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**Subject: 1.00 Mission**

The mission of ACGME International (ACGME-I) is to improve health care by assessing and advancing the quality of resident physicians’ education through accreditation. We improve the quality of teaching and protect the interests of residents, learning, research, and professional practice with the ultimate goal of benefiting the public that our accredited programs and graduates serve.
Subject: 2.00 Vision and Values of ACGME International (ACGME-I)

The ACGME-I is a non-governmental organization that accredits post-graduate medical education sponsoring institutions and programs outside of the United States. The ACGME-I was formed exclusively for educational and scientific purposes, including: accrediting post-graduate medical education, promoting the quality of post-graduate medical education, and addressing other matters related to post-graduate medical education as are appropriate.

ACGME-I Vision

The ACGME-I imagines structured international graduate medical education:
- that teaches and has a common evaluation of the competency of every resident and fellow;
- in which programs are led by motivated role model physicians;
- in which residents and fellows have the benefit of a high quality supervised, humanistic clinical educational experience, with customized formative feedback through specialty standardized systems;
- in which residents and fellows demonstrate specialty-specific proficiency in each competency area prior to completion;
- in which residents and fellows are on the path to becoming physicians who place the needs of their patients first;
- that improves health care by assessing and advancing the quality of resident physicians’ education through accreditation;
- that improves patient safety; and,
- that benefits the public.

ACGME-I Values

Honesty and integrity
Excellence and innovation
Accountability and transparency
Fairness and equity
Stewardship and service
Leadership and collaboration
Engagement of stakeholders
Subject: 3:00 Administrative Oversight of ACGME-I

The Finance Committee of the Accreditation Council for Graduate Medical Education (ACGME) has governance oversight responsibilities for the operations of the ACGME-I. The Finance Committee of the ACGME Board will review, at least annually, the finances and operations of the ACGME-I, and report to the ACGME’s Board of Directors.
Subject: 4.00 Employees and Volunteer Whistleblower Policy

The ACGME-I is committed to preventing reprisals against employees and volunteers who report activity undertaken by other ACGME-I employees or volunteers in connection with the performance of official ACGME-I activity that may be in violation of (i) any law or related regulation; or (ii) the ACGME-I’s corporate accounting practices, internal financial controls, or audit (the “Protected Activities”). Such report shall be referred to herein as a “Protected Disclosure.”

The ACGME-I, and any individual associated with the ACGME-I, 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-I administration.

Reporting Violations

The ACGME-I 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. Individuals should always feel free to contact the Chair of the ACGME Finance Committee directly, if they so choose. Supervisors are required to report suspected violations to the Chair of the ACGME Finance Committee.

ACGME Finance Committee

The ACGME Finance Committee is responsible for investigating and resolving all reported complaints and allegations concerning Protected Activities and, at the discretion of the ACGME Finance Committee Chair, shall advise the Chief Executive Officer of the ACGME-I.

The Chair of the ACGME Finance Committee shall immediately notified of any Protected Disclosure 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: 4.00 Employees and Volunteer Whistleblower Policy (continued)

Handling of Reported Violations

The ACGME Finance Committee Chair will promptly acknowledge receipt of a Protected Disclosure (unless such report was submitted anonymously). All reports will be investigated promptly and appropriate corrective action. Reports and copies of Protected Disclosures shall be retained by the ACGME-I in accordance with its record retention policy.
Subject: 5.00 ACGME-I Accreditation Preparedness Assessment (APA) Visit

The ACGME-I conducts APA visits to assist interested countries or jurisdictions to clarify their goals in seeking accreditation services and to evaluate the Sponsoring Institution(s) and residency and fellowship program(s) readiness for ACGME-I accreditation.

To initiate an APA visit, an entity (governmental agency or Sponsoring Institution) provides the ACGME-I with an official letter requesting a visit and signs an APA Visit Agreement. This agreement outlines specific costs of the visit and the specific responsibilities of the ACGME-I and the Sponsoring Institution and/or governmental agency.

The APA visit is conducted by an ACGME-I assessment team that includes member(s) of the ACGME-I leadership. A visit to a single Sponsoring Institution, such as a teaching hospital or academic medical center, includes meetings with the Sponsoring Institution’s senior leadership, the leadership of graduate medical education endeavors, such as individual(s) providing institutional oversight, residency program directors, and residents, as well as a guided tour of the facilities used in the education of residents. If the request for an APA visit is instituted by a governmental ministry, meetings with officials of that agency will also be scheduled. The meetings and tour usually occur over two days.

Following the visit, the ACGME-I’s assessment team provides a report on readiness together with a possible timeline for accreditation services. This report will form the basis for development of a contract with the ACGME-I for accreditation services. Development of the contract can occur from two to 12 months from initial contact with the entity.
Section 6.00 Pre-Accreditation Services

Pre-accreditation services are provided in settings where accreditation is being sought, but where further development of graduate medical education is deemed appropriate prior to application. Pre-accreditation services represent a contractual agreement in which the expectation is to ultimately achieve accreditation.
Subject: 7.00 ACGME-I Review Committees

Description

The function of the Review Committee-International is to review accreditation standards, make recommendations on ACGME-I policies and procedures and provide peer evaluation of sponsoring institutions, advanced specialty residency programs, or fellowship programs. The purpose of the evaluation is to assess whether the sponsoring institution or program is in substantial compliance with the published set of ACGME-I standards, and to confer an accreditation status on the sponsoring institutions or programs.

A Specialty-specific Review Committee-International representing medicine-based specialties, surgical-based specialties, and hospital-based specialties will review Sponsoring Institutions and programs during a program review meeting. Membership on each committee will be according to the medical specialty of the physician member. Specialty areas may be combined into one committee based on the number of ACGME-I-accredited programs. Review of Sponsoring Institutions may be completed by any committee.

All members will convene as Review Committees-International to review matters common to all ACGME-I-accredited programs during a business meeting.

Residency and fellowship programs in the following specialties will be reviewed by the medicine-based Review Committee:
- Allergy and immunology
- Dermatology
- Family medicine
- Internal medicine
- Internal medicine subspecialties
- Neurology
- Pediatrics
- Pediatric subspecialties
- Physical medicine and rehabilitation
- Psychiatry

Residency and fellowship programs in the following specialties will be reviewed by the surgical-based Review Committee:
- General surgery
- General surgery subspecialties
- Neurological surgery
- Obstetrics and gynecology
- Ophthalmology
- Orthopaedic surgery
- Otolaryngology
- Plastic surgery
- Thoracic surgery
- Urology
Subject: 7.00 ACGME-I Review Committees (continued)

Residency and fellowship programs in the following specialties will be reviewed by the hospital-based Review Committee:

- Anesthesiology
- Diagnostic radiology
- Emergency medicine
- Medical genetics and genomics
- Pathology
- Preventive medicine
- Radiation oncology
- Transitional year

Membership and Terms

Review Committee members include US domestic and international physician specialists who represent the major areas of graduate medical education. The international members will be selected from accredited ACGME-I Sponsoring Institutions and programs.

For international representatives, nominations will be solicited and accepted from the international graduate medical education community. The ACGME-I leadership team will review the needs of each Committee based on geographic representation, content expertise, experience with graduate medical education/accreditation processes, and diversity. Following recommendation of the Review Committees-International, nominations will be considered by the Chief Executive Officer (CEO) of the ACGME-I, who will appoint members.

Specialty-specific Review Committee-International will have up to nine voting members and will meet up to twice a year. Additional smaller group meetings may be scheduled to work on special, defined projects. Meetings may occur at the ACGME-I Headquarters, at a site outside the US, or via video or audio conference.

Members shall be appointed to a three-year term, with the option to be reappointed to another three-year term, not to exceed six years. The terms of new members shall begin on July 1.

Composition

Each Specialty-specific Review Committee-International shall have a Chair and a Vice Chair. Terms of the Chair and Vice Chair will begin July 1.

Chair – The Chair will be elected by the members of each Specialty-specific Review Committee-International for a term of three years. The Specialty-specific Review Committee-International Chair will call and preside over meetings of the Specialty-specific Review Committee-International and ensure that the committee conducts its responsibilities in accordance with the ACGME-I policies and procedures. The Chair will only vote in the unique circumstance involving a tie.

Vice Chair – The Vice Chair will be elected by each Specialty-specific Review Committee-International for a term of two years and be eligible for reappointment. In the Chair’s absence, the Vice Chair shall assume the duties of the Chair.
Subject:  7.00 ACGME-I Review Committees (continued)
Section:  7.10 Administration

The ACGME-I staff supports each Committee’s functions by serving as a recorder, directing the business meeting, and serving as the liaison between the Specialty-specific Review Committee-International and the Sponsoring Institutions and educational programs. ACGME-I staff members are not voting members and do not participate in accreditation decisions.
Subject: 7.00 ACGME-I Review Committees (Continued)
Section: 7.20 ACGME-I Review Committee Member Responsibilities and Process

a. Review Committee Member Responsibilities

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

Each member must:

(1) review programs and Sponsoring Institutions consistent with established ACGME-I policies and procedures and the International Sponsoring Institution, Foundational, and Advanced Specialty Requirements;
(2) make a recommendation on accreditation status for each program or Sponsoring Institution being evaluated;
(3) attend and participate in meetings (See Section 8.60 for non-compliance);
(4) review Institutional, Foundational, and Advanced Specialty Requirements and make recommendations for new requirements and/or changes to existing requirements;
(5) review ACGME-I policies and procedures and make recommendations for changes; and,
(6) participate in evaluation of performance of other members and agree to be evaluated by other members and appropriate ACGME-I senior staff members. A summary of evaluation is shared with the Chair.

7.21 Quorum

A simple majority of the voting members must be present for all policy and accreditation decisions.

