



**TRAINING ADMINISTRATORS OF
GRADUATE MEDICAL EDUCATION**

Study Guide

This resource is the official study guide for the TAGME Certification Assessment.

- All assessment questions will reference information supplied in this document.
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ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

GLOSSARY OF TERMS

April 15, 2020

Accreditation Data System (ADS): A web-based software system to collect, organize, and maintain information for accreditation and recognition purposes, and a means of communication between the ACGME and Sponsoring Institutions and programs.

Accreditation status: The official decision made by a Review Committee based on its review and assessment of a Sponsoring Institution's or program's compliance with the applicable requirements. *See Appendix I for more information.*

Advancing Innovation in Residency Education (AIRE): A pilot program with the dual aims of 1) enabling the exploration of novel approaches and pathways in graduate medical education, and 2) enhancing the attainment of educational and clinical outcomes through innovative structure and processes in resident and fellowship education.

Adverse action: A Review or Recognition Committee's decision to confer an adverse accreditation or recognition status on a Sponsoring Institution or program (i.e., Accreditation Withheld, Probationary Accreditation, Withdrawal of Accreditation, Withdrawal of Accreditation Under Special Circumstances, and non-voluntary Reduction in Resident Complement).

Adverse event: An injury that was caused by medical management (rather than the underlying disease), and that prolonged hospitalization, produced a disability at the time of discharge, or both.

Alleged egregious event: The occurrence of an alleged accreditation violation affecting a Sponsoring Institution or program determined by the President and Chief Executive Officer or designee of the ACGME to be of sufficient importance and urgency to require a rapid response.

Applicant: An individual invited to interview with a graduate medical education program.

At-home call (pager call): Call taken from outside the assigned site. Clinical work done while on at-home call, including time spent in the hospital and work done at home, such as taking calls or entering notes in an electronic health record (EHR), counts against the 80-hour-per-week limit but does not restart the clock for time off between scheduled in-house clinical and educational work periods. The remaining time, free of clinical work, does not count. At-home call may not be scheduled on a resident's or fellow's one free day per week (averaged over four weeks).

Attending physician: The single identifiable physician ultimately responsible and accountable for an individual patient's care, who may or may not be responsible for supervising residents or fellows.

Categorical resident: A resident who enters a program and has the objective of completing the entire program.

Certification: The official attestation by a specialty certifying board of an individual physician's knowledge and skills relative to the provision of high-quality care in a particular specialty, generally following successful completion of one or more examinations. The ACGME does not provide certification services.

Citation: A finding of a Review or Recognition Committee that a Sponsoring Institution or program has failed to comply substantially with a particular accreditation or recognition requirement.

Clarifying information: Additional information that may be requested by a Review or Recognition Committee as part of the review process.

Clinical: The practice of medicine in which physicians assess patients (in person or virtually) or populations in order to diagnose, treat, and/or prevent disease using their expert judgment. It also refers to physicians who contribute to the care of patients by providing decision support and information systems, laboratory, imaging, or related studies.

Clinical Competency Committee (CCC): A required body comprising three or more members of the active teaching faculty that is advisory to the program director and reviews the progress of all residents or fellows in the program.

Clinical Learning Environment Review (CLER) Program: An ACGME program designed to provide US teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited Sponsoring Institutions with periodic feedback in Focus Areas specific to the safety of the clinical learning environment.

CLER Site Visit: A visit conducted by CLER Field Representatives that includes interviews with faculty members, program directors, residents and/or fellows, participating site personnel, institutional leadership, and other selected staff members, and the review of institutional documentation, as needed, to assess the effectiveness of the Sponsoring Institution and its participating sites in managing the integration of GME in the six CLER Focus Areas.

Common Program Requirements: The ACGME requirements that apply to all specialties and subspecialties within a specific category (see below). These requirements are denoted by bold text within the applicable Program Requirement documents.

Common Program Requirements (Residency): Applicable to all residency programs and Transitional Year programs.

Common Program Requirements (Fellowship): Applicable to most fellowship programs.

Common Program Requirements (One-Year Fellowship): Applicable to those one-year fellowships that chose to use an abbreviated version of the fellowship requirements.

Common Program Requirements (Post-Doctoral Education Program): Applicable to post-doctoral programs in a medical or medical-related field. (See Post-Doctoral Program in a Medical or Medical-Related Field.

Competencies: Specific knowledge, skills, behaviors, and attitudes in the following domains: patient care and procedural skills; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and systems-based practice.

Complaint: An allegation that a Sponsoring Institution or program is non-compliant with accreditation or recognition requirements.

Complement: The maximum number of residents or fellows approved by a Review Committee per year and/or per program based upon availability of adequate resources.

Conditional independence: Graded, progressive responsibility for patient care with defined oversight.

Consortium: An association of two or more organizations, hospitals, or institutions that have come together to pursue common objectives (e.g., graduate medical education).

Core Competencies: The six domains of educational and clinical knowledge, skills, and attitudes that physicians must develop for independent and autonomous practice of a specialty or subspecialty. These domains are: Patient Care and Procedural Care; Medical Knowledge; Practice-based Learning and Improvement; Interpersonal and Communication Skills; Professionalism; and Systems-based Practice.

Competencies: Common and specific knowledge, skills, and attitudes within the Core Competency domains for a particular specialty or subspecialty.

Designated institutional official (DIO): The individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited program

Didactic: Systematic instruction by means of planned learning experiences. See the applicable ACGME Program Requirements for more information.

Clinical and educational work hours: All clinical and academic activities related to the program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do *not* include reading, studying, research done from home, and preparation for future cases.

Extraordinary circumstance: A situation or event that significantly alters the ability of a Sponsoring Institution and its programs to support resident/fellow education. *For more information, see [ACGME Policies and Procedures Subject 21.00](#).*

Faculty: The group of individuals (both physician and non-physician) assigned to teach and supervise residents/fellows.

Core faculty: See Common Program Requirement II.B.4

Fatigue mitigation: Methods and strategies for learning to recognize and manage fatigue to support physician/caregiver well-being and safe patient care (e.g., strategic napping; judicious use of caffeine; availability of other caregivers; time management to maximize sleep off-duty; learning to recognize the signs of fatigue, and self-monitoring performance and/or asking others to monitor performance; remaining active to promote alertness; maintaining a healthy diet; using relaxation techniques to fall asleep; maintaining a consistent sleep routine; exercising regularly; increasing sleep time before and after call; and ensuring sufficient sleep recovery periods).

Fellow: An individual enrolled in an ACGME-accredited fellowship (subspecialty) program who has completed a residency program in a related specialty. Note: the term may also refer to other learners by individual institutions or programs.

