

# ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

## POLICIES AND PROCEDURES

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## **Subject: 1.00 Description**

The Accreditation Council for Graduate Medical Education (ACGME) is a separately incorporated non-governmental organization responsible for the accreditation of Graduate Medical Education (GME) programs. The scope of ACGME accreditation extends to those institutions and programs in GME within the jurisdiction of the United States of America, its territories and possessions. The ACGME has five member organizations:

- The American Board of Medical Specialties (ABMS)
- The American Hospital Association (AHA)
- The American Medical Association (AMA)
- The Association of American Medical Colleges (AAMC)
- The Council of Medical Specialty Societies (CMSS)

Each member organization nominates four individuals to the ACGME's Board of Directors. In addition, the Board of Directors includes three public directors, up to three at-large directors, two resident directors, and the chair of the ACGME Council of Review Committees. Two representatives of the federal government may, without vote, attend meetings of the Board.

Under the authority of the ACGME, accreditation of GME programs is carried out by Review Committees. The term "Review Committee" is used to denote a Residency Review Committee, the Transitional Year Review Committee, and the Institutional Review Committee.

**Subject: 2.00 ACGME Mission**

We improve health care by assessing and advancing the quality of resident physicians' education through exemplary accreditation.

ACGME Approved: 9/13/05

**Subject: 3.00 Purpose of Accreditation**

At its meeting on February 13-14, 1984, the ACGME voted to reaffirm the statement of the purpose of accreditation. This statement was originally adopted by the Liaison Committee on Graduate Medical Education, the predecessor organization of the ACGME, at its November 17-18, 1980 meeting.

The ACGME reaffirmed its policy that in the accrediting process, the ACGME is not intent upon establishing numbers of practicing physicians in the various specialties in the country, but rather that the purpose of accrediting by the ACGME is to accredit those programs which meet the minimum standards as outlined in the institutional and program requirements. The purpose of accreditation is to provide for training programs of good educational quality in each medical specialty.

This resolution remains the policy of the ACGME.

**Subject: 4.00 Definition of Accreditation**

Accreditation of residency programs and sponsoring institutions by the ACGME is a voluntary process of evaluation and review performed by a non-governmental agency of peers. The goals of the process are to evaluate, improve, and publicly recognize programs or sponsoring institutions in GME that are in substantial compliance with standards of educational quality established by the ACGME. Accreditation was developed to benefit the public, protect the interests of residents, and improve the quality of teaching, learning, research, and professional practice.

**Subject: 5.00 List of Accredited Programs and Institutions**

The list of programs and sponsoring institutions accredited by the ACGME is published at [www.acgme.org](http://www.acgme.org).

## **Subject: 6.00 Standing Committees of the ACGME**

### **6.10 Description**

The Chair of the ACGME, with the advice of the ACGME Executive Committee, shall determine the size of each standing committee, and shall appoint members of the ACGME Board of Directors and others as appropriate to these standing committees on an annual basis.

#### Meetings

The standing committees shall meet at the time of the regular meetings of the ACGME Board of Directors, and at such other times as may become necessary.

#### Reporting

These standing committees shall report at the plenary sessions of the ACGME and to the Executive Committee as appropriate.

#### Compensation

Members of the standing committees shall receive no financial compensation for their services, but shall be reimbursed for travel and other necessary expenses incurred in fulfilling their duties as Committee members, in accordance with Article X of the Bylaws.

#### Composition

Typically, at least one director from each of the ACGME's member organizations should be appointed to each of the standing committees. Additional members may be appointed to the ACGME standing committees and councils by the Board of Directors as needed.

## **Subject: 6.00 Standing Committees of the ACGME**

### **6.20 Committee on Finance**

#### a. Purpose

The Committee on Finance shall monitor ACGME revenue and expenditures, and prepare an annual budget for ACGME review and approval. The Committee shall analyze and submit recommendations to the Executive Committee and/or the ACGME regarding the financial impact of policies, practices, and procedures.

#### b. Operational Guidelines and Procedures

The Committee shall review ACGME revenue and expenditures during the course of the fiscal year. The ACGME fiscal year runs from January 1 to December 31. An annual budget shall be prepared for ACGME review and approval during the fall meeting for the next fiscal year. The Committee shall:

- (1) recommend for ACGME Board approval of all ACGME fees, per diems, and honorariums as part of the budgeting process;
- (2) review ACGME investments and recommend for ACGME Board approval the ACGME investment strategy;
- (3) recommend for ACGME Board approval the ACGME financial reserve strategy;  
and
- (4) review and submit recommendations to the Executive Committee and/or the ACGME Board of Directors regarding all major capital expenditures and the financial impact of policies, practices, and procedures requested by Review Committees, other ACGME committees, or the ACGME Board.

## **Subject: 6.00 Standing Committees of the ACGME**

### **6.30 Audit Committee**

#### a. Description

The Audit Committee shall consist of the public directors and two or more additional committee members appointed by the Chair. A majority of the directors on the Audit Committee shall not simultaneously serve as members of the Finance Committee. At least one member of the Audit Committee must have expertise or experience in financial matters, and that member need not be a director. Neither the Chief Executive Officer nor the Chief Financial officer may be a member of the Audit Committee but may advise and consult with the committee.

#### b. Responsibilities

The Audit Committee shall:

- (1) Recommend to the Board of Directors the selection, retention and termination of the financial auditors of the ACGME;
- (2) Provide oversight of the ACGME's internal system of financial controls and procedures; and
- (3) Investigate any complaints of ACGME violation of state or federal law or of ACGME accounting practices, internal financial controls or audit.

**Subject: 6.00 Standing Committees of the ACGME**  
**Section: 6.40 Committee on Requirements**

**6.41 Purpose**

- a. The Committee on Requirements shall review and make recommendations to the ACGME on all matters pertaining to the Requirements submitted by the Review Committees or other committees of the ACGME. This includes, but is not limited to, the initial approval of proposed institutional requirements and the program requirements in specialties and subspecialties, as well as the approval of all subsequent proposed revisions to these Requirements.

A majority of voting members of the Committee must be present for any official recommendation.

- b. The Committee shall serve as the first ACGME level of consideration in those cases in which a Review Committee and the associated ABMS Board disagree concerning the accreditation of subspecialty programs.

**6.42 Operational Guidelines**

- a. The Committee shall review and evaluate the basis on which decisions about program and institutional requirements are made. Such review and evaluation shall include both *content*, such as consistency with ACGME guidelines, clarity of language, and general reasonableness of standards, and *impact*, such as effects on institutions sponsoring GME on education in other disciplines, and on the financial position of the institution and of other residency programs in the institution. With respect to content that is specialty-specific (e.g., types of procedures and experiences necessary for resident education), the Committee and the ACGME may rely on the expertise of the appropriate Review Committee.
- b. Proposed requirements shall be assigned to one or more members of the Committee for review. The members shall prepare comments for presentation to the full Committee. These reviewer comments shall be forwarded to the chair of the applicable Review Committee at least three weeks prior to the meeting so that the chair may prepare a response. A written response will be distributed to the Committee at least one week prior to the meeting.

This Committee meeting is an open forum where any member or a representative of a Review Committee, institution, or the public with an interest in the institutional or program requirements may speak to the relevant issues. The proposing Review Committee should have full opportunity to respond to comments from interested parties.

The recommendation of the Committee shall reflect the opinion of a majority of the Committee on Requirements present and voting on the recommendation at a meeting of the Committee at which a quorum is present, and shall be presented to the ACGME Board of Directors for final action.

**Subject: 6.00 Standing Committees of the ACGME**  
**Section: 6.40 Committee on Requirements**

**6.43 Conflict of Interest**

The Committee members should avoid conflicts of interest in making recommendations on Requirements to the Board of Directors. (Section 8.20 Directors)

**6.44 Procedures for Revision of Requirements**

- a. All Review Committees must review their respective requirements every five years. Likewise, the ACGME Council of Review Committees must review the ACGME Common Program Requirements every five years. If during this review, the Review Committee or Council determines that no changes are required, the Review Committee or Council should notify the Committee on Requirements in writing of this decision. If the Review Committee or Council determines that changes are required, the Review Committee or Council should present the proposed revised document for review and approval to the ACGME Board following the stated policies.
- b. Major or substantive changes to the requirements must be considered by the Committee on Requirements.
- c. Minor revisions should be indicated, and only those sections should be considered for review and recommendation by the Committee on Requirements. At the same time, the Committee may make any comments or suggestions regarding the remainder of the document; these in turn shall be forwarded to the Review Committee for consideration and comment by a deadline determined by the Committee on Requirements. This action shall not preclude review and action by the Committee on Requirements on the changes currently proposed.
- d. If, (based upon mutual discussion and agreement between the Committee on Requirements and the Review Committee Chair), further modifications in the document are agreed upon in the course of review, staff may complete the editorial changes before the document is distributed.

**Subject: 6.00 Standing Committees of the ACGME**  
**Section: 6.40 Committee on Requirements**

**6.45 Disagreement between an ABMS Board and a Review Committee  
Regarding the Accreditation of Subspecialty Programs**

In those cases in which a Review Committee or the ACGME Council of Review Committees and the associated ABMS Board disagree on the accreditation of subspecialty programs, the Committee on Requirements may arrange for a hearing as described in the Policies and Procedures for Accreditation of New Subspecialty Areas.

When the pertinent ABMS Board(s) does not award a Certificate of Qualifications in an emerging subspecialty and, in addition, when it is opposed to the accreditation of programs in that area, a Review Committee may petition the ACGME to consider the request to begin the accreditation process for that subspecialty as an exception to the criteria stipulated in this document. This request must include documentation that at least three-fourths of the Review Committee members agree that the accreditation of programs in the subspecialty area would benefit patient care, and that the accreditation process should progress regardless of opposition by the relevant board.

If the Committee on Requirements judges that there is an adequate basis for considering the above request, it shall arrange for a hearing to be held at the next ACGME meeting. This hearing shall take place at a designated session of the Committee on Requirements in conjunction with a regular ACGME meeting. Representatives from the Review Committee and the ACGME Board must be invited to participate in the hearing.

In this hearing, the Committee on Requirements shall give due consideration to all points of view, and shall make one of the following recommendations:

- a. to recognize the subspecialty as sufficiently well established so that the accreditation of fellowship programs in that area may be considered, or
- b. to deny the request of the Review Committee.

If the recommendation of the Committee is to recognize the subspecialty as meriting accreditation of its fellowship programs, the specialty board concerned may petition the ACGME Board for a special hearing by that body. Such a hearing shall be arranged for the next meeting of the ACGME Board.

**Subject: 6.00 Standing Committees of the ACGME**  
**Section: 6.40 Committee on Requirements**

**6.46 Resolution of Inter-Specialty Conflicts**

There may be special circumstances in which the proposed program requirements or the institutional requirements appear to have a significant impact on residency education in other disciplines. In such instances, the procedures for the resolution of inter-specialty conflicts shall be followed (7.22 Operational Guidelines for inter-specialty Conflicts and Revisions of Program Requirements). If in accordance with those procedures the written report has been presented to the Committee on Requirements but agreement between the disciplines involved has not been reached, the Committee on Requirements shall make its recommendation to the ACGME Board on the program requirements or institutional requirements after considering all information that it judges relevant and appropriate.

**Subject: 6.00 Standing Committees of the ACGME**  
**Section: 6.50 Monitoring Committee**

**6.51 Purpose**

The Monitoring Committee is charged with responsibility to:

- a. evaluate the performance of Review Committees;
- b. monitor, advise, and make recommendations to the ACGME regarding Review Committee activities and delegation of accreditation authority; and,
- c. accrue knowledge about improving accreditation practices by:
  - (1) developing and distributing summary information regarding the performance of the Review Committees;
  - (2) identifying and sharing the “best practices” of Review Committees;
  - (3) suggesting, where appropriate, standardized approaches to requirements;
  - (4) evaluating the work of relevant Review Committees in assessing compliance with the institutional requirements in single program institutions;
  - (5) monitoring and assessing the consistent application and enforcement of the standards, including the duty hour standards; and,
  - (6) reviewing accreditation data and information addressing special issues as directed by the ACGME Board.

**6.52 Operational Guidelines and Procedures**

- a. The Monitoring Committee shall review each Review Committee at least once every five years.

The Monitoring Committee shall invite the Review Committee Chair and the Review Committee Executive Director to discuss and clarify the Review Committee activities.

Approximately eight weeks prior to the ACGME Board meeting, members of the Monitoring Committee shall be sent information about the Review Committee for review, submitted by the Review Committee Executive Director. This information shall include, but is not limited to:

- (1) Monitoring Committee Report Form, including special reports requested;
- (2) minutes of Review Committee meetings;

**Subject: 6.00 Standing Committees of the ACGME**  
**Section: 6.50 Monitoring Committee**

**6.52 Operational Guidelines and Procedures (Continued)**

- (3) Program Information Forms (specialty and subspecialty) for a Review Committee and the Institutional Review Document for the Institutional Review Committee;
- (4) Site-visitor Report Forms (if unique);
- (5) Program or Institutional Requirements;
- (6) historical Monitoring Committee reports;
- (7) Review Committee newsletters, if applicable; and
- (8) statistical data on accreditation activities, including citations and duty-hour activities.

Members shall review the submitted information to assess the compliance of the Review Committee with the applicable requirements and the *Policies and Procedures*.

During the scheduled review with the Monitoring Committee, the Review Committee Chair and Executive Director shall discuss and clarify information about the Review Committee. At the conclusion of this interview, the Monitoring Committee shall reconvene in executive session to finalize its recommendations, which shall be delineated in a written report and shall include a recommendation for a period of delegated authority to the Review Committee.

This report shall be mailed to the appropriate Review Committee Chair for comment. The final draft shall be included in the Monitoring Committee agenda book for its next meeting. At the next meeting of the ACGME Board, the Monitoring Committee shall discuss the final draft, and the final report shall then be submitted to the ACGME Board for approval with final copy to the Review Committee for discussion at the next Review Committee meeting.

This final report shall be filed with the archival copy of the minutes of the ACGME Board. Review Committees may be asked to provide progress reports at times other than scheduled Monitoring Committee reviews.

**Subject: 6.00 Standing Committees of the ACGME**  
**Section: 6.50 Monitoring Committee**

**6.52 Operational Guidelines and Procedures (Continued)**

b. Review of Subspecialty Accreditation

The Monitoring Committee shall also review the accreditation actions for each subspecialty area in which the Review Committee under review accredits programs.

- (1) If the Monitoring Committee concludes that a Review Committee should discontinue accrediting programs in a subspecialty, (due, for example, to inactivity for educational reasons), a special procedure shall be followed.

Should the Review Committee disagree and wish to continue accreditation of programs in that area, the Review Committee shall be invited to address in writing each of the seven criteria set forth in the "Processing the Proposals" of a new subspecialty (Section 10.20) of these *Policies and Procedures* for presentation to the Monitoring Committee at a subsequent meeting. Interested parties, including the relevant ABMS Board, shall be permitted to comment prior to or at the meeting of the Monitoring Committee at which the Review Committee presents its rationale for continuing accreditation in the subspecialty area. Following this meeting with the Review Committee and interested parties, the Monitoring Committee shall make a final recommendation that accreditation be continued or discontinued in the subspecialty area.

- (2) Should the Monitoring Committee find that "Criteria for Recognition" are not met, the Monitoring Committee may recommend one of the following options:

Accreditation of programs in the subspecialty area should continue for a specified period of time to determine if the criteria can be met (at the conclusion of which time another review shall be conducted);

Accreditation of programs in the subspecialty area should discontinue at a specified date.

- (3) At the end of the provisional approval period for a new subspecialty, the Monitoring Committee will consider whether the ACGME should continue to accredit programs in the subspecialty. This review will include consideration of the number of programs that have been accredited in the subspecialty, the number of approved fellow positions in those programs, staff support required for accreditation activities related to the subspecialty, including expenses related to maintaining accreditation in the subspecialty, and other relevant information.

**Subject: 6.00 Standing Committees of the ACGME**  
**Section: 6.60 Governance Committee**

**6.61 Responsibilities**

- a. serve as the nominating committee for elected directors who are not nominated by member organizations, for non-officer members of the Executive Committee, and for elected officers;

Candidates for non-officer members of the Executive Committee and for elected officers shall not serve in the nominating committee function of the Governance Committee;

- b. maintain records of skills and experience needed on the ACGME Board and of potential nominees by category of skills, including serving as a source of qualified non-director appointees to various board committees where permitted by the Bylaws or by the resolution creating the standing or special committee;
- c. plan, oversee and evaluate new director orientation for the ACGME;
- d. plan, oversee and evaluate all continuing governance education events; encourage optimal governance participation' and leveraging the education experiences of each director to benefit the entire board;
- e. conduct at least annual self-evaluations of the ACGME board as a whole and share appropriately the results thereof;
- f. oversee the implementation of the policy on confidentiality of the ACGME and deliberate on breaches of the policy to make recommendations to the board for action or sanctions;
- g. oversee the implementation of the policy on conflicts and dualities of interest of the ACGME; review all disclosed conflicts and dualities for appropriate response, if any; and deliberate on breaches of the policy to make recommendations to the ACGME Board for action or sanctions;
- h. review the corporate Bylaws and/or organizational documents of the ACGME at least bi-annually as to their effectiveness and currency.
- i. perform such other duties relating to governance as may be assigned by the ACGME Board of Directors.

**Subject: 6.00 Standing Committees of the ACGME**  
**Section: 6.70 Awards Committee**

**6.71 Purpose**

- a. The Committee shall review and make recommendations to the ACGME Board of Directors on all matters pertaining to the Awards program.
- b. A majority of voting members of the Committee must be present for any official recommendation.

**6.72 Operational Guidelines**

- a. At the September ACGME Board meeting, the Committee shall review and evaluate the nominations for awards based on established criteria.
- b. The Committee shall submit to the Board for approval at least 10 nominations for the Parker J. Palmer Courage to Teach Award, one to three nominations for the Parker J. Palmer Courage to Lead Award, and one nomination for the John C. Gienapp Award.
- c. The recipients of the awards shall be announced at the September ACGME meeting.
- d. The ACGME Chief Executive Officer shall notify the award recipients following the September ACGME meeting.
- e. The Awards dinner and ceremony shall be held at the following February ACGME meeting.

**Subject: 6.00 Standing Committees of the ACGME**  
**Section: 6.80 Journal Oversight Committee**

**6.81** Purpose

- a. To guide the business affairs of the *Journal of Graduate Medical Education* (the Journal) with the aim of promoting high-quality scholarship and dissemination, and to ensure the Journal's financial viability and editorial independence.
- b. Responsibilities
  - (1) Monitor all activities associated with the publication of the Journal, including receiving at least twice annually a report on the Journal from the Editor-in-Chief and the Managing Editor.
  - (2) Approve the selection of the Editor-in-Chief and Associate Editors to ensure diversity of expertise.
  - (3) Approve the duties of the Editor-in-Chief and Associate Editors.
  - (4) Periodically evaluate the Editor-in-Chief and review the Editor-in-Chief's evaluations of the Associate Editors and make decisions on retention.
  - (5) Approve the remuneration of the Editor-in-Chief within a budget that has been approved by the Board of Directors.
  - (6) Review and recommend to the Board of Directors changes in pricing publication volume, publication frequency and distribution of the Journal.
  - (7) Work with the ACGME senior administration, the Editor-in-Chief and the Managing Editor to develop and implement a budget to support the Journal which will be annually subject to the approval of the Board of Directors.
  - (8) As requested by the Editor-in-Chief or the Board of Directors, offer guidance in matters of overall editorial direction for the Journal.
  - (9) Report at least annually to the Board of Directors on the operations of the Journal.

**Subject: 6.00 Standing Committees of the ACGME**  
**Section: 6.80 Journal Oversight Committee**

**6.81** Purpose (Continued)

c. Membership

The Committee will be composed of six members of the ACGME Board of Directors, including at least one Public Director and, one person selected by the Council of Review Committee Residents from among its members. In addition, the Editor-in-Chief will serve as an *ex officio* member.

d. Meetings

The Journal Committee will meet during at least two of the ACGME Board meetings and, as needed, by teleconference to discuss ongoing efforts for or of review, and endorse any proposed policies. Subject to the approval and oversight of the Board of Directors as stated in this Journal Oversight Committee section, the Committee will oversee the business activities of the Journal.

**Subject: 7.00 Councils of the ACGME**  
**Section: 7.10 Description**

The ACGME is advised in matters pertaining to GME and accreditation by two Councils: the ACGME Council of Review Committees, and the Council of Review Committee Residents.

Meetings

The ACGME Councils shall meet at the time of the regular meetings of the ACGME Board of Directors and at such other times as may become necessary.

Reporting

These Councils shall report to the Board of Directors and to the Executive Committee as appropriate.

Compensation

Members of the Councils shall receive no financial compensation for their services, but shall be reimbursed for travel and other necessary expenses incurred in fulfilling their duties as Council members, in accordance with Article X of the Bylaws.

Composition

In general, only members of Review Committees may hold membership in the two ACGME Councils.

**Subject: 7.00 Councils of the ACGME**

**Section: 7.20 ACGME Council of Review Committees**

Composition

The ACGME Council of Review Committees (Council) is composed of the current chairs of all Review Committees and two resident ACGME directors. A representative from the Royal College of Physicians and Surgeons of Canada, a representative from the Organization of Program Director Associations and a representative from the Veterans Administration are official observers without vote.

The Council shall elect its Chair from among its own members. The Chair of the Council shall serve a single term of two years. The Chair must be a chair of a Review Committee at the time of election, but need not be a chair or member of a Review Committee for the duration of the two-year term. The Chair of the Council shall serve as an ACGME director with vote on the ACGME Board of Directors and as a nonvoting member of the ACGME Executive Committee.

The Council shall also elect its Vice-chair from among its own members for a one-year term. The Vice-chair shall be eligible for election as the Chair upon expiration of his or her term as the Vice-chair. The Vice-chair of the Council may participate in meetings of the Board of Directors, except that he/she shall not be entitled to vote.

The Council shall nominate for appointment by the Chair of the ACGME Board of Directors one member to serve a two-year term as a voting member to the Committee on Requirements, Monitoring Committee, Governance Committee and Awards Committee. Further, one member will be appointed by the Council Chair to serve as a liaison to the Council of Review Committee Residents.

Any additional appointments to ACGME Committees from the Council shall be determined by the Executive Committee of the ACGME Board of Directors.

**7.21 Purpose of the ACGME Council of Review Committees**

The Council's work includes recommendation about policies and procedures that guide accreditation,

- a. Roles and responsibilities of Review Committees;
- b. Review Committee members (e.g., orientation);
- c. Review Committees leadership;
- d. Consistency in structure and application of processes among the Review Committees;

**Subject: 7.00 Councils of the ACGME**

**Section: 7.20 ACGME Council of Review Committees**

**7.21 Purpose of the ACGME Council of Review Committees (Continued)**

- e. With the direction from the ACGME Board of Directors, the Council will address Review Committee issues, including but not limited to; monitoring innovations, sharing notable practices, applying quality parameters, standardizing processes and procedures resolving conflicts between Review Committees, and other charges as referred by the ACGME Board of Directors.

**7.22 Operational Guidelines for Inter-specialty Conflicts and Revisions of Program Requirements**

The Council also shall serve as an intermediary between Review Committees in the resolution of inter-specialty conflicts, and in the revision of the common program requirements, in accordance with the procedures indicated below.

