

Common Program Requirements

Note: The term "resident" in this document refers to both specialty residents and subspecialty fellows. Once the Common Program Requirements are inserted into each set of specialty and subspecialty requirements, the terms "resident" and "fellow" will be used respectively.

Where applicable, text in italics describes the underlying philosophy of the requirements in that section. These philosophic statements are not program requirements and are therefore not citable.

Introduction

Int.A. Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.

The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

I. Institutions

I.A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating sites. *(Core)*

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program. *(Core)*

I.B. Participating Sites

I.B.1. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years. *(Core)*

The PLA should:

- I.B.1.a) identify the faculty who will assume both educational and supervisory responsibilities for residents; ^(Detail)
- I.B.1.b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document; ^(Detail)
- I.B.1.c) specify the duration and content of the educational experience; and, ^(Detail)
- I.B.1.d) state the policies and procedures that will govern resident education during the assignment. ^(Detail)
- I.B.2. The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS). ^(Core)

[As further specified by the Review Committee]

II. Program Personnel and Resources

II.A. Program Director

- II.A.1. There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMEC must approve a change in program director. ^(Core)
- II.A.1.a) The program director must submit this change to the ACGME via the ADS. ^(Core)

[As further specified by the Review Committee]

- II.A.2. The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. ^(Detail)

II.A.3. Qualifications of the program director must include:

- II.A.3.a) requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee; ^(Core)
- II.A.3.b) current certification in the specialty by the American Board of _____, or specialty qualifications that are acceptable to the Review Committee; and, ^(Core)
- II.A.3.c) current medical licensure and appropriate medical staff appointment. ^(Core)

[As further specified by the Review Committee]

II.A.4. The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. ^(Core)

The program director must:

II.A.4.a) oversee and ensure the quality of didactic and clinical education in all sites that participate in the program; ^(Core)

II.A.4.b) approve a local director at each participating site who is accountable for resident education; ^(Core)

II.A.4.c) approve the selection of program faculty as appropriate; ^(Core)

II.A.4.d) evaluate program faculty; ^(Core)

II.A.4.e) approve the continued participation of program faculty based on evaluation; ^(Core)

II.A.4.f) monitor resident supervision at all participating sites; ^(Core)

II.A.4.g) prepare and submit all information required and requested by the ACGME. ^(Core)

II.A.4.g).(1) This includes but is not limited to the program application forms and annual program updates to the ADS, and ensure that the information submitted is accurate and complete. ^(Core)

II.A.4.h) ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution; ^(Detail)

II.A.4.i) provide verification of residency education for all residents, including those who leave the program prior to completion; ^(Detail)

II.A.4.j) implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, ^(Core)

and, to that end, must:

II.A.4.j).(1) distribute these policies and procedures to the residents and faculty; ^(Detail)

II.A.4.j).(2) monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements; ^(Core)

II.A.4.j).(3) adjust schedules as necessary to mitigate excessive

- service demands and/or fatigue; and, ^(Detail)
- II.A.4.j).(4) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. ^(Detail)
- II.A.4.k) monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged; ^(Detail)
- II.A.4.l) comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents; ^(Detail)
- II.A.4.m) be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures; ^(Detail)
- II.A.4.n) obtain review and approval of the sponsoring institution's GMEC/DIO before submitting information or requests to the ACGME, including: ^(Core)
- II.A.4.n).(1) all applications for ACGME accreditation of new programs; ^(Detail)
- II.A.4.n).(2) changes in resident complement; ^(Detail)
- II.A.4.n).(3) major changes in program structure or length of training; ^(Detail)
- II.A.4.n).(4) progress reports requested by the Review Committee; ^(Detail)
- II.A.4.n).(5) requests for increases or any change to resident duty hours; ^(Detail)
- II.A.4.n).(6) voluntary withdrawals of ACGME-accredited programs; ^(Detail)
- II.A.4.n).(7) requests for appeal of an adverse action; and, ^(Detail)
- II.A.4.n).(8) appeal presentations to a Board of Appeal or the ACGME. ^(Detail)
- II.A.4.o) obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME that addresses: ^(Detail)
- II.A.4.o).(1) program citations, and/or, ^(Detail)
- II.A.4.o).(2) request for changes in the program that would have

significant impact, including financial, on the program or institution. ^(Detail)

