



ACGME INTERNATIONAL

MANUAL OF POLICIES AND PROCEDURES

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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 protect the interests of residents and improve the quality of teaching, learning, research, and professional practice with the ultimate goal of benefitting the public that our accredited programs and graduates serve.

2.00 Vision, Values, and Scope of ACGME-I

ACGME-I Vision

ACGME-I imagines structured international graduate medical education:

- that teaches and has a common evaluation of the competence 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 program 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 and fellow 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
- Sensitivity to Local Culture and Medical Environment

ACGME-I Scope

The ACGME-I is a non-governmental organization that accredits graduate medical education Sponsoring Institutions and programs outside of the United States. ACGME-I was formed exclusively for educational and scientific purposes related to ACGME-I accreditation of graduate medical education (GME; also sometimes referred to as post-graduate medical education, or PGME) and promoting the quality of GME through accreditation. ACGME-I also addresses other matters related to the accreditation of GME, including providing training to institutions and programs seeking accreditation.

3.00 Diversity, Equity, and Inclusion for Composition of the ACGME-I Board and Committees

The ACGME-I is committed to diversity, equity, inclusion, justice, and advocacy in all its activities. In soliciting and selecting from among professionally qualified nominees or applicants for ACGME-I committees, task forces, groups, appeals panels, and the Board of Directors (ACGME-I Board), consideration shall be given to diversity, including, but not limited to, geography, specialty, gender identity, race, ethnicity, and sexual and gender minorities.

4.00 Administrative Oversight of ACGME-I

The ACGME-I Board has governance oversight and fiduciary responsibility for the operations of ACGME-I. The Board meets at least twice a year and is comprised of individuals with extensive interest in international medical education. Specific responsibilities include review and approval of all requirements, oversight of appointment and accreditation of the Review Committees, and approval of the annual budget. The Chair of the ACGME-I Board is the President and Chief Executive Officer (CEO) of the Accreditation Council for Graduate Medical Education (ACGME).

Attendance at Board meetings includes two “member representatives” from the ACGME Board. These individuals retain fiduciary responsibility to the ACGME and serve in a non-voting capacity.

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

4.10 Executive Committee of the ACGME-I Board

The Executive Committee consists of officers of the ACGME-I Board (Chair, Vice Chair, Secretary, and Treasurer), as well as two at-large elected representatives from the Board membership. It retains authority for decisions which occur between scheduled Board meetings. The Executive Committee shall report to the ACGME-I Board as appropriate.

4.20 Task Forces of the ACGME-I Board

The ACGME-I Board has four task forces that serve to review relevant information in each respective area and make recommendations to the ACGME-I Board: the Awards Task Force, Monitoring Task Force, Finance Task Force, and Requirements Task Force. Other committees or task forces can be convened as needed upon request of the Executive Committee of the ACGME-I Board.

4.00 Administrative Oversight of ACGME-I (Continued)

4.30 Requirements Task Force

4.31 Purpose

The Requirements Task Force shall review and make recommendations to the ACGME-I Board on all matters pertaining to the requirements submitted by the Review Committees-International. This includes, but is not limited to, recommendations on proposed Institutional Requirements, Foundational Requirements for specialty and subspecialty programs, and Advanced Specialty Requirements for specialty and subspecialty programs.

4.32 Composition

The Requirements Task Force shall consist of four Board members appointed by the Chair of the ACGME-I Board.

4.33 Operational Guidelines

The Requirements Task Force reviews and evaluates the basis on which decisions about Institutional and Program Requirements are made. Such review and evaluation shall include both content, such as consistency with ACGME-I guidelines, clarity of language, and general reasonableness of standards, and impact, such as effects on institutions sponsoring education in other disciplines, and on the financial position of an institution and its other residency programs.

Recommendations of the Requirements Task Force are presented to the ACGME-I Board for final action.

4.34 Procedures for Revision of Requirements

The Requirements Task Force reviews all specialty and subspecialty Advanced Specialty Program Requirements, the Foundational Requirements, and the Institutional Requirements at a minimum every 10 years in accordance with policy Section 9.00. Interim modifications to the Requirements must be reviewed by the Requirements Task Force. Such modifications must be based on changes in clinical or educational practice and/or changes to the corresponding ACGME Requirements.

4.35 Resolution of Inter-Specialty and Multi-Specialty Conflicts

There may be special circumstances in which the proposed Advanced Specialty Requirements or the Institutional Requirements appear to have an adverse impact on either graduate medical education (GME) in other disciplines or on patient safety. The Requirements Task Force will evaluate such issues and encourage the interested parties to articulate the issues at hand. The Requirements Task Force will review all available information, including comments by interested parties and the public, and will ask questions and seek additional information. The Requirements Task Force will make a recommendation to the ACGME-I Board on the Advanced Specialty Requirements or Institutional Requirements after considering all information that it judges relevant and appropriate.

4.00 Administrative Oversight of ACGME-I (Continued)

4.40 Monitoring Task Force

4.41 Purpose

The Monitoring Task Force oversees the work of the Review Committees-International. In this role, it has the following responsibilities:

- a. make recommendations to the ACGME-I Board regarding Review Committee-International activities and delegation of accreditation authority based on evaluation and the Committee's performance, including consistency of decision-making within and among the Review Committees-International; and,
- b. accrue and disseminate knowledge about improving accreditation practices by:
 - 1) recommending, where appropriate, standardized approaches to construction and enforcement of requirements;
 - 2) monitoring and assessing the consistent application and enforcement of the requirements;
 - 3) reviewing accreditation data and information addressing special issues as directed by the ACGME-I Board; and,
 - 4) making recommendations to the ACGME-I administration regarding the processes, policies, and procedures for administration of the Review Committees-International, requirement development, and accreditation decision-making.

4.42 Composition

The full Board serves as the Monitoring Task Force.

4.43 Operational Guidelines and Procedures

- a. The Monitoring Task Force shall review the performance of each Review Committee-International.
- b. The Monitoring Task Force shall periodically invite representatives of each Review Committee-International, including the Committee Chair, and others as appropriate, to discuss and clarify the Committee's activities.
- c. Based on this evaluation of the Review Committee-International, the Monitoring Task Force must recommend one of the following options:
 - 1) continue to delegate accreditation authority;

4.00 Administrative Oversight of ACGME-I (Continued)

4.40 Monitoring Task Force (Continued)

4.43 Operational Guidelines and Procedures (Continued)

2) continue to delegate accreditation authority with added supervision and oversight; or,

3) withdraw delegation of accreditation authority.

d. Specialty and Subspecialty Accreditation Representation Within Committees

The Monitoring Task Force will periodically review the continued distribution of specialties represented within the membership of each of the Review Committees-International and make recommendations regarding that distribution to the ACGME-I Board.

The Monitoring Task Force will review and recommend approval of the development of additional Review Committees-International.

4.00 Administrative Oversight of ACGME-I (Continued)

4.50 Awards Task Force

4.51 Purpose

The Awards Task Force will review and make recommendations to the ACGME-I Board on all matters pertaining to the ACGME-I Awards Program. ACGME-I Awards are presented at the ACGME Annual Educational Conference. The three awards presented annually are:

- a. Physician Leader – This award is presented to an individual who has been instrumental in initiating improvements in GME that mirror the values held by ACGME-I, including the highest of international standards with the flexibility and adaptations appropriate for a country or region.
- b. Physician Educator – This award honors an individual with exceptional mentoring skills, sensitivity to resident/fellow needs, and the ability to imbue professionalism in learners. Honorees are advocates for developing appropriate values and advocating for resident/fellow needs.
- c. Staff – This award is presented to a staff member who has provided extraordinary service to the education process, to the institution or program residents and fellows, and to meeting the ACGME-I Requirements. ACGME-I recognizes the importance of a true team effort in offering this award.

4.52 Composition

The Awards Task Force shall consist of three to four Board members appointed by the Chair of the ACGME-I Board.

4.53 Operational Guidelines and Procedures

- a. The Awards Task Force will review applications annually for the three ACGME-I Awards and recommend award winners to the ACGME-I Board for final approval.
- b. The Awards Task Force may recommend changes to the awards process to the ACGME-I Board for final approval.

4.00 Administrative Oversight of ACGME-I (Continued)

4.60 Finance Task Force

4.61 Purpose

The Finance Task Force will review the financial status of ACGME-I and prepare an annual budget for approval by the ACGME-I Board.

4.62 Composition

The Finance Task Force shall consist of three to four Board members appointed by the Chair of the ACGME-I Board.

4.63 Operational Guidelines and Procedures

The Finance Task Force shall review ACGME-I revenue and expenditures during the fiscal year. The ACGME-I fiscal year runs from January 1 to December 31. An annual budget for the next fiscal year shall be prepared for review and approval by the ACGME-I Board during each annual meeting. In so doing, the Finance Task Force shall:

- a. recommend for ACGME-I Board approval all ACGME-I fees, per diems, and honorariums as part of the budgeting process;
- b. review ACGME-I investments and recommend for ACGME-I Board approval the ACGME-I investment strategy;
- c. recommend for ACGME-I Board approval the ACGME-I financial reserve strategy; and,
- d. review and submit recommendations to the Executive Committee and/or the ACGME-I Board regarding all major capital expenditures and the financial impact of policies, practices, and/or procedures requested by ACGME-I committees or the ACGME-I Board.

5.00 Employee and Volunteer Issues

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) ACGME-I's corporate accounting practices, internal financial controls, or audit.

5.00 Employee and Volunteer Issues (Continued)

5.10 Raising Issues Within the ACGME-I

ACGME-I has an open-door policy and suggests that employees and volunteers share their questions, concerns, suggestions, or complaints with someone within ACGME-I who can address them properly. In most cases, an employee's supervisor is in the best position to address an area of concern.

In addition, employees and volunteers can file a report anonymously via the ACGME's Compliance Hotline managed by Red Flag Reporting ("Compliance Case Management System") at 1.877.647.3335 (client code ACGME) or www.RedFlagReporting.com. Anonymous reporting will not impact ACGME-I's commitment to conducting an investigation, and reporters can receive updates on the status of a report via the Compliance Case Management System.

5.00 Employee and Volunteer Issues (Continued)

5.20 Reporting Issues to the ACGME-I Board

If an employee or volunteer has serious concern that an ACGME-I employee or volunteer is acting in violation of (i) any state or federal law or related regulation, or (ii) ACGME-I's corporate accounting practices, internal financial controls, or audit (collectively referred to as "Protected Disclosures"), the individual is urged to directly notify the ACGME-I Board through Red Flag Reporting.

The ACGME-I Board will promptly notify the sender of receipt of the concern regarding a Protected Disclosure, unless the concern was 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.

5.00 Employee and Volunteer Issues (Continued)

5.30 Handling of Reported Violations

The ACGME-I Board 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 will be taken. Reports and copies of Protected Disclosures shall be retained by the ACGME-I in accordance with its record retention policy.

6.00 ACGME-I Accreditation Preparedness Assessment (APA) Visit

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

To initiate an APA visit, an entity (governmental agency or Sponsoring Institution) provides ACGME-I with an official letter requesting a visit.

The APA visit is conducted by an ACGME-I assessment team that includes member(s) of ACGME-I leadership. A visit to a single Sponsoring Institution, such as a teaching hospital or academic medical center, includes a guided tour of the facilities used in the education of residents and fellows, as well as meetings with the Sponsoring Institution's senior leadership; the leadership of GME endeavors, such as individual(s) providing institutional oversight; residency/fellowship program directors; and residents/fellows. 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 tours usually occur over one to two days, depending on the number of Sponsoring Institutions and programs to be visited.

Following the visit, the ACGME-I's assessment team provides a report on readiness together with a possible timeline for accreditation services. This report may form the basis for development of a contract with ACGME-I for accreditation services.

7.00 ACGME-I Review Committees-International

Description

The function of the Review Committees-International is to review accreditation standards (requirements), make recommendations on ACGME-I policies and procedures, and provide peer evaluation of Sponsoring Institutions, residency programs, and fellowship programs. The purpose of the evaluation is to assess if the Sponsoring Institution or program is in substantial compliance with the applicable published set(s) of ACGME-I requirements, and to confer an accreditation status on the Sponsoring Institutions or programs.

Review Committees-International representing medicine-based specialties, surgical-based specialties, and hospital-based specialties will review Sponsoring Institutions and programs during a program review meeting. Members on each committee will be appointed according to the medical specialty of the physician member.

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

At the discretion of the ACGME-I Executive Director, and with approval of the Chair(s) of the Review Committee(s)-International, members of the ACGME-I Board or other observers may attend Review Committee(s)-International meetings for the purpose of enhancing communication with and understanding of the Review Committees-International and procedures. Observers may be present during program review and policy discussions but may not participate in Sponsoring Institution or program review discussion or accreditation decisions and must abide by ACGME-I conflict and duality of interest and confidentiality policies (Section 8.00).

The number of Review Committees and number of members on each committee will be determined by the Executive Director, subject to approval of the ACGME-I President and Chief Executive Officer (CEO). At minimum, there shall be Review Committees for medicine-based, surgical-based, and hospital-based specialties. Committees may be merged to manage the workload. Sponsoring Institutions can be reviewed by any committee based on workload.

The ACGME-I Executive Director, with approval of the ACGME-I President and CEO, may determine Review Committee composition based on the needs of the organization.

7.00 ACGME-I Review Committees-International

7.10 Membership

Review Committee-International members include physician specialists who represent the major areas of graduate medical education (GME). Each committee shall also include one resident or fellow who is enrolled in an ACGME-I- accredited program. Non-physician representatives of the public are also members.

Nominations will be solicited and accepted from the GME community. At the time of appointment, nominees from outside the United States must be faculty members and/or have administrative responsibility for GME at ACGME-I-accredited Sponsoring Institutions and/or programs. Nominees from the United States must have experience as a faculty member or administrator at ACGME-accredited Sponsoring institutions and/or programs, and/or as a past member of an ACGME Review Committee.

Members of the ACGME-I Board of Directors cannot simultaneously serve as members of a Review Committee-International.

Selection of members is based on geographic representation, content expertise, experience with GME/accreditation processes, and diversity. Following recommendation of the Review Committees-International, nominations will be considered by the ACGME-I Board, which will appoint members.

Each Review Committee-International will meet at least twice a year. Additional smaller group meetings may be scheduled for special defined projects. Meetings may occur at the ACGME-I office in Chicago, Illinois, USA, at a site outside the United States, or via video or audio conference.

