ACGME International

ACGME International Institutional Requirements

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ACGME International Institutional Requirements

I. Institutional Organization and Responsibilities

I.A. Sponsoring Institution

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

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

I.A.3. A Sponsoring Institution’s failure to maintain accreditation will result in loss of accreditation of all its accredited programs.

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

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

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

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

I.B.4. The DIO and GMEC must have authority and responsibility for the oversight and administration of the Sponsoring Institution’s programs, and responsibility for ensuring compliance with ACGME-I Institutional, Foundational and Advanced Specialty-Specific Requirements.

I.B.4.a) The DIO must establish and implement procedures to ensure that s/he, or a designee in the absence of the DIO, performs the duties of the DIO (See III.B.10.a-k)).

I.B.4.b) The DIO and/or the Chair of the GMEC must present an annual report to the Organized Medical Staff(s) (OMS) and the governing
body(ies) of the Sponsoring Institution. This report must also be
given to the OMS and governing body of major participating
sites that do not sponsor GME programs. This annual report will
review the activities of the GMEC during the past year with
attention to, at a minimum, resident/fellow supervision,
resident/fellow responsibilities, resident/fellow evaluation,
compliance with duty hour standards, and resident/fellow
participation in patient safety and quality of care education.

I.B.5. The Sponsoring Institution must provide sufficient institutional
resources to ensure the effective implementation and support of its
programs in compliance with the ACGME-I Institutional, Foundational,
and Advanced Specialty/Subspecialty Requirements.

I.B.5.a) The Sponsoring Institution must ensure the DIO has sufficient
financial support and protected time to effectively carry out
his/her educational and administrative responsibilities to the
institution.

I.B.5.b) The Sponsoring Institution must ensure that program directors
have sufficient financial support and protected time to
effectively carry out their educational and administrative
responsibilities to their respective programs.

I.B.5.c) The Sponsoring Institution and the programs must ensure
sufficient salary support and resources (e.g., time, space,
technology, supplies) to allow for effective administration of
the GME Office and all of its programs.

I.B.6. Faculty members and residents and fellows must have ready access
to adequate communication resources and technological support.

I.B.7. Residents and fellows must have ready access to specialty-
/subspecialty- specific and other appropriate reference material in print
or electronic format.

I.B.7.a) Electronic medical literature databases with search
capabilities should be available.

I.B.8. The Sponsoring Institution must have a policy that addresses
administrative support for GME programs in the event of a disaster
or interruption in patient care.

I.B.8.a) This policy should include assistance for continuation
of resident/fellow assignments.

I.C. Institutional Agreements

I.C.1. The Sponsoring Institution retains responsibility for the quality of
GME, including when resident/fellow education occurs in other sites.

I.C.2. The Sponsoring Institution must ensure that each of its programs has
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established program letters of agreement with its participating sites in compliance with the ACGME-I Foundational Program Requirements.

I.D. Accreditation for Patient Care in Sponsoring and Participating Sites that are Hospitals

I.D.1. Sponsoring Institutions and/or participating sites that are hospitals should be accredited by The Joint Commission International or by another entity with reasonably equivalent standards as determined by the Review Committee-International, or recognized by another entity with reasonably equivalent standards as determined by the Review Committee-International.

I.D.2. When a Sponsoring Institution or participating site that is a hospital but is not accredited or recognized, the Sponsoring Institution must provide an explanation satisfactory to the Review Committee-International of why neither has been sought or granted.

I.D.3. When a Sponsoring Institution or a participating site that is a hospital loses its accreditation or recognition, the Sponsoring Institution must notify the Review Committee-International and provide a plan of response within 30 days of such loss. Based on the particular circumstances, the Review Committee-International may request the ACGME-I to invoke Procedures for Alleged Egregious Events or Policy and Procedures to Address Extraordinary Circumstances.

II. Institutional Responsibilities For Residents and Fellows

II.A. Eligibility and Selection of Residents and Fellows

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

II.A.1.a) Resident/fellow eligibility: applicants with the following qualifications are eligible for appointment to programs:

II.A.1.a).(1) graduation from a medical school registered in the International Medical Education Directory (IMED; http://www.faimer.org);

II.A.1.a).(2) satisfactory completion of the USMLE Steps 1 and 2 Clinical Knowledge or it's equivalent; and,

II.A.1.a).(3) satisfactory completion of all requirements for licensure or its equivalent in the jurisdiction of the residency/fellowship program.

