ACGME Common Program Requirements Major Revision Rationale and Impact Statement

Background and Overview
The Common Program Requirements Task Force has proposed a major revision of the Common Program Requirements, Residency and Post-doctoral Education versions, and invites review and comment to help inform additional changes before the final draft is submitted to the ACGME Committee on Requirements for consideration. Consistent with the ACGME's commitment to reducing burden and minimizing prescriptive process-based requirements, the Task Force is pleased to share that the proposed revision represents a **43 percent reduction** in the number of Common Program Requirements.

It is anticipated that the final draft will be considered by the ACGME Committee on Requirements and Board at their June 2027 meetings, with a proposed effective date of July 1, 2028.

In addition to the specific requirement changes addressed in the Rationale and Impact Statement, please note the following:

- Many of the requirements addressed in this Rationale and Impact Statement reference the availability of additional information in the Guidance Document. This information is accessible through links in the Proposed Major Revision of the Common Program Requirements.
    - Common Program Requirements (Residency)
    - Common Program Requirements (Post-Doctoral Education Program)
- Consistent with the earlier decision of the ACGME Board to eliminate requirement categorizations, the major revision of the Common Program Requirements removes the existing core, detail, and outcome categorizations. Upon implementation of the new Common Program Requirements, such categorization of all existing specialty-specific program requirements will also be removed. All existing specialty-specific program requirements categorized as detail will be deleted, except that each Review Committee will have an opportunity to request retention of one or more detail requirements. Per ACGME Policies and Procedures, such requests will require a 45-day public comment period and will be subject to review and approval by the ACGME Committee on Requirements and Board. More information will be shared as it becomes available.
- The Common Program Requirements, Post-Doctoral Education version is modeled on the Common Program Requirements, Residency version, with modifications where appropriate to reflect that these post-doctoral education programs are designed to train MDs, DOs, and non-physician post-doctoral fellows. Information regarding specific variances is provided throughout the Rationale and Impact Statement.
- Background and intent boxes have been removed from the requirements and replaced with a new Guidance Document, which is appended to the draft requirements, with links within the requirements to relevant guidance statements.

- The proposed revision further restricts areas in which Review Committees may further specify additional requirements. If those changes are ultimately approved, the specialty-specific Program Requirements will be updated to remove the relevant existing requirements. More information will be shared following approval of the revised Common Program Requirements.
- The Common Program Requirements, Fellowship and One-Year Fellowship versions are also undergoing major revision. It is anticipated that proposed revisions of those documents will be posted to the ACGME website for public comment in early 2027, with the final drafts submitted for consideration by the ACGME Committee on Requirements and Board at their September 2027 meetings. It is anticipated that the effective date of those requirements will be the same as for the Residency and Post-Doctoral Education versions, tentatively planned for July 1, 2028. Additional information will be shared as it becomes available.

The Common Program Requirements Task Force extends its sincere gratitude to all who provided feedback throughout the revision process, including participation in data-gathering sessions at the ACGME Annual Educational Conferences in 2025 and 2026; responding to the stakeholder surveys launched in 2025; and/or providing input through the targeted request for focused feedback. The Task Force found the resulting data to be very informative and looks forward to receiving additional feedback and recommendations from the community in response to the proposed major revision.

Read an overview of the Common Program Requirements major revision process in "The ACGME Common Program Requirements Major Revision Process: Engaging the Graduate Medical Education Community," recently published in the August issue of the *Journal of Graduate Medical Education*.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

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Summary and Impact of Major Requirement Revisions

Introduction

Residency Requirement #: **Definition of Graduate Medical Education**
Post-Doctoral Education Program Requirement #: **Definition of Post-Doctoral Education**

Requirement Revision (significant change only):

Residency version:

Definition of Graduate Medical Education

Graduate medical education is the crucial step of professional development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents physicians receive the training required to become independent practicing physicians who provide high-quality care in their specialty. Graduate medical education has, as a core tenet, graded authority and responsibility for patient care, under the supervision of appropriately qualified faculty members learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship.

Graduate medical education transforms medical students into physician scholars who care for the patient, patient's family, and a heterogeneous community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many years later.

Graduate medical education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Graduate medical education develops physicians who focus on excellence in delivery of safe, accessible, affordable, high-quality care for all, to improve the health of the populations they serve.

Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.

Post-Doctoral Education Program version:

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Definition of Post-Doctoral Education

Post-doctoral education in a medical-related field is the crucial step of professional development between medical school or graduate school and autonomous contributions to clinical care. It is in this vital phase of the continuum of medical-related education that post-doctoral fellows receive the training required to become independent practicing specialists who contribute to high-quality care in their specialty. Post-doctoral education in a medical-related field has, as a core tenet, graded authority and responsibility for contributions to patient care, under the supervision of appropriately qualified faculty members ~~learn to contribute to optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship~~.

~~***This education transforms medical students or graduate students into specialists who contribute to the care of the patient, patient's family, and a heterogeneous community; create and integrate new knowledge into practice; and educate future generations of specialists to serve the public. Practice patterns established during post-doctoral education persist many years later.***~~

~~***Post-doctoral education in a medical-related field has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing post-doctoral fellows to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Post-doctoral education develops specialists who focus on excellence in delivery of safe, accessible, affordable, high-quality care for all, to improve the health of the populations they serve.***~~

~~***This education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the specialist, begun in pre-doctoral education, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to post-doctoral education and the well-being of patients, residents, post-doctoral fellows, fellows, faculty members, students, and all members of the health care team.***~~

1. Describe the Task Force's rationale for this revision:
   The Task Force believes that a preamble that defines graduate medical education (GME) provides important context for those unfamiliar with GME. They also determined that a more succinct definition is preferable and, therefore, removed sections of descriptive, and in some cases, aspirational language.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The change impacts the definition only, not specific requirements. Therefore, no change to education, patient safety, and/or quality is anticipated.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Section 1: Oversight

Residency Requirement #: **Following 1.2.**
Post-Doctoral Education Program Requirement #: **Following 1.2.**

Requirement Revision (significant change only):

[The Review Committee may specify which other specialties~~/programs~~ must be present at the primary clinical site]

1. Describe the Task Force's rationale for this revision:
   The Task Force noted that requirements that specify other ACGME-accredited programs that must be present at the primary clinical site present a potential barrier for new programs seeking accreditation. It was determined that preserving the Review Committee's ability to require the presence of a clinical service in relevant specialties is sufficient to provide resident exposure to and interaction with physicians in related specialties/subspecialties.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The proposed change provides flexibility in ensuring access to and interaction with physicians in relevant specialties and removes a potential barrier to the development of new graduate medical education programs, including in underserved and rural areas.

3. How will the proposed requirement or revision impact continuity of patient care?
   No direct impact on continuity of care is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Residency Requirement #: **1.3., 1.3.a.-b., 1.4., 1.5., 1.6., 1.6.a.-d.**
Post-Doctoral Education Program Requirement #: **1.3., 1.3.a.-b., 1.4., 1.5., 1.6., 1.6.a.-d.**

Requirement Revision (significant change only):

~~**1.3.**~~ ~~**There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment.**~~ ~~(Core)~~

Note: This requirement has been modified and moved to 1.6.a.

~~**1.3.a.**~~ ~~**The PLA must be renewed at least every 10 years.**~~ ~~(Core)~~

~~**1.3.b.**~~ ~~**The PLA must be approved by the designated institutional official (DIO).**~~ ~~(Core)~~

~~**1.4.**~~ ~~**The program must monitor the clinical learning and working environment at all participating sites.**~~ ~~(Core)~~

Note: This requirement has been modified and moved to 2.1.

~~**1.5.**~~ ~~**At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director.**~~ ~~(Core)~~

Note: This requirement has been modified and moved to 1.6.b.

Participating Sites

1.6. ~~**The program director must submit any additions or deletions of**~~ **For all participating sites that routinely provide~~ing~~ ~~an~~ required educational experience~~, required for residents,~~ of one month full time equivalent (FTE) or more, the program must:** ~~**through the ACGME's Accreditation Data System (ADS).**~~ ~~(Core)~~

~~**[The Review Committee may further specify]**~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted.

1.6.a. **have an approved program letter of agreement (PLA) between the program and each participating site;**

Note: This requirement has been modified and moved from 1.3.

1.6.b. **have a site director designated by the program director, who is a faculty member accountable for resident education at that site, in collaboration with the program director;**

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Note: This requirement has been modified and moved from 1.5.

1.6.c. **submit a request for a change in participating site to the Sponsoring Institution's Graduate Medical Education Committee (GMEC) for review and approval, including educational rationale, and, when applicable, information regarding distance and travel time and support for housing needs; and,**

1.6.d. **enter participating site changes into the ACGME's Accreditation Data Systems (ADS) after GMEC review and approval.**

1. Describe the Task Force's rationale for this revision:
   Rationale for participating site changes:
   1) **The 10-year renewal of PLAs was removed because determining an interval at which PLAs need to be updated/renewed is arbitrary and creates undue burden on programs and Sponsoring Institutions. PLAs should be updated as needed when changes occur, and in accordance with local policies and procedures.**
   2) **Changes in participating sites will not require Review Committee approval, but there is a new requirement that the GMEC review and approve all changes, and consider, when applicable, whether the distance between the primary clinical site and the participating site warrants the provision of support for housing needs. This change recognizes that decisions regarding participating sites should be the responsibility of the Sponsoring Institution.**
   3) **Review Committees will no longer be permitted to specify additional requirements regarding participating sites. Existing applicable specialty-specific program requirements will be removed upon implementation of the new Common Program Requirements.**

   The Task Force believes that decisions regarding participating sites should be based on the educational needs of the program and the best available options for rotations outside of the primary clinical site, and that the Sponsoring Institution is best suited to make these decisions.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The change gives the program, with oversight and approval of its Sponsoring Institution, greater flexibility regarding resident assignments away from the primary clinical site.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **1.7.**

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Post-Doctoral Education Program Requirement #: **1.7.**

Requirement Revision (significant change only):

1.7. **Specialty-Specific Required Resources**

~~**The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education.** (Core)~~

[The Review Committee must ~~further~~ specify required resources]

1. Describe the Task Force's rationale for this revision:
   Because the specific required resources are unique to resident education and the delivery of care in each specialty, the Task Force determined that a broad statement addressing required resources is not necessary. It is noted that the Review Committees currently have the ability to specify which resources are required, and most have done so. The Review Committees' ability to retain these requirements is unchanged in this major revision of the Common Program Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Removing this Common Program Requirement will not impact education, patient safety, and/or patient quality, given that Review Committees retain the ability to define required resources for the specialty.

3. How will the proposed requirement or revision impact continuity of patient care?
   As above, no change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Existing specialty-specific requirements regarding resources will remain, and this change will not necessitate additional resources beyond those requirements.

Residency Requirement #: **1.8., 1.8.a.-g.**
Post-Doctoral Education Program Requirement #: **1.8., 1.8.a.-g.**

Requirement Revision (significant change only):

1.8. **The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for:**

1.8.a. **access to food while on duty;** ~~(Core)~~

1.8.b. **safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care;** ~~(Core)~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

[Link to Guidance Statement]

1.8.c. **safe options for residents who may be too fatigued to safely return home;**

Note: This requirement has been modified and moved from 6.25.

[Link to Guidance Statement]

1.8.d. **time free from clinical and educational duties during work hours to address lactation needs, and clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; ~~(Core)~~**

[Link to Guidance Statement]

1.8.e. **security and workplace safety measures appropriate to the participating site; ~~and,~~ ~~(Core)~~**

Note: This requirement incorporates 6.19.a.

1.8.f. **accommodations for residents with disabilities consistent with the Sponsoring Institution's policy~~.~~; and, ~~(Core)~~**

1.8.g. **a program-specific policy addressing the needs of pregnant residents, which includes duty and schedule modifications and management of unique occupational exposures, as warranted.**

1. Describe the Task Force's rationale for this revision:
   The rationale for the changes in this section is as follows:
   1) **Modifying and relocating the existing requirement regarding fatigued residents: The modification of this requirement recognizes that the provision of safe options for fatigued residents may vary across programs. For instance, while programs in urban areas may provide fatigued residents with transportation home, this approach might create significantly greater logistical challenges for programs located in rural areas. The requirement provides flexibility for programs to identify the options that work best while ensuring that resident safety needs are met;**
   2) **Expanding the requirement regarding facilities for lactation: This change was made to ensure that residents are provided with protected time to address lactation needs, without needing to make up that time; and,**
   3) **The required program-specific policy addressing the needs of pregnant residents: These changes recognize that residents can fall outside the protection of relevant laws, due to their status as both trainee and employee, and that pregnancy needs are not addressed in parental leave policies.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

The changes support the ability of pregnant and lactating residents to continue their education with adequate support to meet relevant needs.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Programs will need to ensure coverage of patient care responsibilities when residents step away to address lactation needs, and in circumstances where resident responsibilities are modified for pregnant residents.