All members will be evaluated by peers following two years on the committee. The anonymous evaluation will be reviewed by the committee Chair. If a member wishes to be considered for a second three-year term, the committee Chair, based on the peer evaluation, will recommend to the ACGME-I Board that the member be reappointed.

7.11 Terms

Members shall be appointed by the ACGME-I Board to a three-year term, with the option to be reappointed by the ACGME-I Board to a second three-year term, not to exceed six years. The term of the resident or fellow member is two years. The terms of new members shall begin on 1 July.

7.00 ACGME-I Review Committees-International (Continued)

7.10 Membership (Continued)

7.12 Chair and Vice Chair

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

Chair – A Chair will be elected by the members of each Review Committee-International for a term of three years and is not eligible for reelection. The Review Committee-International Chair will call and preside over meetings of the 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 circumstances involving a tie.

Vice Chair – A Vice Chair will be elected by the members of each Review Committee-International for a term of two years and is eligible for reelection. In the Chair's absence, the Vice Chair will assume the duties of the Chair.

7.00 ACGME-I Review Committees-International (Continued)

7.20 Administration

The ACGME-I staff supports each committee's functions by serving as recorder, directing the business meeting, and serving as the liaison between the Review Committees-International and the Sponsoring Institutions and GME programs. ACGME-I staff members are not voting members and do not participate in accreditation decisions.

7.00 ACGME-I Review Committees-International (Continued)

7.30 ACGME-I Review Committee-International Member Responsibilities and Process

Each member must:

- a. review Sponsoring Institutions and programs consistent with established ACGME-I Policies and Procedures and the International Institutional, Foundational, and Advanced Specialty Requirements;
- b. make a recommendation on accreditation status for each Sponsoring Institution or program being evaluated;
- c. attend and participate in meetings;
- d. review Institutional, Foundational, and Advanced Specialty Requirements and make recommendations for new requirements and/or changes to existing requirements;
- e. review ACGME-I Policies and Procedures and make recommendations for changes;
- f. participate in an orientation prior to reviewing Sponsoring Institutions or programs; and,
- g. 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 the evaluations is shared with the Chair and the member .

7.31 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 and Duality 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.

8.00 ACGME-I Conduct

8.10 Fiduciary Duty

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

If any member of the ACGME-I Board or Review Committees-International cannot discharge this fiduciary duty of acting in the best interest of ACGME-I on any particular issue, the member should declare a conflict or duality of interest as described in Section 8.24.

8.00 ACGME-I Conduct (Continued)

8.20 Conflict and Duality of Interest

In furtherance of its mission, ACGME-I engages in accreditation and accreditation-related activities. The integrity of ACGME-I, its accreditation decisions, and the activities it undertakes depend on:

- a. the avoidance of conflicts of interest, or even the appearance of such conflicts, by the individuals involved in those decisions and activities; and
- b. appropriately addressing dualities of interest by those same individuals.

At the same time, ACGME-I acknowledges that its leaders also have significant professional, business, and personal interests and relationships. Therefore, ACGME-I has determined that the most appropriate manner in which a Board/committee member addresses actual, apparent, or potential conflicts and dualities of interest begins with full disclosure of any relationship or interest that 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 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 Board or committee meetings or otherwise, they should be referred to the ACGME-I Board for resolution. Insofar as actual, apparent, or potential conflicts of interest and dualities of interest are not so resolved, and they become manifest in Board or committee meetings, the Board or committee shall address them consistent with this policy.

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

The ACGME-I Board has the responsibility to provide oversight for compliance with this policy.

8.21 Definitions

- a. Conflict of Interest

A conflict of interest occurs when a Board/committee member has a financial interest (as defined in this policy) which is declared as, or determined under this policy to be, a personal and proprietary financial interest to the Board/committee member or a close member of the member's family that relates to an ACGME-I decision or activity.

8.00 ACGME-I Conduct (Continued)

8.20 Conflict and Duality of Interest (Continued)

8.21 Definitions (Continued)

b. Duality of Interest

A duality of interest occurs when a Board/committee member has an interest which is declared as, or determined under this policy to be, a competing fiduciary obligation that 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 requirements and policies). A duality of interest sufficient in gravity to destroy the trust necessary for fiduciary service in the interests of ACGME-I and the public on an issue shall disqualify the Board/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 that has not yet occurred but is predictable if a Board/committee member is about to assume (i) ownership or investor status, (ii) a compensation arrangement, or (iii) a fiduciary responsibility.

e. Financial Interest

A Board/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, spouse of a child, brother, sister, or spouse of a brother or sister):

- 1) an ownership or investment interest in any entity (other than a publicly held entity) with which ACGME-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 an ACGME-I contract or transactional arrangement; or,
- 2) a compensation arrangement with any entity or individual with which/whom ACGME-I has a contract or transactional arrangement in which the compensation is in excess of one thousand US dollars (\$1,000.00) in any year; or,
- 3) a compensation arrangement with any entity whose products or services are in competition or potential competition with those intrinsic to an ACGME-I contract or transactional arrangement; or,

8.00 ACGME-I Conduct (Continued)

8.20 Conflict and Duality of Interest (Continued)

8.21 Definitions (Continued)

- 4) an actual or potential ownership or investment interest in any entity (other than a publicly held entity) with which 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,
- 5) a compensation arrangement with any entity or individual with which/whom 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 US dollars (\$50) per calendar year are exempt from this policy).

8.22 Procedure – Conflict of Interest – Contract or Transaction

a. Disclosure of Conflicts

Any Board/committee members who have, or are advised that they may have (i) an actual, apparent, or potential conflict of interest (personal or proprietary financial interest), or (ii) bias for or against a Sponsoring Institution or program under review must disclose the conflict and all relevant facts to the Board Chair (Vice Chair if the Chair is conflicted or unavailable) or committee Chair (Vice Chair if the Chair is conflicted or unavailable; committee-selected designee if the Chair and Vice Chair are conflicted or unavailable). A disclosure statement form will be provided to each Board/committee member annually for completion and return; however, disclosure is most appropriate whenever a conflict arises or is suspected.

b. Self-Declared Conflict (Disqualifying)

A Board/committee member may declare an actual, apparent, or potential conflict of interest relating to Board or committee action on a contract or transaction and shall disclose all facts material to the conflict of interest.

- 1) Such disclosure and declaration will be reflected in the minutes of the meeting, which need not state all the facts disclosed by the Board/committee member.
- 2) The conflicted Board/committee member will not participate in or be permitted to hear the Board's or committee's discussion of the contract or transaction except to disclose material facts and respond to questions.

8.00 ACGME-I Conduct (Continued)

8.20 Conflict and Duality of Interest (Continued)

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

- 3) The conflicted Board/committee member shall not attempt to exert personal influence with respect to the contract or transaction, either at or outside the meeting.
- 4) The Board/committee member having an actual, apparent, or potential conflict of interest may not vote on the contract or transaction and may not be present in the meeting room when the vote is taken. Such a person's ineligibility to vote on that matter will be reflected in the minutes of the meeting.
- 5) Depending upon the facts involved, the Board Chair or committee Chair may also conclude that certain confidential or proprietary information should not be shared with the person having the actual, apparent, or potential conflict.

Same Country (Accreditation Actions)

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

ACGME-I Determined Conflict (Disqualifying)

In the event that it is not entirely clear whether an actual, apparent, or potential conflict of interest exists, the Board/committee member with a potential conflict will disclose the circumstances to the Board Chair (Vice Chair if the Chair is conflicted or unavailable) or the committee Chair (Vice Chair if the Chair is conflicted or unavailable; or committee-selected designee if the Chair and Vice Chair are conflicted or unavailable), who will determine whether an actual, apparent, or potential conflict of interest exists.

The Board/committee member may request a vote of the Board or committee if the individual disagrees with the determination of the Board or committee Chair. The Board/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 will leave the room for other discussion and voting. An actual, apparent, or potential conflict may be found to exist by a simple majority vote, with the Board/committee member involved not voting but being counted for quorum purposes and shown as abstaining.

Depending upon the facts involved, the Board Chair or committee Chair may also conclude that certain confidential or proprietary information should not be shared with the person having the actual, apparent, or potential conflict.

8.00 ACGME-I Conduct (Continued)
8.20 Conflict and Duality of Interest (Continued)

8.23 Addressing Number of Persons Voting

If, upon conclusion of the conflict of interest procedure (Section 8.22), the remaining members constitute fewer than half of the total number of members present, the remaining members may vote on the matter if approved by the Board or committee Chair.

8.24 Duality of Interest

Disclosure of Dualities and Possible Dualities

Prior to Board or committee action on an issue, any Board/committee members who have—or whom are advised by one or more Board or committee member that they may have—an actual, apparent, or potential duality of interest as regards an action being taken or to be taken by the Board or committee, must disclose the duality and all relevant facts to the Board Chair (Vice Chair if the Chair is conflicted or unavailable) or the committee Chair (Vice Chair if the Chair is conflicted or unavailable; committee-selected designee if the Chair and Vice Chair are conflicted or unavailable).

- a. The affected Board/committee member shall inform the Board or Committee how the member has acted in the public's best interest to resolve the duality.
- b. An Annual Disclosure Form will be provided to each Board/committee member for completion and return; however, disclosure is most appropriate whenever duality arises or is suspected.

Self-Declared Actual, Apparent, or Potential Duality

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

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

8.00 ACGME-I Conduct (Continued)

8.20 Conflict and Duality of Interest (Continued)

8.24 Duality of Interest (Continued)

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

A Board/committee member declaring an actual, apparent, or potential duality of interest on an issue, and determining that the individual cannot discharge the fiduciary duty relating to that issue in a manner that the individual reasonably believes is in the interests of ACGME-I and the public, shall not participate regarding that issue.

ACGME-I Determined Actual, Apparent, or Potential Duality (Disqualifying)

- a. In the event that it is not clear whether a disqualifying actual, apparent, or potential duality of interest exists, the Board/committee member with an actual, alleged, or suspected duality, or a potential duality will disclose the circumstances to the Board Chair (Vice Chair if the Chair is conflicted or unavailable) or the committee Chair (Vice Chair if the Chair is conflicted or unavailable; committee-selected designee if the Chair and Vice Chair are conflicted or unavailable), who will determine whether an actual, apparent, or potential duality of interest exists that is sufficient in gravity to destroy the trust necessary for fiduciary service to ACGME-I and the public on an issue.
- b. The Board/committee member involved may request a vote if the individual disagrees with a disqualification decision of the Board or committee Chair. The Board/committee member involved may be present and may speak during Board or committee discussion of the relevant facts regarding the actual, apparent, or potential duality of interest, but must leave the room for discussion and voting. A disqualifying actual, apparent, or potential duality may be found to exist by a two-thirds vote, with the Board/committee member involved not voting but being counted for quorum purpose and shown as abstaining.

Addressing Duality (Disqualifying)

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

8.25 Procedure – Consultant/Field Representative

A person will not serve as an institutional or program consultant or as an ACGME-I institutional or program field representative to graduate medical education (GME) Sponsoring Institutions or programs inside or outside the US while serving on the ACGME-I Board or a Review Committee-International.

8.00 ACGME-I Conduct (Continued)

8.20 Conflict and Duality of Interest (Continued)

8.26 Failure to Disclose Conflict and Duality of Interest

If the ACGME-I Board has reasonable cause to believe (based on information from the ACGME-I President and CEO or other sources) that a Board/committee member has knowingly and deliberately failed to disclose an actual, apparent, or potential conflict or duality of interest, it will inform the Board/committee member of the basis for such belief and afford the individual an opportunity to explain the alleged failure to disclose.

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

8.00 ACGME-I Conduct (Continued)

8.30 Annual Disclosure for Board and Committee Members

Annually, each Board/committee member will be provided with and asked to review a copy of this policy and to acknowledge having done so and agreement to follow this policy in writing.

Annually, all Board/committee members will complete a disclosure form identifying any relationships, positions, or circumstances in which they are involved that they believe 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 Board/committee Chair and the President and CEO of ACGME-I to address conflicts and dualities of interest, except to the extent that additional disclosure is necessary in connection with the implementation of this policy.

8.00 ACGME-I Conduct (Continued)

8.40 Confidentiality

ACGME-I acknowledges that adherence to confidentiality of the information acquired during the accreditation process is vital to its operation. Intrinsic to accreditation is the promotion of candor within its process, which may include constructive criticism that leads to improvement in the educational quality of a Sponsoring Institution or program. Maintaining confidentiality within the accreditation process promotes this candor.

Confidentiality means that 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, 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 ACGME-I; and,
- d. personal resident physician information and protected health information submitted to ACGME-I.

A breach of confidentiality could result in irreparable damage to the committees, 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

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

- a. name and address of Sponsoring Institution;
- b. name and address of major participating site(s);
- c. name and address of program director;
- d. name and address of GME coordinator;

8.00 ACGME-I Conduct (Continued)

8.40 Confidentiality (Continued)

8.41 Published Information Released Through ACGME-I (Continued)

- e. specialty and length of the educational program;
- f. approved total number of resident/fellow positions;
- g. Sponsoring Institutional and program accreditation status and effective date;
- h. date of last Self-Study;
- i. date of next Self-Study; and,
- j. approximate date of next site visit.

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

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

8.42 Confidentiality Administration

To protect confidential information, 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 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 ACGME-I; and,
- c. dispose of all materials and notes regarding confidential information in compliance with ACGME-I policies.

Confidentiality obligations continue to apply to former Board members and members of the Review Committees-International. Former members may serve as consultants to a Sponsoring Institution or program, but will continue to maintain the confidentiality of confidential ACGME-I information. They may not serve as consultants to a Sponsoring Institution or program that has an accreditation decision pending before ACGME-I in which decision or part thereof they participated as a committee member. If a former committee member, while serving as a consultant, receives information from a

8.00 ACGME-I Conduct (Continued)

8.40 Confidentiality (Continued)

8.42 Confidentiality Administration (Continued)

Sponsoring Institution or program that has been submitted to a Review Committee-International, the former member may discuss such information with the Sponsoring Institution or program, even if the same information has 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 that committee membership.

8.00 ACGME-I Conduct (Continued)

8.50 Policies Governing Review Committee-International Member Conduct

Upon appointment by the ACGME-I President and CEO, and annually thereafter, all committee members must sign an agreement to comply with these 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 ACGME-I staff members.

Members of a committee may not act for or on behalf of the committee or ACGME-I without explicit authorization by the ACGME-I President and CEO. This does not preclude committee members from reporting on general committee activities to appropriate organizations.