If, following recusal of members in accordance with the Conflict of Interest Policy (8.20), the remaining members are less than half of the total number of members, the remaining members may vote on the matter if approved by the Chair.
Subject: 8.00 ACGME-I Committee Member Conduct  
Section: 8.10 Fiduciary Duty

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

If an individual cannot discharge his/her fiduciary duty of acting in the best interest of the ACGME-I on any particular issue, the member should declare a conflict or duality of interest as described in section 8.22.
Subject: 8.00 ACGME-I Conduct (Continued)
Section: 8.20 Conflict and Duality of Interest Policy

General

The mission of the ACGME International (ACGME-I) is to improve health care by assessing and advancing the quality of resident physicians’ education through accreditation. In furtherance of this mission, the ACGME-I engages in accreditation and accreditation-related activities. The integrity of the ACGME-I, 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, the ACGME-I recognizes that its leaders also have significant professional, business, and personal interests and relationships. Therefore, the ACGME-I has determined that the most appropriate manner in which a member addresses actual, apparent, or potential conflicts 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-I activity or decision-making process. Rather, it reflects the ACGME-I’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-I related matters.

Insofar as actual, apparent, or potential conflicts and dualities of interest can be addressed before they are manifest in committee meetings or otherwise, they should be referred to the Chair failing satisfactory resolution to all involved.

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

The ACGME Finance Committee has the responsibility to provide oversight for compliance with this Policy.
Subject: 8.00 ACGME-I Conduct (Continued)
Section: 8.20 Conflict and Duality of Interest Policy (Continued)

8.21 Definitions

a. Conflict of Interest

A conflict of interest occurs when a 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 committee member or a close member of his/her family that relates to an ACGME-I decision or activity.

b. Duality of Interest

A duality of interest occurs when a 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-I accreditation standards and policies.) A duality of interest sufficient in gravity to destroy the trust necessary for fiduciary service in the interests of the ACGME-I and the public on an issue shall disqualify the committee member from fiduciary service on that issue.

c. Apparent Conflict or Duality

An apparent conflict or duality of interest is one that is perceived, but is not actual. (As 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 committee member is about to assume (i) ownership or investor status, (ii) a compensation arrangement, or (iii) a fiduciary responsibility.

e. Financial Interest

A committee member has a financial interest that 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 the ACGME-I 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-I contract or transactional arrangement; or,
Subject: 8.00 ACGME-I Conduct (Continued)
Section: 8.20 Conflict and Duality of Interest Policy (Continued)

8.21 Definitions (Continued)

(2) a compensation arrangement with any entity or individual with which/whom the ACGME-I 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-I 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 the ACGME-I 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-I contract or transactional arrangement; or,

(4) a compensation arrangement with any entity or individual as to which/whom the ACGME-I 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-I contract or transactional arrangement.

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

8.22 Procedure – Conflict of Interest – Contract or Transaction

a. Disclosure of Conflicts

Each 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 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 committee member annually for completion and return; however, disclosure is most appropriate whenever conflicts arise or are suspected.

b. Self-Declared Conflict (Disqualifying)

(1) A committee member may declare an actual, apparent, or potential conflict of interest relating to 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 committee member.

(2) The conflicted committee member having an actual, apparent, or potential conflict of interest shall not participate in or be permitted to hear the committee’s discussion of the contract or transaction except to disclose material facts and to respond to questions. The committee member shall not attempt to exert his/her personal influence with respect to the contract or transaction, either at or outside the meeting.
Subject: 8.00 ACGME-I Conduct (Continued)
Section: 8.20 Conflict and Duality of Interest Policy (Continued)

8.22 Procedure – Conflict of Interest – Contract or Transaction (Continued)

(3) The committee member having an actual, apparent, or potential 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 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 Country (Accreditation Actions)

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

ACGME-I Determined Conflict (Disqualifying)

(1) In the event it is not entirely clear that an actual, apparent, or potential conflict of interest exists, the committee member with an alleged or suspected conflict shall disclose the circumstances to 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.

(2) The committee member may request a vote of the committee if he/she disagrees with the determination of the Committee Chair. The committee member may be present and may speak during the 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 committee member involved not voting, but being counted for quorum purposes and shown as abstaining.

(3) Depending upon the facts involved, the 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.
Subject: 8.00 ACGME-I Conduct (Continued)
Section: 8.20 Conflict and Duality of Interest Policy (Continued)

8.23 Procedure – Addressing Number of Persons Voting

If, upon conclusion of the Conflict of Interest Procedure (Section 8.22), the members remaining are less than half the total number of members present, the remaining members may vote on the matter if approved by the Chair.

8.24 Duality of Interest

a. Disclosure of Dualities and Possible Dualities

Prior to committee action on an issue, each committee member who has, or is advised by one or more on the 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 committee, must disclose the duality and all relevant facts to 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 committee member shall inform the 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 committee member annually for completion and return; however, 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 committee action on a matter or issue, a 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 the ACGME-I and the public. Unless the ACGME-I determines, as provided herein, that the 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 the ACGME-I and the public, the committee member may participate regarding that issue.

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

A 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 the ACGME-I and the public, shall not participate regarding that issue.
Subject: 8.00 ACGME-I Conduct (Continued)
Section: 8.20 Conflict and Duality of Interest Policy (Continued)

8.24 Duality of Interest (Continued)

c. ACGME-I 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 committee member with an actual, alleged, suspected, or possible actual, apparent, or potential duality shall disclose the circumstances to 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 the ACGME-I and the public on an issue.

(2) The committee member involved may request a vote if he/she disagrees with a disqualification decision of the Committee Chair. The committee member involved may be present and may speak during 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 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 committee, the duality shall be noted in the minutes. The 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 Committee Chair, shall not have access to certain confidential information.
Subject: 8.00 ACGME-I Conduct (Continued)
Section: 8.20 Conflict and Duality of Interest Policy (Continued)

8.25 Procedure – Consultant/Site Visitor

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

8.26 Failure to Disclose Conflict and Duality of Interest

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

If, after hearing the response of the committee member and making such further investigation as may be warranted in the circumstances, the ACGME Finance Committee determines that the 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-I CEO. The recommendation shall reflect the ACGME Finance Committee’s view of the violation’s seriousness and the degree of harm or potential harm to the ACGME-I.
Subject: 8.00 ACGME-I Conduct (Continued)
Section: 8.30 Annual Disclosure Committee Members to Follow This Policy

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

Annually, each committee member shall complete a disclosure form identifying any relationships, positions, or circumstances in which he/she is involved that he/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 and the Chief Executive Officer to address conflicts and dualities of interest, except to the extent additional disclosure is necessary in connection with the implementation of this Policy.
Subject: 8.00 ACGME-I Conduct (Continued)
Section: 8.40 Confidentiality

The ACGME-I recognizes that adherence to confidentiality of the information acquired during the accreditation process is vital to its operation. Intrinsically, 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-I and its committees will not disclose anything that is said at any committee meeting or in any of the documents reviewed in the course of an accreditation review, including, but not limited to, those listed in this Section, nor the information contained therein, except as required for ACGME-I accreditation purposes, as may be required legally, or as provided in Section 8.41. In order to meet the requirement of confidentiality, the ACGME-I holds as confidential the following documents and the information contained therein:

a. Sponsoring Institution and program files, including without limitation: institutional review; program information; Sponsoring Institution and program 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-I; and,

d. personal resident physician information, and protected health information submitted to the ACGME-I.

The ACGME-I also recognizes that adherence to confidentiality within the Advisory Committee meeting to promote candor within its process, which may include constructive criticism that leads to improvement in the quality and scope of ACGME-I operations. Maintaining confidentiality within this process promotes this candor.

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

8.41 Published Information Released through ACGME-I

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

a. name and address of sponsoring institution;

b. name and address of program director;
8.41 Published Information Released through ACGME-I (continued)

c. name and address of GME coordinator;

d. specialty and length of the educational program;

e. approved total number of resident/fellow positions;

f. sponsoring institutional and program accreditation, sponsoring institutional and program accreditation status, and effective date; and,

g. date of next site visit.

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

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

8.42 Confidentiality Administration

In order to protect confidential information, the ACGME-I 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 committees receive or generate, except directly in conjunction with service to the ACGME-I;

b. not use such confidential information for personal or professional benefit or for any other reason, except directly in conjunction with service to the committees and/or the ACGME-I; and,

c. dispose of all materials and notes regarding confidential information in compliance with ACGME-I policies.
8.42 Confidentiality Administration (continued)

The confidentiality obligations continue to apply to former committee members. A former committee member may serve as a consultant to a sponsoring institution or program, but he/she shall continue to maintain the confidentiality of confidential ACGME-I information. He/she may not serve as a consultant for a sponsoring institution program, which has an accreditation decision pending before the ACGME-I in which decision or part thereof, the former committee member participated as a committee member. If a former committee member, while serving as a consultant, receives information from a sponsoring institution or program, he/she may discuss such information with the sponsoring institution or program, even if the same information had been submitted to the committee. However, the former committee member may not discuss the consideration of the sponsoring institution or program by the committee in which the former committee member participated or otherwise became aware by virtue of his/her committee membership.
Subject: 8.00 ACGME-I Conduct (Continued)
Section: 8.50 Policies Governing Review Committee Member Conduct

Upon appointment by the ACGME-I Chief Executive Officer (CEO), and annually thereafter, all Committee members must sign an agreement annually to comply with ACGME-I Policies and Procedures, including those relating to Fiduciary Duty, Conflict and Duality of Interest, and Confidentiality. These agreements shall be kept on-file by the ACGME-I administration.