Residency Requirement #: **1.11., 1.12.**
Post-Doctoral Education Program Requirement #: **1.11., 1.12.**

Requirement Revision (significant change only):

1.11. ~~**Other Learners and Health Care Personnel**~~

The presence of other learners ~~**and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, and advanced practice providers,**~~ **must not** ~~**negatively**~~ **adversely impact the** ~~**appointed**~~ **education of the program's residents**~~**' education**~~**.** ~~(Core)~~

~~**[The Review Committee may further specify]**~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted.

1.12. **The presence of other health care personnel, such as advanced practice providers, must not adversely impact the education of the program's residents.**

1. Describe the Task Force's rationale for this revision:
   This issue was included in one of the two stakeholder surveys developed by the Task Force last year to gather community input to inform development of the new Common Program Requirements. The feedback received strongly indicates that the community believes that this requirement should be retained, but divided into two separate and distinct requirements. The Task Force acknowledges the potential enhancement of education created when residents have opportunities to work alongside, and learn from, other trainees and other health care personnel. It is also recognized that these experiences must be carefully implemented to ensure that resident education is not negatively impacted. Because these requirements were bundled into a single requirement, the changes are not expected to require significant change for individual programs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

The requirements are intended to preserve the quality of resident education when residents train/work alongside other learners and other health care personnel.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No impact is anticipated.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Section 2: Personnel

Residency Requirement #: **2.1., 2.15., 2.15.a.-l.**
Post-Doctoral Education Program Requirement #: **2.1., 2.15., 2.15.a.-l.**

Requirement Revision (significant change only):

Program Director

2.1. ~~Program Director~~
There must be one faculty member ~~appointed~~ designated as program director, ~~with~~ who must have responsibility, authority, and accountability for the ~~overall~~ program, including: ~~compliance with all applicable program requirements.~~ ~~(Core)~~

- **administration and operations;**
- **teaching and scholarly activity;**
- **resident recruitment and selection;**
- **assessment and promotion of residents, disciplinary action, and supervision of residents;**
- **resident education in the context of patient care;**

Note: The above bullets have been moved from 2.15.

- **compliance with accreditation requirements and Sponsoring Institution policies;**

Note: The above bullet has been modified and moved from 2.15.h-i.

- **monitoring the clinical learning and working environment at each participating site;**

Note: The above bullet has been modified and moved from 1.4.

- **providing documentation of resident education within 30 days of completion of, or departure from, the program, or at the request of the resident; and,**

Note: The above bullet has been modified and moved from 2.15.j-k.

- **collaboration with the designated institutional official (DIO) and GMEC for effective administration of and resource allocation for the program.**

~~2.15. Program Director Responsibilities~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care.~~ ~~(Core)~~

Note: This requirement has been moved to bullets under 2.1.

~~2.15.a.~~ ~~The program director must be a role model of professionalism.~~ ~~(Core)~~

Note: This requirement has been modified and moved to 6.17.a.

~~2.15.b.~~ ~~The program director must design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program.~~ ~~(Core)~~

Note: This requirement has been modified and moved from 2.2.

~~2.15.c.~~ ~~The program director must administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains.~~ ~~(Core)~~

Note: This requirement has been modified and moved to 2.3.

~~2.15.d.~~ ~~The program director must have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval.~~ ~~(Core)~~

Note: This requirement has been modified and moved from 2.4.

~~2.15.e.~~ ~~The program director must have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program.~~ ~~(Core)~~

Note: This requirement has been modified and moved to 2.5.

~~2.15.f.~~ ~~The program director must submit accurate and complete information required and requested by the DIO, GMEC, and ACGME.~~ ~~(Core)~~

Note: This requirement has been modified and moved to 2.6.

~~2.15.g.~~ ~~The program director must provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation.~~ ~~(Core)~~

Note: This requirement has been modified and moved to 6.17.c.

~~2.15.h.~~ ~~The program director must ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew the appointment of a resident.~~ ~~(Core)~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Note: This requirement has been modified and moved to bullet under 2.1.

~~**2.15.i. The program director must ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination.** (Core)~~

Note: This requirement has been modified and moved to bullet under 2.1.

~~**2.15.j. The program director must document verification of education for all residents within 30 days of completion of or departure from the program.** (Core)~~

Note: This requirement has been modified and moved to bullet under 2.1.

~~**2.15.k. The program director must provide verification of an individual resident's education upon the resident's request, within 30 days.** (Core)~~

Note: This requirement has been modified and moved to bullet under 2.1.

~~**2.15.l. The program director must provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s).** (Core)~~

~~**[This requirement may be omitted at the discretion of the Review Committee]**~~

Note: This requirement has been modified and moved to 2.7.

1. Describe the Task Force's rationale for this revision:
   Requirements addressing program director responsibilities have been reorganized, with some elements moving to other sections of the requirements, and some being incorporated into the revised 2.1., which addresses the program director's responsibility, authority, and accountability. The only new addition within this section is the requirement that the program director collaborate with the DIO and GMEC for effective administration and resource allocation for the program. This collaboration is essential in ensuring that resource allocation is sufficient to meet program needs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The reorganization of the program director responsibilities is not expected to have a direct impact on education, patient safety, and quality.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources are required.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Residency Requirement #: **2.1.**
Post-Doctoral Education Program Requirement #: **2.1.**

Requirement Revision (significant change only):

Following 2.1:

[The Review Committee may permit a co-program director when necessary to ensure resident eligibility for all board certification options.]

1. Describe the Task Force's rationale for this revision:
   This new opportunity for a Review Committee to specify that a co-program director may be permitted, in circumstances where that is needed to ensure that the program's residents are eligible for the available initial board certification options. Note that this option requires that the Review Committee determine that there is a need to permit co-program directors, in which case a specialty-specific program requirement describing the exception will be added. It is anticipated that nearly all Review Committees will determine that this is not necessary, based on the requirements for initial certification in the specialty. In that circumstance, programs will not be permitted to appoint a co-program director.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The provision for a co-program director, as permitted by a Review Committee, will not alter resident education but will support the program's ability to identify the best individual(s) to lead the program, while ensuring that the program's residents are not restricted from seeking certification.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources are required, but where permitted by a Review Committee, a program may elect to designate a co-program director. In this instance, the program will determine how to allocate the minimum required FTE for program leadership between the co-program directors. An increase in FTE will not be required.

Residency Requirement #: **2.7., 2.7.a.**
Post-Doctoral Education Program Requirement #: **2.7., 2.7.a.**

Requirement Revision (significant change only):

2.7. **The program director must provide applicants who are offered an interview, and residents upon matriculation into the program, with information related to eligibility and options for specialty board examination(s) for the**

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

appropriate American Board of Medical Specialties (ABMS) member board(s) and/or American Osteopathic Association (AOA) certifying board(s).

~~**[This requirement may be omitted at the discretion of the Review Committee]**~~

Note: This requirement and bracketed language have been modified and moved from 2.15.l.

Upon approval and implementation of the Common Program Requirements, this requirement cannot be omitted by Review Committees.

2.7.a. **The program director must also provide information related to eligibility for other specialty board examinations upon request of a resident.**

[Link to Guidance Statement]

1. Describe the Task Force's rationale for this revision:
   In recognition that most graduates of ACGME-accredited programs have more than one option for certification in their specialty, the Task Force determined that it is an essential responsibility of the program director to provide program residents and applicants with relevant information regarding the available options for certification by ABMS and AOA boards, as well as the eligibility requirements for each. If a resident requests information regarding certification offered by an entity other than an ABMS or AOA board, the program director will be responsible for providing that information as well.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   No direct impact on resident education, patient safety, and/or patient care quality is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources are anticipated.

Residency Requirement #: **2.8., 2.8.a.**
Post-Doctoral Education Program Requirement #: **2.8., 2.8.a.**

Requirement Revision (significant change only):

2.8. **Any request for a change in program director must be submitted to the Sponsoring Institution's GMEC for review and approval.**~~**The Sponsoring Institution's GMEC must approve a change in program director and must verify the program director's licensure and clinical appointment.**~~ ~~**(Core)**~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~**2.8.a. Final approval of the program director resides with the Review Committee.** (Core)~~

~~**[For specialties that require Review Committee approval of the program director, the Review Committee may further specify. This requirement will be deleted for those specialties that do not require Review Committee approval of the program director]**~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted.

1. Describe the Task Force's rationale for this revision:
   Enforcement of this requirement was suspended by the ACGME Board earlier this year pending the outcome of the Common Program Requirements major revision. The Task Force considered that prior to this decision, there was variability across Review Committees in terms of how program director changes were managed. Some committees have accepted these changes without further review, while others have reviewed each change and, in some cases, denied approval of a new program director. The Task Force concluded that there should be consistency across Review Committees in terms of how these changes are managed, and that the GMEC is best suited to determine the best candidate to serve as program director. The Task Force has, therefore, proposed removing the ability of the Review Committee to approve program directors. This change does not alter the program requirements that define the minimum qualifications for the program director role, nor remove the ability of a Review Committee to cite a program for non-compliance with those requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This change does not modify existing requirements regarding program director qualifications, nor limit the Review Committee's ability to cite for non-compliance with those requirements. As described in requirement 2.1., the program director has responsibility, authority, and accountability for the program, including compliance with accreditation requirements. If an appointed program director is not successful in ensuring compliance with those requirements, the Review Committee will issue citations based on identified areas of non-compliance and, if warranted, may issue an adverse accreditation decision.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **2.9.**

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Post-Doctoral Education Program Requirement #: **2.9.**

Requirement Revision (significant change only):

~~**2.9.**~~ ~~**The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability.**~~ ~~**(Core)**~~

~~**[The Review Committee may further specify]**~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted.

1. Describe the Task Force's rationale for this revision:
   The Task Force noted that the current standard holds a program accountable when a program director departs after a short time in the role, despite the fact that this is often due to circumstances beyond the program's control. It is also noted that, in some circumstances, a change in program director may result in program improvements, rather than disruption. In a circumstance where frequent changes in program director have negatively impacted program quality, the Review Committee will cite requirements specific to the identified areas of non-compliance.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   There is no anticipated negative impact on education. However, if program director turnover is negatively impacting program stability, the Review Committee retains the ability to issue citations based on resulting areas of non-compliance and, if warranted, may issue an adverse accreditation decision.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **2.11., 2.11.a.**
Post-Doctoral Education Program Requirement #: **2.11., 2.11.a.**

Requirement Revision (significant change only):

<u>Qualifications of the Program Director</u>

~~**2.11.**~~ ~~**Qualifications of the Program Director**~~

The program director must possess specialty expertise and ~~at least three~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~years of~~ **documented educational and/or administrative experience supporting the acquisition of the knowledge and skills required to be an effective program leader.~~, or qualifications acceptable to the Review Committee.~~** ~~(Core)~~

2.11.a. **If the program director has less than three years of educational and/or administrative experience, a mentoring plan specifying the assigned mentor, frequency of meetings, and duration of the mentorship period must be developed, documented, and overseen by the GMEC or DIO.**

[Link to Guidance Statement]

1. Describe the Task Force's rationale for this revision:
   The Task Force notes that there are circumstances in which a program identifies a candidate for program director who does not have the currently required three years of documented experience. It is also noted that there is no evidence that three years of experience provides an individual with the skills needed to lead a program. There are many Review Committees that have permitted exceptions to this requirement, often with a requirement for a mentoring plan for the new program director. Many program directors who were granted this exception and received effective mentorship have become successful program leaders.

   Therefore, to provide programs with more flexibility to identify the best candidate for the program director role, while ensuring that appropriate support is provided to support the development of individuals with less than three years of experience, the Task Force has modified the requirement to remove the minimum of three years' experience and added language regarding the acquisition of knowledge and skills, as well as a requirement for mentoring of individuals with less than three years of relevant experience.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The mentoring provision that has been added to the requirement is intended to ensure that relatively inexperienced new program directors receive appropriate support as they take on this important role, while maintaining the quality of the educational program. No change in patient safety and quality is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change in continuity of care is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Meetings between the new program director and the assigned mentor will be required, in addition to oversight by the DIO or GMEC.

Residency Requirement #: **2.12.**

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Post-Doctoral Education Program Requirement #: **2.12.**

Requirement Revision (significant change only):

2.12. Residency version:

The program director must possess current certification in the specialty for which they are the program director by the American Board of _____or by the American Osteopathic Board of _____, ~~or specialty qualifications that are acceptable to the Review Committee.~~ ~~(Core)~~ If an individual is not eligible for certification by either entity, GMEC approval must be obtained following the process described in the Guidance Statement.

[The Review Committee may specify that ABMS/AOA certification in a related subspecialty is acceptable.]

~~[The Review Committee may further specify acceptable specialty qualifications or that only ABMS and AOA certification will be considered acceptable]~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted.