9.00 Revision and Development of Requirements

9.10 Revision of Existing Requirements

The Review Committees-International are responsible for review of the existing International Institutional Requirements and International Foundational Requirements. The Review Committee-International responsible for reviewing programs in the specialty will review the applicable Advanced Specialty Requirements. Reviews must occur at least every 10 years or at appropriate intervals as designated by the Requirements Task Force of the ACGME-I Board. If applicable, 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 Requirements Task Force of the ACGME-I Board.

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 Review Committee-International for review.

The Review Committees-International will forward proposed revisions to International Institutional, Foundational, and Advanced Specialty Requirements to the Requirements Task Force of the ACGME-I Board. The Requirements Task Force will review the proposed requirements as presented by the Review Committees-International and make a recommendation to the ACGME-I Board for final approval.

9.00 Revision and Development of Requirements

9.20 Procedures for Revision of Existing Requirements

Prior to drafting major revisions to existing requirements, the Review Committees- International must solicit initial input on the requirements currently in effect from the communities of interest. The purpose of this input is to obtain information on new trends in medical care in the specialty and how the ACGME-I requirements can be revised to allow physicians to meet the needs of medical care in the future.

The following ACGME-I groups constitute the community of interest that may be solicited:

- a. Designated institutional officials (DIOs) and Graduate Medical Education Committees (GMECs) for the International Institutional Requirements
- b. Program directors in the specialty and its subspecialties for the Foundational and Advanced Specialty Requirements
- c. Selected public officials, such as Ministries of Health or Education
- d. Selected specialty societies or organizations

Following receipt of initial input, a writing committee will be appointed to write the first draft of the revised requirements. The writing committee will be made up of members of the Review Committees-International with expertise in the specialty or subspecialty and program directors of ACGME-I-accredited programs in the specialty or subspecialty. Additional members may be added at the discretion of the appropriate Review Committee- International. The writing group will consider the initial input received, as well as other data such as current citations in the specialty or subspecialty, recently approved revisions to the ACGME Program Requirements in the specialty or subspecialty , and other data as deemed necessary, and develop a proposed revision of the requirements.

The proposed revision will be placed on the ACGME-I website for 60 days for public comment.

Members of the ACGME-I Board and Review Committees-International will not provide written comments on proposed requirement revisions individually, or on behalf of their programs (if applicable), institutions, or other organizations. Chairs of a Review Committee-International may submit written comments on behalf of their committee.

The Review Committee-International that reviews programs in the specialty for which new or revised requirements are proposed will evaluate comments received during the public comment period and determine the final changes. The Committee will submit all comments received, its responses to the comments received, and the final proposed revision to the Requirements Task Force of the ACGME-I Board. The Requirements Task Force will make a recommendation to the ACGME-I Board regarding final approval.

9.00 Revision and Development of Requirements (Continued)
9.20 Procedures for Revision of Existing Requirements (Continued)

Effective Date

The ACGME-I Board will consider the recommendation of the Review Committee-International for the effective date of implementation of revised requirements. The effective date must provide sufficient time for Sponsoring Institutions and/or programs to implement changes.

After approval by the ACGME-I Board, requirements may be edited before they are posted on the ACGME-I website. Any such editing will not substantively change approved requirements.

9.00 Revision and Development of Requirements (Continued)

9.30 Policy on Development of Requirements in a Specialty or Subspecialty not Accredited by ACGME

ACGME-I will review requests and develop Advanced Specialty Requirements for specialties and subspecialties not currently accredited by ACGME. The ACGME-I Board will review proposals for accreditation of specialty or subspecialty programs and, as warranted, direct the appropriate Review Committee-International to initiate the process of requirement development.

9.00 Revision and Development of Requirements (Continued)

9.40 Procedures for Development of Requirements in a Specialty or Subspecialty not Accredited by the ACGME

If a country or jurisdiction wants to develop ACGME-I-accredited programs in a specialty or subspecialty not currently accredited by the ACGME, a formal request must be made to the ACGME-I Executive Director by the DIO of the Sponsoring Institution that would sponsor the program. The request must be made at least 12 months prior to the date the institution would plan to apply for accreditation of that specialty or subspecialty program.

Upon request from the DIO of the Sponsoring Institution, the ACGME-I staff and Executive Committee of the ACGME-I Board will make a preliminary assessment of the appropriateness of such a request. If viewed favorably, the request, along with ACGME-I's preliminary sense of suitability, will be referred to the ACGME-I Board.

The ACGME-I Board determines whether ACGME-I will accredit programs in a new specialty or a subspecialty not currently accredited by the ACGME. The ACGME-I Board will evaluate proposals for the Advanced Specialty accreditation of programs in accordance with the criteria set forth below and may require the country or jurisdiction requesting development of Advanced Specialty Requirements provide written evidence that all criteria are met. This evaluation will ensure that the accreditation of programs in the new specialty or subspecialty is consistent with the ACGME-I Mission and confirms that ACGME-I recognition of education in the discipline improves clinical care and safety of patients.

The following criteria must be met, and evidence must be provided that ACGME-I accreditation of the specialty or subspecialty:

- a. is relevant for the local international community;
- b. improves the clinical care and safety of patients;
- c. provides an educational program that is sufficiently clinically distinct from other specialties, subspecialties, or areas based on major new concepts in medical science and the delivery of patient care;
- d. for fellowship programs, enriches expertise beyond the educational construct of a residency program;
- e. is based on substantial advancement in medical science and/or clinical care; and,
- f. has potential to generate sufficient interest and resources to maintain quality residency or fellowship programs.

9.00 Revision and Development of Requirements (Continued)

9.40 Procedures for Development of Requirements in a Specialty or Subspecialty not Accredited by the ACGME (Continued)

Evidence must also be available that a new fellowship program is a structured educational activity comprising a series of learning experiences of at least a year in duration following successful completion of prerequisite advanced-specialty education in an ACGME-I- accredited residency program.

A writing group made up of physician educators in the specialty or subspecialty and members of the Review Committee-International will be formed to develop proposed requirements. The proposed requirements will be placed on the ACGME-I website for 60 days of public comment.

Members of the ACGME-I Board and Review Committees-International will not provide written comments on proposed requirement revisions individually, or on behalf of their programs (if applicable), institutions, or other organizations. Chairs of Review Committees-International may submit written comments on behalf of their committee.

The Review Committee-International that reviews programs in the specialty or subspecialty for which new requirements are proposed will evaluate comments received during the public comment period and determine the final changes. The committee will submit all comments received, its responses to the comments received, and the final proposed revision to the Requirements Task Force of the ACGME-I Board. The Requirements Task Force will make a recommendation to the ACGME-I Board regarding final approval.

Effective Date

On initial approval of new requirements, the effective date will be the date that the requirements are approved by the ACGME-I Board.

9.00 Revision and Development of Requirements (Continued)

9.50 Policy on Development of Requirements in a Specialty or Subspecialty Accredited by ACGME

ACGME-I will review requests and develop Advanced Specialty Requirements for specialties and subspecialties currently accredited by ACGME. When requested by the DIO of an ACGME-I-accredited institution, the appropriate Review Committee-International will initiate the process of requirement development.

9.00 Revision and Development of Requirements (Continued)

9.60 Procedures for Development of Requirements in a Specialty or Subspecialty Accredited by the ACGME

If a country or jurisdiction wants to develop ACGME-I-accredited programs in a specialty or subspecialty that is currently accredited by the ACGME, a formal request must be made to the ACGME-I Executive Director by the DIO of the Sponsoring Institution that would sponsor the program. The request must be made at least 12 months prior to the date the institution would plan to apply for accreditation of that specialty or subspecialty program.

Following receipt of the request, ACGME-I staff will develop Advanced Specialty Requirements based on ACGME requirements in the specialty or subspecialty and following input from a physician educator in the specialty or subspecialty and a member of the Review Committee-International. A draft of the requirements will be placed on the ACGME-I website for 60 days of public comment.

Members of the ACGME-I Board and Review Committees-International will not provide written comments on proposed requirement revisions individually, or on behalf of their programs (if applicable), institutions, or other organizations. Chairs of Review Committees-International may submit written comments on behalf of their Committee.

The Review Committee-International that reviews programs in the specialty or subspecialty for which new requirements are proposed will evaluate comments received during the public comment period and determine the final changes. The committee will submit all comments received, its responses to the comments received, and the final proposed revision to the Requirements Task Force of the ACGME-I Board. The Requirements Task Force will make a recommendation to the ACGME-I Board regarding final approval.

Effective Date

On initial approval of new requirements, the effective date will be the date that the requirements are approved by the ACGME-I Board.

10.00 Categories of International Accreditation

ACGME-I accredits graduate medical education (GME) residency and fellowship programs and the institutions that sponsor these programs. Sponsoring Institutions support patient safety and quality of care at all participating sites. Each Sponsoring Institution must achieve and maintain institutional accreditation before it sponsors one or more ACGME-I-accredited programs.

A residency program is a structured educational activity comprising a series of clinical and/or other learning experiences in GME, designed to educate and train physicians to enter the unsupervised practice of medicine in a primary specialty. A fellowship program provides advanced education and training in progressive levels of specialization following completion of education and training in a primary specialty.

There are two types of affiliations for fellowship programs: residency-dependent and residency-independent. Programs within a subspecialty must be one of these two types, as determined by the Review Committees-International. The Review Committees-International may determine that all programs accredited in a particular subspecialty:

- a. must be residency-dependent without exception, or
- b. should be residency-dependent, except that a Review Committee-International may grant exceptions on a program-by-program basis.

Residency-dependent fellowship programs are required to function with an accredited residency program in their related specialty. The continued accreditation of the fellowship program is dependent on the residency program's maintaining its accreditation. The residency and its dependent fellowship program must be sponsored by the same ACGME-I-accredited Sponsoring Institution.

Residency-independent fellowship programs are not required to function with an accredited residency program in the related specialty. These programs are dependent on an ACGME-I-accredited Sponsoring Institution, which may sponsor one or more fellowship programs.

Categories of International Accreditation

There are three categories of accreditation that can be awarded by ACGME-I:

- a. International Institutional Accreditation – The Sponsoring Institution must demonstrate substantial compliance with the International Institutional Requirements. This consists of ensuring that proper structures are in place for oversight of all GME programs, policies, and procedures; recognition of designated institutional official (DIO) responsibilities and authority; and creation and recognition of a Graduate Medical Education Committee (GMEC).

10.00 Categories of International Accreditation (Continued)

- b. International Foundational Accreditation – The specialty/subspecialty program must demonstrate substantial compliance with the ACGME-I Foundational Requirements, which are common to all accredited programs, including requirements relating to resources, clinical and didactic structure, resident/fellow supervision, resident/fellow evaluation in the Competencies, faculty and program evaluation, resident/fellow clinical experience and education and the learning environment, and program director and faculty member responsibilities.
- c. International Advanced Specialty Accreditation – The specialty program must demonstrate substantial compliance with the ACGME-I Advanced Specialty Requirements specific to the specialty/subspecialty, including specialty/subspecialty-specific institutional and departmental resources, faculty, curricula, didactic sessions, clinical procedures, depth and breadth of educational experience, and the six ACGME-I Competencies.

11.00 The Accreditation Process

Review of accreditation status for Sponsoring Institutions occurs periodically. Review of accreditation of programs with the statuses of Continued Accreditation, Continued Accreditation with Warning, or Probation occurs annually.

For Sponsoring Institutions, the periodic review includes determination of compliance with the International Institutional Requirements. The period for review is between one and five years.

For residency and fellowship programs, the annual review includes determination of compliance with the International Foundational and International Advanced Specialty Requirements.

Annual review of programs uses an annual assessment of processes and outcomes of education and determination of substantial compliance with applicable requirements by reviewing annually acquired information.

11.00 The Accreditation Process (Continued)

11.10 Written Documentation for Accreditation Review of New Programs

A Sponsoring Institution, residency, or fellowship program seeking Initial Accreditation or seeking to move from Initial Accreditation to Continued Accreditation is required to submit specific documents, including an institutional or program application and supplemental attachments that demonstrate the institution's or program's substantial compliance with the applicable published standards. All required documentation must be submitted through the ACGME-I's Accreditation Data System (ADS).

11.00 The Accreditation Process (Continued)

11.20 The Site Visit

Site visits are conducted to provide the Review Committees-International with additional information on a Sponsoring Institution's and/or program's compliance with requirements and/or to verify information submitted by a Sponsoring Institution or program. Upon authorization of the ACGME-I President and Chief Executive Officer, a site visit may occur through audio and/or video means, in whole or in part.

11.21 ACGME-I Field Representative

ACGME-I uses professionally trained field representatives for institutional and program site visits. These field representatives evaluate a Sponsoring Institution and/or residency or fellowship program(s) by serving as fact finders who verify and clarify information provided in an institution's or program's application and/or required submitted attachments.

Field representatives review the required documents and conduct a series of interviews with the designated institutional official (DIO), program director, program faculty members, residents/fellows, and other key personnel to verify that the accreditation site visit documents represent an accurate and complete reflection of the Sponsoring Institution's and/or program's commitment to graduate medical education.

Following a site visit, field representatives compose a report of the information that was collected. The report addresses omissions or discrepancies in the submitted materials and any additional information collected during the site visit. The institution's or program's application, required attachments, and Site Visit Report may indicate areas of non-compliance and serve as the source of information for the Review Committee-International's final accreditation decision for the Sponsoring Institution or program.

11.00 The Accreditation Process (Continued)

11.30 Types of Accreditation Site Visits

A site visit addresses and assesses compliance with all applicable requirements and encompasses all aspects of a program or Sponsoring Institution. A site visit is scheduled:

- a. to review an application for accreditation of a new residency program;
- b. to review an application for Continued Accreditation of a Sponsoring Institution or residency or fellowship program that has been granted Initial Accreditation;
- c. approximately every seven years following completion of the program's self-study;
- d. at the end of the accreditation cycle for a Sponsoring Institution;
- e. when review of annual accreditation data identifies issues and/or concerns;
- f. to evaluate the merits of a complaint against a Sponsoring Institution or program; and/or,
- g. for other serious conditions or situations at the discretion of the Review Committees-International.

Site Visit for Alleged Egregious Accreditation Violations

ACGME-I may conduct a site visit at any time during the maintenance of the accreditation process if an alleged egregious accreditation violation is identified pursuant to Section 15.00 of this document. The size and membership of the site visit team and the format and scope of the visit will be determined by the ACGME-I President and Chief Executive Officer. The site visit team will prepare a report for the relevant Review Committee-International that addresses all aspects of the alleged egregious violation.