- a. Inter-specialty Conflicts about the Accreditation of New Subspecialty Programs
  - (1) When the ACGME receives a proposal to accredit programs in a new subspecialty, the proposal will be submitted to the Review Committee chairs through the Council.
  - (2) Review Committee chairs who have concerns about the impact of the proposed subspecialty on education in their specialty should express this concern in writing. Any concerns received in writing, will be given to the ACGME's ad hoc committee (see Section 10.20).
  - (3) The ACGME's ad hoc committee to review the proposal will consider this information during its review of the proposal and may request that the concerns be addressed through the Council of Review Committees before the ACGME considers the proposal according to the process:
    - i. The chair of the Council shall propose a means for the concerned relevant parties to discuss the issues, usually through their meeting under the leadership of the Council or a designated substitute at the time of a regularly scheduled ACGME Board meeting.
    - ii. If other meeting arrangements are necessary, the chair of the Council shall request funding for this purpose from the ACGME.
    - iii. In the event the Chair has a conflict of interest or is not available for other reasons, the Vice-Chair or another member shall be designated substitute.
    - iv. The chair of the Council shall provide the results of the meeting(s) in a brief report to the ad hoc committee.
  - (4) Alternatively, the ad hoc committee may request that the concerns expressed by the chair(s) be addressed during the development of ACGME program requirements.

**Subject: 7.00 Councils of the ACGME**

**Section: 7.20 ACGME Council of Review Committees**

**7.22 Operational Guidelines for Inter-specialty Conflicts and Revisions of Program Requirements (Continued)**

b. Inter-specialty Conflicts about Revision of Currently Approved Requirements

When the requirements of any currently approved specialty or subspecialty have been completed and distributed with the Impact Statement, any Review Committee chair who believes the proposed requirements will have an adverse impact on the education of residents/fellows in his or her specialty should express this concern in writing to the Review Committee Chair who is initiating the requirements and may request the Council to convene a meeting of interested parties to discuss and address the perceived conflicts. The Council shall proceed as in Section 7.00 Councils of the ACGME.

c. Inter-specialty Conflicts about Accreditation of Multidisciplinary Subspecialties

- (1) When a Review Committee seeks ACGME approval to offer accreditation in an existing ACGME-approved subspecialty, the Review Committee must notify the Review Committees currently offering accreditation in the subspecialty of its intent to seek ACGME approval to offer accreditation in the subspecialty.
- (2) If one or more Review Committee expresses concern regarding the impact of this change on education of fellows in the subspecialty, the Review Committee(s) should express this concern in writing to the Review Committee Chair who is seeking to offer accreditation in the subspecialty, with a copy to the chair of the Council.
- (3) If significant concerns have been expressed by a Review Committee, the chair of the Council shall propose a means for the concerned relevant parties to discuss the issues, under the leadership of the Council or a designated substitute. This is usually done at the time of a regularly scheduled ACGME Board meeting. If other meeting arrangements are necessary, the chair of the Council shall request funding from the ACGME.
- (4) The chair of the Council shall report the results of the meeting(s) to the full Council and to the ACGME Executive Committee. The chair of the relevant Review Committee shall address this report as part of the request to offer accreditation in the subspecialty that is submitted to the ACGME.

**Subject: 7.00 Councils of the ACGME**

**Section: 7.20 ACGME Council of Review Committees**

**7.22 Operational Guidelines for Inter-specialty Conflicts and Revisions of Program Requirements (Continued)**

d. Revisions to the Common Program Requirements

- (1) The Council is responsible for maintaining and initiating revisions to the ACGME's Common Program Requirements. Proposed revisions to the Common Program Requirements may, however, be submitted by any member of the community of interest (e.g., program director, resident, Review Committee, Designated Institutional Official, appointing organization or member organization), or by a standing committee or council of the ACGME or its Board of Directors.
- (2) The Council staff shall bring the proposals to the attention of the Council annually or as necessary. If revision is required due to state statute or federal law, such revisions shall take precedence. Proposals for revision should occur at infrequent intervals, but not less than five years.
- (3) Revisions to the Common Program Requirements by the Council of Review Committees shall be conducted by following the standard ACGME procedures for revision of requirements.

**Subject: 7.00 Councils of the ACGME**

**Section: 7.30 Council of Review Committee Residents**

**7.31 Appointment**

The Council of Review Committee Residents (Council of Residents) comprises the current resident members of the ACGME Board of Directors and of the Review Committees. The Council of Residents shall elect its chair from among its own members. The chair of the Council of Residents shall serve a single term of two years. The chair must be a member of a Review Committee at the time of election, but need not be a member of a Review Committee for the duration of the two-year term as chair. The Chair of the Council of Residents also serves as an ACGME director.

The Council shall also elect its Vice-chair from among its own members for a one-year term. The Vice-chair shall be eligible for election as the Chair upon expiration of his or her term as the Vice-chair. In the absence of the Chair, the Vice-chair of the Council may participate in meetings of the Board of Directors, except that he/she shall not be entitled to vote.

**7.32 Purpose**

The Council serves as an advisory body to the ACGME concerning resident matters, GME, and accreditation.

**Subject: 8.00 Directors**

**8.10 Fiduciary Duty**

An ACGME director shall discharge his or her duties to the ACGME in a manner consistent with Illinois law. This shall include, but not be limited to, the discharge of duties as a director in a manner he or she reasonably believes to be in the interests of the ACGME.

A member of an ACGME Review Committee or other ACGME committee, who is not an ACGME director, shall discharge his or her duties as a committee member in a manner he or she reasonably believes to be in the interests of the ACGME.

## **Subject: 8.00 Directors**

### **8.20 Conflict and Duality of Interest for ACGME Directors and Non-Directors<sup>\*1</sup>**

#### General

The mission of the Accreditation Council for Graduate Medical Education (“ACGME”) is to improve health care by assessing and advancing the quality of resident physicians’ education through accreditation. In furtherance of this mission, ACGME engages in accreditation and accreditation-related activities. The integrity of ACGME, its accreditation decisions, and the activities it undertakes, depends on (1) the avoidance of conflicts of interest, or even the appearance of such conflicts, by the individuals involved in those decisions and activities, and (2) appropriately addressing dualities of interest by those same individuals.

At the same time, ACGME recognizes that the leaders of ACGME also have significant professional, business and personal interests and relationships. Therefore, ACGME has determined that the most appropriate manner in which an ACGME Director/Non-Director addresses actual, apparent or potential conflicts of interest and dualities of interest is initially through full disclosure of any relationship or interest which might be construed as resulting in such a conflict or duality. Disclosure under this Policy should not be construed as creating a presumption of impropriety or as automatically precluding someone from participating in an ACGME activity or decision-making process. Rather, it reflects ACGME’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 other participants in ACGME-related matters.

Insofar as actual, apparent or potential conflicts of interest and dualities of interest can be addressed before they are manifest in Board or committee meetings or otherwise, they should be referred to the Board or Committee chair for resolution (with assistance and advice of the ACGME Chief Executive Officer) and failing satisfactory resolution to all involved, to the Governance Committee 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, or if permitted by time, refer them to the Governance Committee for resolution.

On or before January 31 of each year, each Committee and the Board secretary shall submit to the Governance Committee a report listing the date and a brief account (need not include names) of each disqualification occurring during the previous calendar year.

The Governance Committee of the ACGME Board has the responsibility to provide oversight for compliance with this Policy.

<sup>\*1</sup> Insofar as this Policy applies to Directors serving on ACGME committees, this policy also applies to Non-Directors serving on ACGME committees with two exceptions: (1) this policy does not apply to ACGME Review Committees, for which there is a similar but separate Conflict and Duality of Interest Policy, and (2) this policy includes Section 8.20 Directors. that does not apply to Non-Directors.

**Subject: 8.00 Directors**

**Section: 8.20 Conflict and Duality of Interest for ACGME Directors and Non-Directors**

**8.21 Definitions**

a. Conflict of Interest.

A conflict of interest occurs when a Director/Non-Director has a financial interest (as defined in this Policy), which is declared or determined under this Policy to be a personal and proprietary financial interest to the Director/Non-Director or a close member of his/her family that relates to an ACGME decision or activity.

b. Duality of Interest.

A duality of interest occurs when a Director/Non-Director has an interest which is declared as, or determined under this Policy to be, a competing fiduciary obligation which does not involve a personal and proprietary financial interest. (Usually, this relates to a fiduciary obligation to another not for profit corporation with an interest in ACGME accreditation standards and policies). A duality of interest sufficient in gravity to destroy the trust necessary for fiduciary service in the interest of ACGME and the public on an issue shall disqualify a Director/Non-Director from fiduciary service on that issue.

c. Apparent Conflict or Duality.

An apparent conflict or duality of interest is one which is perceived, but not actual. (Since third parties act or draw conclusions on what they perceive, an apparent, but unresolved, conflict or duality needs to be addressed)

d. Potential Conflict or Duality.

A potential conflict or duality of interest is one which has not yet occurred, but is predictable if a person is about to assume (i) ownership or investor status, (ii) a compensation arrangement, or (iii) a fiduciary responsibility.

e. Financial Interest.

A person has a financial interest which is personal and proprietary if the person has, directly or indirectly, through business, investment or family (spouse, parent, child or spouse of a child, brother, sister, or spouse of a brother or sister):

- (1) An ownership or investment interest in any entity (other than a publicly held entity) with which ACGME has a contract or transactional arrangement, or in any entity (other than a publicly held entity) whose products or services are in competition or potential competition with those intrinsic to the ACGME contract or transactional arrangement; or

**Subject: 8.00 Directors**

**Section: 8.20 Conflict and Duality of Interest for ACGME Directors and Non-Directors**

**8.21 Definitions (Continued)**

- (2) A compensation arrangement with any entity or individual with which/whom ACGME has a contract or transactional arrangement in which the compensation is in excess of One Thousand Dollars (\$1,000.00) in any year, or with any entity whose products or services are in competition or potential competition with those intrinsic to the ACGME contract or transactional arrangement; or
- (3) An actual or potential ownership or investment interest in any entity (other than a publicly held entity) with which ACGME 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 contract or transactional arrangement; or
- (4) A compensation arrangement with any entity or individual as to which/whom ACGME 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 contract or transactional arrangement.

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

**8.22 Procedure – Conflict of Interest – Contract or Transaction**

a. Step One – Disclosure of Conflicts.

Each Director/Non-Director who has, or is advised that he/she may have, an actual, apparent or potential conflict of interest as regards an action begin taken or to be taken by the Board or ACGME committee 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) or committee chair (vice-chair if the chair is conflicted or unavailable; committee selected designee if the chair is conflicted or unavailable, and there is no vice-chair). A disclosure statement form shall be provided to Directors/Non-Directors annually for completion and return, but disclosure is most appropriate whenever conflicts arise or are suspected.

**Subject: 8.00 Directors**

**Section: 8.20 Conflict and Duality of Interest for ACGME Directors and Non-Directors**

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

b. Step Two – Self-Declared Conflict (Disqualifying)

- (1) A Director/Non-Director 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. Such disclosure and declaration shall be reflected in the minutes of the meeting, which need not state all the facts disclosed by the Director/Non-Director.
- (2) The conflicted Director/Non-Director shall 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 to respond to questions. The Director/Non-Director shall not attempt to exert his or her personal influence with respect to the contract or transaction, either at or outside the meeting.
- (3) The Director/Non-Director having an actual or apparent conflict of interest may not vote on the contract or transaction and shall not be present in the meeting room when the vote is taken. Such person's ineligibility to vote on that matter shall be reflected in the minutes of the meeting.
- (4) 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.

c. Step Three – ACGME Determined Conflict (Disqualifying)

- (1) In the event it is not entirely clear that an actual, apparent or potential conflict of interest exists, the Director/Non-Director with an alleged or suspected conflict shall 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 is conflicted or unavailable, and there is no vice-chair), who shall determine whether there exists an actual, apparent or potential conflict of interest.
- (2) The Director/Non-Director involved may request a vote of the Board or committee if he/she disagrees with the determination of the Board Chair or committee chair. The Director/Non-Director involved may present and may speak during Board or committee discussion of the relevant facts regarding the actual apparent or potential conflict of interest, but shall leave the room for other discussion and voting. An actual, apparent or potential conflict may be found to exist by a simple majority vote, the Director/Non-Director involved not voting, but being counted for quorum purposes and shown as abstaining.

**Subject: 8.00 Directors**

**Section: 8.20 Conflict and Duality of Interest for ACGME Directors and Non-Directors**

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

- (3) 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.

**8.23 Procedure – Accreditation Appeal of Program or Sponsoring Institution (Not applicable to Non-Directors)**

a. Step One – Disclosure of Conflict/Bias.

Each Director who has, or is advised that he/she may have, (a) an actual, apparent or potential conflict of interest (personal or proprietary financial interest) or (b) a bias for or against a program or sponsoring institution on appeal must disclose the conflict or bias and all relevant facts to the Board Chair (Vice-Chair if the Chair is conflicted or unavailable).

b. Step Two – Self Declared Financial Interest or Bias.

(1) Self-Declared Financial Interest.

A Director having a personal or proprietary financial interest (including employment) in a program or sponsoring institution on appeal shall withdraw from all discussion and leave the meeting room. The Director shall not attempt to exert his or her personal influence with respect to the appeal, either at or outside the meeting.

(2) Self-Declared Bias.

A Director having a bias for or against a program or sponsoring institution on appeal shall withdraw from all discussion and leave the meeting room. The Director shall not attempt to exert his or her personal influence with respect to the appeal, either at or outside the meeting.

c. Step Three – Same State or Territory.

A Director employed by a program or sponsoring institution headquartered in the same state or territory as a program or sponsoring institution on appeal shall withdraw from all discussion and leave the meeting room. The Director shall not attempt to exert his or her personal influence with respect to the appeal, either at or outside the meeting.

**Subject: 8.00 Directors**

**Section: 8.20 Conflict and Duality of Interest for ACGME Directors and Non-Directors**

**8.23 Procedure – Accreditation Appeal of Program or Sponsoring Institution (Not applicable to Non-Directors) (Continued)**

d. Step Four – ACGME Determined Financial Interest or Bias

- (1) In the event it is not clear that a financial interest or bias for or against a program or sponsoring institution on appeal exists, the Director with an alleged or suspected financial interest or bias shall disclose the circumstances to the Board Chair (Vice-Chair if the Chair is conflicted or unavailable), who shall determine whether there exists an actual, apparent or potential financial interest or bias for or against the program or sponsoring institution).
- (2) The Director involved may request a vote if he/she disagrees with the Chair's determination. The Director involved may be present and may speak during Board discussion of the relevant facts regarding the actual apparent or potential financial of interest or bias may be found to exist by a simple majority vote, the Director involved not voting, but being counted for quorum purposes and shown as abstaining.

e. Step Five.

If, as a result of Steps Two, Three and Four, the number of Directors remaining to discuss and vote on the appeal is less than half the total number of Directors, those Directors excluded under Step Three (Same State or Territory) who would not be excluded under Steps Two or Four may participate in discussion and vote on the appeal of the program or sponsoring institution.

**8.24 Procedure – Standing Committees**

- a. Committee members shall avoid conflicts of interest in making recommendations to the Board of Directors/Non-Directors.
- b. Prior to and during a committee meeting, committee members of the same specialty as that under consideration shall not (a) review, (b) participate in committee discussion, (c) participate in committee vote on recommendation, and/or (d) moderate committee consideration of that specialty.
- c. Prior to and during a committee meeting, no committee member shall (a) review, (b) participate in committee discussion, (c) participate in committee vote on recommendation, and/or (d) moderate committee consideration of any specialty as to which the committee member, because of his/her background or otherwise, feels he/she cannot fairly participate in a recommendation.

**Subject: 8.00 Directors**

**Section: 8.20 Conflict and Duality of Interest for ACGME Directors and Non-Directors**

**8.24 Procedure – Standing Committees (Continued)**

- d. During a committee, prior to consideration of a specialty, the committee will determine whether any committee member, because of a conflict of interest, should not participate in a recommendation on the specialty.
- e. If, as a result of the above process, two or fewer committee members remain eligible to participate in recommendation on a specialty, the Chair of the ACGME shall appoint an ACGME Director/Non-Director to participate as an ad hoc committee member for recommendation on a specialty. Such Director/Non-Director shall be subject to the above process.
- f. A committee member having a conflict of interest shall withdraw from all consideration of the specialty and shall leave the meeting room during consideration.

**8.25 Procedure – Consultant/Site Visitor**

A Director/Non-Director shall not serve as a program or institutional consultant or as program or institutional site visitor to GME programs or sponsoring institutions while serving on the Board of Directors/Non-Directors.

**8.26 Failure to Disclose Conflict of Interest**

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

If, after hearing the response of the person and making such further investigation as may be warranted in the circumstances, the Governance Committee determines that the person has in fact knowingly failed to disclose an actual, apparent or potential conflict of interest, it shall recommend appropriate action or sanctions to the Board of Directors/Non-Directors. The recommendation shall reflect the Governance Committee's view of the violation's seriousness and the degree of harm or potential harm to ACGME.

**Subject: 8.00 Directors**

**Section: 8.20 Conflict and Duality of Interest for ACGME Directors and Non-Directors**

**8.27 Duality of Interest**

a. Step One – Disclosure of Dualities and Possible Dualities.

Prior to Board or Committee action on an issue, each Director/Non-Director who has, or is advised by one or more on the Board or ACGME committee that he/she may have, an actual, apparent or potential duality of interest as regards an action being taken or to be taken by the 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 is conflicted or unavailable, and there is no vice-chair).

(1) The affected Director/Non-Director shall in discussion indicate how he/she has acted in the public's best interest to resolve the duality.

(2) Annual Disclosure Form. A disclosure statement form shall be provided to Directors/Non-Directors annually for completion and return, but disclosure is most appropriate whenever dualities arise or are suspected.

b. Step Two – Self-Declared Actual, Apparent or Potential Duality.

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

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

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

A Director/Non-Director declaring an actual, apparent or potential duality of interest on an issue, and that he/she cannot discharge his/her fiduciary duty as an ACGME Director/Non-Director relating to that issue in a manner that he/she reasonably believes is in the interests of ACGME and the public, shall not participate as an ACGME Director/Non-Director regarding that issue.

**Subject: 8.00 Directors**

**Section: 8.20 Conflict and Duality of Interest for ACGME Directors and Non-Directors**

**8.27 Duality of Interest (Continued)**

c. Step Three – ACGME Determined Actual, Apparent or Potential Duality (Disqualifying).

- (1) In the event it is not clear that a disqualifying actual, apparent or potential duality of interest exists, the Director/Non-Director with an alleged, suspected or possible actual, apparent or potential duality shall 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 is conflicted or unavailable, and there is no vice-chair), who shall determine whether there exists a disqualifying actual apparent or potential duality of interest, i.e., whether an actual apparent or potential duality of interest exists that is sufficient in gravity to destroy the trust necessary for fiduciary service to ACGME and the public on an issue.
- (2) The Director/Non-Director involved may request a vote if he/she disagrees with a disqualification decision of the Board Chair or committee chair. The Director/Non-Director involved may be present and may speak during Board or committee discussion of the relevant facts, but shall leave the room for executive session discussion and voting. A disqualifying actual, apparent or potential duality may be found to exist by a two-thirds vote, the Director/Non-Director involved not voting, but being counted for quorum purpose and shown as abstaining.

d. Step Four – 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 the ACGME committee, the duality shall be noted in the minutes. The Director/Non-Director with the actual, apparent or potential duality shall not participate in the debate or vote on the action, and, in the discretion of the Board Chair or committee chair, shall not have access to certain confidential information.

**Subject: 8.00 Directors**

**Section: 8.20 Conflict and Duality of Interest for ACGME Directors and Non-Directors**

**8.28 Failure to Disclose Duality of Interest**

If the Governance Committee has reasonable cause to believe (based on information from the ACGME Chief Executive Officer or other responsible sources) that a Director/Non-Director has knowingly and deliberately failed to disclose an actual, apparent or potential duality of interest, it shall inform the person of the basis for such belief and afford him or her an opportunity to explain the alleged failure to disclose.

If, after hearing the response of the person and making such further investigation as may be warranted in the circumstances, the Governance Committee determines that the person has in fact knowingly failed to disclose an actual, apparent or potential conflict of interest, it shall recommend appropriate disciplinary and corrective action to the Board of Directors. The recommendation shall reflect the Governance Committee's view of the failure's seriousness and the degree of harm or potential harm to ACGME.

**Subject: 8.00 Directors**

**8.30 Annual Disclosure Directors/Non-Directors to Follow This Policy**

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

Annually each Director/Non-Director shall complete a disclosure form identifying any relationships, positions or circumstances in which s/he is involved that he or she believes could contribute to an actual or apparent conflict of interest or duality of interest. Any such information regarding the business interests of a Director/Non-Director or a family member thereof, shall generally be made available only to the Chair, the Chief Executive Officer, and any committee appointed to address conflicts and dualities of interest, except to the extent additional disclosure is necessary in connection with the implementation of this Policy.

## **Subject: 8.00 Directors**

### **8.40 Confidentiality**

The ACGME requires that its procedures and those of its committees recognize the need for confidentiality in maintaining certain information and documents acquired during the accreditation process. Adherence to confidentiality is vital to the operation of the accreditation process. Intrinsic to private accreditation is the promotion of candor within its process, which may include constructive criticism that leads to improvement in the educational quality of a program or institution. Maintaining confidentiality within the accreditation process promotes candor. Confidentiality means that the ACGME and its committees will not disclose the documents listed in this Section 8.40 nor the information contained therein, except as required for ACGME accreditation purposes, as may be required legally, or as provided in Section 8.00 Directors). In order to meet the requirement, ACGME holds as confidential the following documents and the information contained therein:

- a. institutional and program files, including without limitation, institutional review documents, program information forms, site visit reports, progress reports, program case log data, other survey data, and record of committee consideration;
- b. appeals files;
- c. additional documents and correspondences recording accreditation actions and consideration thereof by the ACGME; and,
- d. case log data, personal resident physician information, and protected health information submitted electronically or otherwise to the ACGME.

### **8.41 Published Information Released through ACGME**

The ACGME publishes and releases, through its website ([www.acgme.org](http://www.acgme.org)) and other media, the following information about accredited programs and institutional reviews:

- a. name and address of the 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;
- e. length of program;
- f. total number of positions;
- g. effective date of program and institutional accreditation, program and institutional accreditation status;
- h. date of last site visit; and,

**Subject: 8.00 Directors**  
**Section: 8.40 Confidentiality**

**8.41 Published Information Released through ACGME (Continued)**

- i. date of next site visit.

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

Individual resident physician clinical experience data may be submitted to specialty certification boards upon authorization of both individual resident physicians and of programs.

**8.42 Confidentiality Administration**

In order to protect confidential information and its own interest in maintaining that confidentiality, the ACGME 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 Review Committees receive or generate, except directly in conjunction with service to ACGME;
- b. not use such confidential information for personal or professional benefit or for any other reason, except directly in conjunction with service to the Review Committees and/or the ACGME; and,
- c. dispose of all materials and notes regarding confidential information in compliance with ACGME policies.

A breach of confidentiality could result in irreparable damage to the Review Committees, the ACGME and its mission, as well as to the public, and may result in removal of the director or committee member.

## **Subject: 8.00 Directors**

### **8.50 Board Attendance**

Whenever an ACGME director shall fail to attend two or more of any four consecutive regular meetings of the board of directors, the ACGME Governance Committee

- a. shall invited the director to submit to it a written explanation of any extraordinary circumstances underlying the absences, and
- b. shall make a recommendation to the board of directors as to whether it should take any action for failure of the director to attend two or more of any four consecutive meetings of the board of directors.

### **8.60 Directors Attendance at Board Standing Committee Meetings**

As provided in the ACGME Manual of Policies and Procedures, the standing committees of the ACGME are the Audit, Awards, Finance, Governance, Journal Oversight, Monitoring, and Requirements Committees. Subject to ACGME policy on conflicts and dualities, upon invitation of a standing committee through its chair, ACGME Directors who are not members of the standing committee may attend all or parts of a meeting of the standing committee, as observers. The standing committee chair may exercise discretion in allow the Director to speak and address agenda issues. In addition, subject to ACGME policy on conflicts and dualities, the ACGME Chair may attend meetings of all standing committees, *Ex officio*, and public Directors have a standing invitation to attend meetings of all standing committees, even if not members of the committees.