Fellowship: A program that provides advanced training in progressive levels of sub-specialization following completion of training in a primary specialty and, if applicable, a related sub-subspecialty. It is a structured educational activity comprising a series of clinical and/or other learning experiences designed to train physicians to enter the unsupervised practice of medicine in a subspecialty. (See also Subspecialty program and Sub-subspecialty program)

Residency-dependent subspecialty program: A program required to function with an accredited residency program in its related specialty. The Continued Accreditation of the subspecialty program is dependent on the residency program's maintaining its accreditation. A residency-dependent subspecialty program must be sponsored by the same ACGME-accredited Sponsoring Institution as the associated residency program.

Residency-independent subspecialty program: A fellowship program that is not required to function with an accredited residency program in its related specialty. These subspecialty programs are dependent on an ACGME-accredited Sponsoring Institution. These programs may occur in two circumstances:

1. The program is reliant upon an ACGME-accredited Sponsoring Institution that sponsors programs in more than one specialty and/or subspecialties.
2. The program is reliant upon an ACGME-accredited Sponsoring Institution that sponsors a program or programs in only one subspecialty.

Sub-subspecialty program: A program that provides advanced training in progressive levels of specialization following completion of training in both the primary specialty and its related subspecialty. It is a structured educational activity comprising a series of clinical and/or other learning experiences designed to train physicians to enter the unsupervised practice of medicine in a sub-subspecialty. Each sub-subspecialty program must be dependent on a related subspecialty program sponsored by the same ACGME-accredited Sponsoring Institution.

Final Evaluation: The required overall evaluation to be completed by the program director to be completed for every resident or fellow upon completion of a program.

Fitness for work: The condition of being mentally and physically able to effectively perform required clinical responsibilities and promote patient safety (see Fatigue mitigation).

Formative Evaluation: See Background and Intent associated with Common Program Requirement V.A1.

Graduate medical education: The period of didactic and clinical education in a medical specialty or subspecialty which follows the completion of undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty or subspecialty. Also referred to as residency or fellowship education.

In-house call: Clinical and educational work hours, beyond the scheduled workday, when residents are required to be immediately available within an assigned site, as needed, for clinical responsibilities. In-house call does not include night float, being on call from home, or regularly scheduled overnight duties.

Institutional review: The process of determining whether a Sponsoring Institution offering graduate medical education programs is in substantial compliance with the Institutional Requirements.

International medical graduate (IMG): A graduate from a medical school outside the United States and Canada. IMGs may be citizens of the United States who chose to be educated elsewhere or non-citizens who are admitted to the United States by US Immigration authorities.

Interprofessional team: The physicians and other health care professionals, including nurses, pharmacists, case workers, physical therapists, etc., as appropriate, assigned to the delivery of care for an individual patient.

In-training examination: A formative examination used to evaluate resident/fellow progress in meeting the educational objectives of a residency/fellowship program, including but not limited to those offered by certification boards or specialty societies.

Letter of Notification: The official communication from a Review or Recognition Committee that states an action taken by the committee.

Milestones: Description of performance levels residents and fellows are expected to demonstrate for skills, knowledge, and behaviors in the six Core Competency domains.

Moonlighting: Voluntary, compensated, medically-related work performed beyond a resident's or fellow's clinical experience and education hours and additional to the work required for successful completion of the program.

External moonlighting: Voluntary, compensated, medically-related work performed outside the site where the resident or fellow is in training and any of its related participating sites.

Internal moonlighting: Voluntary, compensated, medically-related work performed within the site where the resident or fellow is in training or at any of its related participating sites.

Multidisciplinary Subspecialty Program: a subspecialty is that is co-sponsored by multiple specialties and is accredited by multiple Residency Review Committees.

Must: A term used to identify a requirement which is mandatory or done without fail when the requirement is categorized as "Core" or "Outcome", and in each of the following additional circumstances regardless of the categorization assigned to the requirement:

For accreditation purposes: (1) a Sponsoring Institution or program is applying for accreditation, or (2) a program or Sponsoring Institution holds a status of Initial Accreditation, Initial Accreditation with Warning, Continued Accreditation without Outcomes, Continued Accreditation with Warning, or Probationary Accreditation

For recognition purposes: (1) a Sponsoring Institution or program is applying for recognition, (2) a program or Sponsoring Institution holds a status of Initial Recognition, Initial Recognition with Warning, Continued Recognition without Outcomes, Continued Recognition with Warning, or Probationary Recognition

When a "must" requirement is categorized as "Detail," a program holding a status of Continued Accreditation or Continued Recognition may utilize alternative or innovative approaches in meeting the associated "Core" requirement(s), where applicable.

Near miss: An event or situation that did not produce patient injury, but only because of chance.

Night float: A rotation or other structured educational experience designed either to eliminate in-house call or to assist other residents/fellows during the night. Residents/fellows assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.

One day off: One continuous 24-hour period free from all administrative, clinical, and educational activities. *For more information, see the [Common Program Requirement FAQs](#).*

Osteopathic Principles Committee: A Recognition Committee with delegated authority from the ACGME Board to set the Osteopathic Recognition Requirements, provide peer evaluation of programs offering education in Osteopathic Principles and Practice, and make a determination regarding compliance.

Osteopathic Recognition: A determination of substantial compliance with the published Osteopathic Recognition Requirements, following a process of evaluation and peer review.

Participating site: An organization providing educational experiences or educational assignments/rotations for residents/fellows. Examples of participating sites include: a university; a medical school; a teaching hospital, including its ambulatory clinics and related facilities; a private medical practice or group practice; a nursing home; a school of public health; a health department; a federally qualified health center; a public health agency; an organized health care delivery system; a health maintenance organization (HMO); a medical examiner's office; a consortium; or an educational foundation.

Patient safety event: An adverse event, near miss, or other event resulting from unsafe conditions in the clinical care setting.

Pipeline specialties: Specialties that lead to primary board certification. The net output of physicians over time from the graduate medical education system into clinical practice is determined by the number of positions available in pipeline specialties.

Post-Doctoral Program in a Medical or Medical-Related Field: A structured educational activity comprising a series of clinical and/or other learning experiences, designed to train MDs, DOs, and others in a medical or medical-related field. *For more information, see [ACGME Policies and Procedures Subject 12.10](#).*

Post-graduate year (PGY): The denotation of a post-graduate resident's or fellow's progress in his or her residency and/or fellowship training; used to stratify responsibility in most programs. The PGY does not necessarily correspond to the resident's or fellow's year in an individual program. For example, a fellow who has completed a pediatric residency program and is in the first year of a pediatric endocrinology fellowship program is a pediatric endocrinology 1 level and a PGY-4.

Primary clinical site: The primary facility designated for clinical instruction in the program.