[As further specified by the Review Committee]

II.B. Faculty

II.B.1. At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location. ^(Core)

The faculty must:

II.B.1.a) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents; and, ^(Core)

II.B.1.b) administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas. ^(Core)

II.B.2. The physician faculty must have current certification in the specialty by the American Board of _____, or possess qualifications judged acceptable to the Review Committee. ^(Core)

[As further specified by the Review Committee]

II.B.3. The physician faculty must possess current medical licensure and appropriate medical staff appointment. ^(Core)

II.B.4. The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments. ^(Core)

II.B.5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. ^(Core)

II.B.5.a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. ^(Detail)

II.B.5.b) Some members of the faculty should also demonstrate scholarship by one or more of the following:

II.B.5.b).(1) peer-reviewed funding; ^(Detail)

II.B.5.b).(2) publication of original research or review articles in peer reviewed journals, or chapters in textbooks; ^(Detail)

II.B.5.b).(3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or, ^(Detail)

II.B.5.b).(4) participation in national committees or educational

Question	Answer
<p>When should PLAs be updated?</p> <p><i>[Common Program Requirement: I.B.1.; One-Year Common Program Requirement: I.B.1.]</i></p>	<p>Agreements should be updated whenever there are changes in program director or participating site director or in resident/fellow assignments, or when there are revisions to the items specified in Common Program Requirements I.B.1.a)-d). PLAs must be renewed at least every five years. If nothing in the agreement has changed at the end of five years, it is acceptable to add an amendment signifying review and extension of the agreement with signatures.</p>
<p>How are PLAs reviewed for purposes of accreditation?</p> <p><i>[Common Program Requirement: I.B.1.; One-Year Common Program Requirement: I.B.1.]</i></p>	<p>During a program site visit, a program director should have the PLAs available for review by the site visitor. Program directors and DIOs should contact the Review Committee Executive Director for more specific details or further clarification.</p> <p>The sample PLA template linked on the first page of this document has been prepared to assist DIOs and program directors. It represents the minimal detail acceptable to a Review Committee. Addition of more detail is not required and occurs at the sole discretion of the Sponsoring Institution or participating site according to local policies and procedures.</p>
<p>Is a Sponsoring Institution required to maintain master affiliation agreements with its major participating sites?</p> <p><i>[Common Program Requirement: I.B.1.; One-Year Common Program Requirement: I.B.1.]</i></p>	<p>No; the Institutional Requirements (effective since 7/1/14, including the most recent revision, effective 7/1/15) no longer require Sponsoring Institutions to maintain master affiliation agreements with their major participating sites.</p>
<p>Resident/Fellow Appointments</p>	
<p>In what settings are the 2016 eligibility requirements applicable?</p> <p><i>[Common Program Requirements: III.A. – III.A.2.c); One-Year Common Program Requirements: III.A. – III.A.3.]</i></p>	<p>The 2016 eligibility requirements in section III.A. apply to prerequisite training for entry or transfer into ACGME-accredited residency programs. This includes entry at the PGY-2 level (or above) into programs in specialties that require an initial year (or two) prior to entry into a program (e.g., anesthesiology, diagnostic radiology, neurology, nuclear medicine, etc.), and transfer entry at the PGY-2 level (or above) into programs in specialties that do not require an initial year prior to entry into a program (e.g., internal medicine, pediatrics). The new requirements are effective July 1, 2016 (i.e., for entry into residency during Academic Year 2016-2017).</p> <p>Eligibility requirements III.A. and III.A.2. (One-Year Common Program Requirement III.A.) also apply to prerequisite training for entry into ACGME-accredited fellowship programs. They are effective July 1, 2016 (i.e., for entry into fellowship during Academic Year 2016-</p>