**Subject: 9.00 Procedures for Accreditation of Programs in New Medical Specialties**

**9.10 Criteria for Accreditation**

The ACGME shall determine whether it will accredit programs in a new medical specialty and establish an associated Review Committee. The ACGME shall evaluate proposals for the accreditation of residency programs in a new medical specialty in accordance with the criteria set forth below. This evaluation will ensure that the accreditation of programs in the new medical specialty is consistent with the mission of the ACGME.

## **Subject: 9.00 Procedures for Accreditation of Programs in New Medical Specialties**

### **9.20 Processing the Proposal**

The proposal shall be sent to the Chief Executive Officer of the ACGME. Prior to the ACGME's review and assessment, the Chair of the ACGME Board of Directors with the approval of the Executive Committee, shall appoint an ad hoc committee to review each proposal. The ad hoc committee should be composed of individuals who have experience in GME, experience in accreditation in GME, and practice in the general area of the new specialty. A member of the Board of Directors should be appointed to the ad hoc committee.

- a. The proposal must provide evidence that the new specialty:
  - (1) is sufficiently distinct from other specialties based on major new concepts in medical science;
  - (2) represents a new and well-defined field of medical practice;
  - (3) is based on substantial advancement in medical science, (i.e., the necessary educational program must be sufficiently complex or extended that it is not feasible to include it within established residency programs);
  - (4) will generate sufficient interest and resources to establish the critical mass of quality residency programs with long-term commitment for successful integration of the graduates in the health care system nationally;
  - (5) is recognized as legitimate and significant by the medical profession and by the closely-related specialties in particular, for a consensus of the education required to perform in this new field; and,
  - (6) is recognized as the single pathway to the competent preparation of a physician in this specialty.
  - (7) has national medical societies with a principal interest in the proposed specialty; information should include the number of peer-reviewed journals published in the specialty, as well as how many national and regional meetings are held annually.

**Subject: 9.00 Procedures for Accreditation of Programs in New Medical Specialties**

**9.20 Processing the Proposal (Continued)**

- b. Following review of the proposal, the ad hoc committee shall recommend to the ACGME that the proposal for accreditation of programs in a new medical specialty be:

- (1) processed for *preliminary development* with the length of the educational program tentatively proposed for one or more years;

In cases of a recommendation for *preliminary development*, the proposers are authorized, upon the approval of the ACGME Board of Directors, to develop program requirements for the new specialty in coordination with ACGME staff.

Following established ACGME procedures:

- (a) The proposed program requirements shall be distributed for review and comment to the Review Committees, program director groups, ACGME and Review Committee appointing organizations, ACGME member organizations, and other interested groups and organizations.
- (b) The ad hoc committee shall collect comments and make a recommendation to the ACGME whether or not to proceed with the further development of accreditation of programs in the new specialty.
- (c) The program requirements developed for the new specialty must be reviewed by the Committee on Requirements prior to approval by the ACGME Board of Directors, as described in these *Policies and Procedures*.

The ad hoc committee shall recommend the structure and function of an appropriate Review Committee with no more than three appointing organizations. The ACGME Board of Directors must give final approval with clear guidelines to the Monitoring Committee to assess the progress and success of accreditation of programs in the new specialty and to monitor the Review Committee.

- c. referred to an existing Review Committee to be considered for inclusion in the current specialty or as a new subspecialty of the existing specialty.

If the proposal is referred to an existing Review Committee for consideration of the new medical specialty as a new dependent or independent subspecialty, the established procedures of the ACGME shall be followed. In some instances, the new specialty may embrace elements of more than one existing Review Committee. In such cases, the Review Committees involved may establish a joint work group to assess and recommend how the accreditation of programs in the new specialty should be accomplished directly.

**Subject: 9.00 Procedures for Accreditation of Programs in New Medical Specialties**

**9.20 Processing the Proposal (Continued)**

- (1) one existing Review Committee;
  - (2) jointly by two or more Review Committees;
  - (3) by a conjoint committee of several Review Committees; or
  - (4) by other appropriately representative bodies; or
- d. denied.

**Subject: 10.00 Procedures for the Accreditation of Programs in a New Subspecialty**

**10.10 Criteria for Accreditation**

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

A subspecialty program is a structured educational activity comprising a series of learning experiences which follows the completion of pre-requisite specialty education in GME, and which conforms to the program requirements of a particular subspecialty.

**Subject: 10.00 Procedures for the Accreditation of Programs in a New Subspecialty**

**10.20 Processing the Proposal**

The proposal shall be sent to the Chief Executive Officer of the ACGME. Prior to the ACGME's review and assessment, the Chair of the ACGME Board of Directors, with the approval of the Executive Committee, may appoint an ad hoc committee to review the proposal. The ad hoc committee should be composed of individuals who have experience in GME, experience in accreditation in GME, and practice in the general area of the new subspecialty. A member of the Board of Directors should be appointed to the ad hoc committee. If a Review Committee submits a proposal, the Chair may elect to have the Executive Committee review the proposal.

The proposal must provide documentation on the professional and scientific status of the new subspecialty to include at minimum, evidence of the following:

- a. the existence of a body of scientific medical knowledge underlying the subspecialty that is in large part distinct from or more detailed than that of other areas in which accreditation is already offered; this body of knowledge must be sufficient for educating individuals in a clinical field, and not simply in one or more techniques;
- b. the existence of a sufficiently large group of physicians who concentrate their practice in the proposed subspecialty; information should include the number of physicians, the annual rate of increase in the past decade in the number of such physicians, and their present geographic distribution;
- c. the existence of national medical societies with a principal interest in the proposed subspecialty; information should include the number of peer-reviewed journals published in the subspecialty area, as well as how many national and regional meetings are held annually;
- d. the regular presence in academic units and health care organizations of educational programs, research activities, and clinical services such that the subspecialty is broadly available nationally and sufficient to improve the quality of healthcare by providing high standards of medical education;
- e. the growth of the subspecialty to the extent that the projected number of programs to be accredited will be sufficient to assure that accreditation is a cost-effective method of quality evaluation;
- f. the duration of the residency program is at least one year beyond the core specialty; and,

**Subject: 10.00 Procedures for the Accreditation of Programs in a New Subspecialty**

**10.20 Processing the Proposal (Continued)**

- g. the education program is primarily clinical.

Once all documentation has been reviewed, the ad hoc committee (or the Executive Committee) must determine whether the subspecialty meets the criteria for accreditation of residency programs in a new subspecialty and recommend approval or non-approval by the ACGME.

Upon approval by the ACGME Board of Directors the proposer is authorized to develop program requirements appropriate to the new subspecialty in coordination with ACGME staff and following established ACGME procedures as noted in Section 9.20 (Processing the Proposal).

**Subject: 10.00 Procedures for the Accreditation of Programs in a New Subspecialty**

**10.30 Initial Accreditation**

When the ACGME decides to extend accreditation activities to a subspecialty, the decision shall be provisional for a period of up to five years. At the end of this provisional period, the ACGME shall review its action using its criteria for the accreditation of programs in a subspecialty as specified in (Section 10.20 Processing the Proposal) of this document. The ACGME may decide to continue accrediting programs in the subspecialty if the criteria are met. The Monitoring Committee shall conduct this review and shall recommend to the ACGME as to whether accreditation of programs in the subspecialty should continue (Section 6.52 Operational Guidelines and Procedures).

If the criteria for accreditation of programs (Section 6.00) are not met, the ACGME may decide to discontinue accrediting in the subspecialty. If a decision to discontinue accreditation is made, the ACGME shall follow its procedures for discontinuing accreditation.

**Subject: 10.00 Procedures for the Accreditation of Programs in a New Subspecialty**

**10.40 Periodic Review and Discontinuation of a Specialty or Subspecialty**

- a. Regular review of a specialty or subspecialty shall occur whenever the appropriate Review Committee is itself reviewed by the Monitoring Committee.
- b. If the Monitoring Committee judges that a specialty or subspecialty no longer meets the criteria for accreditation and, therefore, that accreditation of a specialty or subspecialty should be discontinued, the Monitoring Committee shall make a recommendation to the ACGME Board of Directors. Alternatively, a Review Committee may request the ACGME Board of Directors to discontinue accreditation of its specialty or subspecialty. In either case, if the ACGME accepts such requests, the following procedures apply:
  - (1) A proposal for discontinuation of accreditation shall be announced at a regular ACGME Board of Directors meeting.
  - (2) Interested parties, including the relevant ABMS board, will be permitted to comment prior to or at the next regularly scheduled ACGME Board of Directors meeting when a final decision will be made.
  - (3) After the ACGME Board of Directors takes final action to discontinue accreditation of a specialty or subspecialty, programs shall be instructed not to accept new candidates as residents in an accredited program. Accreditation of those programs shall be withdrawn after all the current residents have completed the program.

**Subject: 11.00 Procedures for Additional Review Committees to Offer Accreditation in an Existing Subspecialty**

The following procedures will apply when a Review Committee wishes to begin to offer accreditation in a subspecialty in which one or more Review Committees currently offers accreditation:

- a. The Review Committee that is interested in joining with the Review Committee(s) currently accrediting programs in the subspecialty will notify the other Review Committee(s) of its intent to seek ACGME approval to offer accreditation in the subspecialty.
- b. If changes in the program requirements will be required to allow the additional Review Committee to offer accreditation, the Review Committee(s) will agree to develop one set of program requirements and one program information form for the subspecialty which will apply to all programs regardless of the Review Committee to which the program submits an application for accreditation.
- c. The program requirements will include the common program requirements as well as requirements specific to the subspecialty.
- d. If one or more of the sponsoring Review Committee(s) uses a general set of subspecialty program requirements, the Review Committee must agree to include those relevant subspecialty requirements within the program requirements for the multidisciplinary subspecialty, or the Review Committee(s) with general subspecialty program requirements must agree to exempt programs in the multidisciplinary subspecialty from the relevant general subspecialty requirement(s).
- e. The Review Committees must reach agreement regarding the content of the requirements before they are submitted for ACGME consideration.
- f. If changes are proposed, the draft revision of the program requirements must be posted to the ACGME website for review and comment in accordance with ACGME procedures, and all program directors in the subspecialty must be provided with an opportunity to provide comment on the proposed changes.
- g. The Review Committee wishing to offer accreditation in the subspecialty must then submit a formal request with rationale to the ACGME Board of Directors. This request must include letters of support from each Review Committee currently offering accreditation in the subspecialty. If the program requirements have been revised, the draft revision of the requirements must be submitted as well.

## **Subject: 12.00 Delegation of Authority to Review Committees**

### **12.10 Introduction**

The responsibility for the accreditation of programs and institutions in GME resides with the ACGME Board of Directors which may delegate responsibility for accreditation to the Review Committees. According to the ACGME Bylaws, Article XI, Section 2(c):

Upon application of a Review Committee, including Residency Review Committees, the Institutional Review Committee, and Transitional Year Review Committee and following a review of its performance, the Board of Directors may delegate accreditation authority to the Review Committee. Such delegation shall be for a period determined by the ACGME Board of Directors. The ACGME Board of Directors shall conduct periodic reviews of the accreditation process of the Review Committee and of its authority to accredit.

In order to obtain accreditation authority, a Review Committee must follow the procedures outlined below, and must submit the application to the ACGME Chief Executive Officer.

## **Subject: 12.00 Delegation of Authority to Review Committees**

### **12.20 Application Procedures**

The Review Committee must submit a written request to accredit programs in the specialty over which it has authority. The letter must include:

- a. a statement from the Review Committee that it will comply with the policies and procedures of the ACGME, including the currently approved version of the ACGME *Policies and Procedures*.
- b. an outline of any of the Review Committee's current procedures for conducting the review process which are unique or supplemental to those given in the *Policies and Procedures*; and,
- c. a statement that the appointing organizations of the Review Committee have reviewed and commented on the request by the Review Committee to be granted accreditation authority; all comments from the appointing organizations should be included.

**Subject: 12.00 Delegation of Authority to Review Committees**

**12.30 Procedure to Evaluate Requests for Accreditation Authority**

The ACGME shall use the following procedure to evaluate applications that request authority to accredit programs:

- a. The Chair of the ACGME, with the concurrence of the ACGME Executive Committee, shall appoint an ad hoc committee to assess the Review Committee request for authority to accredit residency and fellowship programs.
- b. If, after reviewing a request for accreditation authority documenting that the Review Committee's policies and procedures comply with the accepted procedures of the accreditation process as described in the ACGME *Policies and Procedures* and other policy statements of the ACGME, the ad hoc committee may recommend to the ACGME that the Review Committee be granted accreditation authority.
- c. If, however, the ad hoc committee recommends the application be denied and the ACGME concurs, the ACGME Board of Directors shall return the application to the Review Committee with its objections. The Review Committee may address these concerns and reapply for accreditation authority.

**Subject: 12.00 Delegation of Authority to Review Committees**

**12.40 Periodic Review of a Review Committee's Activities**

The ACGME shall use the following procedure to review the activity of each Review Committee to whom it has granted accreditation authority. The initial term of delegation of authority to accredit shall be up to five years.

For details of continuing review of Review Committee Activity, see the specifics under Monitoring Committee, (Section 6.50) of these *Policies and Procedures*.

If, after reviewing the recommendations of the Monitoring Committee, the ACGME Board of Directors believes the documentation demonstrates that there is need for a more closely-supervised process of accreditation, the ACGME shall withdraw the Review Committee's delegation of authority to accredit.

## **Subject: 13.00 Review Committees**

### Description

There are three types of Review Committees: the Residency Review Committee, the Transitional Year Review Committee, and the Institutional Review Committee. The function of each type of committee is to set accreditation standards and to provide a peer evaluation of residency programs and subspecialties (or, in the case of the Institutional Review Committee, to set accreditation standards and to provide a peer evaluation of sponsoring institutions). The purpose of the evaluation is to assess the degree to which the program or institution complies with a published set of educational standards, and to confer an accreditation status on programs and institutions meeting those standards.

A Residency Review Committee shall be comprised of physician members, at least one of whom is a resident at the time of appointment, and all of whom are voting members. Members of this committee (except the resident member) are appointed by Residency Review Committee appointing organizations and confirmed by the ACGME Board of Directors.

- a. Each Residency Review Committee comprises members appointed by the American Medical Association's Council on Medical Education, by the specialty board that certifies physicians within the specialty, and in most cases by the professional college or other professional organization or society associated with the specialty. Residency Review Committee appointing organizations may be added, changed, or deleted upon unanimous recommendation of the existing appointing organizations for that Residency Review Committee and approval by the ACGME Board of Directors.
- b. The Institutional Review Committee shall be comprised of 10 voting members, including the resident member, who shall be appointed by the ACGME Board of Director's Executive Committee and confirmed by the ACGME Board of Directors.

The Transitional Year Review Committee shall be comprised of nine voting members, including the resident member, who shall be appointed by the ACGME Executive Committee and confirmed by the ACGME Board of Directors.

**Subject: 13.00 Review Committees**

**13.10 Staff**

The Review Committee Executive Director, appointed by the ACGME Chief Executive Officer, is the chief staff person for the Review Committee and is responsible for all administrative matters. Additional staff support for each Review Committee is determined by the ACGME Chief Executive Officer.

## **Subject: 13.00 Review Committees**

### **13.20 Review Committee Members**

#### **a. Appointment of Residency Review Committee Members**

The Residency Review Committee Executive Director shall communicate with the appointing organizations at least 18 months before the date of the appointment, regarding the general and specialty characteristics that may be required for the replacement member. Appointing organizations should consider professional qualifications, geographic distribution and diversity in nominating their candidates.

Appointing organizations should submit to the Residency Review Committee Executive Director the names of two candidates for each vacancy at least twelve months before the date of the appointment. The Review Committee will select one candidate and communicate its recommendation on confirmation to the ACGME Chief Executive Officer, who will refer this information to the ACGME Board of Directors, which has the authority for confirming all Residency Review Committee member appointments. If the appointment is not confirmed, the ACGME Chief Executive Officer will communicate with the appointing organization and the Residency Review Committee Executive Director about the need for another candidate.

The appointment shall occur in a timely manner to ensure that the replacement member may be oriented formally before assuming the position of a voting member of a Review Committee.

#### **b. Appointment of Institutional Review Committee and Transitional Year Committee Members**

Candidates for the Institutional Review Committee and the Transitional Year Review Committee shall be solicited from the member organizations of the ACGME, the ACGME Board of Directors, the ACGME Council of Review Committees, and the GME community at large, to include resident organizations recognized by the ACGME for the one resident member. The Institutional Review Committee and the Transitional Year Review Committee will select candidates and communicate their recommendations to the ACGME Board of Director's Executive Committee for appointment and confirmation by the ACGME Board of Directors.

#### **c. Terms**

With the exception of the resident member, Review Committee members shall be appointed to a six-year term. Upon completion of a six-year term, a member may not be appointed again to the same Review Committee.

## **Subject: 13.00 Review Committees**

### **13.20 Review Committee Members (Continued)**

The terms of new members shall begin on July 1. Under exceptional circumstances, the new member term's beginning or ending date may be adjusted for a brief period by the Review Committee Executive Director to accommodate the needs of the Review Committee except as an alternate member (see Section 13.20 e.(4)).

Review Committee members who have resigned before completion of the six-year term cannot be appointed to another Review Committee for two years.

#### **d. Qualifications for Appointment**

Each member of the Residency Review Committee and the Transitional Year Review Committee, with the exception of a member who is a resident, must be certified by the appropriate ABMS Board; should be actively involved in GME; should demonstrate substantial experience in the administration and/or teaching in the specialty (e.g., program director, active faculty member, or participating site director); should have knowledge of the accreditation process; and should be associated with a program in good standing.

Each member of the Institutional Review Committee, with the exception of the resident member, should be associated with an institution that holds initial accreditation or continued accreditation; be familiar with the institutional review process and the institutional requirements and have experience with or current responsibility for their implementation; and possess demonstrated experience in institutional administration, institutional oversight, and/or institutional review.

Candidate(s) who are current members of the Institutional or Transitional Year Review Committee will not be considered for appointment to a Residency Review Committee unless in the last year of their term.

Likewise, candidate(s) who are current members of a Residency Review Committee will not be considered for appointment to the Institutional or Transitional Year Review Committee unless in the last year of their term.

#### **e. Composition**

##### **(1) Chair**

A Review Committee Chair should be elected for a three-year term from the membership of the Review Committee, and shall not be eligible for re-election. If the Chair for any reason relinquishes the position prior to the completion of the term, the Review Committee shall elect a new Chair. If a Review Committee member is elected Chair with only two years remaining of his/her six year term, that term may be extended by one year in order to fulfill his/her three year term as Chair.

##### **(2) Vice-chair**

The Vice-chair should be elected by the Review Committee for a term not to exceed two years.

## **Subject: 13.00 Review Committees**

### **13.20 Review Committee Members (Continued)**

#### (3) Resident

Each Review Committee must have a procedure for appointing the resident member. Candidates must be enrolled in a residency or fellowship program at the time of the appointment, and may not serve more than one year beyond completion of residency or fellowship. The resident term is a minimum of one year, and reappointment is permitted.

#### (4) Alternate Member

Although Review Committee members are expected to attend each meeting of the Review Committee, extraordinary circumstances may occasionally prevent a member from attending. A Review Committee may designate an alternate member who shall serve a term not to exceed two years and who may attend a meeting under extraordinary circumstances in order to substitute for a voting member. The alternate member must be someone who is sufficiently familiar with the review process.

#### f. Responsibilities

Prior to assuming responsibility for reviewing programs or sponsoring institutions, each member of the Review Committee must attend the Annual New Member Orientation or an alternative orientation procedure approved by the ACGME Chief Executive Officer. Each member must support ACGME policies and follow ACGME procedures; must give priority to attending Review Committee meetings; must agree to the number of meetings, the workload, and other tasks associated with membership; and, must agree to an evaluation of his/her performance by the other members of the Review Committee and ACGME senior staff. A summary of the evaluation is shared with the appointing organization.

#### (1) Chair

A Review Committee Chair shall call and preside over meetings of the Review Committee. The Chair shall ensure that the Review Committee conducts its responsibilities in accordance with the policies and procedures contained in these *Policies and Procedures* and in other official documents of the ACGME. The Chair shall attend the meetings of the ACGME Council of Review Committees.

#### (2) Vice-Chair

The Vice-chair shall assume the duties of the Chair in the latter's absence.

## **Subject: 13.00 Review Committees**

### **13.20 Review Committee Members (Continued)**

#### **g. Failure of Member to Perform**

Consistent with Article IX, Section 5, of the ACGME *Bylaws*, a Review Committee member may be removed by a majority vote of the Board of Directors whenever, in the judgment of the Board, the best interests of the ACGME would be served thereby. This may include, but not be limited to, the failure of the member to perform his or her responsibilities appropriately or the violation of rules of confidentiality. In removing a member of a Review Committee, the following procedures shall apply:

- (1) The Chief Executive Officer of the ACGME shall provide the Review Committee member in question with written notice of the proposed removal; this written notice must include an explanation of the reason for the proposed removal.
- (2) The Review Committee member shall be given an opportunity to provide a written response to the allegations, and to appear before the Executive Committee of the ACGME.
- (3) The recommendation of the Executive Committee shall be presented for action to the ACGME at its next meeting. During this process, the Review Committee member in question may not attend Review Committee meetings.
- (4) The action of the ACGME shall be communicated by the Chief Executive Officer of the ACGME to the Review Committee members, the appointing organization, and the Chair of the Review Committee. The details of the action shall be considered confidential, and shall not be shared with the Review Committee.

#### **h. Other Attendees**

##### **(1) Ex Officio**

Each appointing organization may send one ex officio member, without vote, to attend Residency Review Committee meetings.

Ex officio members are subject to the same rules of conflict of interest and confidentiality as voting members. An ex officio member may participate in policy discussion, but shall not participate in program review, except that, the ex officio member from the relevant certifying board shall provide information on board score performance.

## **Subject: 13.00 Review Committees**

### **13.20 Review Committee Members (Continued)**

#### (2) Staff and Guests

- (a) A limited number of staff and guests may attend a Review Committee meeting. The number of staff and guests must be approved in advance by the Review Committee Executive Director.
- (b) Guest: a person invited to provide data or information for certain matters under consideration (e.g., a subspecialty expert who is invited to work with the Review Committee in drafting new requirements) or who is a member of the Board of Directors.
- (c) Staff and guests are subject to the same rules of conflict and duality of interest and confidentiality as members. Prior to the meeting, guests must sign the Agreement for Guests which is maintained in the meeting file.
- (d) In advance of the meeting, the Review Committee Executive Director in consultation with the Review Committee Chair shall inform the guest whether or not s/he may be present during the review portion of the meeting.

#### i. Size

The ACGME shall determine the number of Review Committee members based upon the number of specialty and subspecialty programs or sponsoring institutions, as well as the overall workload. Requests for an increase in the number of members on a Review Committee must be submitted to the ACGME Board of Directors, and must be approved and budgeted by the ACGME before implementation.

**Subject: 13.00 Review Committees**  
**Section: 13.30 Policies Governing Member Conduct**

Upon configuration, all Review Committee members (except ex officio members) must sign an agreement annually to comply with ACGME policies and procedures, including those relating to Fiduciary Duty, Conflict of Interest, and Confidentiality. The ex officio member must sign an agreement annually to comply with *ACGME Policies and Procedures*, including those related to Conflict of Interest and Confidentiality Statement. These agreements shall be kept on file by the Review Committee Executive Director.

Members of the Review Committee may not act for or on behalf of the Committee or the ACGME without explicit authorization by the ACGME. This does not preclude Review Committee members from reporting on general committee activities to appropriate organizations.

**13.31 Fiduciary Duty (excludes ex officio members)**

- a. Members of a Review Committee hold a fiduciary duty to the ACGME and its Review Committees. Each member of a Review Committee must be attentive to the needs and priorities of the ACGME, and must act in what he or she reasonably believes to be the best interests of the ACGME.
- b. If a member of a Review Committee cannot exercise a fiduciary responsibility to act in the best interest of the ACGME and in the work of the Review Committee on any particular issue, the member should declare a conflict of interest as described below.