Program coordinator: The lead administrative person who assists the program director in accreditation efforts, educational programming, and support of residents/fellows.

Program director: The individual designated with authority and accountability for the operation of a residency/fellowship program.

Program Evaluation Committee (PEC): Group appointed by the program director to conduct program review as needed and the Annual Program Evaluation. See Common Program Requirements under V.C.

Progress report: A report requested of a Sponsoring Institution or program regarding concerns the Review or Recognition Committee had during its regular review of the institution or program. The progress report must be reviewed by the Sponsoring Institution's Graduate Medical Education Committee (GMEC), and must be signed by the designated institutional official (DIO) prior to submission to the Review or Recognition Committee.

Program Letter of Agreement (PLA): A written document that addresses graduate medical education responsibilities between an individual accredited program and a site other than the Sponsoring Institution at which residents or fellows have required educational experiences.

Program year: Refers to the current year of education (of an individual resident or fellow) within a specific program; this designation may or may not correspond to the resident's or fellow's post-graduate year.

Recognition Committee: See Osteopathic Principles Committee

Recognition status: The official decision made by a Recognition Committee based on its review and assessment of a Sponsoring Institution's or program's compliance with the applicable Recognition Requirements. *See Appendix I for more information.*

Requirements (Institutional and Program):

Core Requirements: Statements that define structure, resource, and process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and Sponsoring Institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to comply with Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at stages of their graduate medical education.

Resident: An individual enrolled in an ACGME-accredited residency program.

Residency program: A structured educational activity comprising a series of clinical and/or other learning experiences in graduate medical education, designed to prepare physicians to enter the unsupervised practice of medicine in a primary specialty. There are two types of residency programs: (a) residency programs available for physician admission immediately upon graduation from medical school as described in the Institutional Requirements; and (b) residency programs available for physician admission after completion of prerequisite clinical training as described in the relevant specialty-specific Program Requirements.

Review Committee: A group comprised of volunteers that sets accreditation standards (requirements), provides peer evaluation of Sponsoring Institutions or programs to assess the degree to which these comply with the applicable published accreditation requirements, and confers an accreditation status on each Sponsoring Institution or program with regard to substantial compliance with those requirements. There are three types of Review Committee: specialty Review Committee, Transitional Year Review Committee, and Institutional Review Committee.

Site visit (accreditation/recognition):

Focused site visit: A site visit that assesses selected aspects of a Sponsoring Institution or program identified by a Review or Recognition Committee.

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

10-Year Accreditation Site Visit: A full site visit occurring every 10 years for each accredited Sponsoring Institution and program and preceded by a comprehensive Self-Study process that includes developing a description of how the Sponsoring Institution or program creates an effective learning and working environment, and how this leads to desired educational outcomes.

Unannounced site visit: A site visit that is unannounced due to the urgency of an issue(s) that needs immediate review. A Sponsoring Institution or program may receive up to three weeks' notice of unannounced site visits.

Self-Study: An objective, comprehensive evaluation of a residency or fellowship program, with the aim of improving it, conducted ahead of the 10-Year Accreditation Site Visit. Underlying the Self-Study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and "self-identified" areas for improvement.

Should: A term used to designate requirements so important that non-substantial compliance must be justified. A Sponsoring Institution or program may be cited for failing to comply substantially with a requirement that includes the term "should" when the requirement is categorized as "Core," and in the following additional circumstances:

For accreditation purposes: (1) a Sponsoring Institution or program is applying for accreditation, or (2) a Sponsoring Institution or program holds a status of Initial Accreditation, Initial Accreditation with Warning, Continued Accreditation without Outcomes, Continued Accreditation with Warning, or Probationary Accreditation

For recognition purposes: (1) a Sponsoring Institution or program is applying for recognition, or (2) a Sponsoring Institution or program holds a status of Initial Recognition, Initial Recognition with Warning, Continued Recognition without Outcomes, Continued Recognition with Warning, or Probationary Recognition.

When a "should" requirement is categorized as "Detail," a program holding a status of Continued Accreditation or Continued Recognition, may utilize alternative or innovative approaches in complying substantially with the associated Core requirement(s), where applicable.

Specialty program: See Residency program

Sponsoring Institution: The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. The Sponsoring Institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, or an educational foundation).

Subspecialty program (fellowship): See Fellowship program

Summative evaluation: See Background and Intent associated with Common Program Requirement V.A1.

Transfer resident: Residents are considered "transfer residents" under several conditions, including: moving from one program to another within the same or between different Sponsoring Institution(s) and within the same or a different specialty; when entering a program requiring a

preliminary year at the PGY-2 level even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the Match (e.g., accepted to both programs right out of medical school).

The term does not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.

Transitional year program: A one-year educational experience in graduate medical education (GME), which is structured to provide a program of multiple clinical disciplines designed to facilitate the choice of and/or preparation for a specialty. The transitional year is a prerequisite; it does not comprise a complete program in GME.

Transitions in care: The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting.

Work compression: An increase in the amount of work to be completed without a corresponding increase in the amount of time provided to complete that work.

AST-KM 7/30/2007
TSW 4/21/2008
TSW 8/7/2008
TSW 9/24/08
TSW 01/20/09
TSW 03/2009
TSW 09/18/2009
TSW 09/29/2010
TSW 11/30/2010
TSW 6/28/2011
TSW 7/1/2013
TSW 8/2016
LNJ 4/2017
Glossary Grp 5/2018
Glossary Grp 2/14/2020
Glossary Grp 4/15/2020



ACGME ACCREDITATION AND RECOGNITION STATUSES

ACCREDITATION STATUSES

(For additional information on accreditation statuses see Sections 18.10–18.80 of the [ACGME Manual of Policies and Procedures](#))

Administrative Probation: If a Sponsoring Institution fails to complete a CLER site visit, the administration of the ACGME may recommend to the ACGME Board that it place that Sponsoring Institution on Administrative Probation for no less than 18 months and no more than 24 months (see Section 16.60).

Administrative Withdrawal of Accreditation: A Sponsoring Institution or program that is delinquent in payment of fees, according to ACGME policies and procedures, is not eligible for review, and shall be notified by express mail (signature required) of the effective date of Administrative Withdrawal of accreditation. On that date, the Sponsoring Institution or program shall be removed from the ACGME list of accredited programs or Sponsoring Institutions.

A Sponsoring Institution or program may be deemed to have withdrawn from the voluntary process of accreditation if it does not comply with the following actions and procedures:

- (1) undergo a site visit and Sponsoring Institution or program review;
- (2) follow directives associated with an accreditation action;
- (3) supply the Review Committee with requested information (e.g., a progress report, operative data, Resident or Faculty Survey, or other information);
- (4) maintain current data in the Accreditation Data System (ADS);
- (5) undergo a CLER site visit and review while on Administrative Probation; or,
- (6) matriculate residents for six or more consecutive years (programs only).