2.12. Post-Doctoral Education version:

The program director must possess current certification in the specialty for which they are the program director by the American Board of _____or by the American Osteopathic Board of _____if available for their field of study~~, or specialty qualifications that are acceptable to the Review Committee~~. If an individual is not eligible for certification by either entity, GMEC approval must be obtained following the process described in the Guidance Statement. ~~(Core)~~

[The Review Committee may specify that ABMS/AOA certification in a related subspecialty is acceptable.]

~~[The Review Committee may further specify acceptable specialty qualifications or that only ABMS and AOA certification will be considered acceptable]~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted.

[Link to Guidance Statement]

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

1. Describe the Task Force's rationale for this revision:
   This change is in alignment with the recent change regarding faculty qualifications. Currently there is variability among Review Committees, with some accepting only ABMS or AOA member board certification, and others that will consider alternate qualifications. The proposed change standardizes expectations across Review Committees and allows the appointment of an individual not eligible for initial certification by those boards, consistent with established criteria. These criteria will appear in the guidance document and will be used by the GMEC when making decisions regarding approval of a new program director.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The change ensures standard criteria across specialties to guide decisions regarding appointment of a program director who does not possess the required ABMS member board and/or AOA certifying board certification. While the Review Committees will no longer have the option of formally approving new program directors, they will have the authority to issue a citation for non-compliance with the applicable program requirements related to program director qualifications.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required, beyond time devoted by the GMEC in considering whether a candidate for program director meets the relevant requirements/criteria.

Residency Requirement #: **Qualifications of the Program Director**
Post-Doctoral Education Program Requirement #: **Qualifications of the Program Director**

Requirement Revision (significant change only):

Qualifications of the Program Director

~~**[The Review Committee may further specify additional program director qualifications]**~~

1. Describe the Task Force's rationale for this revision:
   The Task Force determined that the Common Program Requirements are sufficient to establish the minimum required qualifications for the program director. A review of relevant, existing specialty-specific program requirements suggests that the impact of this change will be minimal.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   No impact is anticipated.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **2.10., 2.14.**
Post-Doctoral Education Program Requirement #: **2.10., 2.14.**

Requirement Revision (significant change only):

~~**2.10.**~~ ~~**The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration.** (Core)~~

~~**[The Review Committee must further specify minimum dedicated time for program administration, and will determine whether program leadership refers to the program director or both the program director and associate/assistant program director(s)]**~~

Note: This requirement and bracketed language have been modified and moved to 2.14.

2.14. **The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program. Decisions regarding allocation of this support must be based upon program size, complexity, and configuration/format(s), and fluctuating program and Sponsoring Institution needs.**

[The Review Committee must further specify minimum dedicated time for program administration, and may specify regarding what portion of the program leadership FTE must be allocated solely to the program director, and what portion may be distributed among the assistant/associate program director(s) and/or program director and assistant/associate program director(s.]

Note: This requirement and bracketed language have been modified and moved from 2.10.

[Link to Guidance Statement]

1. Describe the Task Force's rationale for this revision:
   The ACGME has received a great deal of feedback on the current dedicated time requirements, both in terms of the financial burden such requirements place on programs with limited resources, and regarding concerns that the minimum FTE specified in the requirements is insufficient. When the ACGME dedicated time

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

requirements were developed, the goal was to strike a balance by identifying the minimum that would be required to support a program, with the understanding that there are many circumstances that would require additional FTE, including a new program director and/or GME administrative professional, major program changes, etc. At that time, Background and Intent was used to emphasize the responsibility of the program and Sponsoring Institution to ensure that the support provided was adequate to meet program needs. Since then, the ACGME has consistently received feedback from programs that Sponsoring Institutions rely solely on the minimum specified in the Program Requirements in determining the FTE support for the program leadership. This question was addressed in one of the stakeholder surveys conducted last year to inform development of the new requirements. The survey data confirms what the ACGME has been hearing for the last several years – most institutions provide only the minimum, without exception.

In considering how to address this continuing concern, the Task Force was reluctant to recommend across-the-board increases in dedicated time because (1) not all programs find the current requirements to be insufficient, (2) increasing FTE requirements would increase financial pressure on programs and institutions that may already be struggling, and (3) variable program needs continue to present a challenge in identifying a one-size-fits all FTE allocation.

Instead, the Task Force proposes maintaining the current specialty-specific dedicated time requirements and adding a new expectation that decisions regarding the allocation of support must be based upon program size and complexity, format/configuration, and fluctuating program and Sponsoring Institution needs. This new requirement also provides a Review Committee with the authority to issue a citation when there is evidence that the dedicated time and support allocated for the program is not sufficient.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The requirements are intended to ensure that dedicated time for program leadership is sufficient for effective administration of the educational program.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The new requirement will require that additional dedicated time and support be provided if necessary to meet program needs.

Residency Requirement #: **2.22.**
Post-Doctoral Education Program Requirement #: **2.22.**

Requirement Revision (significant change only):

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

2.22. Programs must ensure that there are opportunities for faculty development in Competency-Based Medical Education (CBME).

1. Describe the Task Force's rationale for this revision:
   Successful implementation of competency-based medical education (CBME) requires that faculty members receive training in its principles and how to assess resident competence.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   CBME ensures residents progress based on demonstrated skills, promoting readiness for independent practice. It also supports individualized learning through frequent feedback, earlier identification of gaps, and graduated responsibility. Ultimately, this supports improved resident education and patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   No direct impact on continuity of care is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The proposed requirement may require additional resources related to the provision of faculty development related to CBME. However, the requirement is not prescriptive in terms of how this is accomplished and does not require that all faculty members participate.

Residency Requirement #: **Faculty Responsibilities**
Post-Doctoral Education Program Requirement #: **Faculty Responsibilities**

Requirement Revision (significant change only):

Faculty Responsibilities

[The Review Committee may further specify additional faculty responsibilities. Specialty-specific program requirements requiring supervising faculty members to be within the same specialty should include flexibility that permits some portion of the resident's clinical experience to be supervised by qualified faculty members in other specialties.]

1. Describe the Task Force's rationale for this revision:
   The modification to the statement regarding the Review Committee's ability to specify additional requirements recognizes that, in some instances, existing specialty-specific program requirements are very restrictive in that, in all circumstances and settings, only faculty members within the same specialty as the program are permitted to supervise residents. The Task Force believes that this negatively impacts small programs with limited faculty members, who may rely, in some limited circumstances, on faculty members from other specialties with relevant expertise and experience.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The proposed change is intended to provide some flexibility to small programs, while ensuring that faculty members who supervise residents possess the requisite expertise.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **2.24., 2.24.a.**
Post-Doctoral Education Program Requirement #: **2.24., 2.24.a.**

Requirement Revision (significant change only):

Residency version: Physician Faculty Members

2.24. ~~**Physician Faculty Members**~~

**Physician faculty members must have current certification in the specialty by the American Board of _____or the American Osteopathic Board of _____. If an individual is not eligible for certification by either entity, GMEC approval must be obtained following the process described in the Guidance Statement.~~~~, or possess qualifications judged acceptable to the Review Committee.~~~~ (Core)~~

[The Review Committee may specify that ABMS/AOA certification in a related subspecialty is acceptable.]

[The Review Committee may further specify:

(1) additional faculty qualifications unrelated to 2.2410.; and/or,

(2) requirements regarding non-physician faculty members.]

[Link to Guidance Statement]

2.24.a. **Any other specialty or subspecialty physician faculty members must have current certification in their specialty or subspecialty by the appropriate ABMS member board or AOA certifying board. If an individual is not eligible for certification by either entity, GMEC approval must be obtained following the process described in the Guidance Statement.~~, or possess qualifications judged acceptable to the Review~~**

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~Committee.~~ ~~(Core)~~

[The Review Committee may further specify regarding the need for other specialty or subspecialty physician faculty members, and unrelated to 2.24~~10~~.]

[Link to Guidance Statement]

Post-Doctoral Education version: Faculty Members

2.24. ~~**Faculty Members**~~

Faculty members must have current certification in the specialty by the American Board of _____or the American Osteopathic Board of _____, if available for their field of study. If an individual is not eligible for certification by either entity, GMEC approval must be obtained following the process described in the Guidance Statement~~, or possess qualifications judged acceptable to the Review Committee.~~ ~~(Core)~~

[The Review Committee may specify that ABMS/AOA certification in a related subspecialty is acceptable.]

[The Review Committee may further specify:

(1) additional faculty qualifications unrelated to 2.24~~10~~.; and/or,

(2) requirements regarding non-physician faculty members.]

[Link to Guidance Statement]

2.24.a. **Any other specialty or subspecialty physician faculty members must have current certification in their specialty or subspecialty by the appropriate ABMS member board or AOA certifying board. If an individual is not eligible for certification by either entity, GMEC approval must be obtained following the process described in the Guidance Document.~~, or possess qualifications judged acceptable to the Review Committee.~~** ~~(Core)~~

[The Review Committee may further specify regarding the need for other specialty or subspecialty physician faculty members, and unrelated to 2. 24~~10~~.]

[Link to Guidance Statement]

1. Describe the Task Force's rationale for this revision:
   In September 2025, the ACGME Board approved a change to the Common Program Requirements that standardized across all specialties a process for consideration of

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

faculty members who do not possess certification by the relevant ABMS and/or AOA board. That change became effective July 1, 2026. The modifications proposed above establish the role of the GMEC in reviewing and approving these exceptions, consistent with guidelines established by the ACGME.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The change provides programs with flexibility to appoint, consistent with established criteria and with GMEC approval, faculty members who do not meet the requirements regarding certification. The exception process, with GMEC oversight, provides programs with some flexibility to choose faculty members based on program needs while providing criteria consistent across all programs and specialties to ensure that those serving as faculty members are appropriately qualified to meet the educational needs of the programs.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources are required.

Residency Requirement #: **Core Faculty**
Post-Doctoral Education Program Requirement #: **Core Faculty**

Requirement Revision (significant change only):

Following requirement 2.25.:

[The Review Committee must specify either a minimum number of core faculty members, or a ratio of core faculty to residents that does not require more than one faculty member for every five residents]

Note: This bracketed language has been modified and moved from 2.25.a.

1. Describe the Task Force's rationale for this revision:
   The Task Force noted that requirements establishing the minimum number of required faculty members have been identified as a barrier to accreditation of small programs and those with limited resources, including in rural and underserved areas. The Task Force also noted that there is currently wide variability across specialties regarding the required minimum number of core faculty members. For example, for internal medicine programs one core faculty member is required for every 10 residents, for pediatrics one core faculty member is required for every five residents, and for emergency medicine one core faculty member is required for every three residents. To reduce variability across specialties and to ensure that the

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

required number of core faculty members is not unduly burdensome, the Task Force has preserved the Review Committees' ability to determine the minimum, with the provision that Review Committees may not require more than one core faculty member for every five residents.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The intent of this change is to ensure that Review Committees may designate the required minimum of core faculty required to provide high-quality resident education in the specialty, while minimizing burden for small programs and programs with limited resources.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required, and there is potential for a reduction in required resources for programs that currently are required to provide more than one core faculty member for every five residents.

Residency Requirement #: **2.26.**
Post-Doctoral Education Program Requirement #: **2.26.**

Requirement Revision (significant change only):

Graduate Medical Education Administrative Professional

2.26. ~~**Program Coordinator**~~
There must be ~~a program coordinator~~at least one graduate medical education (GME) administrative professional. ~~**(Core)**~~

[Link to Guidance Statement]

1. Describe the Task Force's rationale for this revision:
   The Task Force has received a great deal of feedback about the current requirement, which uses the term "program coordinator." One of the frequently referenced concerns is that the coordinator terminology has presented a barrier to advancement for many individuals holding these roles due to institutional job classification systems. The Task Force recognizes the crucial role these individuals play in the administration of residency programs, and notes that it is neither the intent nor the purview of the ACGME to influence job classification across programs and institutions. The new term, GME administrative professional, is descriptive of the role these essential team members play in the administration of GME programs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This change in terminology is not expected to impact education or patient safety.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Depending on job classification systems used by individual institutions, this change may necessitate reassessment and, if warranted, reclassification of the GME administrative professional role. These decisions are not within the ACGME's purview and will be driven by local policies and processes.