**13.32 Conflict and Duality of Interest for Review Committee Members (includes ex officio members)**

- a. General

The mission of the Accreditation Council for Graduate Medical Education (“ACGME”) is to improve health care by assessing and advancing the quality of resident physicians’ education through accreditation. In furtherance of this mission, ACGME engages in accreditation and accreditation-related activities. The integrity of ACGME, its accreditation decisions, and the activities it undertakes, depends on (1) the avoidance of conflicts of interest, or even the appearance of such conflicts, by the individuals involved in those decisions and activities, and (2) appropriately addressing dualities of interest by those same individuals.

**Subject: 13.00 Review Committees**  
**Section: 13.30 Policies Governing Member Conduct**

**13.32 Conflict and Duality of Interest for Review Committee Members (includes ex officio members) (Continued)**

At the same time, ACGME recognizes that the leaders of ACGME also have significant professional, business and personal interests and relationships. Therefore, ACGME has determined that the most appropriate manner in which an ACGME Review Committee member addresses actual, apparent or potential conflicts of interest and dualities of interest is initially through full disclosure of any relationship or interest which might be construed as resulting in such a conflict or duality. Disclosure under this Policy should not be construed as creating a presumption of impropriety or as automatically precluding someone from participating in an ACGME activity or decision-making process. Rather, it reflects ACGME'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 other participants in ACGME-related matters.

Insofar as actual, apparent or potential conflicts of interest and dualities of interest can be addressed before they are manifest in Review Committee meetings or otherwise, they should be referred first to the Review Committee chair for resolution (with assistance and advice of the ACGME Chief Executive Officer), and failing satisfactory resolution to all involved, to the Governance Committee for resolution. Insofar as actual, apparent or potential conflicts of interest and dualities of interest are not so resolved, and they become manifest in Review Committee meetings, the Review Committee shall address them consistent with this Policy, or if permitted by time, refer them to the Governance Committee for resolution.

On or before January 31 of each year, each Review Committee shall submit to the Governance Committee, with a copy to the Monitoring Committee, a report listing the date and a brief account (need not include names) of each disqualification occurring during the previous calendar year.

The Governance Committee of the ACGME Board has the responsibility to provide oversight for compliance with this Policy.

**Subject: 13.00 Review Committees**  
**Section: 13.30 Policies Governing Member Conduct**

**13.32 Conflict and Duality of Interest for Review Committee Members (includes ex officio members) (Continued)**

b. Definitions

(1) Conflict of Interest.

A conflict of interest occurs when a Review Committee member has a financial interest (as defined in this Policy), which is declared or determined under this Policy to be a personal and proprietary financial interest to the Review Committee member or a close member of his/her family that relates to an ACGME decision or activity.

(2) Duality of Interest.

A duality of interest occurs when a Review Committee member has an interest which is declared as, or determined under this Policy to be, a competing fiduciary obligation which does not involve a personal and proprietary financial interest. (Usually, this relates to a fiduciary obligation to another not for profit corporation with an interest in ACGME accreditation standards and policies) A duality of interest sufficient in gravity to destroy the trust necessary for fiduciary services in the interests of ACGME and the public on an issue shall disqualify a Review Committee member from fiduciary services on that issue.

(3) Apparent Conflict or Duality.

An apparent conflict or duality of interest is one which is perceived, but not actual. (Since third parties act or draw conclusions on what they perceive, an apparent, but unresolved, conflict or duality needs to be addressed)

(4) Potential Conflict or Duality.

A potential conflict or duality of interest is one which has not yet occurred, but is predictable if a person is about to assume (i) ownership or investor status, (ii) a compensation arrangement, or (iii) a fiduciary responsibility.

(5) Financial Interest.

A person has a financial interest which is personal and proprietary if the person has, directly or indirectly, through business, investment or family (spouse, parent, child or spouse of a child, brother, sister, or spouse of a brother or sister):

- (a) An ownership or investment interest in any entity (other than a publicly held entity) with which ACGME has a contract or transactional arrangement, or in any entity (other than a publicly held entity) whose products or services are in competition or potential competition with those intrinsic to the ACGME contract or transactional arrangement; or

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**13.32 Conflict and Duality of Interest for Review Committee Members (includes ex officio members) (Continued)**

- (b) A compensation arrangement with any entity or individual with which/whom ACGME has a contract or transactional arrangement in which the compensation is in excess of the One Thousand Dollars (\$1,000.00) in any year, or with any entity whose products or services are in competition or potential competition with those intrinsic to the ACGME contract or transactional arrangement; or
- (c) An actual or potential ownership or investment interest in any entity (other than a publicly held entity) with which ACGME 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 contract or transactional arrangement; or
- (d) A compensation arrangement with any entity or individual as to which/whom ACGME is considering or negotiating a contract or transactional arrangement, or with any entity or individual whose products or series are in competition or potential competition with those intrinsic to the potential ACGME contract or transactional arrangement.

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

c. Conflict of Interest/Financial Interest/Bias – Review of Programs and Sponsoring Institutions

(1) Step One – Disclosure of Conflict/Bias.

Each Review Committee member who has, or is advised that he/she may have, (a) an actual, apparent or potential conflict of interest (personal or proprietary financial interest) or (b) a bias for or against a program or sponsoring institution under review must disclose the conflict or bias and all relevant facts to the Review Committee chair (vice-chair if the chair is conflicted or unavailable; committee selected designee if the chair is conflicted or unavailable, and there is no vice-chair). A disclosure statement form shall be provided to Review Committee members annually for completion and return, but disclosure is most appropriate whenever conflicts arise or are suspected.

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**13.32 Conflict and Duality of Interest for Review Committee Members (includes ex officio members) (Continued)**

(2) Step Two – Self Declared Financial Interest or Bias

(a) Self-Declared Financial Interest.

A Review Committee member having a personal or proprietary financial interest (including employment) in a program or sponsoring institution under review shall withdraw from all discussion and leave the meeting room. The Review Committee member shall not attempt or exert his or her personal influence with respect to the review, either at or outside the meeting.

(b) Self-Declared Bias.

A Review Committee member having a bias for or against a program or sponsoring institution under review shall withdraw from all discussion and leave the meeting room. The Review Committee member shall not attempt to exert his or her personal influence with respect to the review, either at or outside the meeting.

(3) Step Three – Same State or Territory.

A Review Committee member employed by a program or sponsoring institution headquartered in the same state or territory as a program or sponsoring institution under review shall withdraw from all discussion and leave the meeting room. The Review Committee member shall not attempt to exert his or her personal influence with respect to the review either at or outside the meeting.

(4) Step Four – Review Committee Determined Financial Interest or Bias.

- (a) In the event it is not clear that a financial interest or bias for or against a program or sponsoring institution under review exists, the Review Committee member with an alleged or suspected financial interest or bias shall disclose the circumstances to the Review Committee chair (vice-chair if the chair is conflicted or unavailable; committee selected designee if the chair is conflicted or unavailable, and there is no vice-chair), who shall determine whether there exists an actual, apparent or potential financial interest or bias for or against a program or sponsoring institution.

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**13.32 Conflict and Duality of Interest for Review Committee Members (includes ex officio members) (Continued)**

- (b) The Review Committee member involved may request a vote if he/she disagrees with the chair's determination. The Review Committee member involved may be present and may speak during Review Committee discussion of the relevant facts regarding the actual apparent or potential financial of interest or bias, but shall leave the room for executive session discussion and voting. A financial interest or bias may be found to exist by a simple majority vote, the Review Committee member involved not voting but being counted for quorum purposes and shown as abstaining.

(5) Step Five.

If, as a result of Steps Two, Three and Four, the number of Review Committee members remaining to discuss and vote on the review is less than half the total number of Review Committee members, those Review Committee members excluded under Step Three (Same State or Territory) who would not be excluded under Steps Two or Four may participate in discussion and vote on the review of the program or sponsoring institution.

d. Conflict of Interest/Financial Interest/Bias – Consultant/Site Visitor

A Review Committee member shall not serve as a program or institutional consultant or as a program or institutional site visitor of GME programs or sponsoring institutions while serving on a Review Committee. Members of the Transitional Year Review Committee, however, are not precluded from participating in these activities in their own specialties.

e. Failure to Disclose Conflict of Interest

- (1) If the Governance Committee has reasonable cause to believe (based on information from the ACGME Chief Executive Officer or other responsible sources) that a Review Committee member has knowingly and deliberately failed to disclose an actual, apparent or potential conflict of interest, it shall inform the person of the basis for such belief and afford him or her an opportunity to explain the alleged failure to disclose.
- (2) If, after hearing the response of the person and making such further investigation as may be warranted in the circumstances, the Governance Committee determines that the person has in fact knowingly failed to disclose an actual, apparent or potential conflict of interest, it shall recommend appropriate action or sanctions to the Board of Directors. The recommendation shall reflect the Governance Committee's view of the violation's seriousness and the degree of harm or potential harm to ACGME.

**Subject: 13.00 Review Committees**  
**Section: 13.30 Policies Governing Member Conduct**

**13.32 Conflict and Duality of Interest for Review Committee Members (includes ex officio members) (Continued)**

f. Duality of Interest

(1) Step One – Disclosure of Dualities and Possible Dualities Prior to Review Committee action on an issue.

Each Review Committee member who has, or is advised by one or more on the Review Committee that he/she may have, an actual, apparent or potential duality of interest as regards an action being taken or to be taken by the Review Committee must disclose the duality and all relevant facts to the Review Committee chair (vice-chair if the chair is conflicted or unavailable; committee selected designee if the chair is conflicted or unavailable, and there is no vice-chair).

- (a) It is important to disclose dualities because the affected Review Committee member should, in discussion indicate how he/she has acted in the public's best interest to resolve the duality.
- (b) Annual Disclosure Form.

A disclosure statement form shall be provided to Review Committee members annually for completion and return, but disclosure is most appropriate whenever dualities arise or are suspected.

(2) Step Two – Self-Declared Actual, Apparent or Potential Duality

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

A Review Committee member may declare an actual, apparent or potential duality of interest on an issue and also declare that he/she can discharge his/her fiduciary duty as an ACGME Review Committee member relating to that issue in a manner that he/she reasonably believes is in the interest of ACGME and the public. Unless the Review Committee determines, as provided herein, that the Review Committee member has an actual, apparent or potential duality of interest on an issue and that he/she cannot discharge his/her fiduciary duty as a Review Committee member relating to that issue in a manner that is in the interest of ACGME and the public, the Review Committee member may participate as a Review Committee member regarding that issue.

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**13.32 Conflict and Duality of Interest for Review Committee Members (includes ex officio members) (Continued)**

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

A Review Committee member declaring an actual, apparent or potential duality of interest on an issue and that he/she cannot discharge his/her fiduciary duty as a Review Committee member relating to that issue in a manner that he/she reasonably believes is in the interest of ACGME and the public, shall not participate as a Review Committee member regarding that issue.

- (3) Step Three – Review Committee Determined Actual, Apparent or Potential Duality (Disqualifying).

- (a) In the event it is not clear that a disqualifying actual, apparent or potential duality of interest exists, the Review Committee member with an alleged, suspected or possible actual, apparent or potential duality shall disclose the circumstances to the Review Committee chair (vice-chair if the chair is conflicted or unavailable; committee selected designee if the chair is conflicted or unavailable, and there is no vice-chair), who shall determine whether there exists a disqualifying actual apparent or potential duality of interest, i.e., whether an actual, apparent or potential duality of interest exists that is sufficient in gravity to destroy the trust necessary for fiduciary service to ACGME and the public on an issue.

- (b) The Review Committee member involved may request a vote if he/she disagrees with a disqualification decision of the Review Committee or committee chair. The Review Committee member involved may be present and may speak during Review Committee discussion of the relevant facts, but shall leave the room for executive session discussion and voting. A disqualifying actual, apparent or potential duality may be found to exist by a two-thirds vote, the Review Committee member involved not voting, but being counted for quorum purposes and shown as abstaining.

- (4) Step Four – 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 Review Committee, the duality shall be noted in the minutes. The Review Committee member with the actual, apparent or potential duality shall not participate in the debate or vote on the action, and, in the discretion of the Review Committee chair or committee chair, shall not have access to certain confidential information.

**Subject: 13.00 Review Committees**  
**Section: 13.30 Policies Governing Member Conduct**

**13.32 Conflict and Duality of Interest for Review Committee Members (includes ex officio members) (Continued)**

(5) Failure to Disclose Duality of Interest

If the Governance Committee has reasonable cause to believe (based on information from the ACGME Chief Executive Officer or other responsible sources) that a Review Committee member has knowingly and deliberately failed to disclose an actual, apparent or potential duality of interest, it shall inform the person of the basis for such belief and afford him or her an opportunity to explain the alleged failure to disclose.

If, after hearing the response of the person and making such further investigation as may be warranted in the circumstances, the Governance Committee determines that the person has in fact knowingly failed to disclose an actual, apparent or potential duality of interest, it shall recommend appropriate disciplinary and corrective action to the Board of Directors. The recommendation shall reflect the Governance Committee's view of the failure's seriousness and the degree of harm or potential harm to ACGME.

g. Review Committee members to Follow This Policy

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

(2) Annually, each Review Committee member shall complete a disclosure form identifying any relationships, positions or circumstances in which s/he is involved that he or she believes could contribute to an actual or apparent conflict of interest or duality of interest. Any such information regarding the business interest of a Review Committee or a family member thereof, shall generally be made available only to the Chair, the Chief Executive Officer (and ACGME staff designated by him/her), the applicable Review Committee chair, and any committee appointed to address conflicts and dualities of interest, except to the extent additional disclosure is necessary in connection with the implementation of this policy.

**Subject: 13.00 Review Committees**  
**Section: 13.30 Policies Governing Member Conduct**

**13.33 Confidentiality (includes ex officio members)**

The ACGME requires that its procedures and those of its committees recognize the need for confidentiality in maintaining certain information and documents acquired during the accreditation process. Adherence to confidentiality is vital to the operation of the accreditation process. Intrinsic to private accreditation is the promotion of candor within its process, which may include constructive criticism that leads to improvement in the educational quality of a program or institution. Maintaining confidentiality within the accreditation process promotes candor. Confidentiality means that the ACGME and its committees will not disclose the documents listed in this section nor the information contained therein, except as required for ACGME accreditation purposes, or as may be required legally, or as provided in Sections 13.34 and 13.35. In order to meet the requirement of confidentiality, ACGME holds as confidential the following documents and the information contained therein:

- a. institutional and program files, including without limitation, institutional review documents, program information forms, site visit reports, progress reports, program case log data, other survey data, and record of committee consideration;
- b. appeals files;
- c. additional documents and correspondences recording accreditation actions and consideration thereof by the ACGME; and,
- d. case log data, personal resident physician information, and protected health care information submitted electronically or otherwise to the ACGME.

**Subject: 13.00 Review Committees**  
**Section: 13.30 Policies Governing Member Conduct (Continued)**

**13.34 Published Information Released through ACGME**

The ACGME publishes and releases, through its website ([www.acgme.org](http://www.acgme.org)) and other media, the following information about accredited programs and institutional reviews:

- a. name and address of the 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;
- e. length of program;
- f. total number of positions;
- g. effective date of program and institutional accreditation, program and institutional accreditation status;
- h. date of last site visit; and,
- i. approximate date of next site visit.

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

Individual resident physician clinical experience data may be submitted to specialty certification boards upon authorizations of both individual resident physicians and of programs.

**Subject: 13.00 Review Committees**  
**Section: 13.30 Policies Governing Member Conduct**

**13.35 Confidentiality Administration (includes ex officio members)**

In order to protect confidential information and its own interest in maintaining that confidentiality, Review Committee members assume 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 Review Committees receive or generate, except directly in conjunction with service to the ACGME;
- b. not use such confidential information for personal or professional benefit or for any other reason, except directly in conjunction with service to the Review Committees and/or the ACGME; and,
- c. dispose of all materials and notes regarding confidential information in compliance with ACGME policies.

A breach of confidentiality could result in irreparable damage to the Review Committees, the ACGME and its mission, as well as to the public, and may result in removal of the member from the Review Committee.

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

## **Subject: 13.00 Review Committees**

### **13.40 Request for Pilot Project**

The Review Committee develops a written proposal by completing the Proposal for Review Committee Pilot Project form.

The proposal is first reviewed by ACGME senior management, which either returns it to the Review Committee with suggestions for revisions, e.g., more detail, clarification and/or modification or approves it for consideration by the ACGME.

If approved for consideration by the ACGME, the Review Committee Executive Director submits the proposal to the Monitoring Committee for review. The review process by the Monitoring Committee is similar to that used for Review Committee assessment:

- a. Prior to the Monitoring Committee meeting, the staff submits the proposal for review by two Committee members.
- b. The Review Committee Chair and Executive Director attend the Monitoring Committee meeting to discuss the proposal and receive the Committee's recommendations.
- c. The Monitoring Committee Chair presents the final proposal (including the Committee's recommendations) to the ACGME Executive Committee at the same ACGME meeting.

After the Monitoring Committee has made its recommendation, the ACGME Executive Committee determines final approval, the time period for the pilot project, and the timing of status reports (at least annually).

The Monitoring Committee receives the annual status reports, and the chair of the Monitoring Committee provides updates to the ACGME Executive Committee.

A copy of the approved pilot proposal is distributed to the ACGME Council of Review Committees for informational purposes. If another Review Committee wishes to conduct a similar pilot, the Review Committee will begin the process with step 13.30 above.

At the conclusion of the approved time period, the Review Committee Chair presents the final report, which contains an explanation of the goals and objectives, both met and not met to the ACGME Executive Committee, to the Monitoring Committee and to the ACGME Council of Review Committees.

The Review Committee may request an expansion of the pilot or permanent approval of a wide-scale implementation of the program by providing a rationale based on the assessment of the pilot project to the Monitoring Committee. The assessment report must address the impact on the accreditation process, staffing, and program compliance. After review, the Monitoring Committee proposes the recommendation to the ACGME Executive Committee.

## **Subject: 14.00 Responsibilities of Review Committees**

### **14.10 Delegation of Authority**

Each Review Committee functions under accreditation authority delegated by the ACGME. Review Committee actions are monitored for procedural compliance at intervals determined by the ACGME.

#### Accreditation Responsibilities

To accredit programs and sponsoring institutions consistent with established ACGME policies and procedures using the program and institutional requirements;

To confer an accreditation status and specify the length of the accreditation review cycle for the program or sponsoring institution being evaluated;

To prepare or revise periodically the Requirements to reflect current educational and clinical practice;

To prepare or revise program or institutional information forms, data collection systems, and other evaluation documents used in the accreditation process;

To initiate discussion in matters of policy, best practices, and innovation relating to GME; and,

To recommend to the ACGME changes in policy, procedures, and requirements.

## **Subject: 14.00 Responsibilities of Review Committees**

### **14.20 Use of Information on Resident Performance on Certification Examinations in Program Review**

Review Committees should use aggregate information pertaining to the performance of program graduates on certification examinations administered by a specialty board as one measure of the quality of a residency program. The following are set forth for Review Committees using such information:

- a. The program requirements for the specialty/subspecialty must indicate that such information will be used in evaluating and accrediting residency programs;
- b. Review Committees should establish and publish reasonable criteria and procedures for using such information in accrediting residency programs; and,
- c. The board information made available to the Review Committee must:
  - (1) Also be available from the board to the respective program directors (e.g. initial pass rate over a five-year period), and
  - (2) Be provided in writing to the Review Committee, so that it can be:
    - (a) considered by reviewers prior to the Review Committee and by the Review Committee meeting, and
    - (b) included in the official file of the residency program.

## **Subject: 14.00 Responsibilities of Review Committees**

### **14.30 Conduct of Review Committee Meetings**

- a. Review Committees shall meet at regularly prescribed intervals to conduct business. The length and frequency of meetings should be determined by workload. Any additional meetings or extended meetings require prior approval of the Senior Vice-President, Accreditation Committees.
- b. A simple majority of the voting members and the Review Committee Executive Director or ACGME designee must be present for any business to be conducted.
- c. During its deliberations and conduct of business, Review Committee members must function in a manner consistent with *ACGME policies and procedures*, including Fiduciary Duty, Conflict of Interest, and Confidentiality Policies.
- d. Accreditation actions must comply with ACGME accreditation policies and procedures.
- e. Review Committee staff shall record the minutes of meetings and the record of accreditation actions.

## **Subject: 14.00 Responsibilities of Review Committees**

### **14.40 Use of Conference Calls to Conduct Review Committee Business**

- a. A Review Committee may conduct a regular Review Committee meeting by conference call, using the following procedure:
  - (1) The Review Committee Chair and Executive Director shall determine whether to hold the meeting by conference call.
  - (2) At least a simple majority of voting members and the Executive Director of the Review Committee or ACGME designee must be present.
  - (3) The Review Committee staff shall keep minutes of the meeting, including any action taken as a result of the conference call. All votes taken during conference calls shall be by roll call. The Review Committee staff shall be responsible for conducting and recording all votes taken during conference calls.
  - (4) The Review Committee staff shall be responsible for making all arrangements for a conference call.
- b. Review Committees may also use conference call meetings as necessary to conduct Review Committee business in certain circumstances, for example, when:
  - (1) it is not possible to gather a simple majority of the voting members to attend a regularly scheduled meeting;
  - (2) an emergency situation arises to transact official business between regularly scheduled meetings; or,
  - (3) the need arises to consider an accreditation action or a subcommittee meeting between regularly scheduled Review Committee meetings.
- c. Under special circumstances, the Review Committee Executive Director and Review Committee Chair may determine that accreditation reviews and other Committee business will be conducted by telephone conference call, or a means other than a face to face meeting. Special circumstances may include, but are not limited to a small number of accreditation actions on the agenda. The Review Committee Executive Director and Review Committee Chair will make the final decision in consultation with ACGME senior management. Under normal circumstances, the decision to alter the mode of conduct of the meeting should be made at least six months prior to a scheduled meeting date in order to avoid penalties on contracts already arranged.

**Subject: 14.00 Responsibilities of Review Committees**

**14.50 Cancellation of a Review Committee Meeting**

Circumstances may cause a Review Committee to reschedule a confirmed meeting for reasons such as inclement weather, a national emergency or other emergency situation. Permission to reschedule a meeting rests with the Chief Executive Officer or his designee in consultation with the Review Committee Chair and Executive Director. All staff and members of the Review Committee shall be notified immediately of the cancellation. Another date for the meeting shall be determined in a timely fashion.

**Subject: 15.00 Procedures for the Development and Approval of Requirements**

**15.10 Initial Approval of Proposed Requirements**

- a. Each Review Committee shall work with the internal ACGME Requirement Development Committee to develop and/or revise program and institutional requirements prior to submission to the ACGME Committee on Requirements. The Committee on Requirements shall review and make recommendations to the ACGME on the initial approval of proposed requirements, beginning with (Section 15.20 b.(1)).
- b. Upon approval by the ACGME Board of Directors new subspecialty specific program requirements developed for a new subspecialty area should stay effective without change for a five year development period.

## **Subject: 15.00 Procedures for the Development and Approval of Requirements**

### **15.20 Major Revision of Existing Requirements**

- a. Review Committees must review existing requirements every five years. If a Review Committee deems that no revisions are required, a letter explicitly stating that the review has been accomplished and that no revisions are required must be submitted to the ACGME Committee on Requirements. This fulfills the ACGME requirement for currency of each of the specialties' requirements.
- b. The Following Procedures Apply:
  - (1) The Review Committee shall complete the proposal in the form and format required by the ACGME to include the development of an Impact Statement that responds objectively to each required question. After this step, the ACGME editor must edit the document.
  - (2) The community of interest shall be notified via email of the proposed revisions on the ACGME website.
    - (a) The following groups constitute the ACGME community of interest who must be notified:
      - member organizations of the ACGME,
      - appointing organizations of the Review Committee,
      - Designated Institutional Officials,
      - Review Committee Chairs and Executive Directors of each Review Committee,
      - program directors in the specialty, and the ACGME Committee on Requirements staff.
    - (b) There may be additional specialty organizations that should be notified; these notifications, however, are made at the discretion of the applicable Review Committee.
    - (c) ACGME Directors and Review Committee members shall not provide written comments on the proposed requirement revisions, individually, or on behalf of their program (if applicable), institution or other organization except that :
      1. Review Committee chairs may submit written comments on behalf of their Review Committees and
      2. A Review Committee whose Chair is a Director shall submit the Review Committee's comments through its Vice-Chair
  - (3) After the proposed program requirements and the Impact Statement have been listed on the ACGME website, a 45-day period of comment commences.

