their program director, DIO, or other designated personnel or programs when they are concerned that a resident/fellow or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence;
  - III.C.8.d) provide access to appropriate tools for self-screening; and,
  - III.C.8.e) provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
- III.C.9. Transitions of Care: The Sponsoring Institution must facilitate professional development for core faculty members and residents/fellows regarding effective transitions of patient care and must ensure/monitor effective, structured patient hand-off processes at all participating sites.
- III.C.10. Clinical Experience and Education: The Sponsoring Institution must oversee:
  - III.C.10.a) resident/fellow clinical and educational work hours, consistent with the Foundational and Advanced Specialty/Subspecialty Requirements, across all programs;
  - III.C.10.a).(1) Areas of non-compliance must be addressed in a timely manner.
  - III.C.10.b) systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows; and,

III.C.10.b).(1) An educational program for residents/fellows and core faculty members in fatigue mitigation must be provided.

III.C.10.c) sleep facilities that are safe, quiet, private, and available/accessible; the availability of short-term resting facilities for residents who may be too fatigued to safely return home; and options for safe transportation for residents/fellows who may be too fatigued to safely return home.

#### **IV. Graduate Medical Education Committee (GMEC)**

##### **IV.A. GMEC Composition and Meetings**

IV.A.1. The Sponsoring Institution must have a GMEC.

IV.A.2. The GMEC must have at least the following voting members:

IV.A.2.a) the DIO;

IV.A.2.b) a representative sample of at least two program directors from the Sponsoring Institution's ACGME-I-accredited programs;

IV.A.2.b).(1) A Sponsoring Institution with one program must include the program director when the program director is not the DIO.

IV.A.2.c) a minimum of two peer-selected residents/fellows from among the ACGME-I-accredited programs; and,

IV.A.2.d) a quality improvement or patient safety officer or designee.

IV.A.3. The DIO should appoint additional voting members to the GMEC, as needed, to carry out GMEC responsibilities and meet local requirements.

IV.A.4. The GMEC must meet at least quarterly and maintain written minutes.

IV.A.4.a) Each meeting of the GMEC must include attendance by at least one resident/fellow member.

##### **IV.B. GMEC Responsibilities**

IV.B.1. The GMEC must establish and implement policies and procedures regarding the quality of education and the work environment for residents and fellows in all programs, including:

IV.B.1.a) obtaining information and feedback on residents/fellows' financial support and benefits and submitting recommendations to the Sponsoring Institution;

- IV.B.1.b) communication with program directors;
- IV.B.1.b).(1) The policy must ensure that communication mechanisms exist between the GMEC and all program directors within the institution.
- IV.B.1.b).(2) The policy must ensure that program directors maintain effective communication with the site directors at each participating site for their respective programs to ensure proper oversight at all clinical sites.
- IV.B.1.c) clinical and education work hours; and,
- IV.B.1.c).(1) Policies and procedures addressing clinical and education work hours must ensure compliance with the ACGME-I Institutional, Foundational, and Advanced Specialty/Subspecialty Requirements.
- IV.B.1.d) policies related to:
  - IV.B.1.d).(1) grievance and due process;
  - IV.B.1.d).(2) resident/fellow vacation and leave time;
  - IV.B.1.d).(3) resident/fellow recruitment, admission, promotion, remediation, non-promotion, and dismissal;
  - IV.B.1.d).(4) health insurance and disability insurance; and,
  - IV.B.1.d).(5) resident services, including access to confidential counselling.
- IV.B.2. The GMEC must monitor programs' supervision of residents and fellows to ensure that supervision is consistent with:
  - IV.B.2.a) provision of safe and effective patient care;
  - IV.B.2.b) educational needs of residents and fellows;
  - IV.B.2.c) progressive responsibility appropriate to residents' and fellows' level of education, competence, and experience; and,
  - IV.B.2.d) other applicable Foundational and Advanced Specialty/Subspecialty Requirements.
- IV.B.3. The GMEC must communicate to the leadership of the medical staff regarding the safety and quality of patient care, to include:
  - IV.B.3.a) an annual report to the medical staff organization, or its equivalent;