Members of a committee may not act for or on behalf of the committee or the ACGME-I without explicit authorization by the ACGME-I CEO. This does not preclude committee members from reporting on general committee activities to appropriate organizations.
Subject: 8.00 ACGME-I Conduct (Continued)
Section: 8.60 Committee Member Attendance

Whenever an ACGME-I committee member fails to attend two or more of any four consecutive regular meetings of the committee, the ACGME Finance Committee shall:

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

b. make a recommendation to the ACGME-I Chief Executive Officer as to whether it should take any action for failure of the Committee member to attend two or more of any four consecutive meetings of the committee.
Subject: 9.00 Financials
Section: 9.10 Fee Structure

Accreditation Fee

The ACGME International (ACGME-I) shall charge fees for services as specifically outlined in each contract.
Subject: 10.00 Procedures for the Development and Approval of Requirements
Section: 10.10 New or Revised Requirements

The Review Committees-International must review Sponsoring Institution requirements and International Foundational Requirements.

The Specialty-specific Review Committee-International responsible for reviewing programs in the specialty will review Advanced Specialty Requirements. Reviews occur at appropriate intervals as designated by the ACGME-I CEO.

International Institutional and Foundational Requirements will be reviewed during the business meeting of the Review Committees-International. Proposed new or revised Advanced Specialty Requirements will be referred to the appropriate Specialty-specific Review Committee-International for review.

The Review Committees-International will forward proposed revisions to International Institutional, Foundational, and Advanced Specialty Requirements to the ACGME-I CEO for final approval.
Subject: 10.00 Procedures for the Development and Approval of Requirements (Continued)
Section: 10.10 New or Revised Requirements (Continued)

Schema – Process for Development and Approval of New Advanced Specialty Requirements

**Step 1. Develop first draft of International requirements**
Newly approved ACGME program requirements are reviewed by ACGME-I staff to remove ACGME Common Program Requirements and U.S.-centric requirements.

**Step 2. Prepare first draft of requirements for specialist review**
Staff prepares first draft for review by a physician specialist who has knowledge of the U.S. domestic requirements under consideration. Staff annotates ACGME-I requirements indicating where changes have been made from the domestic requirements, including a rationale for each change and noting an assessment of whether the changes are significant, minor or unclear.

**Step 3. Complete second draft of requirements based on specialist review and edits**
Specialist reviewer provides guidance on each of the changes noted in Step 2. Staff edits the requirements based on guidance provided and sends to specialist reviewer for final verification.

**Step 4. Post second draft of requirements for public comment**
Staff provides second draft of requirements to ACGME-I communities of interest for their comment and feedback.

**Step 5. Complete final draft of requirements based on public comment**
The appropriate Specialty-specific Review Committee-International uses public comments during their review of the requirements to determine a final draft that incorporates changes from public comments if warranted. As needed, the Specialty-specific Review Committee-International may seek additional input from either the specialty reviewer or the ACGME-I communities of interest during this process.

**Step 6. Approve final requirements**
The Review Committees-International will review and submit the final draft of the requirements, comments from the specialist reviewer and public comments to ACGME-I administration for approval. ACGME-I administration may request the specialty-specific Review Committee-International to provide additional information and/or edits during their approval process.
Subject: 10.00 Procedures for the Development and Approval of Requirements (Continued)
Section: 10.20 Procedures for Revision of Requirements

International Institutional, International Foundation, and Advanced Specialty Requirements must be reviewed no less frequently than every 10 years. The Review Committees-International are responsible for reviewing requirements for Sponsoring Institutions and International Foundational Requirements. The Specialty-specific Review Committee-International responsible for reviewing programs in the specialty is responsible for reviewing Advanced Specialty Requirements. A letter explicitly stating that the review has been accomplished and that no revisions are required must be submitted by the appropriate committee to the ACGME-I administration.

Prior to drafting major revisions to existing requirements, the committee may solicit input on the ACGME-I requirements currently in effect and the proposed revision from the community of interest.

The following ACGME-I groups constitute the community of interest that may be solicited:
- designated institutional officials (DIOs) for international institutional requirements
- program directors in the specialty and its subspecialties
- selected public officials, such as the Ministry of Health or Education
- selected specialty societies or organizations
- international certification boards
- current domestic and international standards

After consideration of the comments received, the ACGME-I Senior Vice President shall complete the revisions in the form and format required by the ACGME-I and submit the draft program requirements and comments received from the community of interest to the specialty-specific Review Committee-International.

The committee will evaluate comments and the proposed revisions and determine the final changes to be submitted to ACGME-I administration. The committee will submit all comments received, along with its responses, to administration together with the proposed revisions.

Effective Date:

a. The effective date for revisions shall be July 1 as approved by the ACGME-I administration. The ACGME-I administration shall consider the recommendation of the Specialty-specific Review Committee-International for the effective date of implementation of revised requirements. The effective date must provide sufficient time for programs or institutions to implement changes.

b. On initial approval of new requirements, the effective date will be when the requirements are approved by ACGME-I administration.

c. After approval by ACGME-I administration, requirements may be edited before they are posted on the ACGME-I website. Any such editing will not substantively change approved requirements.
### Schema – Process for Revision and Approval of Requirements

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>1.</strong></td>
<td>Obtain feedback from Communities of Interest&lt;br&gt;The appropriate specialty-specific Review Committee-International requests feedback from ACGME-I communities of interest on current requirements.</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td>Develop first draft of International requirements&lt;br&gt;Revised ACGME program requirements are reviewed by ACGME-I staff to remove ACGME Common Program Requirements and U.S.-centric requirements.</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td>Prepare first draft of requirements for specialist review&lt;br&gt;Staff prepares first draft for review by a physician specialist who has knowledge of the domestic requirements under consideration. Staff completes a section by section comparison of ACGME-I requirements and revised ACGME requirements indicating where differences occur and noting an assessment of whether the differences are significant, minor or unclear.</td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td>Complete second draft of requirements based on specialist review and edits&lt;br&gt;Specialist reviewer provides guidance on each of the differences noted in Step 2. Staff edits the ACGME-I requirements based on guidance provided and sends to specialist reviewer for final verification.</td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td>Post second draft of requirements for public comment&lt;br&gt;Staff posts second draft of requirements on ACGME-I web page for public comment and feedback</td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td>Complete final draft of requirements based on public comment&lt;br&gt;The appropriate specialty-specific Review Committee-International uses public comments during their review of the requirements to determine a final draft that incorporates changes from public comments as warranted. If needed, the committee may seek additional input from either the specialty reviewer or the ACGME-I communities of interest during this process.</td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td>Approve final requirements&lt;br&gt;The specialty-specific Review Committee-International with consultation from the Review Committees-International submit the final draft and a recommendation for the effective date of the requirements, comments from the specialist reviewer and public comments to ACGME-I administration for approval. ACGME-I administration may request the specialty-specific Review Committee-International to provide additional information and/or edits during their approval process.</td>
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Subject: 11.00 Procedure for Accrediting a New Advanced Specialty (Core)
Section: 11.10 Criteria for Accreditation Recognition of a New Core Specialty

The ACGME-I Senior Leadership determines whether the ACGME-I will accredit programs in a new core specialty and delegate accreditation authority to an existing Specialty-specific Review Committee-International. The ACGME-I Senior Leadership shall evaluate proposals for the accreditation of residency programs in a new core advanced specialty in accordance with the criteria set forth below. This evaluation will ensure that the accreditation of programs in the new core advanced specialty is consistent with the mission of the ACGME-I.

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

The request must meet the following requirements:

a. ACGME core specialty requirements must exist

b. If ACGME core specialty requirements do not exist, the evidence must be provided that
   
   (1) demonstrates that the clinical care of patients and their safety will be improved through recognition of education in that discipline;
   
   (2) is sufficiently distinct from other specialties based on major new concepts in medical science and the delivery of patient care;
   
   (3) represents a new and well-defined field of medical practices;
   
   (4) is based on substantial advancement in medical science;
   
   (5) offers educational content that cannot be incorporated within established residency programs;
   
   (6) 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;

      i. At a minimum, the new core specialty should maintain 50 active programs and 200 residents internationally,

   (7) is recognized as the single pathway to the competent preparation of a physician in the new core specialty; and,
   
   (8) 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 Advanced Specialty (Fellowship)
Section: 12.10 Criteria for Accreditation

The ACGME-I Senior Leadership shall evaluate proposals for the accreditation of fellowship programs in a new fellowship advanced specialty in accordance with the criteria set forth below. This evaluation will ensure that the accreditation of programs in the fellowship is consistent with the mission of the ACGME-I.

A fellowship advance specialty is a structured educational activity comprising a series of learning experiences which follows the successful completion of prerequisite core advanced specialty education in a residency program accredited by the ACGME-I.
Subject: 12.00 Procedures for the Accreditation of Programs in a New Advanced Specialty (Fellowship) (Continued)
Section: 12.20 Criteria for Recognition of a New Advanced Fellowship

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

The following criteria must be met:

a. ACGME fellowship requirements must exist;

b. If ACGME fellowship requirements do not exist, the following must be met in order to achieve recognition. The proposal for accreditation recognition in a new fellowship must provide documentation on the professional and scientific status of the new fellowship 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 fellowship 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 fellowship;

   (5) the regular presence in academic units and health care organizations of educational programs, research activities, and clinical services such that the fellowship is broadly available nationally;

   (6) a projected number of programs sufficient to ensure that ACGME-I accreditation is an effective method for quality evaluation;

   (7) the duration of the fellowship program is at least one year beyond education in the core specialty; and,

   (8) the educational program is primarily clinical.
Subject: 13.00 Levels of International Accreditation

There are three types of accreditation that can be awarded by ACGME-I.

a. International Institutional Accreditation – The Sponsoring Institution must demonstrate substantial compliance with the ACGME-I Institutional Requirements. This consists of ensuring proper structures are in place for oversight of all post-graduate medical education programs, policies, and procedures, recognition of DIO responsibilities and authority, and the creation and recognition of a Graduate Medical Education Committee.

b. International Foundational Accreditation – The specialty/subspecialty program must demonstrate substantial compliance with ACGME-I requirements common to all accredited programs including standards relating to resources, clinical and didactic structure, resident supervision, resident evaluation in the Competencies, faculty and program evaluation, resident duty hours and the learning environment, and program director and faculty member responsibilities.

c. International Advanced Specialty Accreditation – The specialty program must demonstrate substantial compliance with ACGME-I requirements specific to the specialty including advanced specialty-specific institutional and departmental resources, faculty, curricula, didactic sessions, clinical procedures, depth and breadth of educational experience, and the six ACGME-I Competencies.
Subject: 14.00 The Accreditation Process

Accreditation of Sponsoring Institutions and programs can occur periodically or annually.