Residency Requirement #: **2.26.a.**
Post-Doctoral Education Program Requirement #: **2.26.a.**

Requirement Revision (significant change only):

2.26.a. **The ~~program coordinator~~ GME administrative professional must be provided with dedicated time and support adequate for administration of the program. Decisions regarding allocation of this support must be based upon ~~its~~ program size, complexity, and configuration/format(s), and fluctuating program and Sponsoring Institution needs. ~~(Core)~~**

[The Review Committee must further specify minimum dedicated time for the ~~program coordinator~~ GME administrative professional]

[Link to Guidance Statement]

1. Describe the Task Force's rationale for this revision:
   The ACGME has received a great deal of feedback on the current dedicated time requirements, both in terms of the challenges such requirements place on programs with limited resources, and regarding concerns that the minimum FTE specified in the requirements is insufficient. When the ACGME dedicated time requirements were developed, the goal was to strike a balance by identifying the minimum that would be required to support a program, but understanding that there are many circumstances that would require additional FTE, including a new program director and/or GME administrative professional, major program changes, etc. Background and Intent was used to emphasize the responsibility of the program and Sponsoring Institution to ensure that support provided was adequate to meet program needs. Since then, the ACGME has consistently received feedback from programs that Sponsoring Institutions rely solely on the Program Requirements in determining the FTE support for the coordinator. This question was addressed in one of the stakeholder surveys conducted last year to inform development of the new requirements. The survey data confirms what the ACGME has been hearing for the last several years – most institutions provide only the minimum, without exception.

   In considering how to address this continuing concern, the Task Force was reluctant to recommend across-the-board increases in dedicated time because (1) not all

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

programs find the current requirements to be insufficient, (2) increasing FTE requirements would increase financial pressure on programs and institutions that may already be struggling, and (3) variable program needs continue to present a challenge in identifying a one-size-fits all FTE allocation.

Instead, the Task Force proposes maintaining the current specialty-specific dedicated time requirements and adding a new expectation that decisions regarding the allocation of support must be based upon program size and complexity, format/configuration, and fluctuating program and Sponsoring Institution needs. This new requirement also provides a Review Committee with the authority to issue a citation when there is evidence that the dedicated time and support allocated for the program is not sufficient.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The requirements are intended to ensure that dedicated time for the GME administrative professional is sufficient for effective administration of the educational program.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The new requirement will require that additional dedicated time and support be provided if necessary to meet program needs.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Section 3: Resident Appointments

Residency Requirement #: **3.2.**
Post-Doctoral Education Program Requirement #: **3.2.**

Requirement Revision (significant change only):

Eligibility Requirements

3.2. ~~**Eligibility Requirements**~~
The program must have written policies and procedures for resident recruitment, selection, eligibility, and appointment consistent with the ACGME Institutional and Common Program Requirements that ensures any qualified applicant is considered eligible for appointment to the program.

1. Describe the Task Force's rationale for this revision:
   The Common Program Requirements define the eligibility requirements for entry in an ACGME-accredited residency program. The addition of the requirement above reinforces that all qualified candidates are eligible for appointment to an ACGME-accredited program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   No change in resident education or patient safety is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **3.5.**
Post-Doctoral Education Program Requirement #: **3.6.**

Requirement Revision (significant change only):

Residency version: Resident Complement

3.5. ~~**Resident Complement**~~
The program director must not appoint more residents than approved by the Review Committee. ~~**(Core)**~~

[The Review Committee may further specify regarding designation of preliminary and categorical resident positions~~minimum complement numbers~~]

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

[Link to Guidance Statement]

Post-Doctoral Education Version: Post-Doctoral Fellow Complement

3.6. ~~**Post-Doctoral Fellow Complement**~~

The program director must not appoint more post-doctoral fellows than approved by the Review Committee. ~~**(Core)**~~

~~**[The Review Committee may further specify minimum complement numbers]**~~

[Link to Guidance Statement]

1. Describe the Task Force's rationale for this revision:
   The change to the language regarding Review Committee specification of additional requirements removes the Review Committees' ability to specify minimum complement numbers, but retains the ability for Review Committees to have requirements regarding designation of preliminary and categorical positions, when relevant for the specialty. In making this decision, the Task Force noted that requirements regarding minimum number of residents may present a barrier to the development of new programs, particularly those in rural and underserved settings.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The change removes a potential barrier to the development of new programs in areas of high need, which may improve access to care for patients in those communities.

3. How will the proposed requirement or revision impact continuity of patient care?
   No direct impact on continuity of care is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The change will not require additional resources, and is expected to support the development of GME programs in lower resourced institutions, as well as those with limited volume and variety of patients.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Section 4: Educational Program

Residency Requirement #: **4.2., 4.2.a.-e.**
Post-Doctoral Education Program Requirement #: **4.2., 4.2.a.-e.**

Requirement Revision (significant change only):

Educational Components

4.2. ~~**Educational Components**~~
The curriculum must contain the following educational components:

4.2.a. ~~**a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents, and faculty members;** (Core)~~

4.2.b. **competency-based, progressive goals and objectives for each rotation~~educational experience, designed to promote progress on a trajectory to autonomous practice~~. These must be distributed, reviewed, and available to residents and faculty members; and,** ~~(Core)~~

[Link to Guidance Statement]

4.2.c. ~~**delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision;** (Core)~~

4.2.d. **a broad range of structured ~~didactic~~ educational activities, including but not limited to didactic and clinical experiences.~~; and,~~** ~~(Core)~~

[Link to Guidance Statement]

4.2.e. ~~**formal educational activities that promote patient safety-related goals, tools, and techniques.** (Core)~~

1. Describe the Task Force's rationale for this revision:
   While the Task Force recognizes that it is essential that residents are provided with education addressing patient safety, it determined that 4.2.e. is redundant with other requirements addressing patient safety education (see requirements 6.2.-6.5.). Therefore, the Task Force has proposed deletion of this requirement.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Because education in patient safety is addressed elsewhere in the Common Program Requirements, removal of this redundant requirement will not impact education in this area.

3. How will the proposed requirement or revision impact continuity of patient care?
   As above, no impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This change will not require additional resources.

Residency Requirement #: **4.3., 4.3.a.-h.**
Post-Doctoral Education Program Requirement #: **4.3., 4.3.a.-h.**

Requirement Revision (significant change only):

ACGME Competencies – Professionalism

4.3. ~~**ACGME Competencies – Professionalism**~~
~~**Residents must demonstrate a commitment to**~~ **The program must provide instruction and assessment of residents' professionalism and** ~~**an**~~ **adherence to ethical principles, including in the use of technology (e.g., artificial intelligence).** ~~**(Core)**~~

[Link to Guidance Statement]

~~**Residents must demonstrate competence in:**~~

~~**4.3.a.** compassion, integrity, and respect for others; (Core)~~

~~**4.3.b.** responsiveness to patient needs that supersedes self-interest; (Core)~~

~~**4.3.c.** cultural awareness; (Core)~~

~~**4.3.d.** respect for patient privacy and autonomy; (Core)~~

~~**4.3.e.** accountability to patients, society, and the profession; (Core)~~

~~**4.3.f.** respect and responsiveness to heterogeneous patient populations, including but not limited to gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)~~

~~**4.3.g.** ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~4.3.h. appropriately disclosing and addressing conflict or duality of interest. (Core)~~

1. Describe the Task Force's rationale for this revision:
   The existing Common Program Requirements and, where applicable, specialty-specific program requirements for each of the six competency domains identify the required competencies residents must demonstrate. The Task Force is proposing reframing these requirements for better alignment with the ACGME accreditation process, which assesses the quality of the educational program, including assessment of the adequacy of the program's instruction and assessment in each of the competency domains. It is noted that Review Committees do not have access to resident assessment data that would be needed to assess compliance with requirements that center on what competencies residents are required to demonstrate. While Milestones data is submitted to the ACGME, it is not shared with the Review Committees and therefore is not considered in the review of individual programs.

   The revised requirements address the program's responsibility to provide instruction and assessment of resident competence in each of the six competency domains. The current Common and specialty-specific requirements currently listed under each domain will be moved from the Program Requirements to the new Guidance Document, which will be used by programs to guide education and assessment in the competencies, along with the Milestones.

   In addition to these changes, the requirement addressing competence in professionalism has been expanded to address the program's responsibility to provide instruction and assessment of resident competence in the use of technology, such as artificial intelligence. This is an important change that reflects the increasing role of such technologies in health care.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The modifications in each of the six competency domains retain the expectations that programs (1) provide residents with the instruction and experience needed to develop the required competencies, and (2) assess each resident's competence in each of the six competency domains, which is consistent with existing requirements regarding competency-based assessment using the Milestones.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Residency Requirement #: **4.4., 4.5.**
Post-Doctoral Education Program Requirement #: **4.4., 4.5.**

Requirement Revision (significant change only):

Residency version: ACGME Competencies – Patient Care and Procedural Skills

4.4. ~~**ACGME Competencies – Patient Care and Procedural Skills (Part A)**~~
~~**Residents must be able to provide patient**~~ **The program must provide instruction in and assessment of residents' ability to provide care that is patient-** ~~**and family-**~~ **centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health.** ~~**(Core)**~~

~~**[The Review Committee must further specify]**~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be removed.

4.5. ~~**ACGME Competencies – Patient Care and Procedural Skills (Part B)**~~
~~**Residents must be able**~~**The program must provide instruction in and assessment of residents' technical skills needed to perform all medical, diagnostic, therapeutic, and surgical procedures considered essential for the area of practice.** ~~**(Core)**~~

~~**[The Review Committee may further specify]**~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be removed.

Post-Doctoral Education version:
ACGME Competencies – Patient Care and Procedural Skills

4.4. ~~**ACGME Competencies – Patient Care and Procedural Skills (Part A)**~~
~~**Post-doctoral fellows must be able to contribute to patient**~~ **The program must provide instruction and assessment of post-doctoral fellows' ability to contribute to care in a way that is patient- and family-centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health.** ~~**(Core)**~~

~~**[The Review Committee must further specify]**~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be removed.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

4.5. ~~**ACGME Competencies – Patient Care and Procedural Skills (Part B)**~~

~~**Post-doctoral fellows must be able**~~ **The program must provide instruction in and assessment of post-doctoral fellows' technical skills needed to perform all procedures considered essential for the area of practice.** ~~**(Core)**~~

~~**[The Review Committee may further specify]**~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be removed.

1. Describe the Task Force's rationale for this revision:
   The existing Common Program Requirements and, where applicable, specialty-specific program requirements for each of the six competency domains identify the required competencies residents must demonstrate. The Task Force is proposing reframing these requirements for better alignment with the ACGME accreditation process, which assesses the quality of the educational program, including assessment of the adequacy of the program's instruction and assessment in each of the competency domains. It is noted that Review Committees do not have access to resident assessment data that would be needed to assess compliance with requirements that center on what competencies residents are required to demonstrate. While Milestones data is submitted to the ACGME, it not shared with the Review Committees and therefore is not considered in the review of individual programs.

   The revised requirements address the program's responsibility to provide instruction and assessment of resident competence in each of the six competency domains. The current Common and specialty-specific requirements currently listed under each domain will be moved from the Program Requirements to the new Guidance Document, which will be used by programs to guide education and assessment in the competencies, along with the Milestones.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The modifications in each of the six competency domains retain the expectations that programs (1) provide residents with the instruction and experience needed to develop the required competencies, and (2) assess each resident's competence in each of the six competency domains, which is consistent with existing requirements regarding competency-based assessment using the Milestones.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Residency Requirement #: **4.6.**
Post-Doctoral Education Program Requirement #: **4.6.**

Requirement Revision (significant change only):

ACGME Competencies – Medical Knowledge

4.6. ~~**ACGME Competencies – Medical Knowledge**~~
~~**Residents must demonstrate knowledge of**~~ **The program must provide instruction in and assessment of residents' knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care.** ~~**(Core)**~~

~~**[The Review Committee must further specify]**~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be removed.

1. Describe the Task Force's rationale for this revision:
   The existing Common Program Requirements and, where applicable, specialty-specific program requirements for each of the six competency domains identify the required competencies residents must demonstrate. The Task Force is proposing reframing these requirements for better alignment with the ACGME accreditation process, which assesses the quality of the educational program, including assessment of the adequacy of the program's instruction and assessment in each of the competency domains. It is noted that Review Committees do not have access to resident assessment data that would be needed to assess compliance with requirements that center on what competencies residents are required to demonstrate. While Milestones data is submitted to the ACGME, it not shared with the Review Committees and therefore is not considered in the review of individual programs.

   The revised requirements address the program's responsibility to provide instruction and assessment of resident competence in each of the six competency domains. The current Common and specialty-specific requirements currently listed under each domain will be moved from the Program Requirements to the new Guidance Document, which will be used by programs to guide education and assessment in the competencies, along with the Milestones.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The modifications in each of the six competency domains retain the expectations that programs (1) provide residents with the instruction and experience needed to develop the required competencies, and (2) assess each resident's competence in each of the six competency domains, which is consistent with existing requirements regarding competency-based assessment using the Milestones.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **4.7., 4.7.a.-f.**
Post-Doctoral Education Program Requirement #: **4.7., 4.7.a.-f.**

Requirement Revision (significant change only):

ACGME Competencies – Practice-Based Learning and Improvement

4.7. ~~**ACGME Competencies – Practice-Based Learning and Improvement Residents must demonstrate the**~~**The program must provide instruction in and assessment of residents' ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on** ~~**constant self-evaluation**~~ **informed self-assessment and lifelong learning.** ~~**(Core)**~~

[Link to Guidance Statement]

~~**4.7.a. Residents must demonstrate competence in identifying strengths, deficiencies, and limits in one's knowledge and expertise. (Core)**~~

~~**4.7.b. Residents must demonstrate competence in setting learning and improvement goals. (Core)**~~

~~**4.7.c. Residents must demonstrate competence in identifying and performing appropriate learning activities. (Core)**~~

~~**4.7.d. Residents must demonstrate competence in systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement. (Core)**~~

~~**4.7.e. Residents must demonstrate competence in incorporating feedback and formative evaluation into daily practice. (Core)**~~

~~**4.7.f. Residents must demonstrate competence in locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems. (Core)**~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~[The Review Committee may further specify by adding to the list of sub-competencies]~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be removed.