Scheduled Accreditation Site Visits following Submission of a Self-Study

An accreditation site visit will be conducted approximately every seven years. The scheduled accreditation site visit will be based on a comprehensive Self-Study, which includes a description of how the program 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 field representative or site visit team will verify and clarify that the Self-Study document has been completed.

12.00 Review Process

12.10 Process for Review of Applications

First-time applications for new programs must be initiated by the designated institutional official (DIO) of the Sponsoring Institution in the Accreditation Data System (ADS). There is a single, electronic application process for Sponsoring Institutions and programs seeking Initial Accreditation and programs reapplying for Initial Accreditation after a previous application was withheld or withdrawn. Programs that have achieved Foundational Accreditation only and wish to attain Advanced Specialty Accreditation must reapply for Foundational Accreditation at the time they apply for Advanced Specialty Accreditation.

For fellowship applications, unless the Review Committee-International has granted an exception, there must be an association with an ACGME-I-accredited residency program as indicated in the subspecialty's Advanced Specialty Requirements. The residency program must have the Advanced Specialty Accreditation status of Continued Accreditation or Continued Accreditation with Warning for the fellowship application to be considered.

ACGME-I will conduct site visits to residency programs for all Foundational and Advanced Specialty applications. A site visit is not required for first-time applications for new fellowship programs or Sponsoring Institutions. A Review Committee-International will render an Initial Accreditation decision for fellowships and Sponsoring Institutions based on review of the application materials and will render an Initial Accreditation decision for residency programs based on review of application materials and the Site Visit Report.

The Review Committees-International will 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 for applications for residency programs;
- c. the history of the Sponsoring Institution and/or program, as applicable;
- d. correspondence pertinent to the review; and,
- e. other information, as required by the Review Committee-International.

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

The Review Committees-International may confer one of the following accreditation actions for Sponsoring Institutions or programs applying for ACGME-I accreditation:

- a. Initial Accreditation for a period of one to two years, or
- b. Accreditation Withheld.

12.00 Review Process (Continued)

12.20 Process for Review of Sponsoring Institutions

The Review Committees-International will review Sponsoring Institutions at the end of the cycle length established at the time of the prior review. The committee will confer an accreditation status of Continued Accreditation based on satisfactory ongoing performance of the Sponsoring Institution and will determine a cycle length to establish the time of the next review. The cycle length can be from one to five years.

The Review Committees-International may use the following information to assess the Sponsoring Institution:

- a. Data collection/review
 - 1) Updated Institutional Review Questionnaire
 - 2) Site Visit Report
 - 3) Annual Resident/Fellow Survey results for all accredited programs
 - 4) Annual Faculty Survey results for all accredited programs
 - 5) Certification examination performance, if available
 - 6) Case Log data from program graduates, as applicable
 - 7) Hospital accreditation data
 - 8) Faculty member and resident scholarly activity and productivity
 - 9) Other
- b. Other data (episodic)
 - 1) Complaints received by ACGME-I
 - 2) Verified public information
 - 3) Historical accreditation decisions/citations
 - 4) Institutional quality and safety metrics
 - 5) Other

12.00 Review Process (Continued)

12.20 Process for Review of Sponsoring Institutions (Continued)

At the time it issues an accreditation decision, a Review Committee-International may change the existing accreditation status and confer one of the following accreditation statuses/actions:

- a. Continued Accreditation
- b. Continued Accreditation with Warning
- c. Probationary Accreditation – A Sponsoring Institution with the accreditation status of Continued Accreditation must undergo a site visit before a Review Committee-International can confer Probationary Accreditation.
- d. Withdrawal of Accreditation – A Sponsoring Institution must undergo a site visit before a Review Committee-International can confer Withdrawal of Accreditation.
- e. Recommend Administrative Withdrawal (Section 13.105)
- f. Recommend invoking the Alleged Egregious Accreditation Violation Policy (Section 15.00)

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

- a. recognize and commend exemplary performance or innovations in graduate medical education (GME);
- b. identify areas for improvement;
- c. identify concerning trends;
- d. issue new citations;
- e. continue previous citations;
- f. acknowledge correction of previous citation(s); and/or,
- g. request a progress report.

12.00 Review Process (Continued)

12.30 Process for Review of Programs

Once a program has achieved Continued Accreditation, it will be reviewed annually. A Review Committee-International will determine whether a program is substantially compliant with International Foundational and Advanced Specialty Requirements through review of annually acquired information and will confer an accreditation decision based on the program's overall performance. 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 Review Committees-International may use the following information to assess programs:

- a. Annual data
 - 1) ADS Annual Update
 - 2) Annual Resident/Fellow Survey results
 - 3) Annual Faculty Survey results
 - 4) Certification examination performance, if available
 - 5) Case Log data from program graduates, if applicable
 - 6) Hospital accreditation data
 - 7) Faculty member and resident/fellow scholarly activity and productivity
 - 8) Other
- b. Other data (episodic)
 - 1) Complaints received by ACGME-I
 - 2) Verified public information
 - 3) Historical accreditation decisions/citations
 - 4) Institutional quality and safety metrics

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

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

12.00 Review Process (Continued)

12.30 Process for Review of Programs (Continued)

- 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 site visit

After review of any additional information, a 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/actions for Foundational and/or Advanced Specialty Accreditation:

- a. Continued Accreditation
- b. Continued Accreditation with Warning
- c. Probationary Accreditation – A program with the accreditation status of Continued Accreditation must undergo a site visit before a Review Committee-International can confer Probationary Accreditation
- d. Withdrawal of Accreditation – A program must undergo a site visit before a Review Committee-International can confer Withdrawal of Accreditation.
- e. Recommend Administrative Withdrawal (Section 13.105)
- f. Change the program's resident/fellow complement
- g. Recommend invoking the Alleged Egregious Accreditation Violation Policy (Section 15.00)

In addition to conferring an accreditation status, a 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;

12.00 Review Process (Continued)

12.30 Process for Review of Programs (Continued)

- f. acknowledge the program's correction of previous citation(s) and remove that citation;
- g. increase or reduce the program's resident/fellow complement; and/or,
- h. revise the length of the program as allowed in the Advanced Specialty Requirements.

12.00 Review Process (Continued)

12.40 The Scheduled Accreditation Review for Programs

After a program achieves Continued Accreditation, it will submit a Self-Study report, undergo a site visit, and receive an accreditation decision from the relevant Review Committee-International approximately every seven years.

Residency programs and their associated fellowships will submit their Self-Study documents and undergo a scheduled accreditation site visit at the same time.

The information available to a Review Committee-International for the scheduled accreditation review includes:

- a. Self-Study document;
- b. All data used in the annual review of the program; and,
- c. Site Visit Report.

For the scheduled accreditation review, the Committee has the following accreditation status/action options for Foundational and/or Advanced Specialty Accreditation:

- a. Continued Accreditation
- b. Continued Accreditation with Warning
- c. Probationary Accreditation
- d. Withdrawal of Accreditation
- e. Recommend Administrative Withdrawal (Section 13.105)
- f. Change the program's resident/fellow complement
- g. Recommend invoking the Alleged Egregious Violation Events Policy (Section 15.00)

12.00 Review Process (Continued)**12.50 Notification to Programs and Sponsoring Institutions of Review Committee-International Actions**

The ACGME-I Executive Director prepares a letter of notification (LON) for each Sponsoring Institution and program following a review. The LON will state the action(s) taken by the Review Committee-International and the current accreditation status.

13.00 Accreditation Actions

The following accreditation actions may be taken by a Review Committee-International in accreditation review of a Sponsoring Institution (International Institutional Accreditation) or residency or fellowship program (International Foundational and International Advanced Specialty):

- a. Accreditation Withheld
- b. Initial Accreditation
- c. Initial Accreditation with Warning
- d. Continued Accreditation
- e. Continued Accreditation with Warning
- f. Probationary Accreditation
- g. Withdrawal of Accreditation
- h. Expedited Withdrawal of Accreditation
- i. Voluntary Withdrawal
- j. Administrative Warning
- k. Administrative Withdrawal
- l. Reduction in a program's resident or fellow complement

Appealable Accreditation Actions

The statuses of Accreditation Withheld, Probationary Accreditation, and Withdrawal of Accreditation; Expedited Withdrawal of Accreditation for either Foundational and/or Advanced Specialty Accreditation; and a non-voluntary reduction in resident/fellow complement granted by a Review Committee-International are adverse actions and may be appealed.

Sponsoring Institutions and programs may not appeal other accreditation actions or citations.

13.00 Accreditation Actions (Continued)
13.10 Initial Accreditation of Sponsoring Institutions

Accreditation of a Sponsoring Institution begins with the submission of an application (International Institutional Review Document).

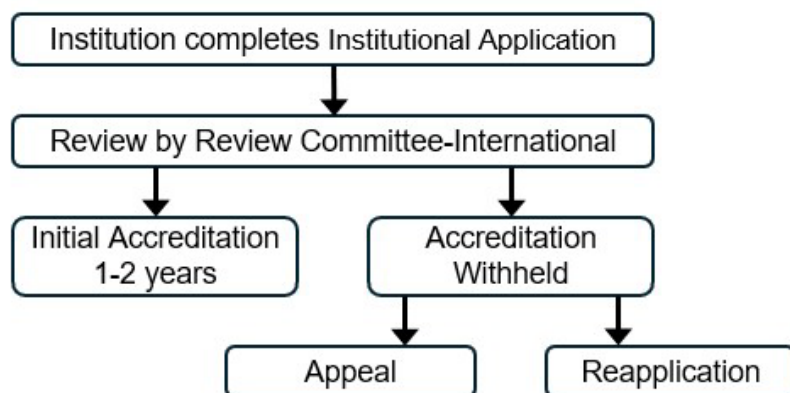
Initial Accreditation is considered a developmental phase, and the usual review cycle is two years.

After the Initial Accreditation application is received, the submitted application materials will be reviewed by the Review Committee-International and an accreditation action will be considered. 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 13.10 below outlines the accreditation process and possible accreditation actions following an application for Institutional Accreditation.

If the Sponsoring Institution reapplies 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.

A Review Committee-International may confer an effective date of Initial Accreditation that is the date of the decision, the beginning of the next academic year, or retroactive to the beginning of the academic year during which the decision is made.

Schema 13.10 - Initial Accreditation - Sponsoring Institution



13.00 Accreditation Actions (Continued)

13.20 Initial Accreditation of Programs (Foundational Only)

The Sponsoring Institution must be ACGME-I accredited prior to applying for accreditation for residency and fellowship programs. For programs seeking Foundational Accreditation only, the program accreditation process begins with the submission of a web-based application. For residency applications, the program will also undergo a site visit.

For residency applications, after the Initial Accreditation site visit occurs, the Site Visit Report and the submitted application materials are reviewed by a Review Committee-International. Applications for fellowship programs do not have a site visit and are judged by a review of submitted application materials.

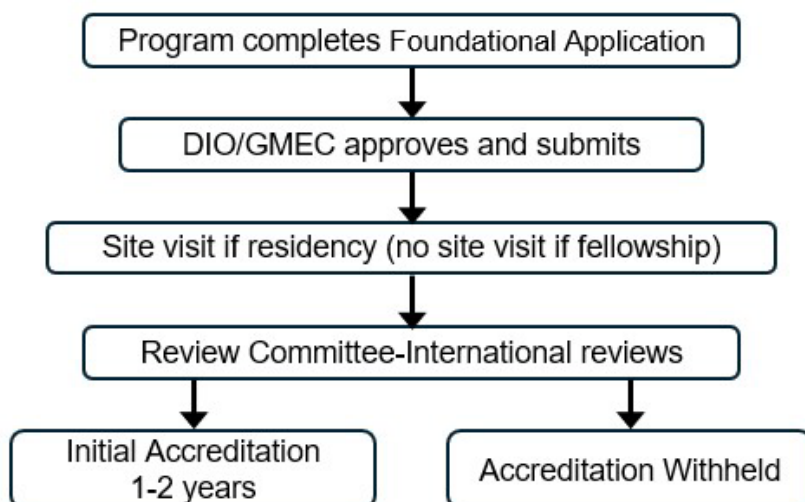
Possible accreditation statuses are International Foundational Initial Accreditation for a period of one to two years or Accreditation Withheld. If granted International Foundational Initial Accreditation, the program was judged by a Review Committee-International to be in substantial compliance with the published ACGME-I International Foundational Requirements. If International Foundational Initial Accreditation was withheld, the program may reapply or request an appeal. Schema 13.20 below outlines the accreditation process and possible accreditation actions following an application for Foundational Accreditation.

If the program reapplies within two years, it 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.

Programs with the Foundational Accreditation status of Initial Accreditation or Initial Accreditation with Warning may not request a permanent increase in resident/fellow complement or an exception to clinical experience and education hours.

A Review Committee-International may confer an effective date of Initial Accreditation that is the date of the decision, the beginning of the next academic year, or retroactive to the beginning of the academic year during which the decision is made.

Schema 13.20 - Initial Accreditation (Foundational)



13.00 Accreditation Actions (Continued)

13.30 Initial Accreditation of Programs (Advanced Specialty)

Application for International Advanced Specialty Accreditation generally occurs at the same time as application for International Foundational Accreditation. The program accreditation process begins with the submission of a two-part application that includes the International Foundational Application and International Advanced Specialty Application. For residency applications, the program will also undergo a site visit. First-time applications for fellowship programs do not require a site visit.

If the program is successful in achieving International Foundational Initial Accreditation, the program will receive an International Advanced Specialty Accreditation status of either Initial Accreditation or Accreditation Withheld. If granted International Advanced Specialty Initial Accreditation, the residency program was judged by the applicable Review Committee-International to be in substantial compliance with the published ACGME-I International Foundational and Advanced Specialty Requirements. Schema 13.30 below outlines the accreditation process and possible accreditation actions following an application for Advanced Specialty Accreditation.

Programs with the Advanced Specialty Accreditation status of Initial Accreditation or Initial Accreditation with Warning may not request a permanent increase in resident/fellow complement or an exception to clinical experience and education hours.