Under the above circumstances, the Review Committees (See ACGME Policies and Procedures, Section 18.70 b.) and/or administration of the ACGME (See ACGME Policies and Procedures, Section 18.70 a. and b.) may recommend to the ACGME Board that accreditation be administratively withdrawn. The ACGME Board may administratively withdraw accreditation of the Sponsoring Institution or program.

Administrative Withdrawal of Accreditation due to withdrawal of sponsoring institution's accreditation: If a Sponsoring Institution is withdrawn for failure to demonstrate substantial compliance with the applicable requirements all of its ACGME-accredited residency and fellowship programs will be administratively withdrawn.

ACGME ACCREDITATION AND RECOGNITION STATUSES

Accreditation Withheld: Accreditation shall be withheld when a Review Committee determines that an application for a new Sponsoring Institution or program does not demonstrate substantial compliance with the applicable requirements.

Continued Accreditation: The Review Committee will confer an accreditation status of Continued Accreditation based on ongoing substantial compliance of the Sponsoring Institution or program with the applicable requirements.

Continued Accreditation without Outcomes: After the period of Initial Accreditation, the Review Committee may confer a status of Continued Accreditation without Outcomes to a new Sponsoring Institution or program holding Initial Accreditation or Initial Accreditation with Warning that, after a full site visit and review within two years from the original accreditation, has insufficient data to be conferred the status of Continued Accreditation.

Continued Accreditation with Warning: The Review Committee may confer a status of Continued Accreditation with Warning if it determines that a Sponsoring Institution or program has areas of non-compliance that may jeopardize its accreditation status.

Initial Accreditation: A status of “Initial Accreditation” is conferred when a Review Committee determines that an application for a new program or sponsoring institution substantially complies with the requirements. Initial accreditation is considered a developmental stage.

Initial Accreditation with Warning: If a Sponsoring Institution or program does not demonstrate substantial compliance at the subsequent review, the Review Committee may withdraw accreditation or confer a status of Initial Accreditation with Warning for a period of one year. At the end of the first year of Initial Accreditation with Warning, a Sponsoring Institution or program may undergo a site visit at the discretion of the Review Committee. If the Sponsoring Institution or program demonstrates substantial compliance with the applicable requirements, a status of Continued Accreditation or Continued Accreditation without Outcomes may be conferred. If not, the Review Committee may confer a second year of Initial Accreditation with Warning or Withdrawal of Accreditation.

If a second year of Initial Accreditation with Warning is conferred, at the next review of a Sponsoring Institution or program, the Review Committee may confer Continued Accreditation, Continued Accreditation without Outcomes, or Withdrawal of Accreditation. A site visit must be conducted in order for the Review Committee to confer Withdrawal of Accreditation.

Probationary Accreditation: A status of Probationary Accreditation is conferred when the Review Committee determines that a Sponsoring Institution or program has failed to demonstrate substantial compliance with the applicable requirements. A Sponsoring Institution or program with the accreditation status of Continued Accreditation must undergo a site visit before a Review Committee may confer Probationary Accreditation upon it.

Probationary status of a program shall not exceed two consecutive annual reviews, at which point the program must achieve a status of either Continued Accreditation or Continued Accreditation with Warning, or its accreditation will be withdrawn.



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Upon site visit and review, a Sponsoring Institution or program demonstrating substantial compliance with the applicable requirements will achieve a status of Continued Accreditation or Continued Accreditation with Warning. If a Sponsoring Institution or program with a status of Probationary Accreditation does not demonstrate substantial compliance with the requirements due to failure to correct previous citations, or if new areas of non-compliance are identified, accreditation may be withdrawn.

Voluntary Withdrawal of Accreditation: A Sponsoring Institution or program may request Voluntary Withdrawal of Accreditation. Upon Voluntary Withdrawal of an institution's accreditation, the accreditation of all sponsored programs will be administratively withdrawn. The Sponsoring Institution and its programs may not accept new residents and/or fellows, may not request "reversal" of the action (regardless of the proposed effective date), but may seek re-accreditation by undergoing the application process pursuant to ACGME policy.

Withdrawal of Accreditation: Accreditation may be withdrawn when a Review Committee determines that a Sponsoring Institution or program has failed to demonstrate substantial compliance with the applicable requirements. A Sponsoring Institution or program must undergo a site visit before a Review Committee may withdraw its accreditation.

Withdrawal of Accreditation under Special Circumstances: Regardless of a program's accreditation status, the Review Committee may withdraw the accreditation of a program based on clear evidence of non-substantial compliance with accreditation standards, such as: (1) a catastrophic loss of resources, including faculty members, facilities, or funding; or, (2) egregious non-compliance with accreditation requirements.

ACGME ACCREDITATION AND RECOGNITION STATUSES

RECOGNITION STATUSES

(For additional information on recognition statuses see Sections 18.130-18.180 of the [ACGME Manual of Policies and Procedures](#))

Initial Recognition: A status of Initial Recognition is conferred when the Recognition Committee determines that an application for Recognition of a new Sponsoring Institution or program substantially complies with the Recognition Requirements.

Initial Recognition with Warning: If a Sponsoring Institution or program does not demonstrate substantial compliance at the subsequent review, the Review Committee may withdraw recognition or confer a status of Initial Recognition with Warning for a period of one year. At the end of the first year of Initial Recognition with Warning, a Sponsoring Institution or program may undergo a site visit at the discretion of the Review Committee. If the Sponsoring Institution or program demonstrates substantial compliance with the applicable requirements, a status of Continued Recognition or Continued Recognition without Outcomes may be conferred. If not, the Review Committee may confer a second year of Initial Recognition with Warning or Withdrawal of Recognition.

If a second year of Initial Recognition with Warning is conferred, at the next review of a Sponsoring Institution or program, the Review Committee may confer Continued Recognition, Continued Recognition without Outcomes, or Withdrawal of Recognition. A site visit must be conducted in order for the Review Committee to confer Withdrawal of Accreditation.

Continued Pre-Accreditation: See Pre-Accreditation. The Review Committee will confer an status of Continued Pre-Accreditation when (1) a sponsoring institution or program holding Pre-Accreditation status is assessed by the Review Committee and determined not to be in substantial compliance with the applicable requirements, and (2) a program holding Initial Accreditation – Contingent as a result of the sponsoring institution failing to achieve Initial Accreditation within two years of the issuance of Initial Accreditation – Contingent.

Continued Recognition: A status of Continued Recognition is conferred when the Recognition Committee determines that a sponsoring institution or program has demonstrated substantial compliance with the Recognition Requirements.