II.A.2. Resident/Fellow Selection

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II.A.2.a) The Sponsoring Institution must ensure that its ACGME-I-accredited programs select eligible applicants on the basis of residency/fellowship program-related criteria, such as their preparedness, ability, aptitude, academic credentials, and communication skills, as well as personal qualities, such as motivation and integrity. ACGME-I-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally-protected status.

II.A.2.b) In selecting qualified applicants, it is strongly suggested that the Sponsoring Institution and all of its programs participate in an organized matching system.

II.B. Financial Support for Residents and Fellows

II.B.1. Sponsoring and participating sites must provide all residents and fellows with appropriate financial support and benefits to ensure that they are able to fulfill the responsibilities of their educational programs.

II.C. Benefits and Conditions of Appointment

II.C.1. Candidates for programs (applicants who are invited for an interview) must be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including: financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for residents and fellows and their families; and the conditions under which the Sponsoring Institution provides call rooms, meals, laundry services, or their equivalents.

II.D. Agreement of Appointment

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

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

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

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

II.D.4.a) residents’ and fellows’ responsibilities;
II.D.4.b) duration of appointment;

II.D.4.c) financial support;

II.D.4.d) conditions for reappointment;

II.D.4.d).(1) Non-renewal of appointment or non-promotion: In instances where a resident’s/fellow’s agreement will not be renewed, or when a resident/fellow will not be promoted to the next level of training, the Sponsoring Institution must ensure that its programs provide the resident/fellow with a written notice of intent no later than four months prior to the end of the resident’s/fellow’s current agreement. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the agreement, the Sponsoring Institution must ensure that its programs provide the resident/fellow with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow prior to the end of the agreement.

II.D.4.d).(2) Residents and fellows must be allowed to invoke the institution’s grievance procedures if they receive a written notice either of intent not to renew their agreement(s) or of intent to renew their agreement(s) but not to promote them to the next level of training.

II.D.4.e) grievance procedures and due process;

II.D.4.e).(1) The Sponsoring Institution must provide residents and fellows with fair, reasonable, and readily available written institutional policies and procedures for grievance and due process. These policies and procedures must minimize conflict of interest by adjudicating parties in addressing:

II.D.4.e).(1).(a) academic or other disciplinary actions taken against residents and fellows that could result in dismissal, non-renewal of a resident’s/fellow’s agreement, non-promotion of a resident/fellow to the next level of training, or other actions that could significantly threaten a resident’s/fellow’s intended career development; and,

II.D.4.e).(1).(b) adjudication of resident/fellow complaints and grievances related to the work environment or issues related to the program or faculty member(s).

II.D.4.f) professional coverage; and,
II.D.4.f).(1) The Sponsoring Institution must provide residents and fellows with liability protection, health and disability benefits, and appropriate stipends to support resident/fellow well-being.

II.D.4.g) leaves of absence;

II.D.4.g).(1) The Sponsoring Institution must provide written institutional policies on residents' and fellows' vacation and other leaves of absence (with or without pay), to include parental, sick, and other leaves of absence. These policies must comply with applicable laws.

II.D.4.g).(2) The Sponsoring Institution must ensure that each program provides its residents and fellows with:

II.D.4.g).(2).(a) a written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency/fellowship program, and;

II.D.4.g).(2).(b) information relating to access to eligibility for certification in their specialty.

II.D.5. Residents and fellows must be informed and have access to formal policies and procedures governing:

II.D.5.a) duty hours;

II.D.5.b) access to confidential counseling, medical, and psychological support services;

II.D.5.c) how the Sponsoring Institution will address physician impairment, including that due to substance abuse;

II.D.5.d) sexual and other forms of harassment;

II.D.5.e) accommodations, that would apply to residents and fellows with disabilities; and,

II.D.5.e).(1) This policy need not be graduate medical education- specific.

II.D.5.f) reduction in size or closure of a residency or fellowship program or closure of the institution.

II.D.5.f).(1) The Sponsoring Institution must inform the GMEC, the DIO, and the residents and fellows as soon as possible when it intends to reduce the size of or close one or more programs, or when it intends to close.
II.D.5.f).(2) The Sponsoring Institution must either allow residents and fellows already in the program(s) to complete their education or assist them with enrolling in another ACGME-I-accredited program(s) in which they can continue their education.

II.E. Resident and Fellow Participation in Educational and Professional Activities

II.E.1. The Sponsoring Institution must ensure that each program provides effective educational experiences for residents and fellows that lead to measurable achievement of educational outcomes in the ACGME-I competencies as outlined in the Foundational and Advanced Specialty-Specific Program Requirements.

