

Frequently Asked Questions: Institutional Requirements
Institutional Review Committee
ACGME

Question	Answer
Structure for Educational Oversight	
What makes up a Sponsoring Institution? <i>[Institutional Requirement: 1.1.]</i>	A Sponsoring Institution is an entity that oversees, supports, and administers one or more ACGME-accredited residency/fellowship programs. A governing body (which can be a person or a group) has ultimate authority over and responsibility for graduate medical education (GME) in a Sponsoring Institution. A designated institutional official (DIO) collaborates with a Graduate Medical Education Committee (GMEC) to ensure a Sponsoring Institution's and its programs' substantial compliance with the applicable ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements.
What is the purpose of the organizational charts required as part of the Institutional Review Uploads in the Accreditation Data System (ADS)? <i>[Institutional Requirement: 1.1.]</i>	A Sponsoring Institution's organizational chart(s) should illustrate the authority of a single governing body and its relationships with a DIO, GMEC, and other individuals or entities with responsibility for GME in the Sponsoring Institution (e.g., program directors, participating sites). While a variety of organizational structures can be found among ACGME-accredited Sponsoring Institutions, a substantially compliant Sponsoring Institution has a DIO who collaborates with a GMEC with appropriate reports to a singular governing body.
What are Recognition Requirements? <i>[Institutional Requirement: 1.1.a.]</i>	Supplemental to accreditation, recognition is an acknowledgement of identified elements or categories of a program or Sponsoring Institution. The ACGME has requirements for recognition of ACGME-accredited programs that demonstrate the commitment to teaching and assessing osteopathic principles and practice (OPP) in GME. The ACGME is also developing requirements for recognition of Sponsoring Institutions with non-standard training programs for exchange visitor physicians on J-1 visas. If the Sponsoring Institution or its program(s) have a recognition status, the Sponsoring Institution is responsible for ensuring compliance with all applicable Recognition Requirements.

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How long can a Sponsoring Institution have a status of Initial Accreditation without any residents/fellows in ACGME-accredited programs? <i>[Institutional Requirement: 1.1.a.]</i>	The Initial Accreditation period for most Sponsoring Institutions is approximately two years. The Sponsoring Institution is responsible for developing at least one ACGME-accredited program with active residents/fellows at the end of the Initial Accreditation period. An accreditation site visit at the end of the Initial Accreditation period will be scheduled even if a Sponsoring Institution has no accredited programs. The IRC may cite Institutional Requirement 1.1.a. if a Sponsoring Institution does not have programs that have achieved ACGME accreditation.
Are there limits on who can serve as a DIO? <i>[Institutional Requirements: 1.2.a.; 2.1.]</i>	While the Institutional Requirements do not specify qualifications of a DIO, it is expected that the DIO effectively collaborates with the GMEC to ensure compliance with the applicable Common, specialty-specific, Institutional, and Recognition Requirements. The Sponsoring Institution's organizational structure should reflect the DIO's authority and responsibility for oversight of each of its sponsored ACGME-accredited programs. While it is currently acceptable for one individual to serve as DIO for more than one Sponsoring Institution, each Sponsoring Institution must define the financial support and protected time committed to the DIO for responsibilities relating to oversight, education, administration, and leadership in that Sponsoring Institution only. Additionally, the DIO can serve in other roles within the Sponsoring Institution, provided that the Sponsoring Institution ensures the necessary financial support, professional development, and protected time for the fulfillment of required DIO responsibilities. A program director or faculty member of an ACGME-accredited program may simultaneously serve as a DIO. When a DIO is also a program director or faculty member, the Sponsoring Institution should carefully manage conflicts of interest that may arise for the DIO in program oversight activities, such as Special Reviews of underperforming programs. Such DIOs may have a designee and may be recused from some GMEC oversight functions, as appropriate.
How is DIO approval of program letters of agreement (PLAs) documented? <i>[Institutional Requirement: 1.14.b.1.]</i>	Approval is documented by the presence of the DIO's signature on the PLA. Sponsoring Institutions have flexibility to determine efficient processes for documenting this approval.