1. Describe the Task Force's rationale for this revision:
   The existing Common Program Requirements and, where applicable, specialty-specific program requirements for each of the six competency domains identify the required competencies residents must demonstrate. The Task Force is proposing reframing these requirements for better alignment with the ACGME accreditation process, which assesses the quality of the educational program, including assessment of the adequacy of the program's instruction and assessment in each of the competency domains. It is noted that Review Committees do not have access to resident assessment data that would be needed to assess compliance with requirements that center on what competencies residents are required to demonstrate. While Milestones data is submitted to the ACGME, it not shared with the Review Committees and therefore is not considered in the review of individual programs.

   The revised requirements address the program's responsibility to provide instruction and assessment of resident competence in each of the six competency domains. The current Common and specialty-specific requirements currently listed under each domain will be moved from the Program Requirements to the new Guidance Document, which will be used by programs to guide education and assessment in the competencies, along with the Milestones.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The modifications in each of the six competency domains retain the expectations that programs (1) provide residents with the instruction and experience needed to develop the required competencies, and (2) assess each resident's competence in each of the six competency domains, which is consistent with existing requirements regarding competency-based assessment using the Milestones.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Residency Requirement #: **4.8., 4.8.a.-g.**
Post-Doctoral Education Program Requirement #: **4.8., 4.8.a.-g.**

Requirement Revision (significant change only):

ACGME Competencies – Interpersonal and Communication Skills

4.8. ~~**ACGME Competencies – Interpersonal and Communication Skills**~~ ~~**Residents must demonstrate interpersonal and communication skills that result in the**~~ **The program must provide instruction in and assessment of residents' ability to effectively exchange** ~~**of**~~ **information and collaborate**~~**ion**~~ **with** ~~**patients, their families, and health professionals**~~ **different individuals and teams, including patient hand-offs.** ~~**(Core)**~~

Note: This requirement has been modified and moved from 6.28.b.

[Link to Guidance Statement]

~~**4.8.a. Residents must demonstrate competence in communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient. (Core)**~~

~~**4.8.b. Residents must demonstrate competence in communicating effectively with physicians, other health professionals, and health-related agencies. (Core)**~~

~~**4.8.c. Residents must demonstrate competence in working effectively as a member or leader of a health care team or other professional group. (Core)**~~

~~**4.8.d. Residents must demonstrate competence in educating patients, patients' families, students, other residents, and other health professionals. (Core)**~~

~~**4.8.e. Residents must demonstrate competence in acting in a consultative role to other physicians and health professionals. (Core)**~~

~~**4.8.f. Residents must demonstrate competence in maintaining comprehensive, timely, and legible health care records, if applicable. (Core)**~~

~~**4.8.g. Residents must learn to communicate with patients and patients' families to partner with them to assess their care goals, including, when**~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~**appropriate, end-of-life goals.** (Core)~~

~~**[The Review Committee may further specify by adding to the list of sub-competencies]**~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be removed.

1. Describe the Task Force's rationale for this revision:
   The existing Common Program Requirements and, where applicable, specialty-specific program requirements for each of the six competency domains identify the required competencies residents must demonstrate. The Task Force is proposing reframing these requirements for better alignment with the ACGME accreditation process, which assesses the quality of the educational program, including assessment of the adequacy of the program's instruction and assessment in each of the competency domains. It is noted that Review Committees do not have access to resident assessment data that would be needed to assess compliance with requirements that center on what competencies residents are required to demonstrate. While Milestones data is submitted to the ACGME, it not shared with the Review Committees and therefore is not considered in the review of individual programs.

   The revised requirements address the program's responsibility to provide instruction and assessment of resident competence in each of the six competency domains. The current Common and specialty-specific requirements currently listed under each domain will be moved from the Program Requirements to the new Guidance Document, which will be used by programs to guide education and assessment in the competencies, along with the Milestones.

   In addition to those changes, the requirement addressing competence in interpersonal and communication skills has been modified to emphasize that required communication skills must include collaboration needed for effective patient hand-offs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The modifications in each of the six competency domains retain the expectations that programs (1) provide residents with the instruction and experience needed to develop the required competencies, and (2) assess each resident's competence in each of the six competency domains, which is consistent with existing requirements regarding competency-based assessment using the Milestones. The inclusion of patient hand-offs calls particular attention to this essential competency required for the provision of safe patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No additional resources will be required.

Residency Requirement #: **4.9., 4.9.a.-h.**
Post-Doctoral Education Program Requirement #: **4.9., 4.9.a.-h.**

Requirement Revision (significant change only):

ACGME Competencies – Systems-Based Practice

4.9. Residency version:

~~**ACGME Competencies – Systems-Based Practice**~~
The program ~~Residents~~ must provide instruction in and assessment of the residents' understanding of health system resources in the context of ~~demonstrate an awareness of and responsiveness to the larger context and system of health care, including~~ the social determinants of health~~, as well as~~ and their ability to call effectively ~~collaborate with other providers and use~~ on those resources to provide optimal health care, including the use of existing and emerging technologies (e.g., artificial intelligence). ~~(Core)~~

[Link to Guidance Statement]

~~**4.9.a. Residents must demonstrate competence in working effectively in various health care delivery settings and systems relevant to their clinical specialty. (Core)**~~

~~**4.9.b. Residents must demonstrate competence in coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty. (Core)**~~

~~**4.9.c. Residents must demonstrate competence in advocating for quality patient care and optimal patient care systems. (Core)**~~

~~**4.9.d. Residents must demonstrate competence in participating in identifying system errors and implementing potential systems solutions. (Core)**~~

~~**4.9.e. Residents must demonstrate competence in incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate. (Core)**~~

~~**4.9.f. Residents must demonstrate competence in understanding health care finances and its impact on individual patients' health decisions. (Core)**~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~4.9.g.~~ ~~Residents must demonstrate competence in using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated).~~ ~~(Detail)~~

~~4.9.h.~~ ~~Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals.~~ ~~(Core)~~

~~[The Review Committee may further specify by adding to the list of sub-competencies]~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be removed.

4.9. Post-Doctoral Education version:

~~**ACGME Competencies – Systems-Based Practice**~~

The program ~~Post-doctoral fellows~~ must provide instruction in and assessment of the post-doctoral fellows' understanding of health system resources in the context of ~~demonstrate an awareness of and responsiveness to the larger context and system of health care, including~~ the social determinants of health~~, as well as~~ and their ability to effectively collaborate with other providers and use resources to provide optimal health care, including the use of existing and emerging technologies (e.g., artificial intelligence). ~~(Core)~~

[Link to Guidance Statement]

1. Describe the Task Force's rationale for this revision:
   The modifications in each of the six competency domains retain the expectations that programs (1) provide residents with the instruction and experience needed to develop the required competencies, and (2) assess each resident's competence in each of the six competency domains, which is consistent with existing requirements regarding competency-based assessment using the Milestones. In addition, the systems-based practice competency language regarding resources required to provide optimal health care has been expanded to include existing and emerging technologies, such as artificial intelligence.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The modifications in each of the six competency domains retain the expectations that programs (1) provide residents with the instruction and experience needed to develop the required competencies, and (2) assess each resident's competence in each of the six competency domains, which is consistent with existing requirements regarding competency-based assessment using the Milestones. The inclusion of new and emerging technologies as resources required for optimal health care

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

reflects the expanding role that such technologies play in the provision of health care, and the need for residents to develop relevant knowledge and skills.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **4.15.**

Requirement Revision (significant change only):

~~**4.15.**~~ ~~**Pain Management**~~
~~**The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder.** (Core)~~

[The Review Committee may further specify <u>regarding pain management and substance use disorder above in 4.14.</u>]

*****This requirement does not appear in the Common Program Requirements (Post-Doctoral Education Program) version. *****

1. Describe the Task Force's rationale for this revision:
   One of the goals established by the Task Force during the major revision process was to ensure that all Common Program Requirements are applicable for all specialties. The Task Force determined that, while pain management education is essential in direct patient care specialties, there are specialties for which this requirement has no applicability. Further, the Task Force noted that the Review Committees have the ability to specify requirements related to pain management and substance use disorder that are tailored to the specialty. Many Review Committees have done so, and those specialty-specific requirements will remain unchanged. Any Review Committee that wishes to add new specialty-specific requirements, upon removal of Common Program Requirement 4.15., will be able to do so, following the ACGME's policies and procedures for requirement revisions.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   As stated above, Review Committees will retain existing specialty-specific program requirements related to pain management and substance use disorder and may add additional requirements defining the required education for the specialty. This shift in emphasis to requirements that are more relevant to the education of residents and care of patients in a particular specialty will ensure that residents are better prepared to address these issues more effectively in residency and beyond.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **4.16., 4.16.a.-b., 4.17., 4.17.a.**
Post-Doctoral Education Program Requirement #: **4.15., 4.15.a.-b., 4.16., 4.16.a.**

Requirement Revision (significant change only):

Inquiry and Scholarship

[Link to Guidance Statement]

~~**4.16. Program Responsibilities**~~
~~**The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims.** (Core)~~

Note: This requirement has been incorporated into 4.18.

~~**4.16.a.** **The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities.** (Core)~~

~~**[The Review Committee may further specify]**~~

Note: This requirement has been incorporated into 4.18.

Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted.

~~**4.16.b.** **The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care.** (Core)~~

Note: This requirement has been modified and moved to 4.17.a.

Environment of Inquiry

4.17. **The program must establish and maintain an environment of inquiry in which the program director and faculty foster resident acquisition of relevant skills, including the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice principles of lifelong learning.**

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

[Link to Guidance Statement]

4.17.a. **<u>To maintain this environment of inquiry, the faculty and residents must participate in the following activities:</u>**

- **<u>Scheduled educational events designed to develop competence in analysis and interpretation of medical literature;</u>**
- **<u>Clinical teaching by the faculty that regularly references reliable, relevant information which supports patient care and a critical appraisal of medical evidence; and,</u>**
- **<u>Regular presentations by faculty members and residents to discuss the application of current evidence as applicable to the specialty and patient care.</u>**

1. Describe the Task Force's rationale for this revision:
   The proposed requirements include a new section on an environment of inquiry, which is related to, but distinct from, scholarly activity. Establishing and maintaining an environment of inquiry is essential for a residency program in supporting faculty members in teaching and modeling for residents the critical skills that will enhance their education and practice, as well as contribute to advancements in their field.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The requirements related to environment of inquiry support the development of resident skills and habits essential to the practice of evidence-based medicine. These new requirements have been added with the goals of strengthening resident education and driving improvement in the care residents provide to patients during and beyond residency.

3. How will the proposed requirement or revision impact continuity of patient care?
   As above, the requirements are intended to result in improvements in patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   It is not anticipated that additional resources will be required.

Residency Requirement #: **4.18., 4.18.a.-c., 4.19.**
Post-Doctoral Education Program Requirement #: **4.17., 4.17.a.-b., 4.17.c.1.-2., 4.18.**

Requirement Revision (significant change only):
<u>Scholarly Activity</u>

4.18. ~~**Faculty Scholarly Activity**~~

~~**Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains:** (Core)~~ **<u>The program, in partnership with its Sponsoring Institution, must allocate adequate resources for, and must demonstrate evidence of, resident and</u>**

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

faculty involvement in scholarly activities.

Program scholarly activity must include:

Note: This requirement has been modified and moved from 4.16. – 4.16.a.

[Link to Guidance Statement]

4.18.a. **Completion of at least one of the activities listed below by each core and other required faculty member at least once every three years:**

- **Creation and delivery of curricula, including didactic presentations**

  Note: This requirement has been modified and moved from a bullet below.

- **Creation of assessment or program evaluation tools**

  Note: This requirement has been modified and moved from a bullet below.

- **Delivery of local, regional, or national presentations**
- **Service on institutional, regional, or national professional committees, educational organizations, or editorial boards**

  Note: This requirement has been modified and moved from a bullet below.