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

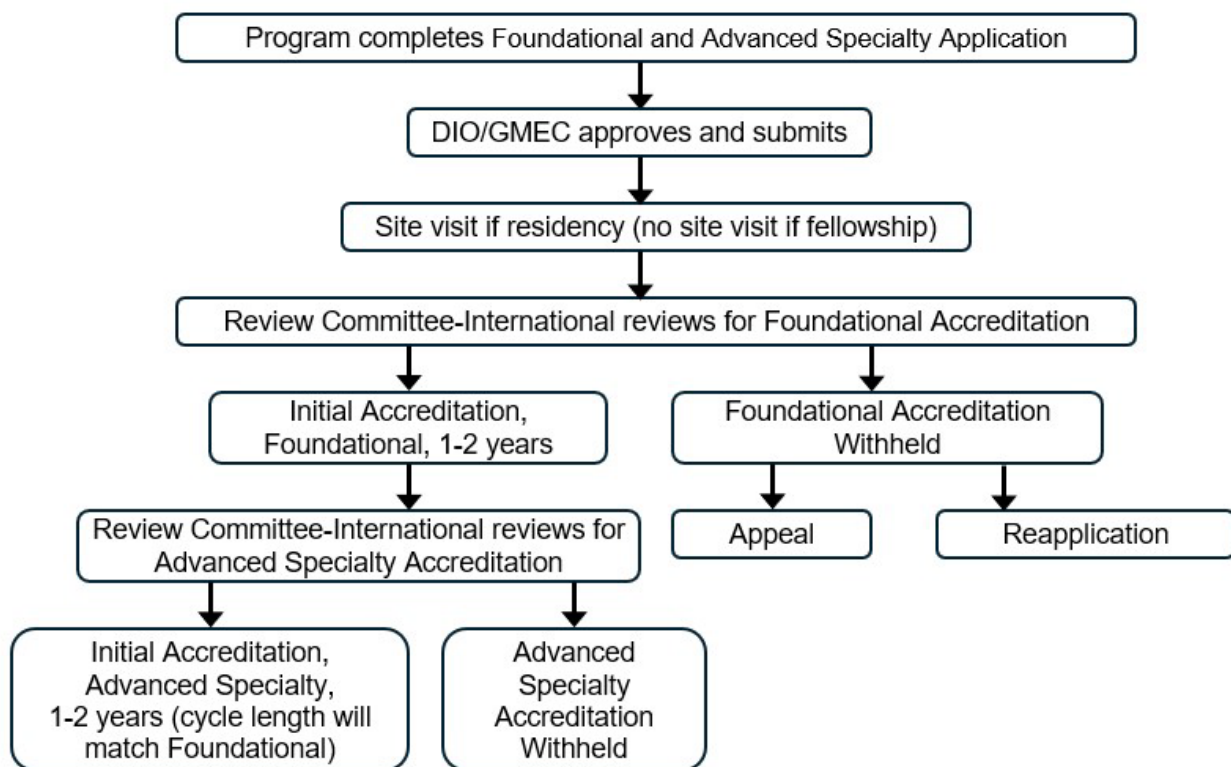
If International Advanced Specialty Accreditation is withheld, the program can reapply or request an appeal. If the program chooses to reapply to achieve both Foundational and Advanced Specialty Accreditation, it must reapply for both International Foundational and Advanced Specialty Accreditation. If the program reapplies within two years, the program must address all previously cited areas of non-compliance in the original letter of notification in its reapplication submission.

Residency-dependent fellowship programs (Policy 10.00) can apply for Foundational and/or Advanced Specialty Accreditation when their associated residency has achieved Initial Accreditation, Initial Accreditation with Warning, Continued Accreditation, or Continued Accreditation with Warning. If the associated residency program has the accreditation status of Probation, a dependent fellowship program may not apply for accreditation.

Residency-independent fellowship programs (Policy 10.00) may apply for Foundational and/or Advanced Specialty Accreditation without an associated core residency program.

A Review Committee-International may confer an effective date of Initial Accreditation that is the date of the decision, the beginning of the next academic year, or retroactive to the beginning of the academic year during which the decision is made.

Schema 13.30 - Initial Accreditation of Programs (Advanced Specialty)



13.00 Accreditation Actions (Continued)

13.40 Continued Accreditation of Sponsoring Institutions

After Initial Accreditation is granted, the Sponsoring Institution will be reviewed in one to two years. At that review, a Review Committee-International will determine the Sponsoring Institution's substantial compliance with the International Institutional Requirements. The Sponsoring Institution must update the Institutional Application previously submitted (via the Accreditation Data System [ADS]) 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 a Review Committee-International to be in substantial compliance with the published ACGME-I Institutional Requirements.

Schema 13.40A below outlines the accreditation process and possible accreditation actions for the next review after Initial Accreditation of the Sponsoring Institution.

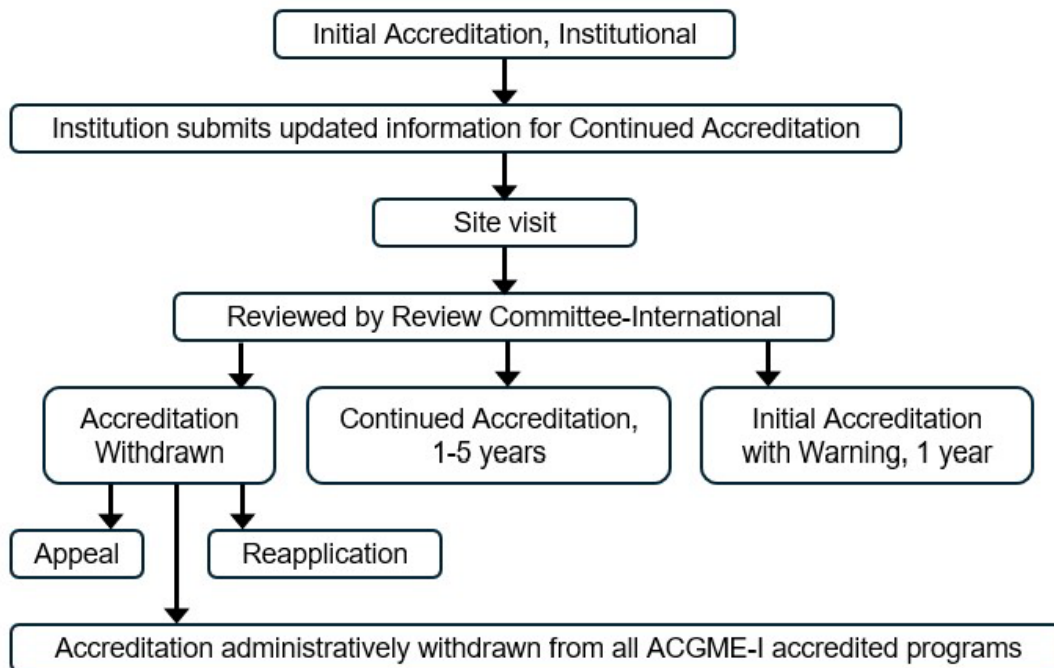
If the Sponsoring Institution's accreditation decision is Initial Accreditation with Warning, it was judged not to be in substantial compliance with the requirements. The review cycle will be one to two years, and the Sponsoring Institution can have the status of Initial Accreditation with Warning for a maximum of two years. At the end of the review cycle, a site visit will be scheduled. If the serious issues cited are not addressed within two years, accreditation will be withdrawn.

If the Sponsoring Institution's accreditation is withdrawn, a Review Committee-International judged that it was substantially non-compliant with the requirements. The Sponsoring Institution can appeal this outcome or reapply. Withdrawal of institutional accreditation results in the administrative withdrawal of all ACGME-I-accredited residencies and fellowships sponsored by that institution. If the Sponsoring Institution reapplies within two years, it must address all previously cited areas of non-compliance included in the original letter of notification.

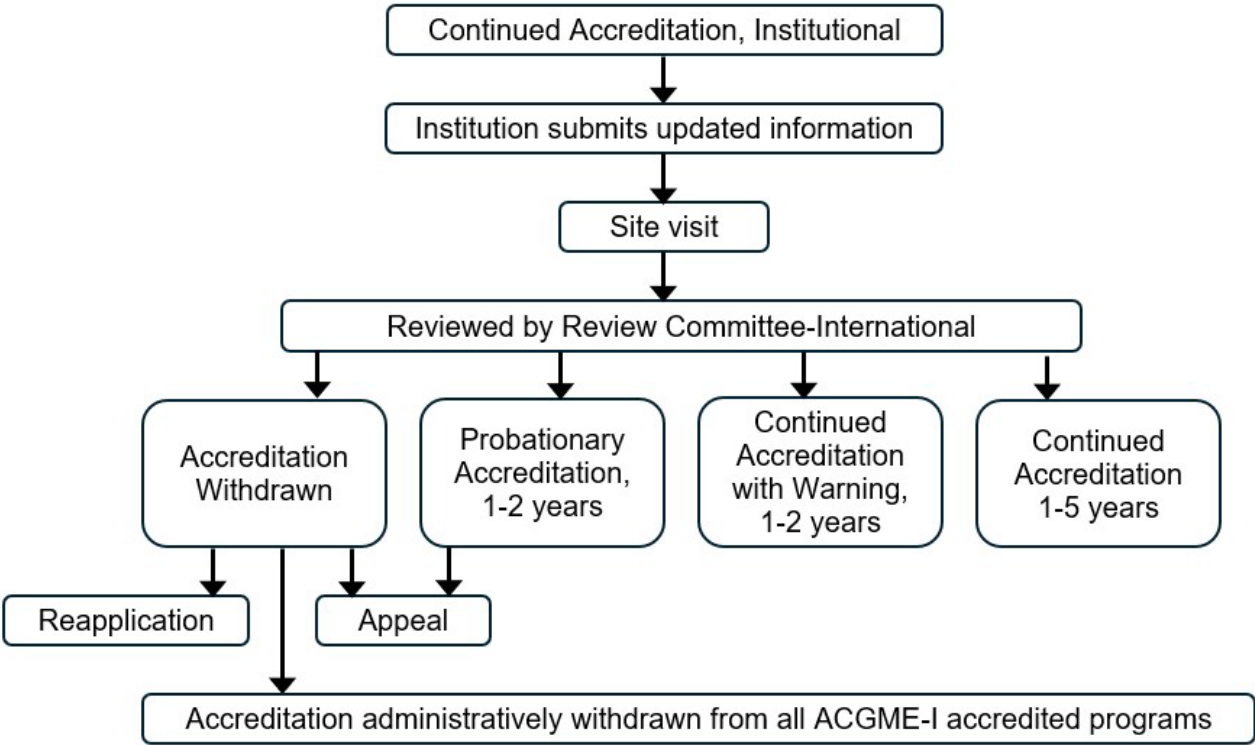
At the next scheduled review following achievement of Continued Accreditation, a Sponsoring Institution can receive the following accreditation actions: Continued Accreditation (one to five years); Continued Accreditation with Warning (one to two years); Probationary Accreditation (one to two years); or Withdrawal of Accreditation. ACGME-I policy 13.90 indicates that when the Sponsoring Institution has the accreditation status of Probation, new programs are prohibited from applying for accreditation.

Schema 13.40B below outlines the accreditation process and possible accreditation actions for the next scheduled review following Continued Accreditation of a Sponsoring Institution.

Schema 13.40A - Continued Accreditation (Sponsoring Institution) from Initial Accreditation



Schema 13.40B - Continued Accreditation (Sponsoring Institution) from Continued Accreditation



13.00 Accreditation Actions (Continued)

13.50 Continued Accreditation of Programs (Foundational)

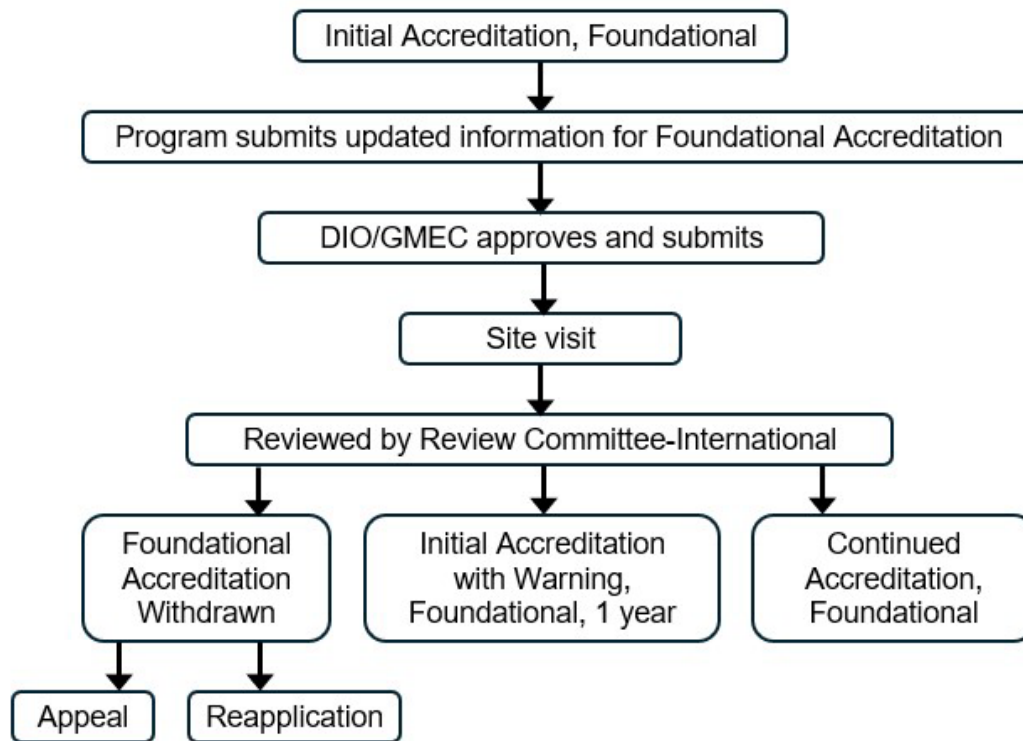
After Initial Foundational Accreditation is granted, a program will be reviewed in one to two years. At that review, a Review Committee-International will determine the program's substantial compliance with the International Foundational Requirements. Possible International Foundational Accreditation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

If the Foundational Accreditation decision is Initial Accreditation with Warning, the program was judged not to be in substantial compliance with the requirements. The review cycle will be one to two years, and the program can have the status of Initial Accreditation with Warning for a maximum of two years. At the end of the review cycle, a site visit will be scheduled. If the serious issues cited are not addressed within two years, accreditation will be withdrawn.