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How does the DIO demonstrate oversight of programs' Annual Update submissions to the ACGME? <i>[Institutional Requirement: 1.2.c.]</i>	The requirement acknowledges the role of the DIO in overseeing programs' submissions of accreditation information to the ACGME. The DIO, with the institutional coordinator(s), is expected to document this oversight by approving programs' Annual Update submissions in ADS. The approval process includes a mechanism for DIOs and institutional coordinators to provide confidential feedback to programs prior to approval.
What are the essential components in a Sponsoring Institution's written statement of commitment to GME? <i>[Institutional Requirement: 1.4.-1.4.a.]</i>	The Sponsoring Institution's written statement of commitment statement must include: 1. Name of the ACGME-accredited Sponsoring Institution 2. Date(s) of the statement of commitment falling within five years of the current date 3. Explicit reference(s) to the Sponsoring Institution's commitment of necessary financial support for <i>all</i> of the areas specified (i.e., "administrative, educational, financial, human, and clinical resources") 4. The Sponsoring Institution's GME mission statement 5. Signatures of (a) the DIO; (b) a representative of the Sponsoring Institution's senior administration; and (c) a representative of the governing body. The printed name, title(s), and role(s) should appear with each signature. If one individual holds more than one of the roles of the required signatories, each of the roles should be separately identified with the signature (e.g., "Dr. Jane Smith, Designated Institutional Official, Governing Body Representative").
What does the IRC expect from the GME mission statement? <i>[Institutional Requirement: 1.4.a.; Common Program Requirement: 4.2.a.]</i>	This requirement aligns with the Common Program Requirement for an institutional mission that informs the accredited programs' aims and development. The requirement is intended to ensure the Sponsoring Institution has developed a mission relevant to GME. When completing the Institutional Self-Study, the self-study team should evaluate institutional performance related to the Sponsoring Institution's GME mission.
Graduate Medical Education Committee	
Can a DIO have multiple roles as a voting member of a GMEC?	An individual may serve on a GMEC as DIO, as a representative program director, as the individual responsible for quality improvement or patient safety, and/or (in the

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[<i>Institutional Requirements: 1.9.a.-1.9.b.6.</i>]	case of Sponsoring Institutions with one ACGME-accredited program) as the individual from a department other than that of the program specialty. It should be apparent from a Sponsoring Institution's records (including the GMEC's voting membership list and meeting minutes) which individuals meet one or more of the minimum membership requirements.
What is the right operating structure for a GMEC and its subcommittees? [<i>Institutional Requirements: 1.10.a.; 1.13.b.</i>]	A GMEC may have permanent and/or ad hoc subcommittees, or may function without subcommittees. If a GMEC has an executive committee, it is assumed the executive committee fulfills required GMEC responsibilities and therefore counts as a subcommittee of the GMEC under the requirements. If there are permanent and/or ad hoc subcommittees, the Sponsoring Institution should describe them in its ADS Annual Update and should clarify whether each fulfills required GMEC responsibilities [<i>see Institutional Requirements 1.12.-1.15.</i>]. For each subcommittee that fulfills required GMEC responsibilities, it is expected that the Sponsoring Institution can document participation of a peer-selected resident/fellow. It is expected that Program Evaluation Committees (PECs) and Clinical Competency Committees (CCCs) operate as program-level committees. [See Common Program Requirements 5.3. and 5.5.] To ensure that information about individual residents' or fellows' performance is not shared with GMEC members (e.g., peer-selected residents/fellows) who should not have access, a program's CCC should not function as a subcommittee of the GMEC. While the IRC does not expect PECs to report to the GMEC, it may be appropriate to facilitate required oversight of ACGME-accredited programs' Annual Program Evaluations.
What are the specific expectations for a minimum of one GMEC meeting every quarter during each academic year? What is the specific expectation for new Sponsoring Institutions when providing GMEC minutes in the Sponsor Application?	The academic year is from July 1 to June 30, and comprises four quarters which begin July 1, October 1, January 1, and April 1. During each quarter, the GMEC must meet at least once. GMEC meeting minutes must specify the date of each meeting. For new Sponsoring Institutions, the minutes of at least one GMEC meeting must be provided in the application. Once the first meeting of a GMEC occurs, the GMEC is expected to meet at least once in each subsequent quarter.