**Subject: 15.00 Procedures for the Development and Approval of Requirements**

**15.20 Major Revision of Existing Requirements (Continued)**

- (4) Comments shall be evaluated by the Review Committee, and the Review Committee shall determine which suggestions will be incorporated into the proposal. If a Review Committee disagrees with a substantive suggestion submitted by an ACGME member organization, an appointing organization of the Review Committee, another Review Committee, a program director in the specialty, or a program director association, the Committee must address each of these written responses by explaining its reason for accepting or declining the suggestion. This information must be included in the cover memo when the document is presented to the ACGME for approval. (N.B.: There is no requirement that suggestions submitted by a member organization be distributed to other members, nor is there a requirement that the proposed requirements be distributed again for review and comment to the member organizations of ACGME.) The final proposal must be formally approved by the Review Committee before submission to the ACGME.
- (5) The following documents must be submitted to the ACGME Committee on Requirements in the following order and format:
  - (a) a cover memo from the Review Committee Executive Director explaining why each suggestion has been incorporated or not, as outlined above;
  - (b) the proposed requirements with additions underlined;
  - (c) the Impact Statement;
  - (d) copies of communications from the designated organizations that contain suggestions for revisions; and,
  - (e) a list of those designated organizations that have returned a statement of “no comment.”
- (6) The proposed documents should be submitted to the staff of the ACGME Committee on Requirements for its review in a timely fashion for the ACGME meeting.
- (7) Members of the Committee on Requirements shall review the documents, and provide the Chair of the Review Committee with their written comments in sufficient time for the Chair to respond to these comments in writing.

**Subject: 15.00 Procedures for the Development and Approval of Requirements**

**15.20 Major Revision of Existing Requirements (Continued)**

- (8) The review of the proposed requirements shall occur at the Committee on Requirements' meeting, and its recommendations shall be forwarded to the ACGME Board of Directors for action.
- (9) The effective date for the revisions shall be July 1 or January 1, as recommended by the ACGME Committee on Requirements. The ACGME shall consider the recommendation of the Review Committee for the effective date of implementation. The effective date, however, must consider that there is sufficient time for programs or institutions to implement major changes.
- (10) On initial approval of new requirements, the effective date will be that date on which the requirements are approved by the ACGME, unless otherwise provided by the ACGME. The ACGME shall consider a recommendation of a Review Committee as to the effective date.
- (11) The approved requirements shall be edited by the ACGME editor or designated staff, if needed, before they are posted on the ACGME website. Editorial corrections made by the ACGME editor or designated staff to approved requirements must not substantively change standards approved by the ACGME Board of Directors.

## **Subject: 15.00 Procedures for the Development and Approval of Requirements**

### **15.30 Minor Revisions of Existing Requirements**

These procedures apply for revisions that are editorial in nature, that clarify common understanding without changing the standard, or that update standards which are technical or specific to a specialty, as with procedures or equipment in the specialty.

- a. The Review Committee shall distribute a revised document to its appointing organizations or the ACGME Board of Directors for information and comment, and shall simultaneously forward the revised document to the ACGME Committee on Requirements.
- b. With ACGME approval, the effective date of implementation of the program requirements shall ordinarily be 60 days following the date of general distribution of the document. If substantial objections are received from an addressee within 60 days following approval and distribution, the requirements shall be considered not effective, and the Review Committee shall follow the standard procedure for revision and approval of requirements.

## **Subject: 15.00 Procedures for the Development and Approval of Requirements**

### **15.40 Revisions to the Common Program Requirements**

- a. The ACGME Council of Review Committees has responsibility for initiating revisions to the ACGME's Common Program Requirements. Proposed revisions to the common program requirements may be submitted by any member of the community of interest (e.g., program director, resident, Review Committee, designated institutional official, member and appointing organization or by a standing committee of the ACGME or its Board of Directors). The staff of the ACGME's Council of Review Committees shall bring the proposals to the attention of the Committee on Requirements as necessary. Proposals for revision should occur at infrequent intervals, but no less frequently than every five years. If revision is required due to state statute or federal law, such revisions shall take precedence.
- b. Revisions to the common program requirements by the ACGME Council of Review Committees shall be conducted by:
  - (1) requesting comments from ACGME member organizations, review committees, appointing organizations, standing ACGME committees and councils, program directors, and designated institutional officials;
  - (2) distributing the documents over the ACGME website, and expediting review of comments by electronic communication;
  - (3) conducting a review of the comments, and making final revisions to the document prior to submission to the ACGME Committee on Requirements for approval; and,
  - (4) ordinarily, the effective date of approved common program requirements will be the following July 1 or January 1, at least six months following the ACGME meeting at which the requirements were approved. Under special circumstances, the ACGME may designate an earlier or later date, and make this information available on the ACGME website.

## **Subject: 15.00 Procedures for the Development and Approval of Requirements**

### **15.50 Impact Statement**

The Impact Statement is a complementary document to proposals for new requirements or revisions of current requirements. Many such revisions are often minor, and represent modifications that are consistent with some change in practice pattern or evolution of the discipline. In some cases, however, revisions are major and represent not only modifications that affect both residents and educators in the specialty, but other medical specialties whose body of knowledge and activities overlaps the specialty in question. The Impact Statement also serves to advise that some change in educational activities or in the residency requirements for a discipline may materially affect patient care or the allocation of resources within the sponsoring institution.

The impact statement must address the effect of requirements on resident education, patient care, faculty resources, institutional facilities and services, and other services and educational programs in the institution for each area where substantive change is proposed.

## **Subject: 15.00 Procedures for the Development and Approval of Requirements**

### **15.60 Inter-specialty Conflicts about Revisions of Requirements**

When the Requirements of any currently approved specialty or subspecialty have been completed and distributed with the Impact Statement, any Review Committee that believes the proposed Requirements will have an adverse impact on the education of residents in its specialty should express this concern through the Chair in writing to the Review Committee Chair that is initiating the Requirements, and may request the Chair of the ACGME Council of Review Committees to convene a meeting of interested parties to discuss and address the perceived conflicts. The Chair of the ACGME Council of Review Committees shall proceed as in Section 7.00 Councils of the ACGME. If the agreement between the disciplines involved has not been reached, the Committee on Requirements shall make its recommendation to the ACGME Board of Directors on the program requirements or institutional requirements after considering all information that it judges relevant and appropriate.

**Subject: 15.00 Procedures for the Development and Approval of Requirements**

**15.70 Procedures for Developing Program Requirements for Multidisciplinary Subspecialties**

- a. The ACGME Chair shall appoint an advisory committee to include representatives of the specialties participating in the new multidisciplinary subspecialty. The ACGME Chair will also specify the role and length of appointment for the advisory committee. The advisory committee including a representative of the Requirement Development Committee with support provided by the ACGME staff will be responsible for drafting program requirements for the subspecialty. The program requirements shall include the common program requirements as well as requirements specific to the subspecialty.
- b. The draft program requirements will be forwarded to one or more Residency Review Committees that will accredit programs in the subspecialty. The Residency Review Committees shall agree to adhere to one set of program requirements and one program information form for the subspecialty which will apply to all programs regardless of which Residency Review Committee to which the program submits an application for accreditation. If one or more of the sponsoring Residency Review Committees uses a general set of subspecialty program requirements, the Residency Review Committees must agree to include those relevant subspecialty requirements within the program requirements for the subspecialty, or the Residency Review Committee(s) must agree to exempt programs in the multidisciplinary subspecialty from the relevant general subspecialty requirement(s). The Residency Review Committees must reach agreement regarding the content of the requirements before they are submitted to the Requirement Development Committee for consideration.
- c. The draft program requirements shall be submitted to the Requirement Development Committee for review and endorsement before the requirements are posted to the web for review and comment.
- d. The program requirements for the multidisciplinary subspecialty will be submitted to the Committee on Requirements for review and recommendation to the ACGME Board of Directors for approval.
- e. For subsequent revisions of the program requirements, the relevant Residency Review Committees must reach agreement on the revision of the requirements. The requirements submitted to the Requirement Development Committee must represent the consensus of all relevant Residency Review Committees.

## **Subject: 15.00 Procedures for the Development and Approval of Requirements**

### **15.80 Procedures for the Approval of a Focused Revision of Existing Requirements**

If a Review Committee proposes a change in requirements that is not minor and is limited to a particular area, and the requirements are yet not scheduled for the mandatory 5 year review, the following procedures will apply:

- a. The Review Committee shall complete the proposal in the form and format required by the ACGME, to include the development of an Impact Statement that responds objectively to each required question.
- b. The Community of interest shall be notified via email of the proposed revisions on the ACGME website. Only the section(s) of the requirements that is being revised will be open for review and comment.
  - (1) The following groups constitute the ACGME community of interest who must be notified:
    - member organizations of the ACGME,
    - appointing organizations of the Review Committee,
    - Designated Institutional Officials,
    - Chairs and Executive Directors of Each Review Committee,
    - Program Directors in the specialty, and
    - the Committee on Requirements staff.
  - (2) There may be additional specialty or other organizations that should be notified; these notifications, however, are made at the discretion of the applicable Review Committee.
- c. After the proposed program requirements and the Impact Statement have been listed on the ACGME website, a 45-day period of comment commences.
- d. Comments shall be evaluated by the Review Committee, and the Review Committee shall determine which suggestions will be incorporated into the proposal. If a Review Committee disagrees with a substantive suggestion submitted by an ACGME member organization, an appointing organization of the Review Committee, another Review Committee, a Program Director in the specialty, or a Program Director association, the Committee must address each of these written responses by explaining its reason for accepting or declining the suggestion. This information must be included in the cover memo when the document is presented to the ACGME for approval. (N.B.: There is no requirement that suggestions submitted by a member organization be distributed to other members, nor is there a requirement that the proposed requirements be distributed again for review and comment to the member organizations of the ACGME.) The final proposal must be formally approved by the Review Committee before submission to the ACGME.

**Subject: 15.00 Procedures for the Development and Approval of Requirements**

**15.80 Procedures for the Approval of a Focused Revision of Existing Requirements (Continued)**

- e. The following documents must be submitted to the ACGME in the following order and format:
  - (1) A cover memo from the Review Committee Executive Director, explaining why each suggestion has been incorporated or not, as outlined above;
  - (2) the proposed requirements with additions underlined;
  - (3) the Impact Statement;
  - (4) copies of communications from the designated organizations that contain suggestions for revisions; and
  - (5) a list of those designated organizations that have returned a statement of “no comment.”
- f. The proposed documents should be submitted to the staff of the ACGME Committee on Requirements for its review in a timely fashion for the ACGME meeting.
- g. Members of the Committee on Requirements shall review the documents, and provide the Chair of the Review Committee with their written comments in sufficient time for the Chair to respond to these comments in writing. The Committee on Requirements shall limit its review of the requirements to the change being proposed by the Review Committee.
- h. The review of the proposed revision shall occur at the Committee on Requirements' meeting, and its recommendation shall be forwarded to the ACGME Board of Directors for action.
- i. The effective date of implementation for the revisions shall be the following July 1 or January 1, as recommended by the ACGME Committee on Requirements. The ACGME shall consider the recommendation of the Review Committee as to the effective date of implementation. The effective date, however, must consider that there is sufficient time for programs or institutions to implement major changes.

## **Subject: 16.00 Finance**

### **16.10 Fee Structure**

The ACGME charges fees to defray the cost of accreditation. These fees are annually determined by the ACGME.

#### Accreditation Fee

The ACGME shall charge a yearly accreditation fee to all accredited programs. This fee covers all of the costs associated with ongoing accreditation, including the following services:

- the site visit (field staff or specialist, program or institutional);
- preparation and distribution of information forms;
- review of the completed program materials by a Review Committee;
- operative log processing and reporting; and,
- notification regarding the decision of the Review Committee.

There shall be separate accreditation fees for programs with more than five residents and those with five or fewer.

#### Application Fee

A non-refundable fee is charged for processing applications of programs seeking initial accreditation, re-accreditation, or previously withdrawn programs. This fee is assessed upon receipt of the application.

#### Appeal Fee

In the event of an appeal of an adverse action, an appeal fee shall apply. In addition, the appellant and the ACGME shall equally share the following costs associated with the appeal: cost of court reporter, as well as actual expenses for travel, meals, and hotel for appeals panel and Review Committee member.

#### Canceled or Postponed Site Visit Fee

Should a program cancel or postpone a scheduled site visit, the ACGME may charge a cancellation fee. This fee may be charged at the discretion of the Director of Department of Field Activities.

#### Due Date

Fees are payable within 30 days of receipt of the invoice.

## **Subject: 16.00 Finance**

### **16.20 Expenses**

The ACGME defrays expenses for accreditation proceedings in accordance with financial policies established annually. Expense report forms for reimbursement are provided by Committee staff.

#### a. Committee Meetings

##### (1) Facilities

Charges for facilities and services associated with a Review Committee meeting, such as meeting rooms, food service, or special arrangements, are paid by the ACGME.

##### (2) Members

Review Committee members are reimbursed for expenses associated with their attendance at Review Committee meetings. Members are reimbursed for actual travel expenses, as well as for meals and lodging expenses up to a specific per diem rate. The ACGME reimburses all actual expenses for travel, meals, and lodging of the member for attending a meeting. Lodging expenses are placed on a master account and meals except dinner, are provided during the course of the meeting. The ACGME will reimburse up to \$100 per day for dinner and other meal expenses during travel days.

Committee members may not accept payment for service on the Review Committee, to include travel upgrades at the expense of the appointing organization or the ACGME, honoraria, or similar remuneration except from the ACGME.

##### (3) Ex officio Members to a Review Committee

Ex officio members of a Review Committee shall be reimbursed for expenses by their appointing organization in accordance with the regulations of that organization.

##### (4) Resident Member

A resident member appointed by a Review Committee shall be reimbursed for actual expenses for travel, meals, and lodging under ACGME guidelines for attendance at Review Committee meetings.

##### (5) ACGME Staff

Expenses incurred by the ACGME staff shall be reimbursed by the ACGME.

**Subject: 16.00 Finance**

**16.20 Expenses (Continued)**

(6) Guests

Guests shall be eligible for reimbursement of expenses if they are attending the meeting at the request of a Review Committee.

b. Site Visit

Members of the field staff are reimbursed for expenses in accordance with their individual contractual relationship. Specialist site visitors are reimbursed for transportation, meals, and lodging, and receive an honorarium for the service rendered. The honorarium is determined on an annual basis by the ACGME.

## **Subject: 17.00 Whistleblower Policy**

The Accreditation Council for Graduate Medical Education (ACGME) is committed to preventing reprisals against employees and volunteers who report activity undertaken by other ACGME employees or volunteers in connection with the performance of official ACGME activity that may be in violation of (i) any state or federal law or related regulation; or (ii) the ACGME's corporate accounting practices, internal financial controls, or audit (collectively referred to as "Protected Disclosure").

The ACGME, and any individual associated with the ACGME, will not:

- Retaliate against an employee or volunteer who has made a Protected Disclosure or who has refused to obey an illegal or unethical request, or otherwise harass or cause such persons to suffer adverse employment consequences; or
- Directly or indirectly use or attempt to use the official authority or influence of his/her position for the purpose of interfering with the right of an employee or volunteer to make a Protected Disclosure to ACGME leadership.

### Reporting Violations

The ACGME has an open door policy and suggests that employees and volunteers share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an employee's supervisor is in the best position to address an area of concern. However, individuals should always feel free to contact the chair of the ACGME's Audit Committee (Audit/Finance Committee Chair) directly, if they so choose. Supervisors are required to report suspected violations to the ACGME's Audit Committee Chair.

### Audit Committee

The ACGME's Audit Committee is responsible for investigating and resolving all reported complaints and allegations concerning Protected Disclosures and, at the discretion of the Audit Committee Chair, shall advise the Chief Executive Officer.

The Audit Committee shall address all reported concerns or complaints regarding ACGME violation of state or federal law, corporate accounting practices, internal financial controls or auditing. The Audit Committee Chair shall immediately notify the Audit Committee of any such complaint and work with the committee until the matter is resolved.

### Confidentiality

Protected Disclosures may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

**Subject: 17.00 Whistleblower Policy (Continued)**

Handling of Reported Violations

The Audit Committee Chair will promptly notify the sender and 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 if warranted by the investigation. Reports and copies of Protected Disclosures shall be retained by the ACGME in accordance with its record retention policy.

## **Subject: 18.00 Types of Graduate Medical Education Programs and Institutions**

a. Residency Programs are divided into three categories:

(1) Residency Programs

A residency program is a structured educational activity comprising a series of learning experiences in GME designed to conform to the program requirements of a particular specialty.

(2) Subspecialty Programs

A subspecialty program is a structured educational activity comprising a series of learning experiences following completion of prerequisite specialty education in GME, designed to conform to the program requirements of a particular subspecialty.

There are two types of subspecialty programs, dependent and independent. All of the programs within a subspecialty must be one of these two types, as designated by the Residency Review Committee.

(a) Dependent Subspecialty Programs

Dependent subspecialty programs are required to function in conjunction with an accredited specialty program and are usually reviewed conjointly with the specialty program. The continued accreditation of the subspecialty program is dependent on the specialty program's maintaining its accreditation. The dependent subspecialty program must be sponsored by the same ACGME-accredited sponsoring institution, and should be geographically proximate. In those cases where a dependent subspecialty program is located in a specialized institution, the requirements pertaining to sponsorship and relationship to the core specialty program may be waived by the Residency Review Committee.

(b) Independent Subspecialty Programs

An independent subspecialty program is not directly related to, or dependent upon, the accreditation status of a specialty program.

(3) Transitional Year Programs

A Transitional Year Program is a one-year educational experience in GME which is structured to provide a program of multiple clinical disciplines designed to facilitate the choice of and/or preparation for a specialty. The Transitional Year is only a prerequisite; it does not comprise a complete program in GME.

**Subject: 18.00 Types of Graduate Medical Education Programs and Institutions  
(Continued)**

(4) Types of Sponsoring Institutions

Sponsoring institutions are divided into multiple-program institutions and single-program institutions. Multiple-program institutions sponsor two or more ACGME-accredited specialty programs and their subspecialty program(s); single-program institutions sponsor only one ACGME-accredited specialty program or one specialty program and its subspecialty program(s).

(a) Multiple-Program Institutions

The Institutional Review Committee maintains accreditation responsibility for multiple-program institutions.

(b) Single-Program Sponsoring Institutions Reviewed by One Review Committee

The review of institutions that sponsor only one ACGME-accredited specialty program or one specialty program and its subspecialty program(s) is carried out as part of the review of the specialty program by the relevant Residency Review Committee. Questions tailored to such institutions are completed by the program director as part of the specialty's program information forms. The site visitor shall verify matters of institutional commitment, support, and oversight. The site visit report shall include any information relevant to the institutional requirements that will provide the basis for comments and decisions regarding the review of these institutions by the Residency Review Committee at the time these accreditation decisions are made. The accreditation status and cycle length for a single-program sponsoring institution is the same as that cycle awarded to the program. However, if the Residency Review Committees confirms probation of the single program, no new program applications can be accepted by the single-program sponsoring institution.

Before a single-program sponsor applies for accreditation of second specialty program or an independent subspecialty program, the single-program sponsoring institution must undergo an institutional site visit and be granted initial accreditation (see Section 20.20).

## **Subject: 19.00 The Accreditation Process**

### **19.10 Written Documents for Accreditation Review**

Each Residency Review Committee and the Transitional Year Review Committee is responsible for developing program information forms which is to be completed by the program director in preparation for a site visit. The program information form should contain information representing the program at the time of the site visit. The program director is responsible for completing the program information form accurately.

The information in the program information form, along with all attachments and other documents (e.g., resident survey, operative logs) designated by the Review Committee is considered in the review of an application for a new program, or for a program with initial or continuing accreditation. The program information form must be signed by the designated institutional official prior to consideration by the Review Committee. Submission of the completed forms, along with the signature of the designated institutional official, constitutes the request of the sponsoring institution for program review and accreditation.

The Institutional Review Committee is responsible for developing the Institutional Review Document. The institutional review document contains information which reflects the sponsoring institution at the time of the site visit. The designated institutional official is responsible for completing the institutional review document accurately. The information in the institutional review document may serve for the review of an application for a new sponsoring institution, or for one with initial or continuing accreditation. Submission of the completed forms, along with the signature of the designated institutional official, constitutes the request of the sponsoring institution for institutional review and accreditation.

## **Subject: 19.00 The Accreditation Process**

### **19.20 The Site Visit**

Ordinarily, a Review Committee requires a site visit of a program or sponsoring institution before the status of an accredited program or sponsoring institution may be changed.

A site visit is conducted by a member of the ACGME field staff, or by a Specialist site-visitor, as determined by the Review Committee or its Executive Director.

The site visitor holds responsibility to verify and clarify the information which has been provided in the documents submitted for accreditation review. The site visitor for a program interviews the program director and the designated institutional official, as well as administrators, faculty, and residents, in order to prepare a report on the various aspects of the program. The site visitor for a sponsoring institution interviews the designated institutional official, as well as administrators, faculty, and residents in order to prepare a report on the various aspects of the sponsoring institution. The site visitor does not make recommendations regarding the program's or sponsoring institution's accreditation status, does not consult with the program or institution under review, and does not participate in the accreditation decision by the Review Committee.

## **Subject: 19.00 The Accreditation Process**

### **19.30 The Review Process**

Prior to a Review Committee meeting, the accreditation administrator shall forward the documents for review to one or two members of the Committee. These reviewers shall submit their written comments to the Review Committee staff to be compiled in accordance with established procedures in advance of the meeting.

During the Review Committee meeting, the Committee shall evaluate each program or sponsoring institution based on the applicable requirements effective at the time of the site visit. The Review Committee shall base its action on the following information:

- a. the history of the sponsoring institution and/or the program, as applicable;
- b. the most recent program information form submitted by the program director and the designated institutional official, or the most recent institutional review document submitted by the designated institutional official;
- c. the most recent site visitor's report;
- d. correspondence pertinent to the review;
- e. other information such as board scores, operative data, procedure logs, resident survey, case logs, and resident experience data, as required by the Review Committee;
- f. additional or revised information that may be submitted by the program director or designated institutional official, provided the information arrives sufficiently in advance of the committee meeting to allow for proper review; and, does not require verification by a site visit. This additional or revised information must be reviewed for accuracy by the sponsoring institution's graduate medical education committee and signed by the designated institutional official; and
- g. materials pertaining to a complaint against a program or institution to which the program or institution has had an opportunity to respond (see section 5.30 Required Information).

During program or institutional review, the Review Committee shall take formal action to include the accreditation status and the approximate date for the next site visit on each program or sponsoring institution under consideration. The Review Committee will issue a citation(s) based on finding that a program or an institution fails to comply substantially with an accreditation standard(s) or ACGME policy or procedure. The final action represents a peer judgment by the Committee as a whole.

During review of a focused institutional site visit, the Institutional Review Committee shall determine as to whether a change in the institution's cycle length is warranted.

## **Subject: 19.00 The Accreditation Process**

### **19.40 The Accreditation Cycle**

The program or institutional review cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.

Typically, the maximum length of the cycle that may be awarded by the Review Committee is five years. This cycle length is based upon the accreditation status, issues identified by the Review Committee, and any areas of noncompliance.