When a country or jurisdiction is developing their graduate medical education based on ACGME-I requirements, the Sponsoring Institutions and residency and fellowship programs are reviewed periodically. For Sponsoring Institutions, the review includes determination of compliance with the International Institutional Requirements. For residency and fellowship programs, the review includes determination of compliance with International Foundational and, as applicable, International Advanced Specialty Requirements. The period for review is from one to five years.

Graduate medical education within a country or jurisdiction is considered to be fully developed when most programs have attained Continued Accreditation and have undergone at least two reviews after attaining Initial Accreditation. When a country or jurisdiction is fully developed, the Review Committees-International can propose to ACGME-I administration that the Sponsoring Institutions and/or residency and fellowship programs be reviewed on an annual basis. Annual review of programs and Sponsoring Institutions uses an annual assessment of processes and outcomes of education, and determination of substantial compliance with applicable requirements by reviewing annually acquired information.

The Review Committees-International will use the following information to determine if graduate medical education within a country/jurisdiction or a Sponsoring Institution is fully developed:

1. The percentage of all programs and Sponsoring Institutions within the country or jurisdiction that have statuses of Continued Accreditation.
2. The average cycle length of those programs that have the status of Continued Accreditation.
3. The number of reviews that programs have undergone since achieving Initial Accreditation.
4. The stability of graduate medical education leadership in the country or jurisdiction and/or at the Sponsoring Institutions.
5. The willingness of leaders in graduate medical education within the country or jurisdiction to transition to a system of continuous oversight.

The Review Committees-International will forward their recommendation for moving a country from periodic to annual review to ACGME-I administration for final approval.
Subject: 14.00 The Accreditation Process (Continued)
Section: 14.10 Written Documentation for Accreditation Review

A sponsoring institution or residency program seeking Initial or Continued Accreditation from the ACGME-I is required to submit specific documents (institutional and program information along with attachments required in the ACGME-I Accreditation Data System (ADS)) demonstrating substantial compliance with the published standards.
Subject: 14.00 The Accreditation Process (Continued)
Section: 14.20 The Site Visit

The ACGME-I will utilize professionally trained site visitors for institutional and residency and fellowship program site visits.

14.21 Mock Site Visit

Upon request of a Sponsoring Institution or program, the ACGME-I will conduct optional mock site visits. The mock site visit and review is for educational purposes and not for accreditation. The ACGME-I will utilize specialist site visitors to conduct mock reviews to examine the preparedness of the Sponsoring Institution or program to submit an application. These specialist site visitors possess relevant institutional or program experience, are selected from the broad post-graduate medical education community, and are trained by the ACGME-I to perform these mock site visits.

14.22 ACGME-I Site Visitor

The site visitor evaluates the Sponsoring Institution and/or residency/fellowship program by serving as a fact finder who verifies and clarifies the information provided in the Program Information Form and required submitted attachments.

The site visitor reviews the required documents and conducts a series of interviews with the program director, DIO, residency/fellowship faculty members, residents/fellows, and other key personnel in order to verify that the accreditation site visit documents represent an accurate and complete reflection of the Sponsoring Institution’s and program’s commitment to graduate medical education.

Following the site visit, the site visitor composes a report of the information that he/she collected. This document addresses omissions or discrepancies in the submitted materials and the additional information collected during the site visit. The Program Information Form and the site visitor’s report may recommend areas of non-compliance that form the source of information for the Specialty-specific Review Committee-International’s final accreditation decision.
Subject: 14.00 The Accreditation Process (Continued)
Section: 14.30 Types of Accreditation Site Visits

The following accreditation site visits may be conducted at the discretion of the Review Committee-International for the purpose of accrediting Sponsoring Institutions, residency programs, and/or fellowship programs.

Focused Site Visits

A focused site visit assesses selected aspects of a program or Sponsoring Institution identified by a Specialty-specific Review Committee-International, and may be used:

a. to address selected aspects of the program needing attention or follow-up that were identified during the annual continuous review of accreditation information;

b. to evaluate the merits of a complaint against a program or Sponsoring Institution; and/or,

c. 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 process or through another indicator or alert.

Full Site Visits

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:

a. to review an application for accreditation by a new Sponsoring Institution or a new program in a specialty or subspecialty;

b. at the end of the accreditation cycle for countries or jurisdictions where Sponsoring Institutions and programs have periodic review;

c. when review of continuous accreditation data identifies broad issues and/or concerns; and,

d. for other serious conditions or situations at the discretion of the Review Committee-International;

Following the site visit, the site visitor composes a report of the information that he/she collected. This document addresses omissions or discrepancies in the submitted materials and any additional information collected during the site visit. The information and the site visitor’s report may recommend potential areas of non-compliance that form the sources of information for the Specialty-specific Review Committee-International’s final accreditation decision.
Subject: 14.00 The Accreditation Process (Continued)
Section: 14.30 Types of Accreditation Site Visits (Continued)

Site Visit for Alleged Egregious Violations

The ACGME-I may conduct a site visit at any time during the maintenance of accreditation process if an alleged egregious violation is identified pursuant to Section 18.00 of this document. The size and membership of the site visit team and the format and scope of the visit are determined by the CEO of the ACGME-I. The site visit team prepares a report for the relevant Specialty-specific Review Committee-International that addresses all aspects of the alleged egregious violation.

Seven-Year Accreditation Site Visits

The seven-year accreditation review site visit is conducted for those programs and Sponsoring Institutions that are under the system of continuous review. The seven-year 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.

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. 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. 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.
Subject: 15.00 Review Process

Applications must be initiated by the DIO through the ACGME-I’s Accreditation Data System (ADS). 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.

The ACGME-I will conduct a site visit to residency and fellowship programs for all Foundational and Advanced Specialty applications and re-applications, and for all applications and re-applications for Sponsoring Institutions. A Specialty-specific Review Committee-International will render an accreditation decision based on review of the application with a site visit.

The Specialty-specific Review Committee-International 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 visit report;

c. the history of the program and/or the Sponsoring Institution, as applicable;

d. correspondence pertinent to the review; and,

e. other information, as required by the Review Committee.

During program or institutional review, a Specialty-specific Review Committee-International shall confer an accreditation status on the program or institution. A Specialty-specific Review Committee-International may also issue a citation(s) based on findings that a program or an institution fails to demonstrate substantial compliance with any accreditation requirements or ACGME-I policy or procedure. The final action represents a peer judgment by the committee as a whole.

The Specialty-specific Review Committee-International may confer one of the following accreditation actions for Sponsoring Institutions or programs applying for ACGME-I accreditation: Accreditation Withheld or Initial Accreditation for a period of one to two years.
Subject: 15.00 Review Process (Continued)
Section: 15.10 Process for Programs on Periodic Review

For programs on periodic review, the applicable Specialty-specific Review Committee-International will review programs at the end of the cycle length established at the time of the prior review. The committee will confer an accreditation decision of Continued Accreditation based on satisfactory ongoing performance of the program and will determine a cycle length to establish the time of the next review of the program.

For programs with Continued Accreditation, the cycle length can be from one to five years; for programs with Continued Accreditation with Warning, the cycle length can be from one to two years; and, for programs with Probationary Accreditation, the cycle length can be from one to two years.

The Specialty-specific Review Committee-International may use the following information to assess programs:

a. Data Collection/Review

   (1) Updated program application
   (2) Report of the site visit
   (3) Resident Survey
   (4) Faculty Survey
   (5) Milestone data
   (6) Certification examination performance
   (7) Case Log data
   (8) Hospital accreditation data
   (9) Faculty member and resident scholarly activity and productivity
   (10) Other

b. Other data (episodic)

   (1) ACGME-I complaints
   (2) Verified public information
   (3) Historical accreditation decisions/citations
   (4) Institutional quality and safety metrics
   (5) Other
Subject: 15.00 Review Process (Continued)
Section: 15.10 Process for Programs on Periodic Review (Continued)

A Specialty-specific Review Committee-International will first confer an accreditation status and determine a cycle length based on the program’s compliance with International Foundational Requirements. The committee will then confer an accreditation status and determine a cycle length based on the Foundational accreditation status and compliance with the International Advanced Specialty Requirements. The cycle length establishes the date of the next review of the program.

At the time it issues an accreditation decision, the Specialty-specific Review Committee-International may:

a. recognize and commend exemplary performance or innovations in graduate medical education;

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;

h. revise the length of the program as allowed in the Advanced Specialty Requirements; and/or,

i. request a progress report.
Subject: 15.00 Review Process (Continued)
Section: 15.20 Process for Programs on Annual Review

For programs on annual review, the Specialty-specific Review Committee-International will determine whether a program is substantially compliant with International Foundational and Advanced Specialty Requirements through review of annually acquired information. The Specialty-specific Review Committee-International will confer an accreditation decision based on overall performance of the program. When a program’s performance is deemed unsatisfactory, or when performance parameters are unclear, the committee may change the program’s accreditation status or request a site visit and/or additional information prior to rendering a decision.