- IV.B.3.b) description of resident/fellow participation in patient safety and quality of care education; and,
- IV.B.3.c) accreditation status of programs and any citations regarding patient care issues.
- IV.B.4. The GMEC must ensure that each program provides a curriculum and learning environment that:
  - IV.B.4.a) enables residents and fellows to demonstrate achievement of the ACGME-I Competencies as defined in the ACGME-I Foundational and Advanced Specialty/Subspecialty Requirements;
  - IV.B.4.b) promotes resident/fellow well-being;
  - IV.B.4.c) ensures patient safety and quality care; and,
  - IV.B.4.d) provides the knowledge and skills needed to practice medicine throughout the resident/fellow's career and engage in life-long learning.
- IV.B.5. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR) process.
  - IV.B.5.a) The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum:
    - IV.B.5.a).(1) the most recent ACGME-I institutional Letter of Notification;
    - IV.B.5.a).(2) results of ACGME-I surveys of residents/fellows and core faculty members; and,
    - IV.B.5.a).(3) each of its ACGME-I-accredited programs' accreditation information, including accreditation status and citations.
  - IV.B.5.b) The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's governing body and government entity, as required locally, that includes:
    - IV.B.5.b).(1) a summary of institutional performance on indicators for the AIR; and,
    - IV.B.5.b).(2) action plans and performance monitoring procedures resulting from the AIR.
- IV.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process.

- IV.B.6.a) The Special Review process must include a protocol that:
- IV.B.6.a).(1) establishes criteria for identifying adequate performance; and,
- IV.B.6.a).(2) results in a report that describes the quality improvement goals, corrective actions, and process for GMEC monitoring of outcomes.
- IV.B.7. The GMEC must monitor resident/fellow status, including selection, evaluation, promotion, transfer, discipline, and/or dismissal in compliance with the Institutional and Foundational Requirements.
- IV.B.8. The GMEC must have oversight of program accreditation, including review of all ACGME-I program Letters of Notification and monitoring of action plans for correction of citations and areas of non-compliance with requirements.
- IV.B.9. The GMEC must manage institutional accreditation, including review of the Sponsoring Institution's Letter of Notification from the Review Committee-International and monitoring of action plans for correction of citations and areas of non-compliance with requirements.
- IV.B.10. The GMEC must provide oversight of the learning environment within the Sponsoring Institution and programs and at participating sites.
- IV.B.11. The GMEC must provide oversight of ACGME-I-accredited programs' Annual Program Evaluation and Self-Study.
- IV.B.12. The GMEC must have oversight of program changes prior to submission to the ACGME-I by program directors, including approval of:
- IV.B.12.a) all applications for ACGME-I accreditation of new programs;
- IV.B.12.b) changes in resident/fellow complement;
- IV.B.12.c) major changes in program structure or length of the educational program;
- IV.B.12.d) additions and deletions of participating sites;
- IV.B.12.e) appointment of new program directors;
- IV.B.12.f) progress reports requested by the Review Committee-International;
- IV.B.12.g) responses to all citations and accreditation decisions;

- IV.B.12.h) voluntary withdrawal of program accreditation;
- IV.B.12.i) requests for an appeal of an adverse accreditation decision; and,
- IV.B.12.j) appeal presentations to a Board of Appeal or the ACGME-I.
- IV.B.13. The GMEC must have oversight of reductions and closures, including oversight of all processes related to reductions and/or closures of:
  - IV.B.13.a) individual programs;
  - IV.B.13.b) major participating sites; and,
  - IV.B.13.c) the Sponsoring Institution.
- IV.B.14. The GMEC must have a statement or institutional policy (not necessarily graduate medical education-specific) that addresses interactions between vendor representatives/corporations and residents/fellows and programs.