When a new program or sponsoring institution is accredited, the effective date of accreditation shall be stipulated. Under special circumstances, the effective date may be retroactive. Unless specifically justified, an effective date should not be earlier than the beginning of the academic year during which the program or sponsoring institution is accredited.

The accreditation status of a program or sponsoring institution changes only by action of the Review Committee. A program or sponsoring institution remains accredited until action is taken to withdraw accreditation by a Review Committee.

If major changes occur between site visits, a program or institutional review cycle may be shortened, and the program director or designated institutional official shall be notified.

The program director or designated institutional official may also request an early review of a program or sponsoring institution by communicating with the Review Committee Executive Director.

Site visits will not be postponed for longer than six months to accommodate accredited programs having no residents or fellows enrolled.

## **Subject: 19.00 The Accreditation Process**

### **19.50 Notification of Review Committee Actions**

The Review Committee Executive Director ensures that the Letter of Notification for each program or sponsoring institution is prepared consistent with the Review Committee action.

The Program Letter of Notification shall state the action taken by the Review Committee, the current accreditation status, the length of the accredited program, the number of residents approved for the program as applicable, the approximate date for the next site visit, and the approximate date for the next mid-cycle internal review. For single program sponsoring institutions, the current accreditation status shall be included in the Program Letter of Notification.

The Institutional Letter of Notification shall state the action taken by the Review Committee, the current accreditation status, and the approximate date for the next site visit.

If the program director, upon review of the notification letter, believes that an error has occurred, he or she should contact the Review Committee Executive Director, indicate the area(s) of contention and provide supporting evidence. The Review Committee Executive Director in consultation with the Review Committee Chair will examine the material provided and compare it with the program file that was used by the Review Committee in the accreditation action. If an error is confirmed that could impact the original accreditation decision, the Review Committee Executive Director will ask the Chair or the Review Committee to reevaluate the action.

The program accreditation Letter of Notification is addressed to the program director and copied to the designated institutional official; the sponsoring institutional accreditation Letter of Notification is addressed to the designated institutional official.

Residents and applicants must be notified of the current accreditation status of programs and institutions.

The ACGME public website is updated with all accreditation actions by the Review Committee staff approximately two weeks after the Review Committee meeting.

## **Subject: 20.00 Accreditation Actions**

### **Introduction**

The following accreditation actions may be taken by a Review Committee in the accreditation of specialty programs, *independent* subspecialty programs, Transitional Year programs, and sponsoring institutions:

- Withheld Accreditation
- Initial Accreditation
- Continued Accreditation
- Probationary Accreditation
- Withdrawal of Accreditation
- Expedited Withdrawal of Accreditation
- Voluntary Withdrawal of Accreditation

Accreditation withheld, probationary accreditation, withdrawal of accreditation, and expedited withdrawal of accreditation as well as a reduction in resident complement by the Review Committee, are adverse actions and subject to an appeals process.

## **Subject: 20.00 Accreditation Actions**

### **20.10 Withheld Accreditation**

- a. Accreditation shall be withheld when a Review Committee determines that the application for a new program or sponsoring institution does not demonstrate substantial compliance with the requirements.
- b. This status shall first be proposed, providing the program or the sponsoring institution with an opportunity to rebut the citations and to document compliance with the requirements.
- c. If a program or sponsoring institution re-applies for accreditation within two years of its accreditation's being withheld or proposed withheld, the accreditation history of the last accreditation action of that program or sponsoring institution shall be included as part of the file. The program or sponsoring institution shall include with the new application:
  - (1) A statement rebutting each citation and documenting compliance with ACGME Requirements (in the case of application after proposed withheld), and/or
  - (2) A statement of the measures the program or institution has taken to comply with ACGME Requirements relating to each citation in the last letter of accreditation (in the case of application after either proposed withheld or withheld).
- d. Subspecialty Programs Accredited by More than one Review Committee
  - (1) If one Residency Review Committee proposes to withhold accreditation of a program in a subspecialty that is accredited by more than one Residency Review Committee, an application for accreditation of the program will not be considered by another sponsoring Residency Review Committee until the first Residency Review Committee takes final action on the application. Once the program director is notified of the proposed action, s/he must prepare a written response to the proposed action or accept the Residency Review Committee's decision to withhold accreditation.
  - (2) In either case, final action must be taken to confirm withhold accreditation or to grant initial accreditation. If the Residency Review Committee confirms withhold accreditation, the program may then submit a new application to another sponsoring Residency Review Committee.

**Subject: 20.00 Accreditation Actions**

**20.10 Withheld Accreditation (Continued)**

- (3) To ensure that a program is not permitted to submit a new application to another Residency Review Committee until after the first Committee takes final action, the application process will occur through the Accreditation Data System and the program director will be asked to indicate the Residency Review Committee to which the application is being submitted. The Accreditation Data System will not allow the program director and designated institutional official to complete the application process for another Residency Review Committee until final action on the first application is complete.
- (4) On review of an application, the Review Committee may determine that a site visit is necessary.

## **Subject: 20.00 Accreditation Actions**

### **20.20 Initial Accreditation**

Accreditation is conferred initially when a Review Committee determines that a proposal for a new program or sponsoring institution substantially complies with the requirements.

This initial cycle is considered a developmental stage during which the proposal for the new program or sponsoring institution will be fully developed and implemented. A program or sponsoring institution should be reviewed within three years of the initial action. If a program or sponsoring institution has *not* demonstrated substantial compliance on the next review, the Review Committee may propose withdrawal or extend accreditation *with warning* for one year. At the end of this additional one year, the program or sponsoring institution must demonstrate substantial compliance with the requirements, or the accreditation of the program or sponsoring institution shall be withdrawn.

If the final accreditation action for withdrawal of accreditation is confirmed, the program or sponsoring institution shall be allowed to complete the current academic year and one additional academic year.

A single program sponsoring institution must undergo a site visit and be granted initial accreditation by the Institutional Review Committee (IRC) before the single-program institution submits an application for accreditation of a second program.

In the case of a merger between two single-program sponsors, the institution assuming sponsorship of the program must undergo a site visit and be granted initial accreditation. If institutional accreditation is withheld, the sponsoring institution must reapply within two years of the confirmed withhold. Failure to attain institutional accreditation at that time will result in withdrawal of all ACGME accredited programs.

N.B.: The Review Committee may warn the program director or sponsoring institutional official of areas of noncompliance that may jeopardize the program's or sponsoring institution's future accreditation status. A warning is not an adverse action and is not appealable.

Initial accreditation may be granted to a new program or sponsoring institution or a previously-accredited program or sponsoring institution, which had had its accreditation withheld or withdrawn or has voluntarily withdrawn and has subsequently applied for re-accreditation.

Initial accreditation may also be used when separately accredited programs or sponsoring institutions merge into one, or when an accredited program or sponsoring institution has been so altered that in the judgment of the Review Committee it is the equivalent of a new program or sponsoring institution.

When initial accreditation is granted to a program, the Review Committee may apply a retroactive effective date of accreditation to the beginning of the current academic year to accommodate a resident that is currently in the non-accredited program in order to allow board eligibility.

## **Subject: 20.00 Accreditation Actions**

### **20.30 Continued Accreditation**

Accreditation is continued when a Review Committee determines that a program or sponsoring institution has demonstrated substantial compliance with the requirements. Typically, the maximum length of the cycle awarded by the Review Committee is five years. Cycle length is based upon the accreditation status, issues identified by the Review Committee, and areas of non-compliance.

A Review Committee may grant continued accreditation in three circumstances:

- a. programs or sponsoring institutions holding initial accreditation that have demonstrated substantial compliance with the requirements;
- b. programs or sponsoring institutions holding continued accreditation that have demonstrated substantial compliance with the requirements; or,
- c. programs or sponsoring institutions holding probationary accreditation that have demonstrated, following a site visit and review, substantial compliance with the requirements.

## **Subject: 20.00 Accreditation Actions**

### **20.40 Probationary Accreditation**

Probationary accreditation is conferred when the Review Committee determines that a program or sponsoring institution, following a site visit and review, has failed to demonstrate substantial compliance with the requirements.

This status shall first be proposed, providing the program or sponsoring institution with an opportunity to rebut the citations and document compliance with the requirements. The length of the review cycle for this status may not exceed two years. The response must be reviewed and approved by the institution's Graduate Medical Education Committee with review and co-signature by the designated institutional official prior to submission to the ACGME.

Following the next site visit and review, if the program or sponsoring institution does not demonstrate substantial compliance with the requirements, or if new areas of noncompliance are identified, the Review Committee may confer an additional one year of probationary accreditation (continued probationary accreditation). This status shall first be proposed, providing the program or sponsoring institution with an opportunity to rebut the citations and document compliance with the requirements. At the end of this additional one-year period, the program or sponsoring institution must demonstrate substantial compliance with the requirements, or the accreditation of the program or sponsoring institution will be withdrawn. Alternatively, a program or sponsoring institution documenting substantial compliance with the requirements will be restored to continued accreditation status.

Once the Institutional Review Committee confirms probationary accreditation of a sponsoring institution, no new program applications for the institution will be accepted.

## **Subject: 20.00 Accreditation Actions**

### **20.50 Withdrawal**

#### Withdrawal of Accreditation After Probationary Accreditation

A Review Committee may withdraw accreditation of a program or sponsoring institution under probationary accreditation when a Review Committee determines, following a site visit and review, that a program or sponsoring institution has failed to demonstrate substantial compliance with the requirements.

This status shall first be proposed, providing the program or sponsoring institution with an opportunity to rebut the citations and to document compliance with the requirements. The response must be reviewed and approved by the institution's Graduate Medical Education Committee with review and co-signature by the designated institutional official prior to submission to the ACGME.

- a. Following the final action for withdrawal of accreditation, the program or sponsoring institution shall be allowed to complete the current academic year and one additional academic year.
- b. When the Review Committee confirms withdrawal of accreditation and the program or sponsoring institution has been notified of the effective date of withdrawal of accreditation, no new residents may be appointed to the program or in the case of withdrawal of accreditation of a sponsoring institution, no new residents may be appointed to any of the programs sponsored by the sponsoring institution. Whether or not the withdrawal is appealed, all candidates (i.e., applicants invited to interview) and residents matriculating to the program or to any of the sponsored programs must be notified in writing, with copies to the Executive Director of the Review Committee.
- c. In determining whether to confirm withdrawal of accreditation, a Review Committee shall consider that, if it fails to confirm withdrawal of accreditation, the program or sponsoring institution shall revert to its prior accreditation status, unless the program has exhausted the maximum duration of accreditation status in that category (i.e., four years for initial and three years for probation).
- d. The sponsoring institution shall be responsible to direct resources for placement of the residents affected.

## **Subject: 20.00 Accreditation Actions**

### **20.50 Withdrawal (Continued)**

e. If the program or sponsoring institution reapplies for accreditation within two years after accreditation has previously been withdrawn or proposed withdrawn, the accreditation history of the last accreditation action of that program or sponsoring institution shall be included as part of the file. The program or sponsoring institution shall include with the new application the following:

- (1) statement rebutting each citation and documenting compliance with ACGME Requirements (in the case of application after proposed withdrawal), and/or
- (2) a statement of the measures the program or institution has taken to comply with ACGME Requirements relating to each citation in the last letter of accreditation (in case of application after either proposed withdrawal or withdrawal).

On review of an application, the Review Committee may determine that a site visit is necessary.

f. If the Institutional Review Committee confirms withdrawal of accreditation of a sponsoring institution, all ACGME-accredited programs sponsored by that sponsoring institution will be administratively withdrawn. The ACGME will coordinate communication and activities between the Institutional Review Committee and all applicable Residency Review Committees.

If accreditation of a multiple program institution is withdrawn, an application for a new program at a single program institution cannot be considered until the day after the effective date of withdrawal of the multiple program institution.

## **Subject: 20.00 Accreditation Actions**

### **20.60 Expedited Withdrawal of Accreditation (Programs Only)**

- a. Regardless of a program's accreditation status, the Review Committee, following a site visit and review, may withdraw the accreditation of a program in an expedited process based on clear evidence of noncompliance with accreditation standards as follows:
  - (1) a catastrophic loss of resources, including faculty, facilities, or funding, or
  - (2) egregious noncompliance with accreditation requirements.
- b. This status shall first be proposed, providing the program with an opportunity to rebut the citations and to document compliance with the requirements. The response must be reviewed and approved by the institution's Graduate Medical Education Committee with review and co-signature by the designated institutional official prior to submission to the ACGME.
- c. The Review Committee may meet by conference call or in person to consider proposed expedited withdrawal and confirmed expedited withdrawal of accreditation.
- d. The effective date of the confirmed expedited withdrawal shall be determined by the Review Committee, considering a reasonable time for resident placement. The effective date should not exceed six months from the time the action is confirmed.
- e. In response to a notice of proposed expedited withdrawal, the program may:
  - (1) Accept the decision:
  - (2) Provide written information contending that it is in substantial compliance with accreditation standards. Such written information must be received by the Review Committee Executive Director within 30 days of the program's receipt of notification of proposed expedited withdrawal of accreditation; or
  - (3) Request a voluntary withdrawal of accreditation of the program or institution (Section 20.70).
- f. The Review Committee shall meet within 21 days of receipt of the written information to determine whether the proposed expedited withdrawal should be confirmed.
- g. If the proposed expedited withdrawal is not confirmed, the program's accreditation status shall revert to its previous status; however, if the previous status was continued accreditation, the Review Committee may grant probationary accreditation, subject to appeal through the same procedure for expedited withdrawal in Section 20.61, *Procedures for Appeal of Expedited Adverse Action*. The Review Committee shall set a date for the next site visit. In the case of a dependent subspecialty, if the proposed expedited withdrawal is not confirmed, the program's accreditation status shall revert to its previous status.

## **Subject: 20.00 Accreditation Actions**

### **20.60 Expedited Withdrawal of Accreditation (Programs Only) (Continued)**

- h. Upon receipt of notification of a confirmed expedited withdrawal, the program must inform, in writing, the residents and any candidates (i.e., applicants who have been invited to interview with the program) that the expedited withdrawal has been confirmed, whether or not the expedited withdrawal will be appealed.
  - i. When the Review Committee confirms withdrawal of accreditation and the program has been notified of the effective date of withdrawal of accreditation, no new residents may be appointed to the program.
  - j. If the program reapplies for accreditation after accreditation has previously been expeditiously withdrawn or proposed expeditiously withdrawn, the accreditation history of the last accreditation action of that program shall be included as part of the file. The program shall include with the new application:
    - (1) Statement rebutting each citation and documenting compliance with ACGME Requirements (in the case of application after proposed expedited withdrawal), and/or
    - (2) A statement of the measures the program has taken to comply with ACGME Requirements relating to each citation in the last letter of accreditation (in the case of application after proposed expedited withdrawal or expedited withdrawal).
- On review of an application, the Review Committee may determine that a site visit is necessary.
- k. The sponsoring institution is responsible to direct resources for placement of the affected residents.

### **20.61 Procedures for Appeal of Expedited Adverse Action**

- a. If the Review Committee takes an expedited adverse action, the program may request a hearing before an appeals panel. If a written request for such a hearing is not received by the Chief Executive Officer of the ACGME within 21 days following receipt of the Letter of Notification, the action of the Review Committee will be deemed final and not subject to further appeal.
- b. If a hearing is requested, the appeals panel shall consist of the ACGME Executive Committee, plus one public director of the ACGME, and the action of this appeals panel shall constitute the final action of the ACGME.

**Subject: 20.00 Accreditation Actions**

**Section: 20.60 Expedited Withdrawal of Accreditation (Programs Only)**

**20.61 Procedures for Appeal of Expedited Adverse Action (Continued)**

- c. When a hearing is requested, the following policies and procedures shall apply:
- (1) The Chief Executive Officer of the ACGME shall set an expedited schedule for the appeal procedures. Hearings conducted in conformity with these procedures may be by conference call or otherwise, as determined by the ACGME;
  - (2) When a program requests a hearing before an appeals panel, the program holds the accreditation status determined by the Review Committee with the term *under appeal* affixed to the status. For example, if the Review Committee determines expedited withdrawal status for a program, and the program appeals the decision, the status of the program shall be *expedited withdrawal, under appeal*. This accreditation status shall remain in effect until the ACGME makes a final determination on the accreditation status of the program. Nonetheless, at this time residents and any candidates (applicants who have been invited to interview with the sponsoring institution) must be informed in writing as to the confirmed adverse action taken by the Review Committee on the accreditation status. A copy of the written notice must be sent to the Executive Director of the Review Committee within 21 days of receipt of the Review Committee's Letter of Notification.
  - (3) The program will be given the documents before the Review Committee at its confirming expedited withdrawal or granting probationary accreditation.
  - (4) The documents comprising the program file, the record of the Review Committee's action, together with oral and written presentations to the appeals panel, shall be the basis for the decision of the appeals panel.
  - (5) The appeals panel shall meet to review the written record and receive the presentations. The appropriate Review Committee shall be notified of the hearing, and a representative of the Review Committee may attend the hearing in order to be available to the appeals panel to provide clarification of the record.
  - (6) Proceedings before an appeals panel are not of an adversary nature as typical in a court of law, but rather provide an administrative mechanism for peer review of an accreditation decision about an educational program. The appeals panel shall not be bound by technical rules of evidence usually employed in legal proceedings.

**Subject: 20.00 Accreditation Actions**

**Section: 20.60 Expedited Withdrawal of Accreditation (Programs Only)**

**20.61 Procedures for Appeal of Expedited Adverse Action (Continued)**

- (7) The program may not amend the statistical or narrative descriptions on which the action of the Review Committee was based in preparing for an appeal hearing; the file is considered “frozen” at that time with respect to the addition of any information not previously presented to the Review Committee. The appeals procedures limit the appeals panel’s jurisdiction to clarification of information at the time when the adverse action was confirmed or granted by the Review Committee. Information about the program subsequent to that time may not be considered in the appeal. Furthermore, the appeals panel shall not consider any changes in the program or descriptions of the program that were not in the record at the time when the Review Committee reviewed the program and confirmed or granted the adverse action.
- (8) When there have been substantial changes in a program and/or correction of citations after the date of the confirmed or granted action by the Review Committee, a program should forego an appeal and request a new evaluation and accreditation decision. Such an evaluation shall be conducted in accordance with ACGME procedures, including an on-site survey of the program. The adverse status shall remain in effect until a re-evaluation and an accreditation decision has been made by the Review Committee.
- (9) Presentations shall be limited to clarifications of the record and to arguments which address compliance by the program with the published standards for accreditation and the review of the program according to the administrative procedures which govern accreditation of GME programs. The appeals panel shall consider materials and oral arguments based thereon, but shall not consider oral testimony. The duration of the hearing and elements thereof shall be set prior to the hearing by the appeals panel.
- (10) The appellant shall communicate with the appeals panel only at the hearing or in writing through the Chief Executive Officer of the ACGME.
- (11) The appeals panel shall make decisions as to whether substantial, credible, and relevant evidence exists to support the action taken by the Review Committee in the matter that is under appeal. The appeals panel shall, in addition, decide whether there has been substantial compliance with the administrative procedures which govern the process of accreditation of GME programs.
- (12) The program may submit additional written material within a time to be determined by the appeals panel. The intention to submit such material must be made known to the appeals panel at the hearing.
- (13) The appeals panel shall make its decisions within 20 days after receipt of additional written material.

**Subject: 20.00 Accreditation Actions**

**Section: 20.60 Expedited Withdrawal of Accreditation (Programs Only)**

**20.61 Procedures for Appeal of Expedited Adverse Action (Continued)**

- (14) The decision of the appeals panel in this matter shall be final. There is no provision for further appeal.
- (15) The Chief Executive Officer of the ACGME shall, within 15 days following the final decision, notify the program under appeal of the decision of the ACGME.
- (16) The appellant is fully responsible for the Appeal Fee as set yearly by the ACGME. Expenses of the appeals panel members and the associated administrative costs shall be shared equally by the appellant and the ACGME.

## **Subject: 20.00 Accreditation Actions**

### **20.70 Voluntary Withdrawal of Accreditation**

A program or sponsoring institution may request voluntary withdrawal of accreditation when a decision has been made to no longer participate in ACGME accreditation.

#### a. Programs:

- (1) A program director may request voluntary withdrawal of a program's accreditation (i.e., due to merger, loss of resources, having no residents or fellows enrolled in the program for several years, the specialty or the subspecialty no longer being accredited). Such requests must be submitted through the Accreditation Data System, indicate designated institutional official and Graduate Medical Education Committee approval, state the proposed effective date which should coincide with the end of the current academic year, state whether resident/fellows are currently enrolled, and if so, explain the plan for placement of all residents in the program so the sponsoring institution may fulfill its responsibility for allowing residents to complete their residency program or facilitate their enrollment in another ACGME-accredited program.

Designated Institutional Official approval of a request for voluntary withdrawal of the program finalizes the request. The program may not accept new residents/fellows, may not request "reversal" of the action (*regardless of the proposed effective date*), but may seek re-accreditation at a future date by undergoing the application process pursuant to ACGME policy.

- (2) If two or more programs are merged into a single program and a Review Committee accredits the merged program, the Review committee shall take concurrent actions for voluntary withdrawal for the previously accredited programs.

#### b. Sponsoring Institutions:

- (1) A designated institutional official may request voluntary withdrawal of institutional accreditation (i.e., due to merger, loss of resources, having no residents or fellows enrolled in programs for several years or the specialties or subspecialties are no longer being accredited). Such requests must be made in writing with approval by the Graduate Medical Education Committee and sent to the Executive Director of the Institutional Review Committee and include the effective date of withdrawal and the detailed plan for placement of all residents. The Institutional Review Committee will coordinate communications and activities between itself and all affected Residency Review Committees.

Designated Institutional Official approval of a request for voluntary withdrawal of the sponsoring institution finalizes the request. Programs may not accept new residents/fellows, may not request "reversal" of the action (*regardless of the proposed effective date*), but may seek re-accreditation at a future date by undergoing the application process pursuant to ACGME policy.

**Subject: 20.00 Accreditation Actions**

**20.70 Voluntary Withdrawal of Accreditation (continued)**

- (2) If two or more sponsoring institutions are merged into a single sponsoring institution, and if the Institutional Review Committee accredits the merged institutions, the Institutional Review Committee shall take concurrent action for voluntary withdrawal of the previously accredited sponsoring institutions.
- c. Pending Adverse Accreditation Actions
- (1) A program or sponsoring institution may request voluntary withdrawal of accreditation when a program or institution has a pending adverse accreditation action status.
  - (2) Such a request must be submitted in writing to the Executive Director of the Residency Committee or, in the case of a sponsoring institution, the Institutional Review Committee. The request must be signed by the designated institutional official in all cases. It must include the proposed effective date, and indicate whether resident/fellows are currently enrolled and if so, explain the plan for placement of all residents in the program so the sponsoring institution may fulfill its responsibility for allowing residents to complete their residency program or facilitate their enrollment in another ACGME-accredited program.
- d. If a program or sponsoring institution reapplies for accreditation after accreditation has previously been voluntarily withdrawn, the accreditation history of the last accreditation action, including any proposed action, of the program or institution shall become part of the file. The program or sponsoring institution shall include with the new application:
- (1) a statement rebutting each citation and documenting compliance with ACGME Requirements, and/or
  - (2) a statement of the measures the program or sponsoring institution has taken to comply with the ACGME requirements relating to each citation in the last letter of accreditation. On review of an application, the Review Committee may determine that a site visit is necessary.