Continued Recognition with Warning: The Recognition Committee may confer a status of Continued Recognition with Warning if it determines that a program has areas of non-compliance with Recognition Requirements that may jeopardize its Recognition status.

Continued Recognition without Outcomes: After a period of Initial Recognition, the Recognition Committee may confer a status of Continued Recognition without Outcomes to a new program holding Initial Recognition or Initial Recognition with Warning that, after a full site visit and review within two years from the original Recognition, has insufficient data to be conferred the status of Continued Recognition. The length of Recognition for programs holding Continued Recognition without Outcomes must not exceed the length of training plus one year,



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at which time the Recognition Committee must confer either Continued Recognition or Withdrawal of Recognition.

Osteopathic Recognition: Recognition of an ACGME-accredited program that is in substantial compliance with the Osteopathic Recognition Requirements.

Pre-Accreditation: A status created exclusively for use during the 2015-2020 transition to a single accreditation system.

Recognition Withheld: Recognition shall be withheld when the Recognition Committee determines that an application for Recognition of a Sponsoring Institution or program does not demonstrate substantial compliance with the Recognition Requirements.

Withdrawal of Recognition: Recognition may be withdrawn for a Sponsoring Institution or program with Continued Recognition with Warning when the Recognition Committee determines that a Sponsoring Institution or program has failed to demonstrate substantial compliance with the Recognition Requirements. A Sponsoring Institution or program must undergo a site visit before the Recognition Committee may confer Withdrawal of Recognition upon it.

Voluntary Withdrawal of Recognition: A Sponsoring Institution or program may request Voluntary Withdrawal of Recognition. Upon Voluntary Withdrawal of an institution's recognition, the recognition of all sponsored programs will be administratively withdrawn. The Sponsoring Institution and its programs may not accept new residents and/or fellows into the program of recognized element of the program as applicable and may not request "reversal" of the action (regardless of the proposed effective date), but may seek re-recognition by undergoing the application process pursuant to ACGME policy.

Administrative Withdrawal of Recognition: If a program's accreditation is withdrawn, the Recognition of the program is Administratively Withdrawn simultaneously.



ACGME Common Program Requirements (Residency)

ACGME-approved focused revision: February 3, 2020; effective July 1, 2020

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Common Program Requirements (Residency)

Where applicable, text in italics describes the underlying philosophy of the requirements in that section. These philosophic statements are not program requirements and are therefore not citable.

Note: Review Committees may further specify only where indicated by “The Review Committee may/must further specify.”

Introduction

Int.A. *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 learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, professionalism, and scholarship.*

Graduate medical education transforms medical students into physician scholars who care for the patient, family, and a diverse 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, and empathy required for autonomous practice. Graduate medical education develops physicians who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. Graduate medical education values the strength that a diverse group of physicians brings to medical care.

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.

Int.B. Definition of Specialty

[The Review Committee must further specify]

Int.C. Length of Educational Program

[The Review Committee must further specify]

I. Oversight

I.A. Sponsoring Institution

The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education, consistent with the ACGME Institutional Requirements.

When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.

Background and Intent: Participating sites will reflect the health care needs of the community and the educational needs of the residents. A wide variety of organizations may provide a robust educational experience and, thus, Sponsoring Institutions and participating sites may encompass inpatient and outpatient settings including, but not limited to a university, a medical school, a teaching hospital, a nursing home, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, an educational consortium, a teaching health center, a physician group practice, federally qualified health center, or an educational foundation.

I.A.1. The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^{(Core)*}

I.B. Participating Sites

A participating site is an organization providing educational experiences or educational assignments/rotations for residents.

I.B.1. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. ^(Core)

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

I.B.2. 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)

I.B.2.a) The PLA must:

I.B.2.a).(1) be renewed at least every 10 years; and, ^(Core)

I.B.2.a).(2) be approved by the designated institutional official (DIO). ^(Core)

I.B.3. The program must monitor the clinical learning and working environment at all participating sites. (Core)

I.B.3.a) 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)

Background and Intent: While all residency programs must be sponsored by a single ACGME-accredited Sponsoring Institution, many programs will utilize other clinical settings to provide required or elective training experiences. At times it is appropriate to utilize community sites that are not owned by or affiliated with the Sponsoring Institution. Some of these sites may be remote for geographic, transportation, or communication issues. When utilizing such sites the program must ensure the quality of the educational experience. The requirements under I.B.3. are intended to ensure that this will be the case.

Suggested elements to be considered in PLAs will be found in the ACGME Program Director's Guide to the Common Program Requirements. These include:

- Identifying the faculty members who will assume educational and supervisory responsibility for residents
- Specifying the responsibilities for teaching, supervision, and formal evaluation of residents
- Specifying the duration and content of the educational experience
- Stating the policies and procedures that will govern resident education during the assignment

I.B.4. The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)

[The Review Committee may further specify]

I.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. (Core)

Background and Intent: It is expected that the Sponsoring Institution has, and programs implement, policies and procedures related to recruitment and retention of minorities underrepresented in medicine and medical leadership in accordance with the Sponsoring Institution's mission and aims. The program's annual evaluation must include an assessment of the program's efforts to recruit and retain a diverse workforce, as noted in V.C.1.c).(5).(c).

I.D. Resources

- I.D.1.** 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]

- I.D.2.** 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: (Core)

- I.D.2.a)** access to food while on duty; (Core)

- I.D.2.b)** safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core)

Background and Intent: Care of patients within a hospital or health system occurs continually through the day and night. Such care requires that residents function at their peak abilities, which requires the work environment to provide them with the ability to meet their basic needs within proximity of their clinical responsibilities. Access to food and rest are examples of these basic needs, which must be met while residents are working. Residents should have access to refrigeration where food may be stored. Food should be available when residents are required to be in the hospital overnight. Rest facilities are necessary, even when overnight call is not required, to accommodate the fatigued resident.

- I.D.2.c)** clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care;
(Core)

Background and Intent: Sites must provide private and clean locations where residents may lactate and store the milk within a refrigerator. These locations should be in close proximity to clinical responsibilities. It would be helpful to have additional support within these locations that may assist the resident with the continued care of patients, such as a computer and a phone. While space is important, the time required for lactation is also critical for the well-being of the resident and the resident's family, as outlined in VI.C.1.d).(1).