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<i>[Institutional Requirement: 1.11.]</i>	
How should GMEC meeting minutes be annotated? <i>[Institutional Requirement: 1.11.b.]</i>	GMEC meeting minutes submitted for the IRC's review must clearly document execution of required functions and responsibilities. When submitting GMEC meeting minutes to the ACGME, Sponsoring Institutions are asked to annotate those minutes, which is to say that a reference to a specific Institutional Requirement should accompany each GMEC action that fulfills that requirement. Ideally, annotations should be easy to identify (e.g., in bold type); they may be embedded in the text or placed in a column running next to the text. Appropriate annotations include references to Institutional Requirements in the range of 1.12. to 1.15.
How should the GMEC oversee programs' implementation of policies and procedures governing vacations and leaves of absence for residents and fellows? <i>[Institutional Requirement: 1.12.e.]</i>	The GMEC is responsible for annual institutional oversight of programs' implementation of vacation and leave policies, including implementation of terms specified in Institutional Requirements 4.8.a.-4.8.g. This may include the accessibility and use of resident/fellow benefits, based on aggregated information without identifying individual instances of vacations or leaves of absence to the GMEC. The GMEC should not be asked to review individual residents'/fellows' requests for leave. The IRC will not cite Sponsoring Institutions for GMEC oversight of vacation and leave policies before July 1, 2023.
What is the GMEC's role in ensuring that patient safety summary reports are provided and is there particular information that should be included? <i>[Institutional Requirement: 1.12.g.]</i>	At minimum, the GMEC must ensure that summary information of patient safety reports is being provided to residents, fellows, faculty members, and other clinical staff members. The Sponsoring Institution has discretion to determine what type(s) of patient safety summary information is provided. To demonstrate compliance with this requirement, meeting minutes of the GMEC should document verification that summary information is provided at least annually.
What are a GMEC's responsibilities and how does it demonstrate it is fulfilling them? <i>[Institutional Requirements: 1.12.-1.15.]</i>	As specified in Institutional Requirements 1.12.-1.15., the GMEC's responsibilities include: (1) oversight of institutional and program accreditation; (2) review and approval of various items specified in the Institutional Requirements; and, (3) monitoring of institutional and program performance. "Oversight" includes routine monitoring of institutional and program accreditation, as well as the formalized Annual Institutional Review (AIR) and Special Review processes. There are activities

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	that must be documented in GMEC meeting minutes <i>at least annually</i>. These include: (1) Oversight of institutional and program accreditation and recognition outcomes [1.12.a.] (2) Oversight of Annual Program Evaluations and Self-Studies [1.12.d.] (3) Review and approval of recommendations to the Sponsoring Institution's administration regarding stipends and benefits [1.13.c.] (4) Oversight of the AIR and resulting action plans [1.14., 1.14.b.2.] Other GMEC responsibilities for oversight, review, and approval should be documented as they are fulfilled. For new Sponsoring Institutions, it is expected that the GMEC has demonstrated review and approval of stipend/benefit recommendations in meeting minutes included in the Sponsor Application. GMEC meeting minutes should reflect the GMEC's approval of any of the specific actions enumerated in Institutional Requirements 1.13.a.-1.13.o.. For example, if required institutional GME policies and procedures are revised, the GMEC should document review and approval of any revisions. After a Special Review (1.15.), the GMEC's meeting minutes should document monitoring of outcomes under its Special Review protocol. GMEC responsibilities for review can be reflected in a number of ways. It is expected that GMEC meeting minutes will record actions such as approvals, AIRs, and Special Review monitoring with precise language (e.g., "approved"). A Sponsoring Institution that has one or more subcommittees of the GMEC must ensure that subcommittee actions fulfilling required GMEC responsibilities are reviewed and approved by the GMEC. The GMEC should document subcommittee oversight, review, and approval of such subcommittee actions in meeting minutes.
What is meant by "resident/fellow stipends and benefits"?	"Stipends" is synonymous with "salaries" for the purposes of this requirement. Resident/fellow benefits include terms of the residents'/fellows' appointments, such as health insurance. Benefits may also include one-time payments (sometimes also