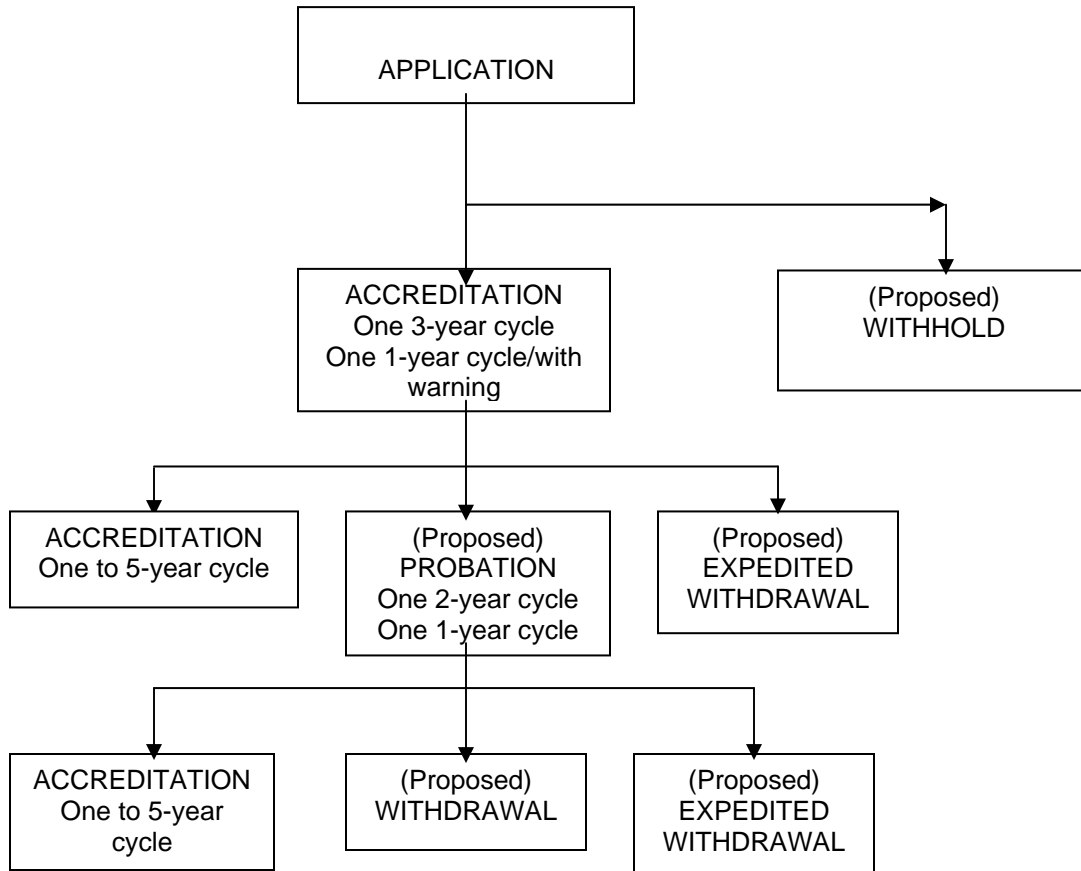
**Subject: 20.00 Accreditation Actions**

**20.80 Reduction in Resident Complement**

A Review Committee that designates resident complement may reduce resident complement if a program cannot demonstrate the capacity to provide each resident with a sufficient educational experience. This status shall first be proposed, providing the program with an opportunity to rebut the citations and to document compliance with the requirements.

The Review Committee may propose a reduction in the resident complement and simultaneously request a progress report to address subject matter unrelated to the reasons for the proposed reduction in the resident complement. Upon reconsideration of the proposed reduction, the Review Committee shall consider only issues underlying the proposed adverse action.

## Accreditation Schema



**Subject: 20.00 Accreditation Actions**  
**Section: 20.90 Other Actions**

**20.91 Deferral of Accreditation**

A Review Committee may defer action *only one time* on the accreditation status of a program or sponsoring institution, based upon lack of sufficient information about specific issues that preclude the Review Committee from making an informed decision. When a Review Committee defers accreditation action, the program or sponsoring institution retains its current accreditation status until an accreditation decision is made at the next Review Committee meeting.

**20.92 Progress Report**

- a. A Review Committee may request a Progress Report that specifies information to be provided, including a specific due date for the report.
- b. The Progress Report should be reviewed by the sponsoring institution's Graduate Medical Education Committee, and must be signed by the designated institutional official prior to submission to the Review Committee.
- c. The Review Committee shall review the Progress Report, and may change the approximate date for the next site visit on the basis of the degree of progress reported.

**20.93 Participating Sites**

- a. The sponsoring institution may identify one or more additional sites to provide necessary educational resources for a program. In such case, the Review Committee shall confirm that each participating site contributes meaningfully to the educational program.
- b. A Review Committee may stipulate additional criteria for the addition or deletion of participating institutions.

**20.94 Integrated Site**

- a. A Residency Review Committee may stipulate specific criteria for the relationship with an integrated institution. As a general rule, integrated institutions must function closely with the sponsoring institution, and must be in geographic proximity to allow all residents to attend conferences on a regular basis and at a central location.
- b. A review committee also may require an agreement that clearly specifies the fact that the program director of the sponsoring institution appoints the members of the faculty, appoints the chief of the teaching service, appoints all residents in the program, and determines all rotations and assignments of both residents and members of the faculty.
- c. An institution may not be integrated with another sponsoring institution if that institution already sponsors a residency program in the same specialty.

**Subject: 20.00 Accreditation Actions**  
**Section: 20.90 Other Actions**

**20.95 Change in Institutional Sponsor**

Transfer of sponsorship requires a letter from the Institution's current sponsor (the designated institutional official and the institution's senior administrative official) indicating willingness to give up sponsorship, and a letter from the new sponsor (the designated institutional official and the institution's senior administrative official) indicating willingness to sponsor. The letters should be addressed to the Executive Director of the Institutional Review Committee, with a copy to the Senior Vice President, Department of Field Activities.

**20.96 Resident Complement**

The complement of residents in a program must be commensurate with the total capacity of the program to provide each resident with a sufficient educational experience.

- a. Consistent with its accreditation authority, a Review Committee may indicate that a program is approved to educate a specific number of residents as a maximum at any one time and/or a specific number of residents in each year of the program. A Review Committee may also indicate that a minimum number of residents is considered necessary in each program to provide an effective learning environment.
- b. A Review Committee that designates resident complement shall indicate this in the program requirements, and develop and follow special procedures for complement changes.

**Subject: 20.00 Accreditation Actions**  
**Section: 20.100 Administrative Actions**

**20.101 Administrative Withdrawal**

- a. A program or sponsoring institution that is delinquent in payment of fees, according to ACGME policies and procedures, is not eligible for review, and shall be notified by Federal Express, signature required, of the effective date of administrative withdrawal of accreditation. On that date, the program or sponsoring institution shall be removed from the ACGME list of accredited programs or sponsoring institutions.
- b. A program or sponsoring institution may be deemed to have withdrawn from the voluntary process of accreditation, and a Review Committee may take action to administratively withdraw accreditation, if the program or the sponsoring institution does not comply with the following actions and procedures:
  - (1) undergo a site visit and program/sponsoring institution review;
  - (2) follow directives associated with an accreditation action;
  - (3) supply a Review Committee with requested information (e.g., Progress Report, operative data, resident survey); and,
  - (4) maintain current data through ADS.
- c. If the program or sponsoring institution reapplies for accreditation after accreditation has previously been administratively withdrawn, the accreditation history of the last accreditation action of that program or sponsoring institution shall be included as part of the file. The program or sponsoring institution shall include with the new application
  - (1) A statement rebutting each citation and documenting compliance with ACGME Requirements, and/or
  - (2) A statement of the measures the program or institution has taken to comply with ACGME Requirements relating to each citation in the last letter of accreditation. On review of an application, the Review Committee may determine that a site visit is necessary.

**Subject: 20.00 Accreditation Actions**  
**Section: 20.100 Administrative Actions**

**20.110 Accreditation Actions for Dependent Subspecialty and Sub-subspecialty Programs**

Dependent subspecialty and/or sub-subspecialty programs (“dependent programs”) are required to function in conjunction with an “attached” accredited specialty and/or subspecialty programs (“attached programs”). The accreditation status of a dependent program is dependent upon the accreditation status of its attached programs. Because of these dependencies, only a limited number of accreditation actions are appropriate.

a. General Policies

- (1) A request for initial accreditation of a dependent program will be considered only if the accreditation status of each attached program is continued accreditation, and each attached program is not involved in any phase of the appeals procedures. Under special circumstances, a Residency Review Committee may grant initial accreditation to a dependent program when the attached specialty program holds initial accreditation. Further, a Review Committee may withhold initial accreditation when it determines that a new dependent program does not have an educational relationship with an appropriate specialty program and/or programs. .
- (2) Ordinarily, a Review Committee requires a site visit of a dependent program before the status of that program may be changed.

b. Accreditation Actions

(1) Withheld Accreditation

A Review Committee may withhold accreditation when the application for a new dependent program does not substantially comply with the requirements. The policies and procedures on withheld accreditation of specialty programs also apply to the actions concerning dependent programs.

(2) Accreditation

A Review Committee may grant initial or continued accreditation when the dependent program has demonstrated substantial compliance with the requirements. When the dependent program has been found to have one or more areas of non-compliance with the requirements that are of sufficient substance to require prompt correction, a Review Committee may resurvey the program within either one or two years and warn the program that its accreditation may be withdrawn if, following a site visit and review, the accredited dependent program does not substantially comply with the requirements.

**Subject: 20.00 Accreditation Actions**  
**Section: 20.100 Administrative Actions**

**20.110 Accreditation Actions for Dependent Subspecialty and Sub-subspecialty Programs (Continued)**

(3) Accreditation with Warning, Administrative

If a Review Committee grants probationary accreditation to a specialty program with one or more dependent programs this constitutes an administrative warning to each of its dependent programs. If a dependent specialty program receives a warning that its accreditation may be withdrawn, this constitutes the same administrative warning to its dependent sub-subspecialty program(s).

(4) Withdrawal of Accreditation

A Review Committee may withdraw accreditation if, following a site visit and review, a dependent program does not substantially comply with the requirements and has received a warning about areas of noncompliance. The policies and procedures on withdrawal of accreditation for specialty programs also apply to the actions concerning subspecialty programs.

(5) Withdrawal of Accreditation, Administrative

If a specialty or a subspecialty program has its accreditation withdrawn, the accreditation of each of its dependent programs is administratively withdrawn simultaneously.

(6) Other Actions by a Review Committee

The policies and procedures on Expedited Withdrawal of Accreditation of general specialty programs in Section 20.60, Expedited Withdrawal of Accreditation, also apply to the actions concerning dependent programs.

**Subject: 20.00 Accreditation Actions**  
**Section: 20.100 Administrative Actions**

**20.120 Program Procedures for Adverse Actions and Appeal**

Adverse Actions

The following accreditation actions are considered adverse actions for specialty specific programs, Transitional-Year programs, and *independent* subspecialty programs:

- accreditation withheld
- probationary accreditation
- withdrawal of accreditation
- a reduction in resident complement by the review committee.

**20.121 Procedures for Adverse Actions**

- a. When the Review Committee determines that an adverse action is warranted, it shall first give notice of its proposed adverse action to the program director and the designated institutional official of the sponsoring institution. This notice of proposed adverse action shall include the citations that form the basis for the proposed adverse action, a copy of the site visitor's report if there was a site visit, and the date by which the program may submit its response in writing.
- b. The program may provide to the Review Committee written information revising, correcting or expanding factual information previously submitted; challenging the findings of the site visitor if there was a site visit; rebutting the interpretation and conclusions of the Review Committee; demonstrating that cited areas of noncompliance with the requirements did not exist when the Review Committee initially reviewed the program and proposed an adverse decision (i.e., the date of the Review Committee meeting); and contending that the program is in substantial compliance with the requirements that were in effect at the time of the site visit. The Review Committee shall determine whether the information that is submitted may be considered without verification by a site visitor.
- c. The Review Committee shall complete its evaluation of the program at a scheduled meeting.
- d. The Review Committee may confirm the adverse action, or modify its position. If the Review Committee confirms the adverse action, it shall communicate the confirmed adverse action and the citations, as described above, including comments on the program's response to these citations. The date of the next survey shall be specified.
- e. This Letter of Notification shall be sent to the program director and copied to the designated institutional official. The program director may appeal a confirmed adverse action; otherwise, the adverse action is final.

**Subject: 20.00 Accreditation Actions**  
**Section: 20.100 Administrative Actions**

**20.121 Program Procedures for Adverse Actions and Appeal (Continued)**

- f. Upon receipt of notification of a confirmed adverse action, the program director must inform, in writing, the residents and any candidates (applicants who have been invited to interview with the program) that the adverse action has been confirmed in compliance with procedures in these *Policies and Procedures*. The program director must inform residents and candidates, regardless of whether or not the action is appealed. A copy of this written notice must be sent to the Executive Director of the Review Committee within 50 days of receipt of the Review Committee's Letter of Notification.

**20.122 Procedures for Appeal of Adverse Actions Other than Expedited Adverse Actions**

- a. If the Review Committee takes an adverse action, the program may request a hearing before an appeals panel. If a written request for such a hearing is not received by the Chief Executive Officer of the ACGME within 30 days following receipt of the Letter of Notification, the action of the Review Committee shall be deemed final and not subject to further appeal.
- b. If a hearing is requested, a panel shall be appointed according to the following procedures:
  - (1) The ACGME shall maintain a list of qualified persons as potential appeals panel members to review programs.
  - (2) For a given hearing, the program shall receive a copy of the list of potential appeals panel members, and shall have an opportunity to delete a maximum of one-third of the names from the list of potential appeals panel members. Within 15 days of receipt of the list, the program shall submit its revised list to the Chief Executive Officer of the ACGME.
  - (3) A three-member appeals panel will be constituted by the ACGME from among the remaining names on the list.
- c. When a hearing is requested, the following policies and procedures shall apply:
  - (1) When a program requests a hearing before an appeals panel, the program holds the accreditation status determined by the Review Committee with the term *under appeal* affixed to the status. For example, if the Review Committee determines probationary status for a program, and the program appeals the decision, the status of the program shall be *probation, under appeal*. This accreditation status shall remain in effect until the ACGME makes a final determination on the accreditation status of the program.

**Subject: 20.00 Accreditation Actions**  
**Section: 20.100 Administrative Actions**

**20.122 Procedures for Appeal of Adverse Actions Other than Expedited Adverse Actions (Continued)**

Nonetheless, at this time residents and any candidates (applicants who have been invited to interview with the sponsoring institution) must be informed in writing as to the confirmed adverse action taken by the Review Committee on the accreditation status. A copy of the written notice must be sent to the Executive Director of the Review Committee within 50 days of receipt of the Review Committee's Letter of Notification.

- (2) Hearings conducted in conformity with these procedures shall be held at a time and place to be determined by the ACGME. At least 25 days prior to the hearing, the program shall be notified of the time and place of the hearing.
- (3) The program shall be given the documents before the Review Committee at its confirming the adverse action.
- (4) The documents comprising the program file, the record of the Review Committee's action, together with oral and written presentations to the appeals panel, shall be the basis for the recommendations of the appeals panel.
- (5) The appeals panel shall meet to review the written record and receive the presentations. The appropriate Review Committee shall be notified of the hearing, and a representative of the Review Committee may attend the hearing in order to be available to the appeals panel to provide clarification of the record.
- (6) Proceedings before an appeals panel are not of an adversary nature as typical in a court of law, but rather provide an administrative mechanism for peer review of an accreditation decision about an educational program. The appeals panel shall not be bound by technical rules of evidence usually employed in legal proceedings.
- (7) The program may not amend the statistical or narrative descriptions on which the action of the Review Committee was based in preparing for an appeal hearing; the file is considered "frozen" at that time with respect to the addition of any information not previously presented to the Review Committee. The appeal procedures limit the appeals panel's jurisdiction to clarification of information at the time when the adverse action was confirmed by the Review Committee. Information about the program subsequent to that time may not be considered in the appeal. Furthermore, the appeals panel shall not consider any changes in the program or descriptions of the program that were not in the record at the time when the Review Committee reviewed the program and confirmed the adverse action.

**Subject: 20.00 Accreditation Actions**  
**Section: 20.100 Administrative Actions**

**20.122 Procedures for Appeal of Adverse Actions Other than Expedited Adverse Actions (Continued)**

- (8) When there have been substantial changes in a program and/or correction of citations after the date of the confirmed action by the Review Committee, a program should forego an appeal and request a new evaluation and accreditation decision. Such an evaluation shall be conducted in accordance with ACGME procedures, including an on-site survey of the program. The adverse status shall remain in effect until a re-evaluation and an accreditation decision have been made by the Review Committee.
- (9) Presentations shall be limited to clarifications of the record and to arguments which address compliance by the program with the published standards for accreditation and the review of the program according to the administrative procedures which govern accreditation of GME programs. Presentations may include written and oral elements. The appellant may make an oral presentation to the appeals panel, but this presentation shall be limited to two hours.
- (10) The appellant shall communicate with the appeals panel only at the hearing or in writing through the Chief Executive Officer of the ACGME.
- (11) The appeals panel shall make recommendations to the ACGME as to whether substantial, credible, and relevant evidence exists to support the action taken by the Review Committee in the matter that is under appeal. The appeals panel shall, in addition, make recommendations as to whether there has been substantial compliance with the administrative procedures which govern the process of accreditation of GME programs.
- (12) The program may submit additional written material within 15 days after the hearing. The intention to submit such material must be made known to the appeals panel at the hearing.
- (13) The appeals panel shall submit its recommendation to the ACGME Board of Directors within 20 days after receipt of additional written material. The ACGME shall act on the appeal at its next regularly-scheduled meeting.
- (14) The decision of the ACGME in this matter shall be final. There is no provision for further appeal.
- (15) The Chief Executive Officer of the ACGME shall, within 15 days following the final decision, notify the program under appeal of the decision of the ACGME.
- (16) The appellant is fully responsible for the Appeal Fee as set yearly by the ACGME. Expenses of the appeals panel members and the associated administrative costs shall be shared equally by the appellant and the ACGME.

**Subject: 20.00 Accreditation Actions**  
**Section: 20.100 Administrative Actions**

**20.122 Procedures for Appeal of Adverse Actions Other than Expedited Adverse Actions (Continued)**

d. Notification of Residents and Applicants

Program directors must inform current residents as well as applicants (i.e., all persons invited to come for an interview) of the accreditation status of the program, as follows:

- (1) Each resident in a program should be aware of the accreditation status of the program, and must be notified in writing following any change in the accreditation action taken by the Review Committee.
- (2) If an adverse action regarding the accreditation status of a program is confirmed by a Review Committee, the program director must ensure that all residents and applicants of the general specialty and the dependent subspecialty programs are advised in writing of the adverse action. This written notification must be made even if the program director requests a hearing before an appeals panel. For applicants, the information on accreditation status must be provided in writing prior to their coming to the program for an interview. A copy of the written notification must be submitted to the Executive Director of the Review Committee within 50 days of the date of the notification letter in which the program director is advised of the adverse action.
- (3) When a Review Committee withholds accreditation of a proposed program, residents enrolled in a formerly-accredited program, as well as applicants who have anticipated accreditation of the proposed program, must be advised by the program director in writing of the failure of the program to obtain accreditation. A copy of that notification must be submitted to the Review Committee Executive Director within 50 days of the date of the Letter of Notification to the program director, regardless of the institution's intent to appeal that decision.
- (4) A copy of the letters to residents and applicants must be kept on file by the program director.
- (5) Review Committee Executive Directors shall monitor compliance with the requirement to notify residents and applicants in the case of adverse action, and shall advise the Review Committee if a program director has failed to comply with the specified procedures. If a program director fails to comply, the Review Committee shall notify the sponsoring institution's Graduate Medical Education Committee (GMEC) to take appropriate action in order to ensure that residents are notified of the program's current accreditation status.

## **Subject: 20.00 Accreditation Actions**

### **20.130 Institutional Procedures for Adverse Actions and Appeals**

#### Adverse Actions

Adverse actions as to sponsoring institutions are defined as:

- Accreditation Withheld
- Probationary Accreditation
- Withdrawal of Accreditation

The above actions shall first be proposed, permitting the sponsoring institution to respond before final action is taken.

#### Procedures for Proposed Adverse Actions for Institutional Review

The following procedures will be implemented when the Institutional Review Committee determines that an institution is not in substantial compliance with the requirements.

- a. When the Institutional Review Committee determines that an adverse action is warranted, it shall first give notice of its proposed adverse action to the designated institutional official of the sponsoring institution in a Letter of Notification. This notice of proposed adverse action will include the citations that form the basis for the proposed adverse action, a copy of the site visitor's report, and the date by which the institution may submit its response in writing.
- b. The institution may provide to the Institutional Review Committee written information revising, correcting, and expanding factual information previously submitted; challenging the findings of the site visitor; rebutting the interpretation and conclusions of the Institutional Review Committee; demonstrating that cited areas of noncompliance with the requirements did not exist when the Institutional Review Committee initially reviewed the institution and proposed an adverse decision (i.e., the date of the meeting); and contending that the institution is in compliance with the standards that were in effect at the time of the site visit. The Institutional Review Committee shall determine whether the written information may be considered without verification by a site visitor.
- c. The Institutional Review Committee shall complete its evaluation of the institution at a regularly-scheduled meeting.
- d. The Institutional Review Committee may confirm the adverse action or modify its position. If the Committee confirms the adverse action, it shall communicate the confirmed adverse action and the citations as described above, including comments on the institution's response to these citations. The date of the next survey shall be specified.
- e. A Letter of Notification shall be sent to the designated institutional official. The designated institutional official may appeal a confirmed adverse decision; otherwise, the adverse action is final.

## **Subject: 20.00 Accreditation Actions**

### **20.130 Institutional Procedures for Adverse Actions and Appeals (Continued)**

- f. Upon receipt of notification of a confirmed adverse action, the designated institutional official must inform, in writing, the residents and any candidates (applicants who have been invited to interview with the programs in the institution) that the adverse action has been confirmed in compliance with procedures in these *Policies and Procedures*. The designated institutional official must so inform residents and candidates, whether or not the action is appealed. A copy of this written notice must be sent to the Executive Director of the Institutional Review Committee within 50 days of receipt of the Institutional Review Committee's Letter of Notification.

### **20.131 Procedures for Appeal of Institutional Adverse Actions**

- a. If the Institutional Review Committee takes an adverse action, the institution may request a hearing before an appeals panel for the Institutional Review Committee. If a written request for such a hearing is not received by the Chief Executive Officer of the ACGME within 30 days following receipt of the Letter of Notification, the action of the Institutional Review Committee shall be deemed final and not subject to further appeal.
- b. If a hearing is requested, a panel shall be appointed according to the following procedures:
  - (1) The ACGME shall maintain a list of qualified persons as potential appeals panel members to review institutions.
  - (2) For a given hearing, the institution shall receive a copy of the list of potential appeals panel members, and shall have an opportunity to delete a maximum of one-third of the names from the list of potential appeals panel members. Within 15 days of receipt of the list, the institution shall submit its revised list to the Chief Executive Officer of the ACGME.
  - (3) A three-member appeals panel shall be constituted by the ACGME from among the remaining names on the list.
- c. When a hearing is requested, the following policies and procedures shall apply:
  - (1) When an institution requests a hearing before an appeals panel, the institution holds the accreditation status determined by the Review Committee with the term *under appeal* affixed to the status. For example, if the Institutional Review Committee determines probationary status for an institution, and the institution appeals the decision, the status of the institution shall be *probation, under appeal*. This accreditation status shall remain in effect until the ACGME makes a final determination on the accreditation status of the institution.

**Subject: 20.00 Accreditation Actions**

**Section: 20.130 Institutional Procedures for Adverse Actions and Appeals**

**20.131 Procedures for Appeal of Institutional Adverse Actions (Continued)**

Residents and any candidates (applicants who have been invited to interview with the institution) must be informed in writing as to the confirmed adverse action taken by the Institutional Review Committee on the accreditation status. A copy of the written notice must be sent to the Executive Director of the Institutional Review Committee within 50 days of receipt of the Institutional Review Committee's Letter of Notification.