II.E.2. The Sponsoring Institution must ensure that residents and fellows:

II.E.2.a) participate on committees and councils whose actions affect their education and/or patient care; and,

II.E.2.b) participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.

II.F. Educational and Work Environment

II.F.1. The Sponsoring Institution and its programs must provide an educational and work environment in which residents and fellows may raise and resolve issues without fear of intimidation or retaliation. Mechanisms to ensure this environment must include:

II.F.1.a) an organization or other forum for residents and fellows to communicate and exchange information on their educational and work environments, their programs, and other resident issues; and,

II.F.1.b) a process by which individual residents and fellows can address concerns in a confidential and protected manner.

II.F.2. The Sponsoring Institution must provide services and develop health care delivery systems to minimize residents' and fellows' work that is extraneous to their GME programs' educational goals and objectives, including:

II.F.2.a) Patient support services: peripheral intravenous access placement, phlebotomy, laboratory, and transporter services must be provided in a manner appropriate to and consistent with educational objectives and quality patient care.

II.F.2.b) Laboratory/pathology/radiology services: laboratory, pathology, and radiology services must be in place to support timely and quality patient care.
II.F.2.c) Medical records: a medical records system that documents the course of each patient’s illness and care must be available at all times and must be adequate to support quality patient care, residents’ and fellows’ education, and quality assurance activities, and to provide a resource for scholarly activity.

II.F.3. The Sponsoring Institution must ensure a healthy and safe work environment that provides:

II.F.3.a) Food services: residents and fellows must have access to appropriate food services 24 hours a day while on duty in all institutions.

II.F.3.b) Call rooms: residents and fellows on call must be provided with adequate and appropriate sleeping quarters that are safe, quiet, and private.

II.F.3.c) Security/safety: appropriate security and personal safety measures must be provided to residents and fellows at all locations including parking facilities, on-call quarters, hospital and institutional grounds, and related facilities.

III. Graduate Medical Education Committee (GMEC)

III.A. GMEC Composition and Meetings

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

III.A.2. Voting membership must include the DIO, residents and fellows nominated by their peers, representative program directors, and administrators. It may also include other members of the faculty or other members as determined.

III.A.3. The GMEC must meet at least quarterly and maintain written minutes.

III.B. GMEC Responsibilities

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

III.B.1.a) annual review and recommendations to the Sponsoring Institution regarding resident stipends, benefits, and funding for resident positions;

III.B.1.b) communication with program directors. Such a policy must:

III.B.1.b).(1) ensure that communication mechanisms exist between the GMEC and all program directors within the institution; and,
III.B.1.b).(2) ensure that program directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites.

III.B.1.c) duty hours;

III.B.1.c).(1) Policies and procedures addressing duty hours must ensure compliance with the ACGME-I Institutional, Foundational, and Advanced Specialty/Subspecialty Requirements.

III.B.2. The GMEC must monitor programs' supervision of residents and fellows to ensure that supervision is consistent with:

III.B.2.a) provision of safe and effective patient care;

III.B.2.b) educational needs of residents and fellows;

III.B.2.c) progressive responsibility appropriate to residents and fellows' level of education, competence, and experience; and,

III.B.2.d) other applicable Foundational and Advanced Specialty/Subspecialty Program Requirements.

III.B.3. The GMEC must communicate to the leadership of the medical staff regarding the safety and quality of patient care. This includes:

III.B.3.a) annual report to the OMS;

III.B.3.b) description of resident/fellow participation in patient safety and quality of care education; and,

III.B.3.c) accreditation status of programs and any citations regarding patient care issues.

III.B.4. The GMEC must ensure that each program provides a curriculum and an evaluation system that enables residents and fellows to demonstrate achievement of the ACGME-I general competencies as defined in the ACGME-I Foundational and Advanced Specialty/Subspecialty Program Requirements.

III.B.5. The GMEC must monitor resident/fellow status, including election, evaluation, promotion, transfer, discipline, and/or dismissal of residents and fellows in compliance with the Institutional and Foundational Requirements.

III.B.6. The GMEC must have oversight of program accreditation, including review of all ACGME-I program accreditation letters of notification.

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and monitoring of action plans for correction of citations and areas of non-compliance.

III.B.7. The GMEC must manage institutional accreditation, including review of the Sponsoring Institution’s ACGME-I letter of notification from the Review Committee-International and monitoring of action plans for correction of citations and areas of non-compliance.