The Specialty-specific Review Committee-International may use the following information to assess programs:

a. Annual data
   (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 member and resident scholarly activity and productivity
   (9) Other

b. Other data (episodic)
   (1) ACGME-I complaints
   (2) Verified public information
   (3) Historical accreditation decisions/citations
   (4) Institutional quality and safety metrics
Subject: 15.00 Review Process (Continued)
Section: 15.20 Process for Programs on Annual Review (Continued)

Upon review of annual data, a Specialty-specific Review Committee-International has the following options:

a. The committee may confer the existing accreditation status based on information described above.

b. The committee may request additional information prior to making an accreditation decision. The following options are available to the committee:

   (1) Request clarifying information

   (2) Initiate a focused site visit

   (3) Initiate a full site visit

After review of any additional information, a Specialty-specific Review Committee-International will confer an accreditation status. At the time it issues an accreditation decision, the committee may change the existing accreditation status and confer one of the following accreditation statuses/options:

a. Continued Accreditation

b. Continued Accreditation with Warning

c. Probationary Accreditation – A program or Sponsoring Institution with the accreditation status of Continued Accreditation must undergo a site visit before a Specialty-specific Review Committee-International may confer Probationary Accreditation

d. Withdrawal of Accreditation – A program or Sponsoring Institution must undergo a site visit before a Specialty-specific Review Committee-International may confer Withdrawal of Accreditation.

e. Recommend Administrative Withdrawal (Section 16.103)

f. Change Resident Complement (Section 16.111)

g. Recommend invoking the Alleged Egregious Violation Policy (Section 18.00)
Subject: 15.00 Review Process (Continued)
Section: 15.20 Process for Programs on Annual Review (Continued)

In addition to conferring an accreditation status, a Specialty-specific Review Committee-International may also:

a. recognize and commend exemplary performance or innovations in graduate medical education (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) and remove that citation;

g. increase or reduce resident complement; and/or

h. revise the length of the program as allowed in the Advanced Specialty Requirements.
Subject: 15.00 Review Process (Continued)
Section: 15.30 The Seven-Year Accreditation Review for Programs on Continuous Review

For programs on continuous review, 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 Specialty-specific Review Committee-International every seven years. The first program Self-Study date will be set by the ACGME-I administration in consultation with the Review Committees-International.

The information available to a Specialty-specific Review Committee-International for the seven-year accreditation review includes:

a. the Self-Study document;

b. all data used in the annual review of the program; and,

c. the site visit report.

For the seven-year accreditation review, the committee has the following accreditation status options:

a. Continued Accreditation

b. Continued Accreditation with Warning

c. Probationary Accreditation

d. Withdrawal of Accreditation

e. Recommend Administrative Withdrawal (Section 16.103)

f. Change the Resident Complement (Section 16.111)

g. Recommend Invoking the Alleged Egregious Events Policy (Section 18.00)
Subject: 15.00 Review Process (Continued)
Section: 15.40 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 Specialty-specific Review Committee-International and the current accreditation status.
Subject: 16.00 Accreditation Actions

The following accreditation actions may be taken by a Specialty-specific Review Committee-International in accreditation of a sponsoring institution (International Institutional Accreditation), residency and fellowship (International Foundational and International Advanced Specialty):

- Accreditation Withheld
- Initial Accreditation
- Initial Accreditation with Warning
- Continued Accreditation
- Continued Accreditation with Warning
- Probationary Accreditation
- Withdrawal of Accreditation
- Withdrawal Under Special Circumstances
- Voluntary Withdrawal
- Administrative Warning
- Administrative Withdrawal
- Reduction in Resident Complement

Appealable Accreditation Actions

The statuses of Accreditation Withheld, Probationary Accreditation and Withdrawal of Accreditation granted by the Specialty-specific Review Committee-International are adverse actions and may be appealed.
Accreditation of a sponsoring institution begins with the submission of an application (International Institutional Review Document) and completion of a site visit.

Initial Accreditation is considered a developmental phase and the usual review cycle is two years.

After the Initial Accreditation site visit occurs, the site visitor’s report and the submitted application materials are reviewed by the Specialty-specific Review Committee-International and an accreditation action is granted. Possible accreditation statuses are Initial Accreditation or Accreditation Withheld. If granted Initial Accreditation, the sponsoring institution was judged to be in substantial compliance with the published ACGME-I International Institutional Requirements. If the sponsoring institution’s accreditation was withheld, it may reapply or appeal the action. Schema 16.10 below outlines the accreditation process and possible accreditation actions following an application for Institutional Accreditation.

If the sponsoring institution reappeals within two years, the institution must address all previously cited areas of non-compliance listed in the original Letter of Notification in its reapplication submission.

Schema 16.10 – Initial Accreditation – Sponsoring Institution
Subject: 16.00 Accreditation Actions (Continued)
Section: 16.20 Initial Accreditation (Foundational Only)

The sponsoring institution must be ACGME-I-accredited prior to applying for residency accreditation for specialty programs. The residency accreditation process begins with the submission of a two-part application—International Foundational Application and International Advanced Specialty Application—and completion of a site visit.

Initial Accreditation is considered a developmental phase and the usual review cycle for Initial Accreditation is two years.

After the Initial Accreditation site visit occurs, the site visitor’s report and the submitted application materials are reviewed by the Specialty-specific Review Committee-International. Possible accreditation statuses are International Foundational Initial Accreditation or Accreditation Withheld. If granted International Foundational Initial Accreditation, the residency was judged by the Specialty-specific Review Committee-International to be in substantial compliance with the published ACGME-I International Foundational Requirements. If International Foundational Initial Accreditation was withheld, the residency program may reapply or request an appeal. Schema 16.20 below outlines the accreditation process and possible accreditation actions following an application for Foundational Accreditation.

If the program reapplies within two years, the program must address all previously cited areas of non-compliance included in the original Letter of Notification withholding International Foundational Initial Accreditation in its reapplication submission.

**Schema 16.20 - Initial Accreditation (Foundational)**

- Program completes Foundational Application; DIO/GMEC approves and submits; Program completes site visit
- Specialty-specific Review Committee-International reviews application and site visit report
- Initial Accreditation - Foundational 1-2 years
- Accreditation Withheld Foundational
- Appeal
- Reapplication
Subject: 16.00 Accreditation Actions (Continued)
Section: 16.30 Initial Accreditation (Advanced Specialty)

Application for International Advanced Specialty Accreditation occurs in concert with International Foundational Accreditation application. Upon submission of both applications, the program undergoes a site visit.

Initial Accreditation is considered a developmental phase and the usual review cycle for Initial Accreditation is dependent on the International Foundational Accreditation review cycle.

If the program is successful in achieving International Foundational Initial Accreditation, the International Advanced Specialty Accreditation will be conferred either Initial Accreditation or Accreditation Withheld. If granted International Advanced Specialty Initial Accreditation, the residency was judged by the Specialty-specific Review Committee-International to be in substantial compliance with the published ACGME-I International Foundational and Advanced Specialty Requirements. Schema 16.30 below outlines the accreditation process and possible accreditation actions following an application for Advanced Specialty Accreditation.

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.

The review cycle length for International Advanced Specialty Initial Accreditation cannot be longer than the review cycle for the International Foundational Initial Accreditation.

If International Advanced Specialty Accreditation is withheld, the residency program may reapply or request an appeal. If the program was granted International Foundational Initial Accreditation, but had Advanced Specialty accreditation withheld and the program reapplyes, on the subsequent review both Foundational and Advanced Specialty accreditation will be reviewed. If the program reapplies within two years, the program must address all previously cited areas of non-compliance in the original Letter of Notification for the International Advanced Specialty and Foundational Accreditation in its reapplication submission.

In the event that International Advanced Specialty Accreditation is withheld and the program chooses to reapply, it must reapply for both International Foundational and Advanced Specialty Accreditation.
Schema 16.30 - Initial Accreditation (Advanced Specialty)

Program completes application for Foundational and Advanced Specialty accreditation; DIO/GMEC approves and submits; program completes site visit

Specialty-specific Review Committee-International reviews application and site visit report for Foundational Accreditation

Initial Accreditation-Foundational 1-2 years

Specialty-specific Review Committee-International reviews application and site visit report for Advanced Specialty

Accreditation Withheld Advanced Specialty

Reapplication

Appeal

Accreditation Withheld Foundational

Appeal

Reapplication

Initial Accreditation-Advanced Specialty 1-2 years*

The cycle length for International Advanced Specialty Accreditation is the same for International Foundational Accreditation.
Subject: 16.00 Accreditation Actions (Continued)
Section: 16.40 Continued Accreditation (Sponsoring Institution)

After Initial Accreditation is granted, the sponsoring institution is reviewed in one-to-two years. At that review, the Specialty-specific Review Committee-International will determine the sponsoring institution’s substantial compliance with the International Institutional Requirements. The sponsoring institution is required to update the Institutional Review Document (IRD) previously submitted (via the Accreditation Data System) and will be subject to a site visit. Possible accreditation statuses are Continued Accreditation, Initial Accreditation with Warning, or Withdrawal of Accreditation. If granted Continued Accreditation, the sponsoring institution was judged by the Specialty-specific Review Committee-International to be in substantial compliance with the published ACGME-I Institutional Requirements. Schema 16.40A below outlines the accreditation process and possible accreditation actions for the next review after Initial Accreditation of the sponsoring institution.

If the sponsoring institution’s accreditation decision is Initial Accreditation with Warning, it was judged not to be in substantial compliance with the Requirements. The review cycle is two years. If the serious issues cited are not addressed by the time of the next review, the sponsoring institution’s accreditation will be withdrawn.

If the sponsoring institution’s accreditation is withdrawn, the Specialty-specific Review Committee-International judged that the sponsoring institution was significantly non-compliant with the Requirements. The sponsoring institution may appeal this outcome or reapply. Withdrawal of institutional accreditation results in the administrative withdrawal of all ACGME-I-accredited sponsored residencies and fellowships. If the sponsoring institution reapplies within two years, the sponsoring institution must address all previously cited areas of non-compliance included in the original Letter of Notification.