- (2) Hearings conducted in conformity with these procedures shall be held at a time and place to be determined by the ACGME. At least 25 days prior to the hearing, the institution shall be notified of the time and place of the hearing.
- (3) The institution shall be given the documents before the Institutional Review Committee at its meeting confirming the adverse action.
- (4) The documents comprising the institutional file, the record of the Institutional Review Committee's action, together with oral and written presentations to the appeals panel, shall be the basis for the recommendations of the appeals panel.
- (5) The appeals panel shall meet to review the written record and receive the presentations. The Institutional Review Committee shall be notified of the hearing, and a representative of the Institutional Review Committee may attend the hearing in order to be available to the appeals panel to provide clarification of the record.
- (6) Proceedings before an appeals panel are not of an adversary nature as typical in a court of law, but rather provide an administrative mechanism for peer review of an accreditation decision about a sponsoring institution. The appeals panel shall not be bound by technical rules of evidence usually employed in legal proceedings.
- (7) The institution may not amend the statistical or narrative descriptions on which the decision of the Institutional Review Committee was based in preparing for an appeal hearing; the file is considered "frozen" at that time with respect to the addition of any information not previously presented to the Institutional Review Committee. The appeal procedures limit the appeals panel's jurisdiction to clarification of information at the time when the adverse action was confirmed by the Institutional Review Committee. Information about the institution subsequent to that time may not be considered in the appeal. Furthermore, the appeals panel shall not consider any changes in the institution or descriptions of the institution which were not in the record at the time when the Institutional Review Committee reviewed the institution and confirmed the adverse decision.

**Subject: 20.00 Accreditation Actions**

**Section: 20.130 Institutional Procedures for Adverse Actions and Appeals**

**20.131 Procedures for Appeal of Institutional Adverse Actions (Continued)**

- (8) When there have been substantial changes in an institution and/or correction of citations after the date of the confirmed action by the Institutional Review Committee, an institution should forego an appeal and request a new evaluation and accreditation decision. Such an evaluation shall be conducted in accordance with the ACGME procedures, including an on-site survey of the institution. The adverse status shall remain in effect until the Institutional Review Committee has reevaluated the institution and has made an accreditation decision.
- (9) Presentations shall be limited to clarifications of the record and to arguments which address compliance by the institution with the published standards for accreditation and with the review of the institution according to the administrative procedures governing accreditation of institutions. Presentations may include written and oral elements. The appellant may make oral presentation to the appeals panel, but the oral presentation shall be limited to two hours.
- (10) The appellant shall communicate with the appeals panel only at the hearing or in writing through the Chief Executive Officer of the ACGME.
- (11) The appeals panel shall make recommendations to the ACGME as to whether substantial, credible, and relevant evidence exists to support the action taken by the Institutional Review Committee in the matter that is under appeal. The appeals panel, in addition, shall make recommendations as to whether there has been substantial compliance with the administrative procedures which govern the process of accreditation of institutions.
- (12) The institution may submit additional written material within 15 days after the hearing. The intention to submit such material must be made known to the appeals panel at the hearing.
- (13) The appeals panel shall submit its recommendation to the ACGME within 20 days after receipt of additional written material. The ACGME shall act on the appeal at its next regularly-scheduled meeting.
- (14) The decision of the ACGME in this matter shall be final. There is no provision for further appeal.
- (15) The Chief Executive Officer of the ACGME shall, within 15 days following the final decision, notify the institution under appeal of the decision of the ACGME.
- (16) The appellant is fully responsible for the Appeal Fee as set yearly by the ACGME. Expenses of the appeals panel members and the associated administrative costs shall be shared equally by the appellant and the ACGME.

**Subject: 20.00 Accreditation Actions**

**Section: 20.130 Institutional Procedures for Adverse Actions and Appeals**

**20.132 Notification of Residents and Applicants**

Designated institutional officials must inform current residents, as well as applicants invited to come for an interview, of the accreditation status of the institution, as follows:

- a. All residents in an institution must be notified by the designated institutional official of the accreditation status of the institution, and must be notified in writing following any change in the accreditation status.
- b. If an adverse action regarding the accreditation status of an institution is confirmed by the Institutional Review Committee, the designated institutional official must ensure that all residents and applicants invited to interview in the institution are advised in writing of the adverse action. This written notification must be made even if the designated institutional official requests a hearing before an appeals panel. For those applicants invited to interview, the information on the institution's accreditation status must be provided in writing before their coming to the institution for an interview. A copy of the written notification which advises the residents and applicants invited to interview of the adverse action must be submitted to the Executive Director of the Institutional Review Committee within 50 days of the date of the notification letter.
- c. When the Institutional Review Committee withholds accreditation of a proposed sponsoring institution, any residents enrolled in a formerly-accredited program in the institution, together with applicants who have anticipated accreditation of the proposed sponsoring institution, must be advised by the designated institutional official in writing of the institution's failure to obtain accreditation. A copy of this notification must also be submitted to the Executive Director of the Institutional Review Committee within 50 days of the date of the Letter of Notification to the designated institutional official, regardless of institution's intent to appeal that decision.
- d. A copy of the letters to residents and applicants must be kept on file by the designated institutional official.
- e. The Institutional Review Committee Executive Director shall monitor compliance with the requirement to notify residents and applicants in the case of adverse action, and shall advise the Institutional Review Committee if a designated institutional official has failed to comply with the specified procedures. If a designated institutional official fails to comply, the Institutional Review Committee shall notify the sponsoring institution's GMCC to take appropriate action in order to ensure that residents are notified of the institution's current accreditation status.

**Subject: 21.00 Procedures for Approving Proposals for Innovative Projects**

Requests for innovative projects that may deviate from the institutional, common and/or specialty specific requirements must be approved in advance by the Review Committee. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

**Subject: 21.00 Procedures for Approving Proposals for Innovative Projects**

**21.10 Eligibility Criteria**

The sponsoring institution must hold a status of Accreditation or Continued Accreditation.

The program must hold a status of Accreditation or Continued Accreditation.

The proposal must include a request for a waiver/variation/suspension of a common, institutional or specialty-specific standard.

The request for a waiver/variation/suspension of specialty-specific standard(s) must involve specialty-specific standard(s) overseen by only one RRC.

## **Subject: 21.00 Procedures for Approving Proposals for Innovative Projects**

### **21.20 Proposal Content**

The program director submits the proposal using the ACGME form, "Proposal for Program Innovation" to the Review Committee Executive Director. The institution's and program's responsibilities are to clearly demonstrate that the project will improve resident education and/or patient care. The proposal must include the following:

- a. description of the project,
- b. rationale for the project,
- c. method of evaluation,
- d. accreditation requirements from which the program/institution will deviate,
- e. description of any new, missing or variant on-line submission of information through the Accreditation Data System (ADS) that would require Review Committee approval,
- f. approval by the institutional Graduate Medical Education Committee
- g. signature of the designated institutional official.

**Subject: 21.00 Procedures for Approving Proposals for Innovative Projects**  
**Section: 21.30 Approval Process**

**21.31 Institutional Endorsement**

- a. The sponsoring institution's Graduate Medical Education Committee, or its equivalent in single-residency institutions, must review and approve the proposal. The designated institutional official's signature indicates approval.
- b. The proposal is sent to the Executive Director of the appropriate ACGME Review Committee.

**21.32 ACGME review**

- a. Upon receipt of the proposal and prior to review by the Review Committee, the Executive Director will notify the ACGME if the proposal contains a variance to the common program and/or institutional requirements. The ACGME will judge whether the proposal justifies granting a variance to the common program and/or institutional requirements.
- b. Upon receipt of the proposal and prior to review by the Review Committee, the executive Director will notify the Vice President, Applications and Data Analysis to review ADS issues related to the proposal. These issues must be addressed prior to review by the Review Committee.

**21.33 Review Committee Appraisal**

The Review Committee will:

- a. formally review such proposals at its regular meetings and will retain documentation of its actions in the program's history;
- b. determine whether the request justifies granting approval of the project;
- c. stipulate the duration of the approval, which will be no longer than the next review;
- d. inform the program and/or institution of the form of monitoring by the Review Committee;
- e. enter information regarding the approved Innovative Projects in the Accreditation Data System.

In the event that the Review Committee denies a request, the action cannot be appealed.

**Subject: 21.00 Procedures for Approving Proposals for Innovative Projects**

**21.40 Monitoring**

The form of the monitoring is determined by the Review Committee, e.g., a progress report, a time study, a resident survey, a site visit, or other method.

Upon review of the results of the monitoring, the Review Committee will reevaluate the rationale for the deviations from the requirements and may continue, deny, or modify approval of the project.

The Review Committees will report the status of Innovative Projects, including waiver of requirements (common, institutional and specialty specific) to the Monitoring Committee at the Review Committee's next scheduled review.

**Subject: 22.00 Procedures for Granting Duty-Hour Exception**

The following procedure shall be used by Review Committees to evaluate requests from individual programs for a maximum 10% increase in the 80 hour per week duty-hour limit. A Review Committee may judge that such a request cannot be considered without a site visit. If approved, the maximum duration of the approval may not exceed the length of time until the program's next site visit and review. Each Review Committee shall publish on its specialty page of the ACGME website either this standard or an explicit statement that it will not consider any request for exceptions to the 80 hours per week limit.

**Subject: 22.00 Procedures for Granting Duty-Hour Exception**  
**Section: 22.10 Approval Process**

**22.11 Institutional Endorsement**

- a. Prior to initiation of a program's request, the GMEC of the sponsoring institution must have developed written procedures and criteria for endorsing requests for an exception to the duty-hour limits.
- b. The institutional GMEC, or its equivalent in single-residency institutions, must review and formally endorse the request for an exception, as noted above. The endorsement shall be indicated by the signature of the designated institutional official.

**22.12 Review Committee Review**

The Review Committee shall:

- a. formally review such proposals and retain documentation of its actions in the program history;
- b. judge whether the request justifies granting approval of the extension of the maximum weekly number of duty hours from 80 up to 88 hours, as averaged over four weeks;
- c. specify the assignments and level(s) of training to which the proposal applies if the requested exemption is granted; and,
- d. stipulate the duration of the exception, which shall not extend past the next review.

In the event that the Review Committee denies a request, the action is not open to appeal.

**Subject: 22.00 Procedures for Granting Duty-Hour Exception**

**22.20 Eligibility Criteria**

Both the sponsoring institution and the program must be accredited in good standing (i.e., without a warning, or a proposed or confirmed adverse action). A program with a confirmed duty hour citation shall not be considered for an exception until after the next site visit.

## **Subject: 22.00 Procedures for Granting Duty-Hour Exception**

### **22.30 Required Documentation**

It is the program's responsibility to present clear evidence that the exception is necessary for educational reasons. The proposal from a program to the Review Committee must include the following documentation:

#### Patient Safety

Information must be submitted that describes how the program and institution will monitor, evaluate, and ensure patient safety with extended resident work hours.

#### Educational Rationale

The request must be based on a sound educational rationale, which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.

#### Moonlighting Policy

Specific information regarding the program's moonlighting policies for the periods in question must be included.

#### Call Schedules

Specific information regarding resident call schedules during the times specified for the exception must be provided.

#### Faculty Monitoring

Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation must be appended.

#### Institutional Endorsement

A documented written statement of institutional endorsement of the proposal signed by the designated institutional official must be appended. In addition, a copy of the sponsoring institution's written procedures and criteria for endorsing requests for an exception to the duty hour limits must be submitted.

The current accreditation status of the program and of the sponsoring institution should be provided in the formal request.

**Subject: 22.00 Procedures for Granting Duty-Hour Exception**

**22.40 Monitoring**

Prior to each site visit and review, the designated institutional official and Graduate Medical Education Committee shall re-evaluate both patient safety and the educational rationale for the exception, and append the findings to the program's request to the Review Committee for a continued exception. The Review Committee may continue, deny, or modify the exception.

**Subject: 23.00 Procedures for Addressing Formal Complaints against Residency Programs and Sponsoring Institutions**

The programs and their sponsoring institutions that are accredited by the ACGME are expected to comply with the ACGME's institutional and program requirements. Anyone having evidence of non-compliance with these standards by a program or institution may submit a formal complaint to the ACGME. Such complaints must be submitted in writing and bear the signature and mailing address of the complainant(s). Anonymous complaints or complaints submitted solely by e-mail will not be considered. Allegations of noncompliance which occurred prior to the current and preceding residency year are discouraged.

The ACGME requires that sponsoring institutions and programs provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. The ACGME and its review committees address only matters regarding compliance with these published requirements. The ACGME will investigate potential noncompliance with accreditation standards that relate to program quality and does not adjudicate disputes between individual persons and residency programs or sponsoring institutions regarding matters of admission, appointment, credit, promotion, or dismissal of faculty, residents or fellows.

**Subject: 23.00 Procedures for Addressing Formal Complaints against Residency Programs and Sponsoring Institutions**

**23.10 Submitting a Formal Complaint**

If the complainant is a resident, a member of the teaching staff, or other person affiliated with the program or institution in question, the following steps should be taken before submitting a complaint to the ACGME:

- a. Contact the program director to discuss the problem.
- b. If the issue either involves the program director, cannot be discussed with the program director, or is not resolved by meeting with the program director, contact the institutional GME committee or similar oversight body. Oversight bodies may include the designated institutional official of the sponsoring institution, the GME office identified on the ACGME website (under Accredited Programs and Sponsors, ADS), or the resident representative(s) on any of these oversight groups.
- c. If the efforts above do not resolve the issue, or the complainant cannot discuss the complaint with the institutional officials, contact the ACGME Office of Resident Services ([residentservices@acgme.org](mailto:residentservices@acgme.org)) to discuss submitting a formal complaint. This initial contact can occur by telephone or email, but must be followed by submission of a formal written and signed complaint.
- d. If the complainant is someone outside the institution, or if a resident is fearful of retribution or retaliation within the institution, the ACGME Office of Resident Services may be contacted as the first step in the process. This initial contact can occur by telephone or email, but must be followed by submission of a formal written and signed complaint.

**Subject: 23.00 Procedures for Addressing Formal Complaints against Residency Programs and Sponsoring Institutions**

**23.20 Content of the Formal Complaint**

When submitting a complaint that alleges non-compliance with the requirements, the complainant should identify the requirement(s) in question and provide both an explanation and evidence of non-compliance. The complainant should also specify steps that have been taken to resolve the issues within the program or institution prior to the submission of the complaint to the ACGME.

**Subject: 23.00 Procedures for Addressing Formal Complaints against Residency Programs and Sponsoring Institutions**

**23.30 Procedures for Processing a Formal Complaint**

Upon receipt of a formal complaint, the ACGME Office of Resident Services will determine if additional information from the complainant is required. When sufficient information has been provided, the ACGME Office of Resident Services will request from the program director and the designated institutional official of the subject institution a written response to the allegation(s). This communication shall specify that a written response should be submitted within a time not to exceed one month of the date of the request. The name of the complainant will remain confidential except in the situations mentioned in Section 23.50. The response must be co-signed by both the program director and designated institutional official of the sponsoring institution.

Before submitting the complaint to the review committee for formal consideration, the ACGME Office of Resident Services will review the complaint and the response with the executive director of the relevant review committee who, in consultation with the review committee chair will determine whether the allegations were successfully rebutted or whether the complaint requires a formal consideration by the Review Committee. If the complaint is successfully rebutted, a progress report may be requested. If the review committee chair determines that the allegations were successfully rebutted, the program director, designated institutional official and complainant will be informed in writing by the ACGME Office of Resident Services.

**Subject: 23.00 Procedures for Addressing Formal Complaints against Residency Programs and Sponsoring Institutions**

**23.40 Review Committee Action**

Review Committees shall review the formal complaint and the program's/institution's response and shall determine one of the following:

- a. the response satisfactorily addressed the allegations and no further action is required;
- b. there is validity to the complaint and a subsequent progress report on correction is needed;
- c. there is validity to the complaint and the site visitor shall be directed to investigate the matter at the time of the next (regularly scheduled) site visit; and,
- d. the matter is sufficiently serious to warrant an immediate site visit and review. The full range of accreditation actions will be available to the review committee after a site visit precipitated by a complaint.

Following consideration by a review committee, the program director, and the designated institutional official shall be informed in writing of the Review Committee's decision in its official notification letter. The ACGME Office of Resident Services shall inform the complainant in writing as to whether the complaint resulted in a change in accreditation status of the program or sponsoring institution.

**Subject: 23.00 Procedures for Addressing Formal Complaints against Residency Programs and Sponsoring Institutions**

**23.50 Confidentiality**

If the complaint involves failure of a program or institution to provide due process, the name of the complainant must be used when a response to the allegation is requested from the program director or institutional official. In all other cases, the ACGME shall keep the name of the complainant confidential throughout its processing of the complaint, except when a complainant specifically waives the right to confidentiality.

**Subject: 23.00 Procedures for Addressing Formal Complaints against Residency Programs and Sponsoring Institutions**

**23.60 Complaint File**

During the period when the complaint is being processed, the ACGME Office of Resident Services will maintain the relevant correspondence in a case file that is separate from the official program file. When the case has been closed, the file shall not be retained.

Complaints should be addressed to:

ACGME Office of Resident Services  
ACGME  
515 North State Street, Suite 2400  
Chicago, Illinois 60654

## **Subject: 24.00 Alleged Egregious or Catastrophic Events**

The occurrence of an alleged egregious accreditation violation or a catastrophic institutional event which, because of its urgency, must be addressed outside of the established processes of the ACGME, should be reported promptly to the Chief Executive Officer of the ACGME. Anyone directly affiliated with the ACGME accrediting process has a responsibility to report the matter promptly and directly to the ACGME Chief Executive Officer, who will initiate an investigation to determine credibility and degree of urgency. Whenever the ACGME Chief Executive Officer determines that the matter disclosed is of sufficient importance and urgency to require a rapid response, the following procedures shall be initiated:

- a. An ad hoc committee composed of the ACGME Chief Executive Officer, the Chair of the Institutional Review Committee, and the Chair of the ACGME Council of Review Committees shall be convened. This committee may request a formal and prompt response from the appropriate responsible individual(s), decide that a site review should occur, or recommend that the matter be referred to the appropriate Review Committee for action.
- b. If the ad hoc committee decides that a site review should occur, a review shall be conducted by one or more members of the ACGME field staff or other knowledgeable individuals appointed by the ad hoc advisory committee. The ACGME Chief Executive Officer shall inform both the appropriate responsible individual(s) in the program and the institution of the site visit and the stated reason(s).
- c. The site visitor(s) shall conduct a review of the residency program or institution, including at least all matters related to the allegation(s). At the conclusion of the survey, the site visitor(s) shall submit a written report to the ACGME Chief Executive Officer. The ACGME Chief Executive Officer shall forward the report to the relevant Review Committee for consideration at the next regular meeting or earlier.
- d. The Review Committee may take, without limitation, the following actions:
  - (1) Accreditation
  - (2) Probationary Accreditation
  - (3) Withdrawal of Accreditation
  - (4) Expedited Withdrawal of Accreditation (for programs only)

**Subject: 25.00 ACGME Plan to Address a Disaster that Significantly Alters the Residency Experience at One or More Residency Programs**

**25.10 Overview**

ACGME is committed to assisting in reconstituting and restructuring residents' educational experiences as quickly as possible after a disaster.

**Subject: 25.00 ACGME Plan to Address a Disaster that Significantly Alters the Residency Experience at One or More Residency Programs**

**25.20 Definition of Disaster**

An event or set of events causing significant alteration to the residency experience at one or more residency programs. Hurricane Katrina is an example of a disaster.

**Subject: 25.00 ACGME Plan to Address a Disaster that Significantly Alters the Residency Experience at One or More Residency Programs**

**25.30 ACGME Declaration of a Disaster**

When warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to ACGME response to the disaster.

**Subject: 25.00 ACGME Plan to Address a Disaster that Significantly Alters the Residency Experience at One or More Residency Programs**

**25.40 Resident Transfers and Program Reconfiguration**

Insofar as a program/institution cannot provide at least an adequate educational experience for each of its residents/fellows because of a disaster, it must:

- a. arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows, or
- b. assist the residents in permanent transfers to other programs/institutions, i.e., enrolling in other ACGME-accredited programs in which they can continue their education.

If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident must be considered by the transferring program/institution. Programs must make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident/fellow will complete the year in a timely fashion.

Within 10 days after the declaration of a disaster (see above), the designated institutional official of each sponsoring institution with one or more disaster-affected programs (or another institutionally designated person if the institution determines that the designated institutional official is unavailable) will contact the ACGME to discuss due dates that the ACGME will establish for the programs:

- (1) to submit program reconfigurations to ACGME, and
- (2) to inform each program's residents of resident transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.

If within the 10 days, the ACGME has not received communication from the designated institutional official(s), ACGME will attempt to establish contact with the designated institutional official(s) to determine the severity of the disaster, its impact on residency training, and next steps.

**Subject: 25.00 ACGME Plan to Address a Disaster that Significantly Alters the Residency Experience at One or More Residency Programs**

**25.50 ACGME Website**

On its website, ACGME will provide, and periodically update, information relating to the disaster.

**Subject: 25.00 ACGME Plan to Address a Disaster that Significantly Alters the Residency Experience at One or More Residency Programs**

**25.60 Communication with ACGME from Disaster Affected Institutions/Programs**

On its website, the ACGME will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster affected institutions and programs. In general,

*Designated Institutional Officials* should call or email the Institutional Review Committee Executive Director with information and/or requests for information.

*Program Directors* should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

*Residents* should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

On its website, the ACGME will provide instructions for changing resident email information on the ACGME Web Accreditation Data System.

**Subject: 25.00 ACGME Plan to Address a Disaster that Significantly Alters the Residency Experience at One or More Residency Programs**

**25.70 Institutions Offering to Accept Transfers**

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, the ACGME will give information from the form to affected programs and residents. Subject to authorization by an offering institution, the ACGME will post information from the form on its website.

The ACGME will expedite the processing of requests for increases in resident complement from non-disaster affected programs to accommodate resident transfers from disaster affected programs. The Residency Review Committees will expeditiously review applications, and make and communicate decisions.

**Subject: 25.00 ACGME Plan to Address a Disaster that Significantly Alters the Residency Experience at One or More Residency Programs**

**25.80 Changes in Participating Sites and Resident Complement**

The ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster effects, including, without limitation:

- a. the addition or deletion of a participating site;
- b. change in the format of the educational program; and,
- c. change in the approved resident complement.

**Subject: 25.00 ACGME Plan to Address a Disaster that Significantly Alters the Residency Experience at One or More Residency Programs**

**25.90 Temporary Resident Transfer**

At the outset of a temporary resident/fellow transfer, a program must inform each transferred resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each resident informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency fellowship year, it must so inform each such transferred resident/fellow.

**Subject: 25.00 ACGME Plan to Address a Disaster that Significantly Alters the Residency Experience at One or More Residency Programs**

**25.110 Site Visits**

Once information concerning a disaster-affected program's condition is received, ACGME may determine that one or more site visits is required. Prior to the visits, the designated institutional official(s) will receive notification of the information that will be required. This information, as well as information received by ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

ACGME Approved: 6/22/1993; ACGME Approved: 2/15/1994; ACGME Approved: 6/18/1996; ACGME Approved: 9/28/1999; ACGME Approved: 2/14/2000; ACGME Approved: 9/26/2000; ACGME Approved: 9/11/2001; ACGME Approved: 9/10/2002; ACGME Approved: 6/27/06

The effective date of these *ACGME Policies and Procedures*, and of any further revisions, is the last date printed on the title page. All ACGME activities, including those of its Review Committees, subsequent to the effective date shall be guided by the document as published.

#### AMENDMENTS AND EXCEPTIONS

The *ACGME Policies, and Procedures*, may be amended at any time by the ACGME Board of Directors.

The Bylaws and Policies Committee shall review these *Policies and Procedures* at least once every two years, or as requested by the ACGME Board of Directors, and make recommendations to the ACGME Board regarding revisions to the *Policies and Procedures*.

A Review Committee may recommend changes to these *Policies and Procedures* to improve the accreditation process. Such recommendations shall be evaluated by the Bylaws and Policies Committee.

A Review Committee may request from the ACGME authority 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 Requirements for the Review Committee.