- **Conducting ~~R~~research in basic science, education, translational science, patient care, or population health**
- **~~Peer-reviewed~~ Authoring submitted grants in education/training, scientific research, or service ~~grants~~**
- **Leading a ~~Q~~quality improvement and/or patient safety initiative~~s~~**
- **Authoring a submitted original research article, ~~S~~systematic review~~s~~, meta-analysies, review article~~s~~, chapter~~s~~ in a medical textbook, or case report~~s~~**
- **Meaningful participation in advocacy for improvements such as local, regional, national, and/or global health care or public health policy**
- **~~Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials~~**

  Note: This requirement has been modified and moved to bullets above.

- **~~Contribution to professional committees, educational organizations,~~**

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~or editorial boards~~

Note: This requirement has been modified and moved to bullets above.

- ~~Innovations in education~~

[Link to Guidance Statement]

4.18.b. **Completion of at least one of the activities listed below by each resident prior to graduation from the program:**

- **Creation and delivery of curricula, including didactic presentations**
- **Creation of assessment or program evaluation tools**
- **Delivery of local, regional, or national presentations**
- **Service on institutional, regional, or national professional committees, educational organizations, or editorial boards**
- **Conducting research in basic science, education, translational science, patient care, or population health**
- **Authoring submitted grants in education/training, scientific research, or service**
- **Leading a quality improvement and/or patient safety initiatives**
- **Authoring a submitted original research article, systematic review, meta-analysis, review article, chapters in a medical textbook, or case report**
- **Meaningful participation in advocacy for improvements such as local, regional, national, and/or global health care or public health policy**

[Link to Guidance Statement]

~~**4.18.c.** **The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:~~

- ~~**faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor;** (Outcome)~~

- ~~**peer-reviewed publication.** (Outcome)~~

~~**[Review Committee will choose to require either the first bullet or both bullets under 4.18.c.]**~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~**4.19. Resident Scholarly Activity**~~

~~**Residents must participate in scholarship.** (Core)~~

~~**[The Review Committee may further specify]**~~

Note: This requirement has been modified and moved to 4.18.b.

Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted.

1. Describe the Task Force's rationale for this revision:
   The requirements regarding faculty and resident scholarly activity have been reorganized and modified significantly. The list of acceptable activities that will satisfy the requirements for faculty members and residents are now the same, and Review Committees will not retain the ability to specify additional resident scholarly activity requirements, nor require peer-reviewed publication for faculty members. It is recognized that some programs will seek to train physician scientists or generally have a stronger emphasis on scholarly activity, and will likely choose to set higher internal expectations for scholarly activity for both faculty members and residents. It is also recognized that not all programs seek to develop physician scientists and, therefore, the Task Force has focused the new requirements on the minimum required of all programs and across all specialties to support the development of a scholarly approach to patient care.

   Note that existing specialty-specific requirements addressing required resources for scholarly activity, faculty peer-reviewed publication, and expectations regarding resident scholarly activity will be deleted upon implementation of the new Common Program Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The proposed changes focus on the scholarly activities that will support the development of a scholarly approach to patient care for all residents regardless of specialty. Given that the existing scholarly activity requirements create a potential barrier to accreditation for new programs lacking the resources and faculty members required to comply, the changes have the potential to lead to the development of new GME programs, including in rural and underserved areas.

3. How will the proposed requirement or revision impact continuity of patient care?
   No direct impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Section 5: Program Evaluation and Resident Assessment

Residency Requirement #: **5.1., 5.1.a., 5.2., 5.3., 5.3.a.-5.3.b.2., 5.4.-5.6., 5.12., 5.12.a.-e.**
Post-Doctoral Education Program Requirement #: **5.1., 5.1.a., 5.2., 5.3., 5.3.a.-5.3.b.2., 5.4.-5.6., 5.12., 5.12.a.-e.**

Requirement Revision (significant change only):

Section 5: Program Evaluation and Resident Assessment

Resident Assessment

5.1. ~~**Resident Evaluation: Feedback and Evaluation**~~
A Clinical Competency Committee (CCC) must be appointed by the program director to review all resident assessments at least semi-annually and advise the program director regarding each resident's progress on specialty-specific Milestones.

Note: This requirement combines 5.12. and 5.12.c-e.

5.1.a. **At a minimum, the CCC must include three members of the program faculty who have extensive contact and experience with the program's residents.**

Note: This requirement has been modified and combines 5.12.a. and 5.12.b.

[Link to Guidance Statement]

5.2. **The program must have a comprehensive system of objective assessment that is reviewed and updated annually, that is competency-based, and specialty-specific (including specialty-specific Case Logs, when applicable); that involves multiple assessors (e.g., faculty members, peers, patients, self, and other professional staff members); and which informs the CCC actions. This program of assessment must include a plan for structured growth toward autonomous practice.**

Note: This requirement combines 5.3.b. – 5.3.b.2.

[Link to Guidance Statement]

5.3. **Faculty members must directly observe, ~~evaluate~~assess, and frequently provide feedback on resident performance during each rotation or similar educational assignment.** ~~**(Core)**~~

[Link to Guidance Statement]

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~5.3.a.~~ ~~Evaluation must be documented at the completion of the assignment.~~ ~~(Core)~~

Note: This requirement has been modified and moved to 5.4.

~~5.3.a.1.~~ ~~For block rotations of greater than three months in duration, evaluation must be documented at least every three months.~~ ~~(Core)~~

Note: This requirement has been modified and moved to 5.5.

~~5.3.a.2.~~ ~~Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.~~ ~~(Core)~~

Note: This requirement has been modified and moved to 5.5.

~~5.3.b.~~ ~~The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones.~~ ~~(Core)~~

Note: This requirement has been modified and moved to 5.2.

~~5.3.b.1.~~ ~~The program must use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members).~~ ~~(Core)~~

Note: This requirement has been modified and moved to 5.2,

~~5.3.b.2.~~ ~~The program must provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice.~~ ~~(Core)~~

Note: This requirement has been modified and moved to 5.2.

5.4. **Faculty members must perform, and provide to the resident in a timely fashion, a written assessment of resident performance after completion of each educational assignment.**

Note: This requirement has been modified and moved from 5.3.a.

5.5. **For ~~block rotations~~ experiences greater than three months in duration, assessment ~~evaluation~~ must be documented and provided to the resident at least every three months.**

Note: This requirement has been modified and moved from 5.3.a.1.-2.

~~[The Review Committee may further specify under any requirement in 5.1.a. – 5.5.]~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

5.6. **The program director or their designee, with input from the CCC, must meet ~~with~~ and review with each resident their documented semi-annual ~~evaluation~~ assessment of performance, including progress along the specialty-specific Milestones and Case Logs, as applicable.** (Core)

[Link to Guidance Statement]

~~**5.12. Clinical Competency Committee**~~

~~**A Clinical Competency Committee must be appointed by the program director.** (Core)~~

Note: This requirement has been incorporated into 5.1.

~~**5.12.a. At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member.** (Core)~~

Note: This requirement has been modified and moved to 5.1.a.

~~**5.12.b. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents.** (Core)~~

Note: This requirement has been modified and moved to 5.1.a.

~~**5.12.c. The Clinical Competency Committee must review all resident evaluations at least semi-annually.** (Core)~~

Note: This requirement has been incorporated into 5.1.

~~**5.12.d. The Clinical Competency Committee must determine each resident's progress on achievement of the specialty-specific Milestones.** (Core)~~

Note: This requirement has been incorporated into 5.1.

~~**5.12.e. The Clinical Competency Committee must meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress.** (Core)~~

Note: This requirement has been modified and incorporated into 5.1.

1. Describe the Task Force's rationale for this revision:
   The changes throughout this section reflect a reorganization of the requirements regarding resident assessment and the Clinical Competency Committee (CCC), as well as removal of the ability of a Review Committee to further specify requirements related to resident assessment. The requirement regarding composition of the CCC has been modified to remove an absolute requirement that a minimum of one core

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

faculty member serve on the committee. This change is intended to provide greater flexibility to small programs in determining CCC membership, while retaining the expectation that faculty members participating in assessment of resident progress on the Milestones have extensive contact and experience with the residents to help inform those decisions.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The reorganization and increased flexibility referenced above maintain expectations regarding competency-based resident assessments, and are not expected to require change in resident education nor impact patient safety and quality.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **5.14., 5.14.a.-h.**
Post-Doctoral Education Program Requirement #: **5.14., 5.14.a.-h.**

Requirement Revision (significant change only):

Program Evaluation and Improvement

~~5.14. Program Evaluation and Improvement~~

The program director must appoint ~~the~~ a Program Evaluation Committee (PEC) ~~to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.~~ ~~(Core)~~ ~~Program Evaluation Committee responsibilities must include~~ responsible for the review of ~~the current operating environment to identify~~ program strengths, challenges, opportunities, and threats, ~~as related to~~ and the program's mission and aims. ~~(Core)~~

Note: This requirement has been combined with 5.14.d.

5.14.a. **The ~~Program Evaluation Committee~~ PEC must include, at a minimum, ~~be composed of at least~~ two program faculty members~~, at least one of whom is a core faculty member,~~ and ~~at least~~ one resident. ~~(Core)~~**

5.14.b. **The PEC must complete an Annual Program Evaluation that defines annual program improvement goals, and considers: 1) program outcomes; 2) the results of the ACGME Resident and Faculty Surveys; and 3) written, anonymous, and confidential program evaluations by residents and faculty members.~~Program Evaluation Committee~~**

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~responsibilities must include review of the program's self-determined goals and progress toward meeting them.~~ ~~(Core)~~

Note: This requirement incorporates 5.14.c. and 5.14.e.

~~5.14.c.~~ ~~Program Evaluation Committee responsibilities must include guiding ongoing program improvement, including development of new goals, based upon outcomes.~~ ~~(Core)~~

Note: This requirement is incorporated into 5.14.b.

~~5.14.d.~~ ~~Program Evaluation Committee responsibilities must include review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.~~ ~~(Core)~~

Note: This requirement has been modified and incorporated into 5.14.

~~5.14.e.~~ ~~The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program.~~ ~~(Core)~~ **[Modified and moved to 5.5.b.]**

Note: This requirement has been modified and moved to 5.14.b.

~~5.14.f.~~ ~~The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats.~~ ~~(Core)~~

5.14.g. **The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the faculty members ~~of the teaching faculty~~, and must be submitted to the DIO for GMEC oversight.** ~~(Core)~~

[Link to Guidance Statement]

~~5.14.h.~~ ~~The program must complete a Self-Study and submit it to the DIO.~~ ~~(Core)~~

1. Describe the Task Force's rationale for this revision:
   In addition to significant reorganization, the following changes are proposed:
   1) **Removal of the requirement that at least one core faculty member serve on the Program Evaluation Committee. This change provides programs with increased flexibility in determining which faculty members are best suited for this role. The Task Force believes that this flexibility is especially important for small programs.**
   2) **The addition of GMEC oversight of the Annual Program Evaluation and the resulting action plan.**
   3) **Removal of the required Self-Study, noting that programs were informed in 2025 that, consistent with its burden reduction efforts, the ACGME would no longer**

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

monitor compliance with this requirement and that it would be removed from the Common Program Requirements as part of the major revision.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The Annual Program Evaluation requirements provide a framework for effective and ongoing evaluation and improvement of the educational program. No direct impact on patient care is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources are required.