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<i>[Institutional Requirement: 1.13.c.]</i>	called “stipends”) to be used by residents/fellows for educational purposes, such as travel to attend professional meetings.
What is considered a major change to an ACGME-accredited program for GMEC oversight? <i>[Institutional Requirement: 1.13.f.]</i>	Examples of major changes to programs include changes to curriculum, resident/fellow assignments (e.g., rotations), program length, or participating sites that have a substantial impact on resident/fellow education.
What is the difference between an AIR and an Annual Program Evaluation? Does a Sponsoring Institution without any ACGME-accredited programs need to complete an AIR? <i>[Institutional Requirement: 1.14.; Common Program Requirements: 5.3. and 5.5.]</i>	Completion of the AIR is a responsibility of the Sponsoring Institution, in contrast with Annual Program Evaluations, which are conducted and documented by PECs. While information from Annual Program Evaluations may be used as performance indicators for a Sponsoring Institution’s AIR, the executive summary of the AIR should reflect institutional accreditation oversight that is distinct from program oversight. Requirements for the AIR apply to all Sponsoring Institutions, including those that have one ACGME-accredited program and those that have no programs. At least annually, the GMEC’s meeting minutes should document the GMEC’s oversight of Annual Program Evaluations (and Self-Studies), as well as AIRs (and their resulting action plans) [see FAQ above concerning Institutional Requirements 1.12.-1.15.].
When should the GMEC complete a Special Review? How often should the GMEC monitor outcomes? <i>[Institutional Requirements: 1.15.a.-1.15.a.2.]</i>	The GMEC is expected to establish criteria that will be used to identify underperforming programs. At a minimum, the criteria must identify programs with ACGME accreditation statuses of Initial Accreditation with Warning or Continued Accreditation with Warning, and those with adverse ACGME accreditation statuses. It is expected that the GMEC will define additional criteria to measure program underperformance beyond accreditation statuses. When a program meets one or more underperformance criteria, the GMEC is expected to initiate a Special Review. If the GMEC initiates a Special Review due to a program’s accreditation status, it is expected that the report of the Special Review report will include timelines, and that

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	this will be developed in advance of the subsequent accreditation review by the relevant ACGME specialty Review Committee. The frequency of GMEC monitoring of outcomes of a Special Review will depend on the quality improvement goals, corrective actions, timelines, and process for GMEC monitoring of outcomes. A timeline for achievement of quality improvement goals, corrective actions, and GMEC monitoring should be included in the Special Review report.
Institutional Resources	
What is an appropriate Resident/Fellow Forum for a Sponsoring Institution with programs that are geographically distant from other programs? <i>[Institutional Requirements: 2.3.-2.3.b.]</i>	A Sponsoring Institution with more than one sponsored program must have a Sponsoring Institution-wide forum where all residents and fellows can communicate and exchange information with other residents and fellows in the Sponsoring Institution, regardless of location. The forum may provide opportunities to communicate and exchange information in an in-person or remote format. A Sponsoring Institution may provide site-specific communication resources to supplement the required Sponsoring Institution-wide forum.
What is meant by “ready access to electronic medical literature databases and specialty-/subspecialty-specific and other appropriate full-text reference material”? <i>[Institutional Requirement: 2.5.a.]</i>	Sponsoring Institutions are expected to provide access to medical literature that supports patient care and education in compliance with ACGME requirements. Access to medical literature cannot be solely restricted to physical locations with limited hours. Access to full-text reference materials may be provided online or in print, and may be supported by processes such as interlibrary loans.
The Learning and Working Environment	
What opportunities should residents/fellows and faculty members have for raising concerns and providing feedback confidentially to their Sponsoring Institution? <i>[Institutional Requirement: 3.1.]</i>	Sponsoring Institutions should ensure that institutional mechanisms for residents/fellows and faculty members to raise concerns confidentially do not rely solely on individuals who have roles in the Sponsoring Institution’s programs.