At the next scheduled review following Continued Accreditation, a sponsoring institution can obtain the following accreditation actions: Continued Accreditation (one-to-five years), Continued Accreditation with Warning (one-to-two years), Probationary Accreditation (one-to-two years), or Withdrawal of Accreditation. Schema 16.40B below outlines the accreditation process and possible accreditation actions for the next scheduled review following Continued Accreditation of the sponsoring institution.
Schema 16.40A - Continued Accreditation (Sponsoring Institution) from Initial Accreditation

Initial Accreditation-Institutional

Institution updates and submits IRD for Continued Accreditation and completes site visit

Specialty-specific Review Committee-International reviews IRD and site visit report for Institutional Accreditation

Withdrawal of Institutional Accreditation

Continued Accreditation-Institutional

Initial Accreditation with Warning, 1-2 years

Reapplication

Appeal

Administrative Withdrawal of all ACGME-I-accredited programs
Schema 16.40B - Continued Accreditation (Sponsoring Institution) from Continued Accreditation

1. Continued Accreditation - Institutional

2. Institution updates and submits IRD for Continued Accreditation and completes site visit

3. Specialty-specific Review Committee-International reviews IRD and site visit report for Institutional Accreditation

4. Probationary Accreditation 1-2 years

5. Continued Accreditation with Warning Institutional 1-2 years

6. Continued Accreditation Institutional 2-5 years

7. Appeal
Subject: 16.00 Accreditation Actions (Continued)
Section: 16.50 Continued Accreditation (Foundational)

After Initial Accreditation Foundational is granted, the program is reviewed in one-to-two years. At that review, the Specialty-specific Review Committee-International will determine the program’s substantial compliance with the International Foundational Requirements. Possible International Foundational Accreditation statuses are Continued Accreditation, Initial Accreditation with Warning, or Withdrawal of Accreditation. If granted Continued Accreditation, the program was judged by the Specialty-specific Review Committee-International to be in continued substantial compliance with the published ACGME-I International Foundational Requirements. The Specialty-specific Review Committee-International will not review a program for Advanced Specialty Accreditation until Foundational Accreditation status has been achieved.

Withdrawal of Foundational Accreditation will result in withdrawal of International Advanced Specialty Accreditation. Schema 16.50A below outlines the accreditation process and possible accreditation actions for the next review after International Foundational Initial Accreditation.

At the next scheduled review following Continued Accreditation, a program that has Continued Accreditation for International Foundational Accreditation can obtain the following accreditation actions: Continued Accreditation, Continued Accreditation with Warning, Probationary Accreditation, or Withdrawal of Accreditation. The Foundational Accreditation status of the program will determine the status of the International Advanced Specialty Accreditation and the review cycle (i.e., Foundational status of Probationary Accreditation will be administratively applied to the International Advanced Specialty programs). Schema 16.50B below outlines the accreditation process and possible accreditation actions for the next scheduled review following International Foundational Continued Accreditation.

For programs on annual review, a Specialty-specific Review Committee-International will determine substantial compliance with the Foundational Requirements through review of annually acquired information.
Schema 16.50A - Continued Accreditation (Foundational) from Initial Accreditation

- Initial Accreditation - Foundational
  - Program updates information for Foundational Accreditation; DIO/GMEC approve and submit; program completes site visit
    - Specialty-specific Review Committee-International reviews submitted information and site visit report for Foundational Accreditation
      - Withdrawal of Accreditation Foundational
        - Reapplication
      - Initial Accreditation with Warning-Foundational 1-2 years
        - Appeal
      - Continued Accreditation-Foundational 1-5 years
Schema 16.50B - Continued Accreditation (Foundational) from Continued Accreditation for programs on periodic review

- **Continued Accreditation - Foundational**
  - Program updates information for Foundational Accreditation; DIO/GMEC approve and submit; program completes site visit

  - Specialty-specific Review committee-International reviews PIF and site visit report for Foundational Accreditation
    - Probation Accreditation Foundational 1-2 years
    - Continued Accreditation with Warning Foundational 1-2 years
    - Continued Accreditation Foundation 1-5 years

  - Appeal
Subject: 16.00 Accreditation Actions (Continued)
Section: 16.60 Continued Accreditation (Advanced Specialty)

After International Advanced Specialty Initial Accreditation is granted the program is reviewed in one or two years. At that review, the Specialty-specific Review Committee-International will determine the program’s substantial compliance with the ACGME-I International Advanced Specialty Requirements. Possible International Advanced Specialty Accreditation statuses are Continued Accreditation, Initial Accreditation with Warning, or Withdrawal of Accreditation. If granted Continued Accreditation, the program was judged by the Specialty-specific Review Committee-International to be in continued substantial compliance with both the published ACGME-I International Foundational and the Advanced Specialty Requirements.

International Advanced Specialty Accreditation is dependent on International Foundational Accreditation. Withdrawal of Foundational Accreditation will result in Withdrawal of International Advanced Specialty Program Accreditation. Substantial compliance with the International Foundational Requirements is determined first before proceeding to evaluate the program’s compliance with the ACGME-I Advanced Specialty Requirements.

Withdraw of the Advanced Specialty Accreditation does not affect International Foundational Accreditation status or the review cycle.

Schema 16.60A below outlines the accreditation process and possible accreditation actions for the next review after Initial Accreditation for the International Advanced Specialty accreditation...

At the next scheduled review following Continued Accreditation, a program with both International Foundational and Advanced Specialty Continued Accreditation can obtain the following accreditation actions: Continued Accreditation, Continued Accreditation with Warning, Probationary Accreditation, or Withdrawal of Accreditation. The Foundational Accreditation status of the program will determine the Advanced Specialty Accreditation status and the review cycle. Schema 16.60B below outlines the accreditation process and possible accreditation actions for the next scheduled review following Advanced Specialty Continued Accreditation.

For programs on annual review, the Specialty-specific Review Committee-International will determine substantial compliance with Advanced Specialty Requirements through review of annually acquired information.
Schema 16.60A - Continued Accreditation (Advanced Specialty) from Initial Accreditation

**Initial Accreditation - Foundational and Advanced Specialty**

- Program updates information for Foundational and Advanced Specialty Accreditation; DIO/GMEC approve and submit; program completes site visit

- Specialty-specific Review Committee-International reviews submitted information and site visit report for Foundational Accreditation

**Withdrawal of Foundational Accreditation**

- Reapplication

**Initial Accreditation with Warning - Foundational, 1-2 years**

- Appeal

**Continued Accreditation - Foundational, 1-5 years**

- Specialty-specific Review Committee-International reviews submitted information and site visit report for Advanced Specialty Accreditation

- If Foundational status is Initial Accreditation with Warning, possible accreditation statuses for Advanced Specialty are Initial Accreditation Warning or Withdrawal

- If Foundational Status is Continued Accreditation, possible accreditation statuses for Advanced Specialty are Initial Accreditation with Warning, Continued Accreditation, Continued Accreditation with Warning, or Withdrawal
Schema 16.60B - Continued Accreditation (Advanced Specialty) from Continued Accreditation, for programs on periodic review

Continued Accreditation - Foundational and Advanced Specialty

Program updates information for Foundational and Advanced Specialty Accreditation; DIO/GMEC approve and submit; program completes site visit

Specialty-specific Review Committee-International reviews submitted information and site visit report for Foundational Accreditation

- Withdrawal
- Probation - Foundational, 1-2 years
- Continued Accreditation with Warning - Foundational, 1-2 years
- Continued Accreditation - Foundational, 2-5 years

Appeal

Specialty-specific Review Committee-International reviews submitted information and site visit report for Advanced Specialty Accreditation

- If Foundational status is Probation, possible accreditation statuses for Advanced Specialty are Probationary Accreditation or Withdrawal of Accreditation.
- If Foundational status is Continued Accreditation with Warning, possible accreditation statuses for Advanced Specialty are Continued Accreditation with Warning, or Probationary Accreditation.
- If Foundational status is Continued Accreditation, possible accreditation statuses for Advanced Specialty are Continued Accreditation, Continued Accreditation with Warning, or Probationary Accreditation.

Reapply
Subject: 16.00 Accreditation Actions (Continued)
Section: 16.70 Initial Accreditation with Warning

If the sponsoring institution or a program’s accreditation is Initial Accreditation with Warning, it was judged not to be in substantial compliance with either of the respective requirements. The review for a sponsoring institution or program on Initial Accreditation with Warning is two years. If the serious issues cited are not addressed by the time of the next review, the sponsoring institution or program's accreditation will be withdrawn.
Subject: 16.00 Accreditation Actions (Continued)
Section: 16.80 Continued Accreditation with Warning

If the sponsoring institution or a program’s accreditation is Continued Accreditation with Warning, it was judged not to be in substantial compliance with either of the respective requirements. The review cycle for a sponsoring institution or program on Continued Accreditation with Warning is one to two years. If the serious issues cited are not addressed by the time of the next review, the sponsoring institution or program’s accreditation will be Probationary Accreditation or Withdrawal of Accreditation.

Programs with the status of Continued Accreditation with Warning may not request a permanent increase in resident complement or a duty hour exception.
Subject: 16.00 Accreditation Actions (Continued)
Section: 16.90 Probationary Accreditation

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

Probationary Accreditation status of a program shall not exceed two consecutive years, 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 sponsoring institution or program demonstrating substantial compliance with the requirements will achieve a status of Continued Accreditation or Continued Accreditation with Warning. If a sponsoring institution or program 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.

If the International Foundational Accreditation status is Probationary Accreditation, the International Advanced Specialty status is Probationary Accreditation.

A program with Probationary Accreditation status may request an increase in resident complement.
Subject: 16.00 Accreditation Actions (Continued)
Section: 16.100 Withdrawal of Accreditation

The Specialty-specific Review Committee-International may withdraw accreditation of a sponsoring institution or program under Probationary Accreditation when the committee determines, following a site visit and review, that the sponsoring institution or program has failed to demonstrate substantial compliance with the requirements.