Residency Requirement #: **5.15., 5.16., 5.16.a.-e.**
Post-Doctoral Education Program Requirement #: **5.15., 5.16., 5.16.a.-e.**

Requirement Revision (significant change only):

5.15. ~~**Board Certification**~~

For ~~specialties in which~~ the ABMS member board and/or AOA certifying board ~~offer(s) an annual~~ written exam <u>performance</u>, ~~in the preceding three years,~~ <u>for two out of the three most recent board exam administrations,</u> the program's ~~aggregate~~ pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty or <u>equal to or above 80 percent if the bottom fifth percentile is below that threshold</u>. ~~**(Outcome)**~~

<u>[For specialties with multi-part exams, the Review Committee may further specify which exam will be the basis for this requirement.]</u>

[Link to Guidance Statement]

5.16. **<u>The ultimate board pass rate, which is the percentage of ABMS member board and/or AOA certifying board eligible program graduates who seek and obtain certification within seven years of completion of the program, must be at least 90 percent.</u>**

[Link to Guidance Statement]

~~**5.16.a.**~~ ~~**For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the**~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~first time must be higher than the bottom fifth percentile of programs in that specialty.~~ ~~(Outcome)~~

~~5.16.b.~~ ~~For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.~~ ~~(Outcome)~~

~~5.16.c.~~ ~~For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.~~ ~~(Outcome)~~

~~5.16.d.~~ ~~For each of the exams referenced in 5.6.a.-c., any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty.~~ ~~(Outcome)~~

~~5.16.e.~~ ~~Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier.~~ ~~(Core)~~

1. Describe the Task Force's rationale for this revision:
   Modifications to the requirements regarding board certification include:
   - **Replacing the rolling three-year average with an expectation that programs meet the required pass rate at least two out of the most recent three exam administrations. This replaces the existing approach of using a rolling three-year average, which disadvantages small programs, where the failure of one or two graduates can bring down the three-year average below the required threshold.**
   - **Raising the required threshold such that, in circumstances where the cut-off for the bottom fifth percentile is below 80 percent, all programs are expected to demonstrate at least 80 percent pass rate for two out of the most recent three years. Similarly, for specialties where the cut-off exceeds 80 percent, all programs in the specialty will be expected to demonstrate a pass rate higher than the bottom fifth percentile for two out of the last three exams. The following is provided to help programs understand how these standards will be applied:**

Specialty Percentile for First-Time Pass Rate at Least 2 of Past 3 Years	Absolute Percent First-Time Pass Rate at Least 2 of Past 3 Years	Compliant?
Above 5th percentile for specialty (i.e. in the top 95% of program pass rates for specialty)	At least 80% Passed	Yes
Above 5th percentile for specialty (i.e. in the top 95% of program pass rates for specialty)	Below 80% Passed	Yes

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Below 5th percentile for specialty (i.e. in the bottom 5% of program pass rates for specialty)	At least 80% Passed	Yes
Below 5th percentile for specialty (i.e. in the bottom 5% of program pass rates for specialty)	Below 80% Passed	No

- **Establishment of a requirement defining a minimum ultimate board pass rate. This important change recognizes the important role and responsibility of GME in producing board-certified physicians and reflects the significant body of evidence demonstrating that patient outcomes are better when care is provided by board-certified physicians. While it is recognized that not all program graduates will achieve certification on the first attempt, it is essential that nearly all graduates who seek certification ultimately obtain it.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Performance of program graduates on the relevant certifying examination(s) is an important indicator of the quality of resident education, and programs not meeting the minimum requirement will be expected to identify and address relevant program deficiencies.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Residency Requirement #: **6.1.-6.**
Post-Doctoral Education Program Requirement #: **6.1.-6.**

Requirement Revision (significant change only):

~~**6.1.**~~ ~~**The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.** (Core)~~

Note: This requirement has been modified and incorporated into 6.3. and 6.5.

Patient Safety and Quality

6.2. **Programs must provide residents with instruction on systems for ~~Residents, fellows, faculty members, and other clinical staff members must know their responsibilities in~~ reporting patient safety events and unsafe conditions at ~~the clinical~~ all sites in which they are providing clinical care, including how to report such events.** ~~(Core)~~

[Link to Guidance Statement]

6.3. **Residents~~, fellows, faculty members, and other clinical staff members~~ must be provided with exposure to systems-based metrics of quality, safety, patient experience and cost, and where appropriate, service- and department-related data relevant to the specialty.~~summary information of their institution's patient safety reports.~~** ~~(Core)~~

Note: This requirement has been modified and incorporates 6.1. and 6.6.

6.4. **Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system.**

[The Review Committee may further specify]

Note: This requirement has been moved from 6.27.

[Link to Guidance Statement]

6.5. **The program must provide opportunities for R~~r~~esidents ~~must~~ participate~~ion~~ as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities.~~, such as root cause analyses or other activities that include analysis, as well as formulation and~~**

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~implementation of actions.~~ **Programs must facilitate/support participation for residents engaging in these activities.** ~~(Core)~~

Note: This requirement has been modified and incorporates 6.1. and 6.6.

[Link to Guidance Statement]

~~**6.6. Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations.** (Core)~~

Note: This requirement has been modified and incorporated into 6.3. and 6.5.

1. Describe the Task Force's rationale for this revision:
   The requirements addressing patient safety have been condensed and modified. Substantive changes include: (1) requirements addressing relevant education and experiences for residents only (not other members of the health care team), consistent with the scope and purview of the ACGME; and, (2) changing required resident participation in patient safety and quality improvement activities to providing opportunities for participation with facilitation/support for these activities provided by the program. This change reframes the expectations such that programs are responsible for providing opportunities and residents are responsible for their participation. This modification also removes the burden associated with tracking participation for all residents.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The requirements continue to emphasize the need for resident education on reporting patient safety events and unsafe conditions; exposure to systems-based metrics of quality, safety, and patient experience; an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system; and opportunities for patient safety and quality improvement activities. These expectations support the provision of safe patient care by residents while in training and beyond.

3. How will the proposed requirement or revision impact continuity of patient care?
   No direct impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **6.10., 6.10.a.-d.**
Post-Doctoral Education Program Requirement #: **6.10., 6.10.a.-d.**

Requirement Revision (significant change only):

6.10. The program must ~~demonstrate that~~ maintain and adhere to a program-

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

specific policy that describes the appropriate level of supervision**, consistent with the definitions above, for all patient care activities.** ~~**in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.**~~ **The policy must define:** ~~**(Core)**~~

6.10.a. **the process by which a program assesses residents' readiness to act with conditional independence and serve in a supervisory role to junior residents;**

Note: This requirement incorporates 6.13.a., 6.13.c., and 6.14.a.

6.10.b. **the responsibility of supervising clinicians to delegate portions of care to residents based on patient need and resident skill;**

Note: This requirement has been moved and modified from 6.13.b.

6.10.c. **how and when residents must communicate with the supervising clinician regarding the complexity and acuity of the patient, including changes to patient status; and,**

Note: This requirement has been moved and modified from 6.14.

6.10.d. **the circumstances and procedures for which direct supervision is required.**

Note: This requirement has been modified and moved from 6.12.

[Link to Guidance Statement]

[The Review Committee may specify:
1. **which activities require different levels of supervision; and/or,**
2. **the role and/or restrictions of non-physician supervision of residents]**

1. Describe the Task Force's rationale for this revision:
While many of the changes in this section reflect reorganization, there is a new requirement that the program maintain and adhere to a program-specific policy describing the appropriate level of supervision for all patient care activities. This policy reflects expectations regarding circumstances and procedures requiring direct supervision, communication between residents and supervising faculty members, delegation of patient care responsibilities by faculty members to residents, and resident progression toward conditional independence. Requiring programs to document relevant processes and expectations is critical to providing for resident progression toward independent practice, while ensuring that increased resident responsibility occurs in the context of appropriate safeguards for patients and the resident.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Requiring programs to adhere to a program-specific policy that address the elements included in the requirement will support the provision of progressive responsibility for patient care with supervision appropriate to the resident's skills and the needs of the patient. This supports resident education in the context of providing safe, high-quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   As described above, the change supports the provision of patient care in general, with no specific impact anticipated regarding continuity of care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources are anticipated.

Residency Requirement #: **6.16., 6.16.a.-e., 6.17., 6.17.a.-d.**
Post-Doctoral Education Program Requirement #: **6.16., 6.16.a.-e., 6.17., 6.17.a.-d.**

Requirement Revision (significant change only):

Learning and Working Environment

~~**6.16. Professionalism**~~

~~**Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients.** (Core)~~

~~**6.16.a. The learning objectives of the program must be accomplished without excessive reliance on residents to fulfill non-physician obligations.** (Core)~~

Note: This requirement has been modified and moved to 1.10.

~~**6.16.b. The learning objectives of the program must ensure manageable patient care responsibilities.** (Core)~~

~~**[The Review Committee may further specify]**~~

Note: This requirement has been modified and moved to 4.11.

~~**6.16.c. The learning objectives of the program must include efforts to enhance the meaning that each resident finds in the experience of being a**~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships.~~ ~~(Core)~~

~~6.16.d.~~ ~~The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility.~~ ~~(Core)~~

Note: This requirement has been modified and moved to 6.17.

~~6.16.e.~~ ~~Residents and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events.~~ ~~(Core)~~

6.17. ~~Programs, in partnership with their Sponsoring Institutions,~~ The program must ~~provide~~ maintain a professional, respectful, and civil culture and environment that ~~is~~ supports patient safety and psychological~~ly~~ safety, as shown through the following: ~~and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff.~~ ~~(Core)~~

Note: A portion of this requirement has been modified and moved to 6.17.d.

6.17.a. the program director, faculty members, and residents consistently demonstrate professionalism and adherence to ethical principles;

Note: This requirement has been modified and moved from 2.15.a. and 2.17.

6.17.b. ~~Programs, in partnership with their Sponsoring Institutions, must provide a professional, respectful, and civil environment that is psychologically safe and that is free from~~ unprofessional and unethical conduct, discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty members, and staff are not tolerated and are promptly addressed by the program when they occur;

Note: This requirement has been modified and moved from 6.17.

6.17.c. ~~The program director must provide a learning and working environment in which~~ residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; and,

Note: This requirement has been modified and moved from 2.15.g.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

6.17.d. **the ~~P~~programs~~,~~ in partnership with ~~their~~ its Sponsoring Institutions~~, should have a process for education of residents and faculty regarding unprofessional behavior and~~ has a confidential process for reporting, investigating, and addressing such concerns. ~~(Core)~~**

[Link to Guidance Statement]

1. Describe the Task Force's rationale for this revision:
   Requirements related to professionalism that previously appeared in other sections of the requirements have been reorganized and pulled together in this section. Additionally, the Task Force has proposed reframing the existing requirement which mandates an environment free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. The new requirement focuses on the need for programs to maintain an environment that does not tolerate such behavior, and to promptly address violations that occur. The existing requirement holds a program accountable and subject to citation or potential adverse action for even a single occurrence, regardless of whether the program took swift and appropriate action to address it. With the modified requirement, a program may be deemed non-compliant if there is a pattern of unethical conduct, discrimination, harassment, mistreatment, and/or abuse, and/or if there is evidence that such conduct has not been adequately addressed by the program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   These expectations regarding the program's responsibility to maintain a respectful, professional, and civil culture and environment are essential to ensure effective education of residents and safe care for patients.

3. How will the proposed requirement or revision impact continuity of patient care?
   No direct impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources are required.

Residency Requirement #: **6.19., 6.19.a.-b., 6.20.-21., 6.21.a.-6.21.b., 6.22., 6.22.a.-b., 6.23.**
Post-Doctoral Education Program Requirement #: **6.19., 6.19.a.-b., 6.20.-21., 6.21.a.-6.21.b., 6.22., 6.22.a.-b., 6.23.**

Requirement Revision (significant change only):

6.19. **The program must have a plan for preventing burnout and promoting well-being among residents that takes into account information from the annual ACGME Resident and Faculty Surveys.**

Note: This requirement incorporates 6.19.a. and 6.19.b.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

[Link to Guidance Statement]

~~**6.19.a.** evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)~~

Note: This requirement has been modified and moved to 1.8.e. and 6.19.

~~**6.19.b.** policies and programs that encourage optimal resident and faculty member well-being; and, (Core)~~

Note: This requirement has been modified and moved to 6.19.

6.20. **Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.** ~~(Core)~~

[Link to Guidance Statement]

6.21. **The program, in partnership with its Sponsoring Institution, must provide systems to support residents experiencing physical and/or mental health conditions that may impair their safety and/or ability to provide safe patient care. This responsibility includes educating residents and faculty members in how to recognize those symptoms and how to access appropriate care.**

Note: This requirement combines 6.21.a.- 6.21.a.3.

[Link to Guidance Statement]

~~**6.21.a.** education of residents and faculty members in:~~

Note: This requirement has been modified and combined into 6.21.

~~**6.21.a.1.** identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)~~

Note: This requirement has been modified and combined into 6.21.

~~**6.21.a.2.** recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)~~

Note: This requirement has been modified and combined into 6.21.

~~**6.21.a.3.** access to appropriate tools for self-screening. (Core)~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Note: This requirement has been modified and combined into 6.21.

~~**6.21.b.** providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)~~

6.22. ~~There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave.~~ **The program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities.** ~~(Core)~~

~~**6.22.a.** The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care.~~

Note: This requirement has been modified and incorporated into 6.23.

~~**6.22.b.** These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work. (Core)~~

Note: This requirement has been modified and incorporated into 6.23.

6.23. **The program must have a policy describing how planned appointments during work hours, unanticipated absences, and leave are requested and covered.**

Note: This requirement incorporated 6.22.a. and 6.22.b.

[Link to Guidance Statement]

1. Describe the Task Force's rationale for this revision:
   This section has been reorganized and condensed, while retaining the program's responsibility to (1) address resident burnout and well-being, (2) provide residents with time off to attend medical, dental, and mental health care appointments, (3) provide support for residents experiencing physical and/or mental health conditions that may impair the resident's safety and/or ability to provide safe patient care, and (4) have a policy defining how planned and unanticipated absences and leave are requested and covered. The Task Force believes that these modifications preserve the much-needed emphasis on resident well-being.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   These requirements ensure support for residents experiencing conditions that may impair their own safety and/or ability to provide safe patient care.

3. How will the proposed requirement or revision impact continuity of patient care?

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Requirement 6.23. addresses the program's responsibility to ensure adequate coverage of patient care responsibilities when a resident is absent or on leave.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Additional resources, beyond what is currently required, will not be necessary.