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Do reports from the program director(s) and/or coordinator(s) to the Sponsoring Institution regarding work hour violations satisfy Institutional Requirements addressing the oversight of resident and fellow clinical and educational work hours? <i>[Institutional Requirement: 3.2.e.]</i>	The Sponsoring Institution must oversee resident/fellow clinical and educational work hours in each ACGME-accredited program independently of the program's monitoring process(es). It is not sufficient for institutional oversight process(es) to rely solely on reports from program directors and/or coordinators to evaluate compliance with ACGME requirements addressing resident/fellow clinical and educational work hour compliance.
Should the GMEC be involved in the oversight of resident/fellow clinical and educational work hours? <i>[Institutional Requirement: 3.2.e.]</i>	A process undertaken by the GMEC that documents regular, independent oversight of the clinical and educational work hours in each ACGME-accredited programs such as through a GMEC subcommittee, is an example of an activity that supports institutional compliance with this requirement. GMEC oversight of resident/fellow clinical and educational work hour compliance may contribute to fulfillment of oversight responsibility for the quality of the GME learning and working environment.
Are all faculty members required to complete education in fatigue mitigation? <i>[Institutional Requirement: 3.2.e.2.; Common Program Requirement: 6.15.]</i>	The ACGME Common Program Requirements specify that programs must educate all faculty members to recognize signs of fatigue and sleep deprivation. The type of education in fatigue mitigation may vary depending on faculty members' roles in residency/fellowship programs. The Sponsoring Institution may demonstrate oversight by confirming the availability of education to all faculty members that is appropriate to their respective roles in ACGME-accredited programs.
How does a Sponsoring Institution provide safe transportation options for residents/fellows? <i>[Institutional Requirement: 3.2.g.4.]</i>	Safe transportation options for residents/fellows are essential to ensuring a healthy and safe educational environment. At a minimum, the Sponsoring Institution should demonstrate that it facilitates the safe transportation of residents and fellows, and that residents and fellows are aware of options to utilize when they are fatigued (e.g., reimbursement for transportation, available call rooms). Specific options may vary depending on the types and locations of resident/fellow assignments and available modes of transportation.
What would be required for clean and safe refrigeration for human milk?	To ensure the safety and security of expressed human milk, options for clean and safe refrigeration should not allow refrigeration resources that are shared with patients or visitors. Examples of options for clean and safe refrigeration include

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<i>[Institutional Requirement: 3.2.g.5.d.]</i>	secure staff refrigerators or lockers that accommodate thermoelectric mini-refrigerators or human milk cooling bags.
Institutional GME Policies and Procedures	
Should the resident/fellow contract or agreement of appointment include additional items or references related to Osteopathic Recognition, if applicable? <i>[Institutional Requirement: 4.3.]</i>	The contract or agreement of appointment for a resident/fellow must include or provide a reference to the resident's/fellow's responsibilities in the program. Responsibilities of residents/fellows that pertain to their participation in a program with ACGME Osteopathic Recognition should be reflected in the contract or agreement of appointment.
Should Sponsoring Institutions notify residents/fellows if there is a change to tail coverage? <i>[Institutional Requirement: 4.6.b.]</i>	Yes. Sponsoring institutions must ensure that residents and fellows are aware of substantial changes to their professional liability coverage. This includes coverage for claims reported or filed after completion of the program(s), if the alleged acts or omissions of a resident/fellow are within the scope of the program(s) (commonly called "tail coverage").
Do institutional policies for resident/fellow leaves of absence address needs for continuous or intermittent leaves of absence? <i>[Institutional Requirement: 4.8.]</i>	Required elements of institutional policies for vacations and leaves of absence pertain to both continuous and intermittent leaves of absence.
When is a resident/fellow eligible to request the six-week paid leave? <i>[Institutional Requirement: 4.8.a.]</i>	Institutional policy must allow residents/fellows to request medical, parental, and caregiver leaves of absence starting on the first day of their program.
Are residents/fellows eligible for additional leave beyond the six weeks? <i>[Institutional Requirement: 4.8.a.]</i>	Six weeks of approved leave time is specified as the minimum amount permitted under institutional policy. Additional time for leaves of absence may be granted consistent with institutional policy and applicable law.
<i>Does the requirement for six weeks of pay apply to a single instance of approved leave?</i>	Residents/fellows who are granted an approved leave of less than six weeks would be eligible for an additional approved leave under institutional policy. Requests for additional leave beyond six weeks should be addressed by institutional policies.