Upon withdrawal of accreditation of a program:

a. the program may complete the current academic year, and at the discretion of the Specialty-specific Review Committee-International, one additional academic year;

b. no new residents may be appointed to the ACGME-I-accredited program; and,

c. the sponsoring institution is responsible for placement of the current program residents in other ACGME-I-accredited programs to the extent that other appropriate programs exist.

Upon withdrawal of accreditation of a sponsoring institution:

a. all of its ACGME-I-accredited residency programs will be Administratively Withdrawn;

b. its ACGME-I-accredited programs may complete the current academic year, and, at the discretion of the Specialty-specific Review Committee-International, one additional academic year;

c. no new residents may be appointed to any of its ACGME-I-accredited programs; and,

d. the sponsoring institution is responsible for placement of the current programs’ residents in other ACGME-I-accredited programs to the extent that appropriate ACGME-I-accredited programs exist.

16.101 Withdrawal of Accreditation under Special Circumstances

Regardless of a program’s accreditation status, the Specialty-specific Review Committee-International may withdraw the accreditation of a program based on clear evidence that the program is not in substantial compliance with accreditation standards, such as a catastrophic loss of resources or capacity to reliably function.

The effective date of the withdrawal shall be determined by the Specialty-specific Review Committee-International. 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 ACGME-I-accredited program; and,

b. the sponsoring institution is responsible for placement of the current program residents in other ACGME-I-accredited programs to the extent that appropriate programs exist.
16.102 Application for Accreditation after Withdrawal

If a sponsoring institution or program reapplies for accreditation within two years of receiving a status of Accreditation Withdrawn, the accreditation history of the previous accreditation 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 Accreditation.

16.103 Administrative Withdrawal

Accreditation of a sponsoring institution or program can be administratively withdrawn under the following circumstances:

a. A sponsoring institution or program that is delinquent in payment of fees, according to ACGME-I policies and procedures, is not eligible for review, and shall be notified by the ACGME-I of the effective date of a status of Administrative Withdrawal of Accreditation. On that date, the sponsoring institution or program shall be removed from the ACGME-I list of accredited sponsoring institutions or programs.

b. If a sponsoring institution or program fails to:

   (1) undergo a site visit and program/sponsoring institution review;

   (2) follow directives associated with an accreditation action;

   (3) supply the Specialty-specific Review Committee-International with requested information (e.g., a progress report, operative data, Resident or Faculty Survey, or other information); or,

   (4) maintain current data in the Accreditation Data System (ADS),

The administration of the ACGME-I may recommend to the ACGME Finance Committee that accreditation be Administratively Withdrawn. The ACGME Finance Committee may Administratively Withdraw Accreditation of the sponsoring institution or program.

If a program's Advanced Specialty Accreditation has its Accreditation Withdrawn, the accreditation of each of its fellowship programs is Administratively Withdrawn.

A status of Administrative Withdrawal may not be appealed.

If a sponsoring institution or program reapplies within two years after accreditation has been Administratively Withdrawn, the accreditation history of the sponsoring institution or program will be considered. The sponsoring institution or program 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 reapplications after Administrative Withdrawal of Accreditation.
Subject: 16.00 Accreditation Actions (Continued)
Section: 16.100 Withdrawal of Accreditation (Continued)

16.104 Voluntary Withdrawal

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

a. Sponsoring institutions

   (1) Such a request must:

      (a) be made in writing by the Designated Institutional Official (DIO) with approval by the Graduate Medical Education Committee (GMEC);

      (b) be submitted to the Executive Director of the ACGME-I; and,

      (c) include the effective date of withdrawal and a detailed plan for placement of all current accredited programs’ residents and/or fellows in other ACGME-I-accredited programs.

Upon Voluntary Withdrawal of institutional accreditation, the accreditation of all sponsored programs will be Administratively Withdrawn.

b. Programs

   (1) A program may request Voluntary Withdrawal of Accreditation via the Accreditation Data System (ADS) by:

      (a) indicating DIO and GMEC approval;

      (b) providing an effective date that should coincide with the end of the current academic year; and,

      (c) stating whether residents and/or fellows are currently enrolled, and if so, describe a plan for needed 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,
Subject: 16.00 Accreditation Actions (Continued)
Section: 16.100 Withdrawal of Accreditation (Continued)

16.104 Voluntary Withdrawal (Continued)

(d) through its sponsoring institution, is responsible for placement of its current residents in other
ACGME-I-accredited programs to the extent that appropriate ACGME-I-accredited programs exist.

c. Voluntary Withdrawal of Programs with Adverse Accreditation Statuses

If the Specialty-specific Review Committee-International 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.

d. Reapplication after Voluntary Withdrawal of Accreditation

If after accreditation has been Voluntarily Withdrawn, a sponsoring institution or program reapplies for
accreditation between 12 and 24 months from the effective Voluntary Withdrawal date, the accreditation
history of the sponsoring institution or program will be considered. The sponsoring institution or
program shall include a statement addressing any previous citation with the new application.

A site visit must be conducted for all reapplications after Voluntary Withdrawal of Accreditation.
Subject: 16.00 Accreditation Actions (Continued)
Section: 16.110 Other Actions

16.111 Reductions in Resident Complement

The Specialty-specific Review Committee-International may reduce resident/fellow complement if a program cannot demonstrate the capacity to provide each resident with a sufficient educational experience.

16.112 Progress Reports

As part of the sponsoring institution’s and program’s review, and in conjunction with an accreditation status decision, the Specialty-specific Review Committee-International 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 at the next scheduled meeting of the Specialty-specific Review Committee-International 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.

16.113 Participating Sites

The program, with the approval of the sponsoring institution, may identify one or more additional sites at which necessary educational resources for a program will be provided. During accreditation reviews, the Specialty-specific Review Committee-International shall confirm that each participating site contributes meaningfully to the educational program.

For each participating site, the program must maintain a Program Letter of Agreement (PLA) and identify a physician site coordinator responsible for resident/fellow education.

If the participating sites does to contribute meaningfully to the education program, a Specialty-specific Review Committee-International may require that the program cease utilizing the participating site and find another site at which to provide the necessary educational resources.
Subject: 17.00 Appeal of Adverse Actions
Section: 17.10 Sponsoring Institution and Programs Procedures for Adverse Actions and Appeals

Adverse Actions

The following are considered adverse accreditation actions:

a. Accreditation Withheld

b. Probationary Accreditation

c. Withdrawal of Accreditation

d. 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 Finance Committee under the Alleged Egregious Violation Event policy (Section 18.00).

When a Specialty-specific Review Committee-International confers an adverse action, it shall give notice of the adverse action to the program director and the designated institutional official (DIO) of the sponsoring institution via a Letter of Notification. 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.

The Letter of Notification shall be sent to the program director and copied to the DIO. The program director may appeal the adverse action; otherwise, the adverse action is final.

Upon receipt of notification of an adverse action, the program director must inform, in writing, the residents/fellows 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 within 50 days of receipt of the Letter of Notification.
Subject: 17.00 Appeal of Adverse Actions (Continued)
Section: 17.20 Procedures for Appeal of Adverse Actions

a. If a Specialty-specific Review Committee-International confers an adverse action, the sponsoring institution and 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 (CEO) of the ACGME-I within 30 days following receipt by the sponsoring institution or program of the notice of adverse action, the action of the Specialty-specific Review Committee-International 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-I shall maintain a list of qualified persons as potential Appeals Panel members to review sponsoring institutions and 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 sponsoring institution or program shall submit its revised list to the CEO of the ACGME-I.

(3) A three-member Appeals Panel will be constituted by the ACGME-I 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 accreditation status determined by the Specialty-specific Review Committee-International with the addition of the term “under appeal.” This accreditation status shall remain in effect until the ACGME-I make a final determination on the accreditation status of the sponsoring institution or program following the appeal process. Nonetheless, upon receipt of a notice of adverse action, residents/fellows and any applicants who have been invited to interview with the programs must be informed in writing as to the adverse action conferred by the Specialty-specific Review Committee-International.

(2) Hearings conducted in conformity with these procedures shall be held at a time and place to be determined by the ACGME-I. At least 25 days prior to its hearing, a 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 sponsoring institution or program file and the record of the Specialty-specific Review Committee-International’s action.

(4) The documents comprising the sponsoring institution or program file and the record of the Specialty-specific Review Committee-International action, together with oral and written presentations to the Appeals Panel, shall be the basis for the final recommendation of the Appeals Panel.
Subject: 17.00 Appeal of Adverse Actions (Continued)
Section: 17.20 Procedures for Appeal of Adverse Actions (Continued)

(5) The Appeals Panel shall meet to review the written record and receive the presentations. The Specialty-specific Review Committee-International shall be notified of the hearing and a representative of the SS RC-I 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 a sponsoring institution or 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 sponsoring institution or program or descriptions of the sponsoring institution or program that were not in the record at the time when the Specialty-specific Review Committee-International 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 sponsoring institution or program with the published standards for accreditation and the review of the sponsoring institution or program according to the administrative procedures which govern accreditation of graduate medical education (GME) sponsoring institutions and 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-I two weeks prior to the hearing.

(10) The appellant shall communicate with the Appeals Panel only at the hearing or in writing through the CEO of the ACGME-I.

(11) The Appeals Panel shall make recommendations to the ACGME-I administration as to whether substantial, credible, and relevant evidence exists to support the action taken by the Specialty-specific Review Committee-International 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 that govern the process of accreditation of GME programs.

(12) The Appeals Panel may recommend either upholding the Specialty-specific Review Committee-International’s decision or restoring the sponsoring institution and 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-I administration in this matter shall be final. There is no provision for further appeal.
Subject: 17.00 Appeal of Adverse Actions (Continued)
Section: 17.20 Procedures for Appeal of Adverse Actions (Continued)

(15) The CEO of the ACGME-I shall, within 15 days of the final decision, notify the sponsoring institution or program 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-I. Expenses of the Appeals Panel members and the associated administrative costs shall be shared equally by the appellant and the ACGME-I.

d. Notification of Residents/Fellows and Applicants

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

(1) Each resident in a sponsoring institution or program should be aware of the accreditation status of the sponsoring institution or program and must be notified in writing following any adverse change in the accreditation action taken by the Specialty-specific Review Committee-International.