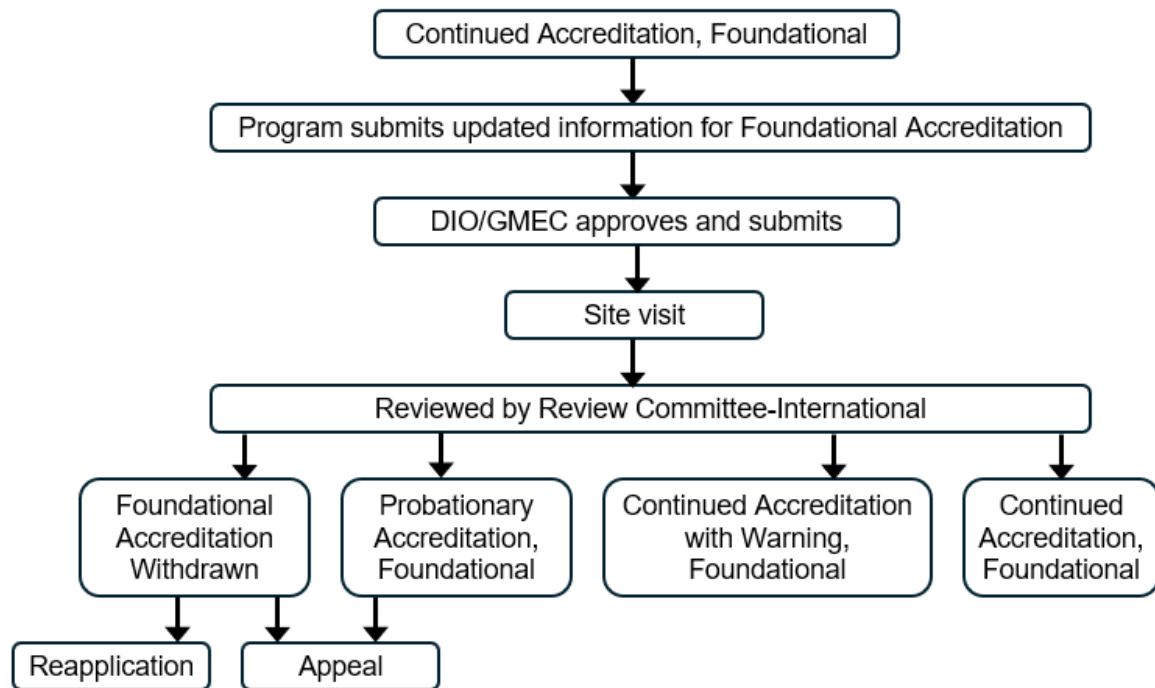
Withdrawal of Foundational Accreditation will result in withdrawal of International Advanced Specialty Accreditation. Schema 13.50A below outlines the accreditation process and possible accreditation actions for the next review after achievement of International Initial Foundational Accreditation.

Once a program achieves Continued Accreditation, a Review Committee-International will determine substantial compliance with the Foundational Requirements through review of annually acquired information. A program that has Continued Accreditation for International Foundational Accreditation can receive the following accreditation actions: Continued Accreditation, Continued Accreditation with Warning, Probationary Accreditation, or Withdrawal of Accreditation. The statuses of Probationary Accreditation or Withdrawal of Accreditation can only be determined following a site visit. The Foundational Accreditation status of the program will determine the status of the International Advanced Specialty Accreditation. For example, the Foundational Accreditation status of Probationary Accreditation will be administratively applied to the Advanced Specialty Accreditation status. Schema 13.50B below outlines the accreditation process and possible accreditation actions.

Schema 13.50A - Continued Accreditation of Programs (Foundational) Following Initial Accreditation



Schema 13.50B - Continued Accreditation of Programs (Foundational) on Continued Accreditation



13.00 Accreditation Actions (Continued)

13.60 Continued Accreditation of Programs (Advanced Specialty)

After International Advanced Specialty Initial Accreditation is granted, the program will be reviewed in one or two years. At that review, a 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 applicable Review Committee-International to be in substantial compliance with both the published ACGME-I International Foundational and Advanced Specialty Requirements.

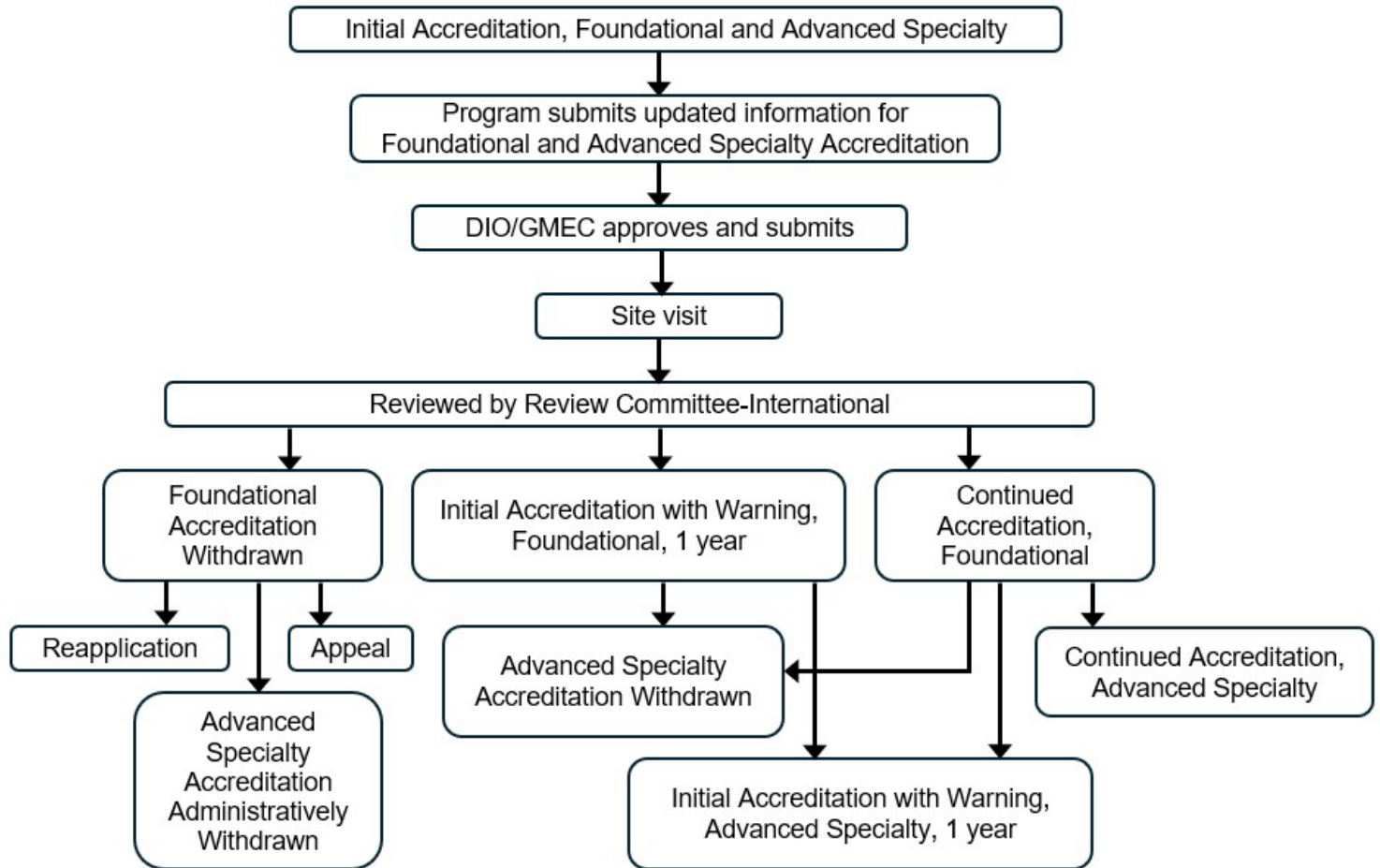
If the Advanced Specialty Accreditation decision is Initial Accreditation with Warning, the program was judged not to be in substantial compliance with the requirements. The review cycle will be one to two years, and the program can have the status of Initial Accreditation with Warning for a maximum of two years. Section 13.70 outlines policies for programs on Initial Accreditation with Warning.

Substantial compliance with the International Foundational Requirements is determined before proceeding to evaluate the program's compliance with the ACGME-I Advanced Specialty Requirements. International Advanced Specialty Accreditation is dependent on International Foundational Accreditation. For example, withdrawal of Foundational Accreditation will result in Administrative Withdrawal of the program's International Advanced Specialty Accreditation; however, withdraw of the Advanced Specialty Accreditation does not affect the program's International Foundational Accreditation status.

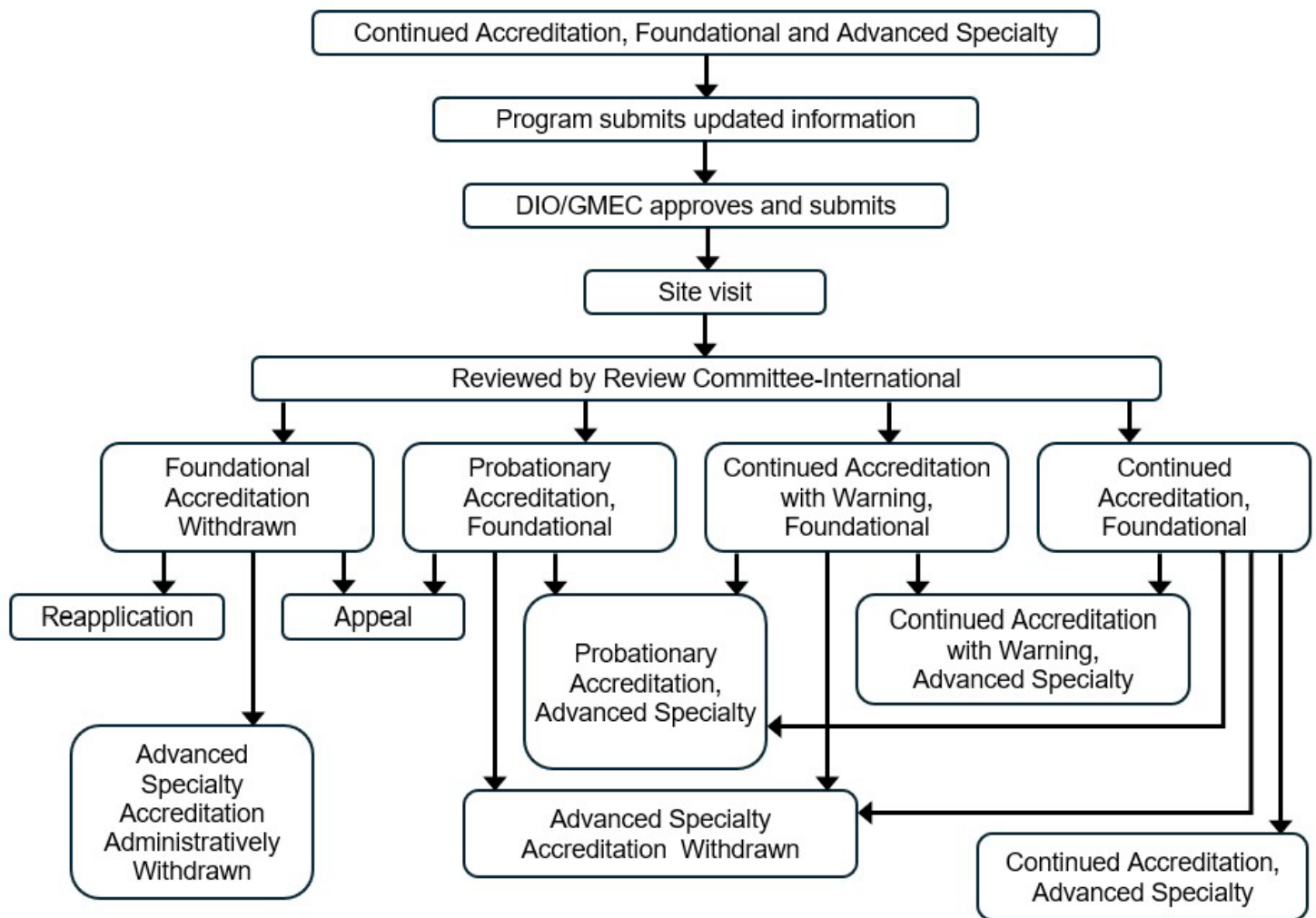
Schema 13.60A below outlines the accreditation process and possible accreditation actions for the next review after achieving Initial Accreditation for the International Advanced Specialty Accreditation.

Once Continued Accreditation is achieved, a Review Committee-International will determine substantial compliance with Advanced Specialty Requirements through review of annually acquired information. A program with both International Foundational and Advanced Specialty Continued Accreditation can receive the following accreditation actions: Continued Accreditation, Continued Accreditation with Warning, Probationary Accreditation, or Withdrawal of Accreditation. The statuses of Probationary Accreditation or Withdrawal of Accreditation can only be determined following a site visit. The Foundational Accreditation status of the program will determine the Advanced Specialty Accreditation status. Schema 13.60B below outlines the accreditation process and possible accreditation actions.

Schema 13.60A - Continued Accreditation (Advanced Specialty) from Initial Accreditation



Schema 13.60B - Continued Accreditation (Advanced Specialty)



13.00 Accreditation Actions (Continued)

13.70 Initial Accreditation with Warning

If a Sponsoring Institution's or program's accreditation status is Initial Accreditation with Warning, it was judged not to be in substantial compliance with the respective requirements. Sponsoring Institutions and programs can have the status of Initial Accreditation with Warning for a maximum of two years.

At the end of the first year of Initial Accreditation with Warning, a Sponsoring Institution or program will undergo a site visit. If the Sponsoring Institution or program demonstrates substantial compliance with the applicable requirements, a status of Continued Accreditation may be conferred. If not, the applicable Review Committee-International may confer a second year of Initial Accreditation with Warning or, if the serious issues cited are not addressed, the committee may withdraw accreditation. A site visit must be conducted for a Review Committee-International to confer Withdrawal of Accreditation.

13.00 Accreditation Actions (Continued)

13.80 Continued Accreditation with Warning

If a Sponsoring Institution's or program's accreditation status is Continued Accreditation with Warning, it was judged not to be in substantial compliance with the requirements. If the serious issues cited are not addressed by the time of the next review, the accreditation status will be Probationary Accreditation or Withdrawal of Accreditation.

Programs with the status of Continued Accreditation with Warning for Foundational and/or Advanced Specialty Accreditation may not request a permanent increase in resident/fellow complement or an exception to clinical experience and education hours.

13.00 Accreditation Actions (Continued)

13.90 Probationary Accreditation

A status of Probationary Accreditation is conferred when a Review Committee-International determines that a Sponsoring Institution or program has failed to demonstrate substantial compliance with the applicable requirements. A Sponsoring Institution or program must undergo a site visit before a Review Committee-International can confer a status of Probationary Accreditation. All applicants invited to interview and residents/fellows accepted into or enrolled in a program with or a program sponsored by a Sponsoring Institution with Probationary Accreditation must be notified in writing of the probationary status.