- I.D.2.d)** security and safety measures appropriate to the participating site; and, (Core)

- I.D.2.e)** accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)

- I.D.3.** Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)

- I.D.4.** The program's educational and clinical resources must be adequate to support the number of residents appointed to the program. ^(Core)

[The Review Committee may further specify]

- I.E.** The presence of other learners and other care providers, including, but not limited to, residents from other programs, subspecialty fellows, and advanced practice providers, must enrich the appointed residents' education. ^(Core)

- I.E.1.** The program must report circumstances when the presence of other learners has interfered with the residents' education to the DIO and Graduate Medical Education Committee (GMEC). ^(Core)

Background and Intent: The clinical learning environment has become increasingly complex and often includes care providers, students, and post-graduate residents and fellows from multiple disciplines. The presence of these practitioners and their learners enriches the learning environment. Programs have a responsibility to monitor the learning environment to ensure that residents' education is not compromised by the presence of other providers and learners.

II. Personnel

II.A. Program Director

- II.A.1.** There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. ^(Core)

- II.A.1.a)** The Sponsoring Institution's GMEC must approve a change in program director. ^(Core)

- II.A.1.b)** Final approval of the program director resides with the Review Committee. ^(Core)

Background and Intent: While the ACGME recognizes the value of input from numerous individuals in the management of a residency, a single individual must be designated as program director and made responsible for the program. This individual will have dedicated time for the leadership of the residency, and it is this individual's responsibility to communicate with the residents, faculty members, DIO, GMEC, and the ACGME. The program director's nomination is reviewed and approved by the GMEC. Final approval of program directors resides with the Review Committee.

- II.A.1.c)** 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]

Background and Intent: The success of residency programs is generally enhanced by continuity in the program director position. The professional activities required of a program director are unique and complex and take time to master. All programs are encouraged to undertake succession planning to facilitate program stability when there is necessary turnover in the program director position.

- II.A.2.** At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE of non-clinical time to the administration of the program. ^(Core)

[The Review Committee may further specify. If the Review Committee specifies support greater than 20 percent, II.A.2. and the accompanying Background and Intent will be modified to reflect the level of support specified by the Review Committee]

[The Review Committee may further specify regarding support for associate program director(s)]

Background and Intent: Twenty percent FTE is defined as one day per week.

“Administrative time” is defined as non-clinical time spent meeting the responsibilities of the program director as detailed in requirements II.A.4.-II.A.4.a).(16).

The requirement does not address the source of funding required to provide the specified salary support.

- II.A.3.** Qualifications of the program director:

- II.A.3.a)** must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; ^(Core)

Background and Intent: Leading a program requires knowledge and skills that are established during residency and subsequently further developed. The time period from completion of residency until assuming the role of program director allows the individual to cultivate leadership abilities while becoming professionally established. The three-year period is intended for the individual's professional maturation.

The broad allowance for educational and/or administrative experience recognizes that strong leaders arise through diverse pathways. These areas of expertise are important when identifying and appointing a program director. The choice of a program director should be informed by the mission of the program and the needs of the community.

In certain circumstances, the program and Sponsoring Institution may propose and the Review Committee may accept a candidate for program director who fulfills these goals but does not meet the three-year minimum.

- II.A.3.b)** must include 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)

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

II.A.3.c) must include current medical licensure and appropriate medical staff appointment; and, (Core)

II.A.3.d) must include ongoing clinical activity. (Core)

Background and Intent: A program director is a role model for faculty members and residents. The program director must participate in clinical activity consistent with the specialty. This activity will allow the program director to role model the Core Competencies for the faculty members and residents.

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

II.A.4. Program Director Responsibilities

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)

II.A.4.a) The program director must:

II.A.4.a).(1) be a role model of professionalism; (Core)

Background and Intent: The program director, as the leader of the program, must serve as a role model to residents in addition to fulfilling the technical aspects of the role. As residents are expected to demonstrate compassion, integrity, and respect for others, they must be able to look to the program director as an exemplar. It is of utmost importance, therefore, that the program director model outstanding professionalism, high quality patient care, educational excellence, and a scholarly approach to work. The program director creates an environment where respectful discussion is welcome, with the goal of continued improvement of the educational experience.

II.A.4.a).(2) 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)

Background and Intent: The mission of institutions participating in graduate medical education is to improve the health of the public. Each community has health needs that vary based upon location and demographics. Programs must understand the social

determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities.

- II.A.4.a).(3)** administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; ^(Core)

Background and Intent: The program director may establish a leadership team to assist in the accomplishment of program goals. Residency programs can be highly complex. In a complex organization, the leader typically has the ability to delegate authority to others, yet remains accountable. The leadership team may include physician and non-physician personnel with varying levels of education, training, and experience.

- II.A.4.a).(4)** develop and oversee a process to evaluate candidates prior to approval as program faculty members for participation in the residency program education and at least annually thereafter, as outlined in V.B.; ^(Core)

- II.A.4.a).(5)** have the authority to approve program faculty members for participation in the residency program education at all sites; ^(Core)

- II.A.4.a).(6)** have the authority to remove program faculty members from participation in the residency program education at all sites; ^(Core)

- II.A.4.a).(7)** have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; ^(Core)

Background and Intent: The program director has the responsibility to ensure that all who educate residents effectively role model the Core Competencies. Working with a resident is a privilege that is earned through effective teaching and professional role modeling. This privilege may be removed by the program director when the standards of the clinical learning environment are not met.

There may be faculty in a department who are not part of the educational program, and the program director controls who is teaching the residents.

- II.A.4.a).(8)** submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; ^(Core)

- II.A.4.a).(9)** provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s); ^(Core)

- II.A.4.a).(10)** provide a learning and working environment in which residents have the opportunity to raise concerns and

provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation;
(Core)

II.A.4.a).(11) ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process; (Core)

II.A.4.a).(12) ensure the program's compliance with the Sponsoring Institution's policies and procedures for due process when action is taken to suspend or dismiss, not to promote, or not to renew the appointment of a resident; (Core)

Background and Intent: A program does not operate independently of its Sponsoring Institution. It is expected that the program director will be aware of the Sponsoring Institution's policies and procedures, and will ensure they are followed by the program's leadership, faculty members, support personnel, and residents.

II.A.4.a).(13) ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)

II.A.4.a).(13).(a) Residents must not be required to sign a non-competition guarantee or restrictive covenant.
(Core)

II.A.4.a).(14) document verification of program completion for all graduating residents within 30 days; (Core)

II.A.4.a).(15) provide verification of an individual resident's completion upon the resident's request, within 30 days; and, (Core)

Background and Intent: Primary verification of graduate medical education is important to credentialing of physicians for further training and practice. Such verification must be accurate and timely. Sponsoring Institution and program policies for record retention are important to facilitate timely documentation of residents who have previously completed the program. Residents who leave the program prior to completion also require timely documentation of their summative evaluation.