Residency Requirement #: **6.24., 6.25.**
Post-Doctoral Education Program Requirement #: **6.24., 6.25.**

Requirement Revision (significant change only):

~~**6.24. Fatigue Mitigation**~~

~~**Programs must educate all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes.** (Detail)~~

~~**6.25. The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home.** (Core)~~

Note: This requirement has been modified and moved to 1.8.c.

1. Describe the Task Force's rationale for this revision:

   The Task Force noted that the requirement regarding the program's and Sponsoring Institution's responsibilities to fatigued residents has been moved to 1.8.c. Additionally, requirement 6.22. requires the program to allow an appropriate absence for residents unable to perform their patient care responsibilities, and a policy addressing how unanticipated absences are requested and covered. Both of these requirements include circumstances in which a resident is too fatigued to safely provide patient care.

   The Task Force believes that these requirements appropriately address fatigue and has proposed deletion of the requirement related to education in fatigue and sleep deprivation, noting community feedback that this requirement has simply created a "checkbox" exercise without additional benefit.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The requirements referenced above retain protection for a resident to be relieved from patient care responsibilities as needed, while ensuring that the program has a policy addressing how coverage will be provided in these circumstances. The "checkbox" requirement regarding education in fatigue and sleep deprivation is not believed to have been impactful and, therefore, its removal is not expected to impact education or patient care.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **6.28., 6.28.a.-b.**
Post-Doctoral Education Program Requirement #: **6.28., 6.28.a.-b.**

Requirement Revision (significant change only):

~~**6.28.**~~ ~~**Transitions of Care**~~
~~**Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.** (Core)~~

Note: This requirement has been modified and moved to 4.10.

~~**6.28.a.**~~ ~~**Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety.** (Core)~~

Note: This requirement has been modified and moved to 4.10.

~~**6.28.b.**~~ ~~**Programs must ensure that residents are competent in communicating with team members in the hand-off process.** (Outcome)~~

Note: This requirement has been modified and moved to 4.8.

1. Describe the Task Force's rationale for this revision:
   The Task Force recognizes the impact of transitions of care on the provision of safe, high-quality patient care. The requirements above have been replaced with language regarding hand-offs in requirement 4.8.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The incorporation of safe hand-offs into the required interpersonal and communication skills competency recognizes the need for residents to gain the skills essential to participate in safe transitions of care.

3. How will the proposed requirement or revision impact continuity of patient care?
   Safe transitions of care are essential in ensuring continuity of care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Residency Requirement #: **6.29.**
Post-Doctoral Education Program Requirement #: **6.29.**

Requirement Revision (significant change only):

Maximum Hours of Clinical and Educational Work per Week

6.29. ~~**Maximum Hours of Clinical and Educational Work per Week**~~
Clinical and educational work hours must be limited to no more than 80 hours per week, when averaged over a maximum of four-weeks ~~period~~ and within the span of a single clinical assignment/rotation.~~, including~~ This includes all in-house clinical and educational activities, clinical work done from home, and all moonlighting. ~~(Core)~~

[Link to Guidance Statement]

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted. More information can be found on page 77.

1. Describe the Task Force's rationale for this revision:
   The modification is intended to reduce burden associated with averaging across rotations, and also to prevent assignment of residents to a short rotation with excessive hours followed by another short rotation with fewer hours that over the course of four weeks might have averaged 80 hours.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The change regarding averaging is intended to prevent scheduling significantly more than 80 hours in any given week, which supports patient safety and quality, as well as resident education and well-being.

3. How will the proposed requirement or revision impact continuity of patient care?
   No specific impact on continuity of care is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   It is not expected that additional resources will be required.

Residency Requirement #: **6.30.**
Post-Doctoral Education Program Requirement #: **6.30.**

Requirement Revision (significant change only):

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Mandatory Time Free of Clinical Work and Education

~~**6.30. Mandatory Time Free of Clinical Work and Education**~~
~~**Residents should have eight hours off between scheduled clinical work and education periods.** (Detail)~~

[Link to Guidance Statement]

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted. More information can be found on page 77.

1. Describe the Task Force's rationale for this revision:
   The Task Force noted that this requirement is currently categorized as detail, which means that programs with a status of Continued Accreditation are not subject to citation for failure to meet this standard. Additionally, the 80-hour average weekly limit is a deterrent for scheduling fewer than eight hours off between clinical and educational work periods, as it would be difficult for a program to design a schedule that provides fewer than eight hours off without violating the 80-hour rule.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   As stated above, it would be very difficult for a program to comply with the 80-hour average weekly limit and not provide at least eight hours off between scheduled clinical and educational work periods. Further, given that this requirement has been categorized as detail, it is not anticipated that its removal will have a significant impact.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **6.31.**
Post-Doctoral Education Program Requirement #: **6.31.**

Requirement Revision (significant change only):

6.31. Residents must have at least ~~14~~ 12 hours free of clinical work and education after 24 hours of in-house call. ~~(Core)~~

[Link to Guidance Statement]

Note: Upon approval and implementation of the Common Program

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

Requirements, existing specialty-specific requirements in this section will be deleted. More information can be found on page 77.

1. Describe the Task Force's rationale for this revision:
   The Task Force proposes modifying the required time free after 24 hours of in-house call to reduce burden related to developing resident schedules, while retaining sufficient time for rest.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   No impact is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **6.32.**
Post-Doctoral Education Program Requirement #: **6.32.**

Requirement Revision (significant change only):

6.32. **Residents must be scheduled for a minimum of one day (a period of 24 consecutive hours) in seven free of clinical work and required education, ~~(~~when averaged over a maximum of four weeks~~)~~ and within the span of a single clinical assignment/rotation. At-home call cannot be assigned on these free days.** ~~(Core)~~

[Link to Guidance Statement]

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted.

1. Describe the Task Force's rationale for this revision:
   Similar to the change related to averaging weekly work hours, the modification regarding averaging related to the number of days off is intended to reduce burden associated with averaging across rotations, and to preserve flexibility in how days off are distributed.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   No change is anticipated.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **6.34., 6.34.a.**
Post-Doctoral Education Program Requirement #: **6.34., 6.34.a.**

Requirement Revision (significant change only):

~~**6.34. Clinical and Educational Work Hour Exceptions**~~

~~**In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events.** (Detail)~~

~~**6.34.a. These additional hours of care or education must be counted toward the 80-hour weekly limit.** (Detail)~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted. More information can be found on page 77.

5. Describe the Task Force's rationale for this revision:
   Requirement 6.34.a. provides flexibility for a resident to extend beyond 24 hours of continuous duty, up to an additional four hours. The Task Force believes that the provision for additional time beyond that additional four hours is unnecessary and creates burden for programs in trying to monitor the circumstances in which residents use this flexibility, and ensuring that this additional time does not result in violations of the weekly work hours limit.

6. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The change is intended to support programs in maintaining compliance with the 80-hour work hour limitation, while also providing for safe transitions of care during the additional four-hour period.

7. How will the proposed requirement or revision impact continuity of patient care?
   The existing four-hour maximum extension beyond a 24-hour shift supports the safe transition of patient care to another provider.

8. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

No additional resources will be required.

Residency Requirement #: **6.35., 6.35.a.**
Post-Doctoral Education Program Requirement #: **6.35., 6.35.a.**

Requirement Revision (significant change only):

~~**6.35. A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.**~~

~~**6.35.a. In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the *ACGME Manual of Policies and Procedures*.** (Detail)~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted. More information can be found on page 77.

1. Describe the Task Force's rationale for this revision:
   The Task Force noted that there is only one Review Committee that has permitted this exception and that there are currently no programs with an approved exception. Therefore, deletion of this requirement is proposed.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Ensuring that all programs are held to the 80-hour weekly limit supports resident education as well as patient safety.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **6.37.**
Post-Doctoral Education Program Requirement #: **6.37.**

Requirement Revision (significant change only):

~~**6.37. In-House Night Float**~~
~~**Night float must occur within the context of the 80-hour and one-day-off-in-**~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

~~seven requirements.~~ ~~(Core)~~

~~[The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted. More information can be found on page 77.

1. Describe the Task Force's rationale for this revision:
   The Task Force noted that requirement 6.29. (80-hour rule) is inclusive of all in-house clinical and educational activities, and determined that it is not necessary to maintain a separate requirement documenting that night float is included in the 80-hour maximum and the one day in seven free from clinical work and required education. The Task Force has also proposed that Review Committees not be permitted to set additional limits related to assignment of night float, and instead allow programs flexibility to determine how frequently night float is assigned.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Removal of 6.37. will have no impact, as it is redundant with other requirements that are being retained. Removal of the ability of the Review Committee to set limits on the length and frequency of night float assignments will allow programs more flexibility to develop resident schedules that best support education and patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   No specific impact on continuity of care is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **6.38.**
Post-Doctoral Education Program Requirement #: **6.38.**

Requirement Revision (significant change only):

~~**6.38.**~~ ~~**Maximum In-House On-Call Frequency**~~

~~**Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).**~~ ~~(Core)~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

be deleted. More information can be found on page 77.

1. Describe the Task Force's rationale for this revision:
   The Task Force noted that the work hours requirements regarding the 80-hour average weekly maximum, the required average of one day free in seven, and the maximum of 24 consecutive hours plus an additional four hours for activities related to patient safety make it nearly impossible for a program to assign a resident in-house call more frequently than once every third night on average. Further, monitoring compliance with the requirement adds burden that is likely unnecessary given the scheduling challenges of assigning residents in-house call more frequently than every third night.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Due to the considerations described above, it is not anticipated that removal of this requirement will significantly alter the manner in which programs assign in-house call.

3. How will the proposed requirement or revision impact continuity of patient care?
   For the reasons described above, it is not expected that continuity of care will be impacted.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Residency Requirement #: **6.39., 6.39.a.**
Post-Doctoral Education Program Requirement #: **6.39., 6.39.a.**

Requirement Revision (significant change only):

At-Home Call

6.39. ~~**At-Home Call**~~
Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call ~~is not subject to the every-third-night limitation, but~~ must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. ~~**(Core)**~~

[See Guidance Appendix for further information]

6.39.a. **At-home call must not be so frequent or ~~taxing~~ of such intensity as to preclude adequate rest or reasonable personal time for each resident. Programs that utilize at-home call must define the patient care activities that must be counted as work hours, and must maintain a process to monitor workload intensity and make adjustments as needed.** ~~**(Core)**~~

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

[Link to Guidance Statement]

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in this section will be deleted. More information can be found on page 77.

1. Describe the Task Force's rationale for this revision:
   The changes were prompted by frequent questions and apparent confusion within the community about which home call activities count toward the 80-hour maximum. The revised requirement clarifies the program's role in defining this for residents, as well as monitoring workload intensity of home call assignments and making adjustments as needed to ensure that that home call does not preclude adequate rest and personal time.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Consistent with the intention of the clinical and educational work hours, the changes above are intended to ensure that assignment of at home call does not interfere with adequate rest and personal time, and that the program takes steps to address situations where at home call intensity is excessive. This supports both resident education and patient safety.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The program will be responsible for monitoring at-home call intensity; however, no specific process nor documentation is prescribed. It will be left to the program to determine how best to accomplish this.

Residency Requirement #: **Clinical and Educational Work Hours**
Post-Doctoral Education Program Requirement #: **Clinical and Educational Work Hours**

Requirement Revision (significant change only):

~~**[The Review Committee may further specify under any requirement in 6.29. – 6.39.]**~~

Note: Upon approval and implementation of the Common Program Requirements, existing specialty-specific requirements in these sections will be deleted.

1. Describe the Task Force's rationale for this revision:
   This proposed change will remove the ability of a Review Committee to add new and/or maintain existing specialty-specific program requirements that further specify related to any of the clinical and educational work hour requirements. Examples include, but are not limited to, specialty-specific requirements that do not permit

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.

averaging over four weeks, or a single rotation if shorter than four weeks, and setting the maximum number of hours below the maximum established in the Common Program Requirements. The Task Force believes this change will be important in increasing consistency across specialties in setting work hours standards supported by available evidence. In addition, it is noted that variation in work hour requirements among specialties within an institution creates significant burden for scheduling and monitoring. Importantly, these requirements provide a maximum and there are no requirements regarding the minimum number of hours residents in any specialty must work. Programs that find that assigning few hours best serves resident education and patient care will continue to do so.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The change ensures that the requirements are consistently applied across specialties, while preserving the ability of individual programs to limit work hours beyond the maximum defined in the Common Program Requirements.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No additional resources will be required.

Note: For the **Common Program Requirements (Post-Doctoral Education Program)**, references to "resident" are replaced with "post-doctoral fellow," and references to "patient care" are replaced with "contributions to patient care." Where there is a substantive difference between the Residency and Post-Doctoral Education Program requirements, both versions of the requirements are provided for review. For more information, refer to the **Background and Overview** on page 1 of this document.