Probationary Accreditation status for a Sponsoring Institution and Probationary Accreditation for Foundational and/or Advanced Specialty Accreditation for a program must not exceed two consecutive years, at which point the Sponsoring Institution or 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 applicable requirements will receive 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.

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

A program with Probationary Accreditation status for Foundational and/or Advanced Specialty Accreditation may not request an increase in resident/fellow complement or an exception to clinical experience and education hours.

Sponsoring Institutions with the status of Probationary Accreditation may not submit applications for accreditation of new residency or fellowship programs. Fellowship programs may not apply when their associated residency program has the status of Probationary Accreditation for Foundational and/or Advanced Specialty Accreditation.

13.00 Accreditation Actions (Continued)

13.100 Withdrawal of Accreditation and Expedited Withdrawal of Accreditation

13.101 Withdrawal of Accreditation

A Review Committee-International may withdraw accreditation of a Sponsoring Institution or program when it determines, following a site visit and review, that the Sponsoring Institution or program has failed to demonstrate substantial compliance with the applicable requirements. Withdrawal of Accreditation is an adverse decision and is subject to appeal (Policy 14.00).

13.102 Expedited Withdrawal of Accreditation

Regardless of a program's accreditation status, a Review Committee-International may withdraw the accreditation of a Sponsoring Institution or program based on clear evidence that the program is not in substantial compliance with the applicable accreditation requirements to a degree sufficient to warrant withdrawal of accreditation prior to the end of the current academic year. This action may be taken if the Review Committee-International determines that resident/fellow education and/or patient care are compromised to a degree warranting such withdrawal, such as when a catastrophic loss of resources or capacity to reliably function does not support an adequate educational experience for the residents/fellows or when the safety of patients, residents/fellows, faculty members, and other health care personnel is in jeopardy.

13.103 Procedures for Withdrawal and Expedited Withdrawal of Accreditation

- a. Upon the program's receipt of the notification of Withdrawal or Expedited Withdrawal of Accreditation, all applicants invited to interview and residents/fellows accepted into or enrolled in the program must be notified in writing of the withdrawal of ACGME-I accreditation and its effective date. This notification must include confirmation that the residents/fellows will be permitted to leave the program following the effective date of Withdrawal or Expedited Withdrawal, regardless of whether the program appeals the decision.
- b. For Withdrawal of Accreditation, a copy of the written notice to applicants and resident/fellows must be uploaded into ADS within 30 days of the program's receipt of the Review Committee-International's decision; for Expedited Withdrawal of Accreditation, a copy of the written notice to applicants and resident/fellows must be uploaded into ADS within three business days of the program's receipt of the Review Committee-International's decision.
- c. For Withdrawal or Expedited Withdrawal of Accreditation of residency programs, all associated fellowship programs will be administratively withdrawn from ACGME-I accreditation.

13.00 Accreditation Actions (Continued)

13.100 Withdrawal of Accreditation and Expedited Withdrawal of Accreditation (Continued)

13.103 Procedures for Withdrawal and Expedited Withdrawal of Accreditation (Continued)

- d. Withdrawn programs must remove any statement indicating a favorable ACGME-I accreditation status within 30 days of notice of withdrawal status.
- e. Upon Withdrawal or Expedited Withdrawal of a Sponsoring Institution's ACGME-I accreditation, the accreditation of all its ACGME-I-accredited residency and fellowship programs will be administratively withdrawn.
- f. The Sponsoring Institution is responsible for placement and transfer of records of the current program residents/fellows to other ACGME-I-accredited programs to the extent that other appropriate programs exist.

13.104 Effective Date of Withdrawal of Accreditation and Expedited Withdrawal of Accreditation

The effective date of Expedited Withdrawal of Accreditation shall be determined by the Review Committee-International. The effective date should be at least 30 days, and no more than 90 days, from the date the letter of notification is provided to the Sponsoring Institution or program and should not extend into the next academic year.

The effective date of Withdrawal of Accreditation shall be determined by a Review Committee-International. The effective date shall be the last day of the current academic year, the last day of the following academic year, or, at the discretion of the Review Committee-International to allow for academic year completion of any off-cycle residents/fellows, a date within the following academic year.

13.105 Reapplication for Accreditation After Withdrawal or Expedited Withdrawal

A Sponsoring Institution or program may reapply for accreditation before or after the effective date of Withdrawal or Expedited Withdrawal of Accreditation. If a Sponsoring Institution or program reapplies for accreditation within two years of receiving a status of Withdrawal or Expedited Withdrawal of Accreditation, the accreditation history of the previous accreditation action shall be included as part of the file. The Sponsoring Institution or program must include a statement addressing each previous citation with the new application.

A site visit must be conducted for all reapplications after Withdrawal or Expedited Withdrawal of Accreditation.

13.00 Accreditation Actions (Continued)

13.100 Withdrawal of Accreditation and Expedited Withdrawal of Accreditation (Continued)

13.106 Administrative Withdrawal of Accreditation

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 these ACGME-I Policies and Procedures, is not eligible for review, and will be notified by ACGME-I of the effective date of a status of Administrative Withdrawal of Accreditation. On that date, the Sponsoring Institution or program will be removed from the ACGME-I list of accredited Sponsoring Institutions and programs.
- b. If a Sponsoring Institution or program fails to:
 - 1) undergo a site visit and review;
 - 2) follow directives associated with an accreditation action;
 - 3) supply a Review Committee-International with requested information (e.g., a progress report, operative data, Resident/Fellow or Faculty Survey participation, or other information); or,
 - 4) maintain current data in ADS.

If a program with Advanced Specialty Accreditation has its accreditation withdrawn, the accreditation of each of its associated fellowship programs will also be administratively withdrawn.

A status of Administrative Withdrawal of Accreditation may not be appealed.

If a Sponsoring Institution or program reapplies for accreditation within two years from the administrative withdrawal effective date, the accreditation history of the Sponsoring Institution or program will be considered. The Sponsoring Institution or program must include a statement addressing any previous citations with the new application.

A site visit must be conducted for all reapplications after Administrative Withdrawal of Accreditation.

13.00 Accreditation Actions (Continued)

13.100 Withdrawal of Accreditation and Expedited Withdrawal of Accreditation (Continued)

13.107 Voluntary Withdrawal of Accreditation

A Sponsoring Institution or program may request Voluntary Withdrawal of Accreditation.

A Sponsoring Institution may request Voluntary Withdrawal of Accreditation:

- a. in writing from the designated institutional official (DIO) with approval by the Graduate Medical Education Committee (GMEC);
- b. in writing and delivered electronically to the ACGME-I Executive Director; and,
- c. The request must 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.

A program may request Voluntary Withdrawal of Accreditation in ADS by:

- a. indicating DIO and GMEC approval;
- b. providing an effective date, which should coincide with the end of the current academic year; and,
- c. stating whether residents and/or fellows are currently enrolled, and if so, describing a plan for needed placement.

If a Review Committee-International has conferred a status of Withdrawal or Expedited Withdrawal of Accreditation, the program may not request Voluntary Withdrawal of Accreditation. The status of the program may be altered only through an appeal.

If, after accreditation has been voluntarily withdrawn, a Sponsoring Institution or program reapplies for accreditation within two years from the effective voluntary withdrawal date, the accreditation history of the Sponsoring Institution or program will be considered. The Sponsoring Institution or program must include a statement addressing any previous citations with the new application.

A site visit must be conducted for all reapplications after Voluntary Withdrawal of Accreditation.

13.00 Accreditation Actions (Continued)

13.110 Other Actions

13.111 Reductions in Resident Complement

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

13.112 Progress Reports

In conjunction with an accreditation status decision, a 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 Review Committee-International following the progress report due date. The progress report must be reviewed by the Sponsoring Institution's GMEC and must be signed by the DIO prior to submission.

13.113 Participating Sites

A program, with the approval of its Sponsoring Institution, may identify one or more additional sites at which necessary educational resources for a program will be provided. During accreditation reviews, a Review Committee-International will confirm that each participating site contributes meaningfully to the educational program.

For each participating site where a required rotation is in place, the program must maintain a program letter of agreement (PLA) and identify a physician site coordinator responsible for resident/fellow education at that site.

If a participating site does not contribute meaningfully to the educational program, a Review Committee-International may require that the program cease use of it and find another site at which to provide the necessary educational resources.

14.00 Appeal of Adverse Actions

14.10 Sponsoring Institution and Program Procedures for Adverse Actions and Appeals

Adverse Actions

The following are considered adverse accreditation actions for Sponsoring Institutions and for program accreditation actions associated with Foundational and/or Advanced Specialty Accreditation:

- a. Accreditation Withheld
- b. Probationary Accreditation
- c. Withdrawal of Accreditation
- d. Expedited Withdrawal of Accreditation
- e. Reduction in Resident/Fellow 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-I Board under the Alleged Egregious Accreditation Violation Event policy (Section 15.00).

When a Review Committee-International confers an adverse action, it will 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 (LON). This notice of adverse action will include the citations that form the basis for the adverse action and a copy of the Site Visit Report if there was a site visit.

For an adverse action for a program, the LON will be sent to the program director and copied to the DIO. The program director has 30 days to determine if it will appeal the adverse action; otherwise, the adverse action will be final.

Upon receipt of notification of an adverse action, the program director must inform, in writing, the program's residents/fellows and any candidates (applicants who have been invited to interview with the program) of the adverse action, regardless of whether the action will be appealed. A copy of this written notice must be sent to the ACGME-I Executive Director within 30 days of receipt of the LON.

If a 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 ACGME-I Executive Director within 30 days following receipt by the Sponsoring Institution or program of the notice of adverse action, the action of a Review Committee-International will be deemed final and will not be subject to further appeal.

14.00 Appeal of Adverse Actions (Continued)

14.10 Sponsoring Institution and Program Procedures for Adverse Actions and Appeals (Continued)

If a hearing is requested, a panel will be appointed according to the following procedures:

- a. ACGME-I will maintain a list of qualified persons as potential Appeals Panel members to review Sponsoring Institutions and programs.
- b. For a given hearing, the Sponsoring Institution or program will receive a copy of the list of potential Appeals Panel members and have an opportunity to delete a maximum of one-third of the names from this list. Within 15 days of receipt of the list, the Sponsoring Institution or program will submit its revised list to the President and Chief Executive Officer (CEO) of ACGME-I.
- c. A three-member Appeals Panel will be constituted by ACGME-I from among the remaining names on the list.

When a hearing is requested, the following policies and procedures will apply:

- a. When a Sponsoring Institution or program requests a hearing before an Appeals Panel, the Sponsoring Institution or program holds the accreditation status determined by a Review Committee-International with the addition of the term "Under Appeal." This accreditation status will remain in effect until ACGME-I makes a final determination on the accreditation status following the appeal process.
- b. Upon the Sponsoring Institution's or program's receipt of the notification of conferral of Accreditation Withheld, Probationary Accreditation, Withdrawal of Accreditation, or Expedited Withdrawal of Accreditation, all applicants invited to interview and residents/fellows accepted into or enrolled in the program(s) must be notified in writing of the accreditation status and its effective date.
- c. Residents/fellows who remain in a program with a status of Withdrawal of Accreditation under appeal or Expedited Withdrawal of Accreditation under appeal must be advised by the Sponsoring Institution and program on the impact of the Sponsoring Institution/program status.
- d. Hearings conducted in conformity with these procedures will be held at a time and place to be determined by ACGME-I. Hearings may be held virtually using distance technology. At least 25 days prior to its hearing, a Sponsoring Institution or program will be notified of the time and place of the hearing.
- e. The documents comprising the Sponsoring Institution or program file and the record of a Review Committee-International's action, together with oral and written presentations to the Appeals Panel, will be the basis for the final recommendation of the Appeals Panel.
- f. The Appeals Panel will meet to review the written record and receive the presentations. The applicable Review Committee-International will be notified of the hearing and a representative of the committee must attend the hearing.

14.00 Appeal of Adverse Actions (Continued)

14.10 Sponsoring Institution and Program Procedures for Adverse Actions and Appeals (Continued)

- g. 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 for a Sponsoring Institution or program. The Appeals Panel will not be bound by technical rules of evidence usually employed in legal proceedings.
- h. The appellant may be represented by no more than five individuals at the hearing.
- i. The Appeals Panel will 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 a Review Committee-International reviewed it and conferred the adverse action.
- j. Presentations will be limited to clarifications of the record and to information that addresses compliance by the Sponsoring Institution or program with the applicable published requirements for accreditation and the review of the Sponsoring Institution or program according to the administrative procedures that govern accreditation of graduate medical education Sponsoring Institutions and programs. Presentations may include written and oral elements. The order of presentations will be:
 - 1) The appellant will make an initial presentation to the Appeals Panel, which will be limited to two hours.
 - 2) The Review Committee-International representative will make a presentation to the Appeals Panel, which will be limited to one hour.
 - 3) The appellant may make a presentation to the Appeals Panel in response to the Review Committee-International's presentation, which will be limited to one hour.
 - 4) The Appeals Panel may ask questions of the appellant and/or the Review Committee-International representative for up to one hour.
 - 5) The appellant may make a closing statement, which will be limited to 15 minutes.
- k. The appellant will communicate with the Appeals Panel only at the hearing or in writing through the President and CEO of ACGME-I.
- l. The Sponsoring Institution or program will be given the documents comprising the Sponsoring Institution or program file and the record of a Review Committee-International's action.

14.00 Appeal of Adverse Actions (Continued)

14.10 Sponsoring Institution and Program Procedures for Adverse Actions and Appeals (Continued)

- m. The Appeals Panel will make recommendations to the ACGME-I Board as to whether substantial, credible, and relevant evidence exists to support the action taken by a Review Committee-International in the matter under appeal. The Appeals Panel will, in addition, make recommendations as to whether there has been substantial compliance with the administrative procedures that govern the process of accreditation of Sponsoring Institutions and programs.
 - 1) The Appeals Panel may recommend either upholding the Review Committee-International's decision, restoring the Sponsoring Institution and/or program(s) to the previous accreditation status, or, in the case of Accreditation Withheld, conferring Initial Accreditation.
 - 2) The Appeals Panel shall submit its recommendation to the ACGME-I Board within 20 days of the hearing. The ACGME-I Board shall act on the appeal at its next regularly scheduled meeting.
- n. The decision of the ACGME-I Board in this matter shall be final. There is no provision for further appeal.
- o. The President and CEO of ACGME-I shall, within 15 days of the final decision, notify the appellant of the decision of the ACGME-I Board.
- p. The appellant is fully responsible for the Appeal Fee as set yearly by ACGME-I. Expenses of the Appeals Panel members and the associated administrative costs shall be shared equally by the appellant and ACGME-I.