II.A.4.a).(16) obtain review and approval of the Sponsoring Institution's DIO before submitting information or requests to the ACGME, as required in the Institutional Requirements and outlined in the ACGME Program Director's Guide to the Common Program Requirements. (Core)

II.B. Faculty

Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.

Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the residents and themselves.

Background and Intent: “Faculty” refers to the entire teaching force responsible for educating residents. The term “faculty,” including “core faculty,” does not imply or require an academic appointment or salary support.

- II.B.1. At each participating site, there must be a sufficient number of faculty members with competence to instruct and supervise all residents at that location. ^(Core)**

[The Review Committee may further specify]

- II.B.2. Faculty members must:**

- II.B.2.a) be role models of professionalism; ^(Core)**
- II.B.2.b) demonstrate commitment to the delivery of safe, quality, cost-effective, patient-centered care; ^(Core)**

Background and Intent: Patients have the right to expect quality, cost-effective care with patient safety at its core. The foundation for meeting this expectation is formed during residency and fellowship. Faculty members model these goals and continually strive for improvement in care and cost, embracing a commitment to the patient and the community they serve.

- II.B.2.c) demonstrate a strong interest in the education of residents; ^(Core)**
- II.B.2.d) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; ^(Core)**

- II.B.2.e)** administer and maintain an educational environment conducive to educating residents; ^(Core)
- II.B.2.f)** regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, ^(Core)
- II.B.2.g)** pursue faculty development designed to enhance their skills at least annually: ^(Core)

Background and Intent: Faculty development is intended to describe structured programming developed for the purpose of enhancing transference of knowledge, skill, and behavior from the educator to the learner. Faculty development may occur in a variety of configurations (lecture, workshop, etc.) using internal and/or external resources. Programming is typically needs-based (individual or group) and may be specific to the institution or the program. Faculty development programming is to be reported for the residency program faculty in the aggregate.

- II.B.2.g).(1)** as educators; ^(Core)
- II.B.2.g).(2)** in quality improvement and patient safety; ^(Core)
- II.B.2.g).(3)** in fostering their own and their residents' well-being; and, ^(Core)
- II.B.2.g).(4)** in patient care based on their practice-based learning and improvement efforts. ^(Core)

Background and Intent: Practice-based learning serves as the foundation for the practice of medicine. Through a systematic analysis of one's practice and review of the literature, one is able to make adjustments that improve patient outcomes and care. Thoughtful consideration to practice-based analysis improves quality of care, as well as patient safety. This allows faculty members to serve as role models for residents in practice-based learning.

[The Review Committee may further specify additional faculty responsibilities]

II.B.3. Faculty Qualifications

- II.B.3.a)** Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. ^(Core)

[The Review Committee may further specify]

II.B.3.b) Physician faculty members must:

- II.B.3.b).(1)** have current certification in the specialty by the American Board of _____ or the American Osteopathic Board of _____, or possess qualifications judged acceptable to the Review Committee. ^(Core)

[The Review Committee may further specify additional qualifications]

II.B.3.c)

Any non-physician faculty members who participate in residency program education must be approved by the program director. ^(Core)

[The Review Committee may further specify]

Background and Intent: The provision of optimal and safe patient care requires a team approach. The education of residents by non-physician educators enables the resident to better manage patient care and provides valuable advancement of the residents' knowledge. Furthermore, other individuals contribute to the education of the resident in the basic science of the specialty or in research methodology. If the program director determines that the contribution of a non-physician individual is significant to the education of the residents, the program director may designate the individual as a program faculty member or a program core faculty member.

II.B.4.

Core Faculty

Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. ^(Core)

Background and Intent: Core faculty members are critical to the success of resident education. They support the program leadership in developing, implementing, and assessing curriculum and in assessing residents' progress toward achievement of competence in the specialty. Core faculty members should be selected for their broad knowledge of and involvement in the program, permitting them to effectively evaluate the program, including completion of the annual ACGME Faculty Survey.

II.B.4.a)

Core faculty members must be designated by the program director. ^(Core)

II.B.4.b)

Core faculty members must complete the annual ACGME Faculty Survey. ^(Core)

[The Review Committee must specify the minimum number of core faculty and/or the core faculty-resident ratio]

[The Review Committee may further specify requirements regarding support for core faculty members]

[The Review Committee may specify requirements specific to associate program director(s)]

II.C.

Program Coordinator

II.C.1. There must be a program coordinator. ^(Core)

II.C.2. At a minimum, the program coordinator must be supported at 50 percent FTE for the administration of the program. ^(Core)

[The Review Committee may further specify. If the Review Committee specifies support greater than 50 percent, II.C.2. and the accompanying Background and Intent will be modified to reflect the level of support specified by the Review Committee]

Background and Intent: Fifty percent FTE is defined as two-and-a-half (2.5) days per week.

The requirement does not address the source of funding required to provide the specified salary support.

Each program requires a lead administrative person, frequently referred to as a program coordinator, administrator, or as titled by the institution. This person will frequently manage the day-to-day operations of the program and serve as an important liaison with learners, faculty and other staff members, and the ACGME. Individuals serving in this role are recognized as program coordinators by the ACGME.

The program coordinator is a member of the leadership team and is critical to the success of the program. As such, the program coordinator must possess skills in leadership and personnel management. Program coordinators are expected to develop unique knowledge of the ACGME and Program Requirements, policies, and procedures. Program coordinators assist the program director in accreditation efforts, educational programming, and support of residents.

Programs, in partnership with their Sponsoring Institutions, should encourage the professional development of their program coordinators and avail them of opportunities for both professional and personal growth. Programs with fewer residents may not require a full-time coordinator; one coordinator may support more than one program.

II.D. Other Program Personnel

The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. ^(Core)

[The Review Committee may further specify]

Background and Intent: Multiple personnel may be required to effectively administer a program. These may include staff members with clerical skills, project managers, education experts, and staff members to maintain electronic communication for the program. These personnel may support more than one program in more than one discipline.

III. Resident Appointments

III.A. Eligibility Requirements

III.A.1. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: ^(Core)

III.A.1.a) graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, ^(Core)

III.A.1.b) graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: ^(Core)

III.A.1.b).(1) holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, ^(Core)

III.A.1.b).(2) holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. ^(Core)

III.A.2. All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. ^(Core)

III.A.2.a) Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. ^(Core)

[The Review Committee may further specify prerequisite postgraduate clinical education]

Background and Intent: Programs with ACGME-I Foundational Accreditation or from institutions with ACGME-I accreditation do not qualify unless the program has also achieved ACGME-I Advanced Specialty Accreditation. To ensure entrants into ACGME-accredited programs from ACGME-I programs have attained the prerequisite milestones for this training, they must be from programs that have ACGME-I Advanced Specialty Accreditation.