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<i>[Institutional Requirements: 4.8.a.-b.]</i>	For example, if a resident/fellow takes an approved leave of four weeks, and then takes another approved leave of two weeks, the resident/fellow would need to receive the equivalent of 100 percent of salary during both episodes of leave.
If a resident/fellow has exhausted all paid vacation time, is the Sponsoring Institution expected to grant an additional paid six weeks? <i>[Institutional Requirement: 4.8.b.]</i>	Sponsoring Institutions may use vacation and other pay sources to provide paid time off during leaves of absence, provided that doing so is consistent with institutional policy and applicable laws. If vacation time is used to provide pay during leaves of absence and a resident/fellow has used all available vacation time prior to the first instance of approved leave, institutional policy must require that the resident/fellow receive the equivalent of 100 percent of salary during the first six weeks of leave granted.
Can vacation and other pay sources be used to support residents'/fellows' salary during leaves of absence? <i>[Institutional Requirement: 4.8.b.-c.]</i>	Sponsoring Institutions may use vacation and other pay sources to provide paid time off during leaves of absence, provided that doing so is consistent with institutional policy and applicable laws, and that one week of paid time off is reserved for use outside of the first six weeks of leave. The IRC will not cite Sponsoring Institutions for new elements of vacation and leave policies described in Institutional Requirements 4.8.a.-f. before July 1, 2023.
Is there a timeframe within which residents/fellows must use the week of paid time off that is reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken? <i>[Institutional Requirement: 4.8.c.]</i>	The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leaves of absence) is to be available within the appointment year(s) in which the leave is taken. It is not required that this reserved week carry over into subsequent years of an individual's educational program. The IRC will not cite Sponsoring Institutions for elements of vacation and leave policies described in Institutional Requirements 4.8.a.-f. before July 1, 2023.
What is the purpose of requiring Sponsoring Institutions to provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence?	It has been observed that residents/fellows who exhaust time off during leaves of absence may experience well-being challenges. The minimum of one additional week of time off is intended to mitigate these potential challenges. This additional week of time off may be contiguous with the leave period.

Question	Answer
<i>[Institutional Requirement 4.8.c.]</i>	
Do the vacation and leave of absence benefits apply to one-year programs?	Required elements of institutional policies for vacations and leaves of absence pertain to all ACGME-accredited programs, including one-year programs.
<i>[Institutional Requirements: 4.8.a.-g.]</i>	
If an individual completes multiple ACGME-accredited programs at the same Sponsoring Institution, when would the individual be eligible for the paid six weeks?	If a resident/fellow completes an additional ACGME-accredited program at the same Sponsoring Institution, the resident/fellow would be eligible for the six weeks of approved medical, caregiver, and parental leave in each program.
<i>[Institutional Requirements: 4.8.a.-g.]</i>	
What is the role of the program director when a resident's/fellow's education and training may have been impacted by a leave of absence?	The program director should be knowledgeable of the impact of a leave of absence on a resident's/fellow's ability to satisfy requirements for program completion and specialty board examination eligibility. The program director should provide timely and accurate information regarding this impact to residents/fellows, including any need to extend time in the program. The program director should contact the Sponsoring Institution's designated institutional official if there are questions regarding the impact of a resident's/fellow's leave of absence upon program completion or eligibility for board certification.
<i>[Institutional Requirements: 4.8.a.-g.]</i>	
Can a Sponsoring Institution place boundaries on how an intermittent leave is taken?	Sponsoring Institutions may create processes on how these types of leaves are implemented, consistent with institutional policies and applicable laws.
<i>[Institutional Requirements: 4.8.a.-g.]</i>	
How should the Sponsoring Institution ensure that residents and fellows are provided with access to confidential counseling and behavioral health services?	Residents and fellows should know how to access confidential counseling and other behavioral health services that are appropriate to their needs (e.g., routine, urgent, or emergent) and circumstances. The Sponsoring Institution is responsible for fulfilling an essential role in ensuring that services addressing urgent and emergent mental and behavioral health needs are available to all residents/fellows at all times (24/7).
<i>[Institutional Requirement: 4.9.a.]</i>	