15.00 Alleged Egregious Accreditation Violation

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

The President and CEO of ACGME-I will consult with the Chair of the ACGME-I Board and the Review Committee-International Chairs. The President and CEO of ACGME-I may decide that a review of the affected Sponsoring Institution and/or program under this policy should occur, or recommend that the matter be referred to the applicable specialty-specific Review Committee-International for action. If the President and CEO of ACGME-I determines that an investigation is warranted, the investigation may include:

- a. requesting a formal and prompt response from the appropriate responsible individual(s);
- b. conducting a site visit; and/or,
- c. directing other methods of investigation.

If the President and CEO of ACGME-I decides that a site visit should occur, the President and CEO of ACGME-I will 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).

The site visit will address all matters related to the allegation(s). At the conclusion of the site visit, the site visit team will submit a written report to the President and CEO of ACGME-I, who will then forward the report and the President and CEO's recommendations to the Executive Committee of the ACGME-I Board for consideration at its next regular meeting or at a meeting specifically convened to address the site visit findings.

Upon investigation, the President and CEO of ACGME-I may:

- a. refer the matter to the appropriate Review Committee-International for action in the judgement of the Review Committee-International;
- b. refer the matter to the appropriate Review Committee-International for action with recommendations(s) for action;
- c. request one or more status reports from the Sponsoring Institution and/or program;
- d. otherwise address the matter at the discretion of the President and CEO of ACGME-I; and/or,

15.00 Alleged Egregious Accreditation Violation (Continued)

- e. initiate consultation, as described below, that may lead to an accreditation decision by the ACGME-I Board.

When the President and CEO of ACGME-I determines that the matter may require an accreditation decision by the ACGME-I Board, the President and CEO of ACGME-I shall consult with the ACGME-I Board Chair. Upon consultation, the President and CEO of the ACGME-I may:

- a. conduct an investigation as described above;
- b. proceed as described above; and/or,
- c. refer the matter to the Executive Committee of the ACGME-I Board for consideration at its next regular meeting, or at a meeting specifically convened to address the matter.

If the matter is referred to the Executive Committee, the Executive Committee shall make a recommendation to the ACGME-I Board for its final disposition of the matter, which may include, without limitation, a change in accreditation status or other action. If an adverse accreditation decision is conferred by the ACGME-I Board, the Sponsoring Institution(s) or program(s) may request reconsideration by the ACGME-I Board. This request must be made in writing to the President and CEO of ACGME-I within 30 days of receipt of written notification of the decision. The result of the reconsideration shall be final.

ACGME-I may invoke the Extraordinary Circumstances policy (Subject 16.00) in response to circumstances that significantly alter the ability of a Sponsoring Institution and its programs to support resident/fellow education. 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-I Board action related to travel safety, or a catastrophic loss of funding.

ACGME-I shall consider invocation of the Extraordinary Circumstances policy (1) at the request of a Sponsoring Institution's or program's designated institutional official, (2) in response to verified public information, or (3) on the basis of other information received by ACGME-I.

16.00 Policy and Procedures to Address Extraordinary Circumstances

16.10 Declaration of Extraordinary Circumstances

If the President and Chief Executive Officer (CEO) of ACGME-I, in consultation with the Chair of the ACGME-I Board, determines that a Sponsoring Institution's ability to support resident/fellow education has been significantly altered, the President and CEO of ACGME-I shall invoke the Extraordinary Circumstances policy. A notice will be posted on the ACGME-I website with information relating to ACGME-I's response to the extraordinary circumstances.

Upon receipt of information that suggests a potential extraordinary circumstance, the ACGME-I President and CEO may initiate an investigation to determine credibility, degree of urgency, and/or course of action, or proceed immediately to consideration of declaration of extraordinary circumstance. An investigation may include:

- a. an accreditation site visit;
- b. a request for information from the Sponsoring Institution and/or programs(s); and/or,
- c. other methods of inquiry, including, but not limited to, a site visit that may include exchange of information that addresses the continuation of residents'/fellows' educational experiences in compliance with applicable ACGME-I Requirements.

Based on the severity and generalizability of the extraordinary circumstance, ACGME-I administration may recommend emergency standards and/or other procedures to the ACGME-I Board for approval. Programs operating under extraordinary circumstances must comply with these ACGME-I Extraordinary Circumstances requirements as applicable. Upon invocation of the Extraordinary Circumstances policy, a notice may be posted on the ACGME-I website with information relating to ACGME-I's response to the Extraordinary Circumstances requirements as applicable.

16.11 Expectations of Sponsoring Institutions

When the Extraordinary Circumstances policy is invoked, the designated institutional official (DIO) or their designee(s), on behalf of the affected Sponsoring Institution or program(s), shall:

- a. contact the ACGME-I President and CEO or their designee to provide preliminary information regarding any major changes to the Sponsoring Institution and its programs resulting from the extraordinary circumstances within 10 days of the invocation of the policy;
- b. provide a plan describing the continuation of residents'/fellows' educational experiences and any major changes to the Sponsoring Institution and its programs, consistent with the applicable ACGME-I requirements, to the ACGME-I President and CEO within 30 days of the invocation of the policy, unless another due date is approved by ACGME-I;
- c. as needed, arrange timely reassignment of residents and fellows, including their temporary or permanent transfers to other ACGME-I-accredited programs to ensure they can continue their education;

16.00 Policy and Procedures to Address Extraordinary Circumstances (Continued)

16.10 Declaration of Extraordinary Circumstances (Continued)

16.11 Expectations of Sponsoring Institutions (Continued)

- d. ensure that residents and fellows are prospectively informed of the estimated duration of any temporary transfer to another ACGME-I-accredited program; and,
- a. ensure that residents/fellows continually receive timely information regarding reassignments, transfer arrangements, and/or major changes to the Sponsoring Institution or its programs.

16.12 Program Expectations and Reporting Requirements

Programs operating under the Extraordinary Circumstances policy must continue to assess residents/fellows in all six Core Competencies, and such assessments must form the basis for decisions regarding promotion to subsequent appointment levels or satisfaction of requirements for program completion. Programs must follow the principles of competency-based medical education to make determinations regarding the assessment of the residents'/fellows' readiness to progress to the next year of education and training or to enter autonomous practice. Individualized learning plans must be utilized to ensure adequate progression through the required elements of the program.

The Review Committee-International and/or ACGME-I, as applicable, will inform the Sponsoring Institution(s) and program(s) of:

- a. reporting requirements related to the impact of the extraordinary circumstance on the educational program(s) and the progress of the program(s) toward resuming normal operations; and,
- b. the maximum length of time the program(s) may operate under extraordinary circumstances. At the end of this time period, the program(s) must demonstrate substantial compliance with the applicable ACGME-I requirements. At the discretion of the Review Committee-International, a site visit may be conducted and, if the Review Committee-International does not determine substantial compliance with ACGME-I requirements, the program(s) will be subject to an adverse accreditation action including, but not limited to, Withdrawal of Accreditation.

16.00 ACGME-I Policy and Procedures to Address Extraordinary Circumstances (Continued)

16.20 Resident Transfers and Program Reconfiguration

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/fellow will complete the academic year with the least disruption to the educational program.

16.00 ACGME-I Policy and Procedures to Address Extraordinary Circumstances (Continued)

16.30 Institutions Offering to Accept Transfers

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 affected programs must be handled through the Accreditation Data System (ADS). The appropriate Review Committee-International will expeditiously review applications for complement changes and communicate its decisions. Affected institutions must coordinate temporary or permanent transfers through ACGME-I.

16.00 ACGME-I Policy and Procedures to Address Extraordinary Circumstances (Continued)

16.40 Changes in Participating Sites and Resident/Fellow Complement

In the event that a Sponsoring Institution or program suffers an extraordinary circumstance, ACGME-I will expedite the review and approval of submissions from such Sponsoring Institutions and programs, or from Sponsoring Institutions or programs that 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.

17.00 Procedures for Submission of Complaints Regarding Residency/Fellowship Programs and Sponsoring Institutions

17.10 Complaints

ACGME-I addresses issues related to compliance of Sponsoring Institutions and programs with accreditation requirements through its complaints process.

Individuals with issues regarding the performance of Sponsoring Institutions or residency or fellowship programs can initiate the process of investigation of their issues by contacting the ACGME-I Executive Director. ACGME-I will determine if a submission will be processed as a formal complaint through discussion between the individual(s) and the Executive Director.

ACGME-I-accredited Sponsoring Institutions and their programs are expected to comply with the International Institutional, Foundational, and Advanced Specialty Requirements.

ACGME-I and the Review Committees-International address only matters regarding compliance with ACGME-I accreditation requirements. ACGME-I will investigate potential non-compliance with accreditation standards that relate to program quality and patient safety. ACGME-I does not adjudicate disputes between individual persons and Sponsoring Institutions or residency/fellowship programs regarding matters of admission, appointment, contract, credit, discrimination, promotion, or dismissal of faculty members, residents, or fellows.

ACGME-I requires that Sponsoring Institutions and programs provide an educational and work environment in which residents and fellows may raise and resolve issues without fear of intimidation or retaliation.

17.11 Confidentiality of Individuals

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 designated institutional official (DIO) or program director. In addition, there may be the rare occurrence when the identity of the complainant may be disclosed as necessary for ACGME-I to provide due process to the Sponsoring Institution or program appealing an adverse accreditation action.

17.12 Confidentiality of Programs' and Institutions' Responses to Complaints

ACGME-I will maintain as confidential a Sponsoring Institution's and/or program's response to a complaint or concern submitted to ACGME-I.

17.00: Procedures for Submission of Complaints Regarding Residency/Fellowship Programs and Sponsoring Institutions (Continued)

17.10 Complaints (Continued)

17.13 Submission of Complaints

Anyone having evidence of non-compliance with accreditation requirements by a Sponsoring Institution or program may submit a complaint to ACGME-I. 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 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 academic year should not be submitted.

17.14 Review Committee-International Action for Formal Complaints

The appropriate Review Committee-International will review a complaint and the Sponsoring Institution or program response and determine one of the following:

- a. the response satisfactorily addressed the allegations and no further action is required; or,
- b. further action is required to determine compliance with requirements, and a Review Committee-International will determine the appropriate response, which may include a site visit.

Following consideration by a Review Committee-International, the DIO and, when applicable, program director will be informed in writing of the Review Committee-International's decision in its official letter of notification. The ACGME-I Executive Director will inform the complainant that a complaint has been reviewed. Complainants can monitor the accreditation status of the Sponsoring Institution or program on the ACGME-I website.

18.00 Procedures for Submission of Reports of Education-Related Issues

18.10 Ombudsperson Function

ACGME-I offers a safe space for residents, fellows, and faculty and staff members in ACGME-I-accredited programs to raise concerns about program-related issues. ACGME-I staff members will listen, educate, and, when possible, help to locate resources to assist in the resolution of such issues, and offer an opportunity to report issues about Sponsoring Institutions and programs without impacting the program's accreditation status.

Concerns about program-related issues presented to ACGME-I may or may not rise to the level of non-compliance with ACGME-I requirements, but should be within the scope of ACGME-I's accreditation oversight. If concerned parties have attempted to utilize available resources without finding a resolution, they may contact the ACGME-I Executive Director. The ACGME-I Executive Director, when appropriate, will work with the Sponsoring Institution and/or program to request an internal inquiry to further explore the issues raised. The Sponsoring Institution and/or program will be asked to collaboratively create an action plan to address issues that may be validated through this exploration. The Sponsoring Institution and/or program will then submit a report to the ACGME-I Executive Director detailing the review and the proposed solutions or action plans that result.

Reports of educational program-related issues have no impact on accreditation decisions, and no information on the specific issues is provided to a Review Committee-International. ACGME-I does not conduct formal investigations or make judgements in disputes between individuals and Sponsoring Institutions and/or programs, and does not participate in any formal grievance process or offer opinions about institutional or program administrative decisions.

The ACGME-I Executive Director will have initial discussions with parties who contact the office (by phone or email) to inform them about the mechanisms available for reporting issues (including the use of the formal complaints process). When the concerned party has confirmed the desire to pursue the concern as an educational program-related issue, discussions can continue and official reports can be submitted.

18.11 Confidentiality of Individuals

ACGME-I will take steps to keep the identity of any reporting party confidential to the extent possible in light of the need to take appropriate action or when a party specifically waives the right to confidentiality. There may be times when the ACGME-I Executive Director will request permission to identify the individual(s) to the Sponsoring Institution and/or program in order to advocate for fair process and to identify options and strategies for resolution about the actions taken in response to a report, and also to contact the individual(s) should additional information be needed.

18.12 Confidentiality of Programs' and Institutions' Responses

ACGME-I will maintain as confidential a Sponsoring Institution's and/or program's response(s) submitted to the ACGME-I Executive Director.

18.00 Procedures for Submission of Reports of Education-Related Issues (continued)

18.10 Ombudsperson Function (continued)

18.13 Submission of Reports to the ACGME-I Executive Director about Education-Related Issues

Before contacting the ACGME-I Executive Director about educational program-related issues, the parties should attempt to resolve issues by utilizing all of the resources available in the Sponsoring Institution and program unless there is a reason for not doing so.

Emailed reports should include the following:

- a brief summary of the issues, including steps taken to attempt a resolution, if relevant;
- the name, city, and country of the program; and,
- contact information for the reporting party.

Reports of alleged issues that occurred prior to the current and preceding academic year may not be considered.

19.00 Review and Revision of ACGME-I Policies and Procedures

The ACGME-I Policy and Procedure Manual will be reviewed periodically by ACGME-I staff members. If staff members feel that major changes are warranted, these will be discussed with the Review Committee-International. Any recommendations for changes will then be referred to the ACGME-I Board. The ACGME-I Board 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 first date printed on the title page and indicated in the document footer. All ACGME-I activities, including those of the Review Committees-International, subsequent to the effective date, will be guided by this document as published.

19.10 Exceptions

The Review Committees-International may request authority from the ACGME-I Board to deviate from these Policies and Procedures when it can be demonstrated that such exceptions will improve the process of accreditation for that area of graduate medical education. Such policies and procedures shall be published in conjunction with the Institutional, Foundational, and Advanced Specialty Program Requirements.