III.B.8. The GMEC must have oversight of program changes, including review of the following for approval prior to submission to the ACGME-I by program directors:

III.B.8.a) all applications for ACGME-I accreditation of new programs;
III.B.8.b) changes in resident/fellow complement;
III.B.8.c) major changes in program structure or length of training;
III.B.8.d) additions and deletions of participating sites;
III.B.8.e) appointments of new program directors;
III.B.8.f) progress reports requested by the Review Committee-International;
III.B.8.g) responses to all adverse actions;
III.B.8.h) voluntary withdrawal of program accreditation;
III.B.8.i) requests for an appeal of an adverse action; and,
III.B.8.j) appeal presentations to a Board of Appeal or the ACGME-I.

III.B.9. The GMEC must have oversight of reductions and closures, including oversight of all processes related to reductions and/or closures of:

III.B.9.a) individual programs;
III.B.9.b) major participating sites; and,
III.B.9.c) the Sponsoring Institution.

III.B.10. The GMEC must have a statement or institutional policy (not necessarily graduate medical education-specific) that addresses interactions between vendor representatives/corporations and residents and fellows/programs.

IV. Internal Review

IV.A. Process
IV.A.1. The GMEC must develop, implement, and oversee an internal review process as follows:

IV.A.1.a) An internal review committee(s) for each program must include at least one faculty member and at least one resident from within the Sponsoring Institution, but not from within the program(s) being reviewed. Additional internal or external reviewers may be included as determined by the GMEC. Administrators from outside the program(s) may also be included.

IV.A.1.b) A written protocol approved by the GMEC must incorporate, at a minimum, the requirements in this Section IV of the Institutional Requirements.

IV.A.2. Internal reviews for fully-accredited programs must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle if the cycle is less than six years, or every three years for cycles longer than six years. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.

IV.A.3. The internal review should assess each program’s:

IV.A.3.a) compliance with the ACGME-I Institutional, Foundational, and Advanced Specialty/Subspecialty Requirements, as applicable;

IV.A.3.b) educational objectives and effectiveness in meeting those objectives;

IV.A.3.c) educational and financial resources;

IV.A.3.d) effectiveness in addressing areas of non-compliance and concerns in previous ACGME-I accreditation letters of notification and previous internal reviews;

IV.A.3.e) effectiveness of educational outcomes in the ACGME-I general competencies;

IV.A.3.f) effectiveness in using evaluation tools and outcome measures to assess a resident’s/fellow’s level of competence in each of the ACGME-I general competencies; and,

IV.A.3.g) annual program improvement efforts in:

IV.A.3.g).(1) Resident/fellow performance using aggregated resident/fellow data;

IV.A.3.g).(2) faculty development;

IV.A.3.g).(3) graduate performance, including performance of
program graduates taking the certification examination; and,

IV.A.3.g).(4) program quality.

IV.A.4. Materials and data to be used in the review process must include:

IV.A.4.a) the ACGME-I Institutional, Foundational and Advanced Specialty/Subspecialty Requirements in effect at the time of the review;

IV.A.4.b) accreditation letters of notification from previous ACGME-I reviews and progress reports sent to the Review Committee-International;

IV.A.4.c) reports from previous internal reviews of the program;

IV.A.4.d) previous annual program evaluations; and,

IV.A.4.e) results from internal or external resident/fellow surveys, if available.

IV.A.5. The internal review committee must conduct interviews with the program director, key faculty members, at least one peer-selected resident or fellow from each level of training in the program, and other individuals deemed appropriate by the committee.

IV.B. Internal Review Report

IV.B.1. At a minimum, the written report of the internal review for each program must contain:

IV.B.1.a) the name of the program reviewed;

IV.B.1.b) the date of the assigned midpoint and the status of the GMEC’s oversight of the internal review at that midpoint;

IV.B.1.c) the names and titles of the internal review committee members;

IV.B.1.d) a brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;

IV.B.1.e) sufficient documentation to demonstrate that a comprehensive review followed the GMEC’s internal review protocol; and,

IV.B.1.f) a list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME-I accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.

IV.B.2. The DIO and the GMEC must monitor the response by each program to ACGME International Institutional Requirements 13
actions recommended by the GMEC in the internal review process.

IV.B.3. The Sponsoring Institution must submit the most recent internal review report for each program as a part of the Institutional Review Document (IRD).

IV.B.3.a) If a site visitor conducts an individual program review while an institutional review is progress, the internal review reports for those programs must not be shared with the site visitor.