(2) If an adverse action regarding the accreditation status of a sponsoring institution or program is conferred by the Specialty-specific Review Committee-International, the program director and designated institutional official (DIO) must ensure that all residents/fellows, applicants, and accepted applicants are advised of it in writing. This written notification must be made even if the sponsoring institution or program 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 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/fellows, applicants, and accepted applicants must be kept on-file by the sponsoring institution or program. The Executive Director shall monitor compliance with the requirement to notify residents/fellows, applicants, and accepted applicants in the case of adverse actions, and shall advise the Specialty-specific Review Committee-International if a sponsoring institution or program has failed to comply with the specified procedures. If a sponsoring institution or program fails to comply, the Specialty-specific Review Committee-International shall notify the sponsoring institution’s Graduate Medical Education Committee to take appropriate action in order to ensure that residents/fellows, applicants, and accepted applicants are notified of the sponsoring institution’s or program's current accreditation status.
Subject: 18.00 Procedures for Alleged Egregious Events

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

a. The CEO of the ACGME-I will consult with the Chair of the International Oversight Committee (IOC) of the ACGME Finance Committee and the Specialty-specific Review Committee-International Chairs. The CEO of the ACGME-I may request a formal and prompt response from the appropriate responsible individual(s). The CEO of the ACGME-I may decide that a review of the affected sponsoring institution or program under this policy should occur, or recommend that the matter be referred to the Specialty-specific Review Committee-International for action.

b. If the CEO of the ACGME-I decides that a site visit should occur, he/she shall assemble a site visit team and inform the appropriate responsible individual(s) at the sponsoring institution and/or program 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 CEO of the ACGME-I. He/she shall then forward the report to the Chair of the IOC, with his/her recommendations, for consideration at its next regular meeting, or at a meeting specifically convened to address the site visit findings.

d. The IOC will recommend to the CEO of the ACGME-I, for 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 sponsoring institution or program may request reconsideration. This request must be made in writing to the CEO of the ACGME-I within 30 days of receipt of written notification of the decision. The result of the reconsideration will be final.
Subject: 19.00 ACGME-I Policy and Procedures to Address Extraordinary Circumstances

The ACGME-I may invoke the Extraordinary Circumstances policy in response to circumstances that significantly alter the ability of a sponsor and its programs to support resident/fellow education. The ACGME-I is committed to assisting in reconstituting or restructuring residents’/fellows’ educational experiences as quickly as possible. Examples of extraordinary circumstances include abrupt hospital closures, natural disasters, war, civil unrest, ACGME Board action related to travel safety, or a catastrophic loss of funding.
Subject: 19.00 ACGME-I Policy and Procedures to Address Extraordinary Circumstances (Continued)
Section: 19.10 ACGME-I Declaration of Extraordinary Circumstances

If the Chief Executive Officer of the ACGME-I, in consultation with the Chair of the ACGME Finance Committee, determines that a sponsoring institution’s ability to support resident/fellow education has been significantly altered, he/she shall invoke the Extraordinary Circumstances policy. A notice will be posted on the ACGME-I website with information relating to the ACGME-I’s response to the extraordinary circumstances.
Subject: 19.00 ACGME-I Policy and Procedures to Address Extraordinary Circumstances (Continued)
Section: 19.20 Resident Transfers and Program Reconfiguration

When the ACGME-I deems that a sponsoring institution’s ability to support resident/fellow education has been significantly altered, the sponsoring institution or program must:

a. revise its educational program to comply with the applicable International Institutional, International Foundational, and Advanced Specialty 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-I-accredited programs in which they can continue their education.

If more than one sponsoring institution or program 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 sponsoring institution or program. 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 his/her education.

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

(1) submit program reconfigurations to the ACGME-I; 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-I.

If within the 10 days of the invocation of the Extraordinary Circumstances policy the ACGME-I has not received communication from the DIO(s) or designee(s), the ACGME-I will attempt to establish contact with the sponsoring institution(s) to communicate its expectations.
Subject: 19.00 ACGME-I Policy and Procedures to Address Extraordinary Circumstances (Continued)
Section: 19.30 Communication with the ACGME-I

On its website, the ACGME-I will provide phone numbers and e-mail addresses for communication with the ACGME-I from affected sponsoring institutions and programs. Unless otherwise directed, the following methods for contacting the ACGME-I should be used:

a. Designated institutional officials should call or e-mail the ACGME-I Executive Director with information and/or requests for information.

b. Program directors should call or e-mail the ACGME-I Executive Director with information and/or requests for information.

c. Residents should e-mail the ACGME-I Executive Director.

On its website, the ACGME-I will provide instructions for changing resident e-mail information through the Accreditation Data System.
Subject: 19.00 ACGME-I Policy and Procedures to Address Extraordinary Circumstances (Continued)
Section: 19.40 Institutions Offering to Accept Transfers

The ACGME-I will expedite the process for transfers of affected residents and/or fellows. The process of approval of requests for increases in resident/fellow complement from receiving programs to accommodate resident and/or fellow transfers from the affected programs must be handled through the Accreditation Data System. The appropriate Specialty-specific Review Committee-International will expeditiously review applications for complement changes and communicate its decisions. Affected institutions must coordinate temporary or permanent transfers through the ACGME-I.
Subject: 19.00 ACGME-I Policy and Procedures to Address Extraordinary Circumstances (Continued)
Section: 19.50 Changes in Participating Sites and Resident Complement

In the event that a sponsoring institution or program suffers an extraordinary circumstance, the ACGME-I will expedite the review and approval of submissions from such sponsoring institutions and programs or from sponsoring institutions or programs who are able to assist those affected in order to:

a. add or delete a participating site(s);

b. change the format of the educational program(s); and,

c. change the approved resident/fellow complement.
Subject: 19.00 ACGME-I Policy and Procedures to Address Extraordinary Circumstances (Continued)
Section: 19.60 Temporary Resident Transfers

At the outset of a temporary resident or fellow transfer, programs must inform each transferred resident or fellow of the estimated duration of his/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: 19.00 ACGME-I Policy and Procedures to Address Extraordinary Circumstances (Continued)
Section: 19.70 Site Visits

Upon invocation of the Extraordinary Circumstances policy, the ACGME-I 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-I during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to the extraordinary circumstances may be postponed.
Subject: 20.00 Procedures for Submission of Complaints Regarding Residency Programs and Sponsoring Institutions
Section: 20.10 Complaints

The ACGME-I has a mechanism for individuals and/or groups to raise issues and submit complaints related to programs or sponsoring institutions. The ACGME-I addresses issues related to compliance with accreditation standards of programs and sponsoring institutions through its complaint process.

Individuals with issues regarding the performance of sponsoring institutions or residency programs initiate the process of investigation of their issues by contacting the ACGME-I Executive Director. The process of filing a formal complaint will be determined through discussion between the individual(s) and the Executive Director.

The ACGME-I 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-I are expected to comply with the ACGME-I's International Institutional and International Foundational and Advanced Specialty Requirements. The ACGME-I and its Review Committees address only matters regarding compliance with ACGME-I accreditation requirements. The ACGME-I will investigate potential non-compliance with accreditation standards that relate to program quality and patient safety. The ACGME-I 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.

20.11 Confidentiality of Individuals

The ACGME-I 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 sponsoring institution or program 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 designated institutional official. In addition, there may be the rare occurrence when the identity of the complainant may be disclosed as necessary for the ACGME-I to provide due process to a sponsoring institution or program appealing an adverse accreditation action.

20.12 Confidentiality of Programs’ and Institutions’ Responses to Complaints

The ACGME-I will maintain as confidential a sponsoring institution’s and/or program’s response to a complaint or concern submitted to the ACGME-I.
20.13 Submission of Complaints

Anyone having evidence of non-compliance with accreditation standards by a sponsoring institution or program may submit a complaint to the ACGME-I. 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 sponsoring institution and program, 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.

20.14 Review Committee Action for Formal Complaints

The appropriate Specialty-specific Review Committee-International shall review a complaint and the sponsoring institution or program 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 Specialty-specific Review Committee-International will determine the appropriate response, which may include a site visit. The type of site visit will be determined based on the nature of the complaint.

Following consideration by the Specialty-specific Review Committee-International, the program director and the designated institutional official shall be informed in writing of the Specialty-specific Review Committee-International’s decision in its official Letter of Notification. The ACGME-I Executive Director shall inform the complainant in writing as to whether the complaint resulted in a change in accreditation status of the sponsoring institution or program.
Subject: 21.00 Review and Revision of ACGME-I Policies and Procedures

The ACGME-I Policy and Procedure Manual will be reviewed annually by ACGME-I staff members. If staff members feel that major changes are warranted, these will be brought before the Review Committees-International, who will determine if changes are warranted. The Review Committees-International will recommend changes to the ACGME-I CEO, who will make the final determination on major changes to ACGME-I policies and procedures.
The effective date of these ACGME-I Policies and Procedures, and of any further revisions, is the last date printed on the title page. All ACGME-I activities, including those of the ACGME-I Review Committee, subsequent to the effective date, shall be guided by this document as published.

AMENDMENTS AND EXCEPTIONS

The ACGME-I Policies and Procedures may be amended at any time by the ACGME Administration of the ACGME-I.

The Review Committees-International (RCs-I) may recommend changes to these Policies and Procedures to improve the accreditation process. Such recommendations shall be evaluated by the ACGME-I Administration for final approval by ACGME’s Finance Committee.

The RCs-I may request authority from the Chief Executive Officer of the ACGME-I 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 post-graduate medical education.