III.A.3. A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC, or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited

residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited program and with approval by the GMEC, may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry. ^(Core)

III.A.4. Resident Eligibility Exception

The Review Committee for _____ will allow the following exception to the resident eligibility requirements: ^(Core)

[Note: A Review Committee may permit the eligibility exception if the specialty requires completion of a prerequisite residency program prior to admission. If the specialty-specific Program Requirements define multiple program formats, the Review Committee may permit the exception only for the format(s) that require completion of a prerequisite residency program prior to admission. If this language is not applicable, this section will not appear in the specialty-specific requirements.]

- III.A.4.a) An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1.-III.A.3., but who does meet all of the following additional qualifications and conditions: ^(Core)**
- III.A.4.a).(1) evaluation by the program director and residency selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and, ^(Core)**
 - III.A.4.a).(2) review and approval of the applicant's exceptional qualifications by the GMEC; and, ^(Core)**
 - III.A.4.a).(3) verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. ^(Core)**
- III.A.4.b) Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. ^(Core)**
- III.B. The program director must not appoint more residents than approved by the Review Committee. ^(Core)**
- III.B.1. All complement increases must be approved by the Review Committee. ^(Core)**

[The Review Committee may further specify minimum complement numbers]

III.C. Resident Transfers

The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. ^(Core)

[The Review Committee may further specify]

IV. Educational Program

The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.

The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.

In addition, the program is expected to define its specific program aims consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves and that its graduates will serve, and the distinctive capabilities of physicians it intends to graduate. While programs must demonstrate substantial compliance with the Common and specialty-specific Program Requirements, it is recognized that within this framework, programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician-scientists will have a different curriculum from one focusing on community health.

IV.A. The curriculum must contain the following educational components: ^(Core)

IV.A.1. 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; ^(Core)

IV.A.1.a) The program's aims must be made available to program applicants, residents, and faculty members. ^(Core)

IV.A.2. competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; ^(Core)

Background and Intent: The trajectory to autonomous practice is documented by Milestones evaluation. The Milestones detail the progress of a resident in attaining skill in each competency domain. They are developed by each specialty group and allow evaluation based on observable behaviors. Milestones are considered formative and should be used to identify learning needs. This may lead to focused or general curricular revision in any given program or to individualized learning plans for any specific resident.

- IV.A.3.** delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision; ^(Core)

Background and Intent: These responsibilities may generally be described by PGY level and specifically by Milestones progress as determined by the Clinical Competency Committee. This approach encourages the transition to competency-based education. An advanced learner may be granted more responsibility independent of PGY level and a learner needing more time to accomplish a certain task may do so in a focused rather than global manner.

- IV.A.4.** a broad range of structured didactic activities; ^(Core)

- IV.A.4.a)** Residents must be provided with protected time to participate in core didactic activities. ^(Core)

Background and Intent: It is intended that residents will participate in structured didactic activities. It is recognized that there may be circumstances in which this is not possible. Programs should define core didactic activities for which time is protected and the circumstances in which residents may be excused from these didactic activities. Didactic activities may include, but are not limited to, lectures, conferences, courses, labs, asynchronous learning, simulations, drills, case discussions, grand rounds, didactic teaching, and education in critical appraisal of medical evidence.

- IV.A.5.** advancement of residents' knowledge of ethical principles foundational to medical professionalism; and, ^(Core)

- IV.A.6.** advancement in the residents' knowledge of the basic principles of scientific inquiry, including how research is designed, conducted, evaluated, explained to patients, and applied to patient care. ^(Core)

IV.B. ACGME Competencies

Background and Intent: The Competencies provide a conceptual framework describing the required domains for a trusted physician to enter autonomous practice. These Competencies are core to the practice of all physicians, although the specifics are further defined by each specialty. The developmental trajectories in each of the Competencies are articulated through the Milestones for each specialty.

- IV.B.1.** The program must integrate the following ACGME Competencies into the curriculum: ^(Core)

- IV.B.1.a)** Professionalism

Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. ^(Core)

- IV.B.1.a).(1)** Residents must demonstrate competence in:

IV.B.1.a).(1).(a) compassion, integrity, and respect for others;
(Core)

IV.B.1.a).(1).(b) responsiveness to patient needs that
supersedes self-interest; (Core)

Background and Intent: This includes the recognition that under certain circumstances, the interests of the patient may be best served by transitioning care to another provider. Examples include fatigue, conflict or duality of interest, not connecting well with a patient, or when another physician would be better for the situation based on skill set or knowledge base.

IV.B.1.a).(1).(c) respect for patient privacy and autonomy; (Core)

IV.B.1.a).(1).(d) accountability to patients, society, and the
profession; (Core)

IV.B.1.a).(1).(e) respect and responsiveness to diverse patient
populations, including but not limited to
diversity in gender, age, culture, race, religion,
disabilities, national origin, socioeconomic
status, and sexual orientation; (Core)

IV.B.1.a).(1).(f) ability to recognize and develop a plan for one's
own personal and professional well-being; and,
(Core)

IV.B.1.a).(1).(g) appropriately disclosing and addressing
conflict or duality of interest. (Core)

IV.B.1.b) Patient Care and Procedural Skills

Background and Intent: Quality patient care is safe, effective, timely, efficient, patient-centered, equitable, and designed to improve population health, while reducing per capita costs. (See the Institute of Medicine [IOM]'s *Crossing the Quality Chasm: A New Health System for the 21st Century*, 2001 and Berwick D, Nolan T, Whittington J. *The Triple Aim: care, cost, and quality. Health Affairs.* 2008; 27(3):759-769.). In addition, there should be a focus on improving the clinician's well-being as a means to improve patient care and reduce burnout among residents, fellows, and practicing physicians.

These organizing principles inform the Common Program Requirements across all Competency domains. Specific content is determined by the Review Committees with input from the appropriate professional societies, certifying boards, and the community.

IV.B.1.b).(1) Residents must be able to provide patient care that is
compassionate, appropriate, and effective for the
treatment of health problems and the promotion of
health. (Core)

[The Review Committee must further specify]

IV.B.1.b).(2)

Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. ^(Core)

[The Review Committee may further specify]

IV.B.1.c)

Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. ^(Core)

[The Review Committee must further specify]

IV.B.1.d)

Practice-based Learning and Improvement

Residents must demonstrate the 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 and lifelong learning. ^(Core)

Background and Intent: Practice-based learning and improvement is one of the defining characteristics of being a physician. It is the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

The intention of this Competency is to help a physician develop the habits of mind required to continuously pursue quality improvement, well past the completion of residency.

IV.B.1.d).(1)

Residents must demonstrate competence in:

IV.B.1.d).(1).(a)

identifying strengths, deficiencies, and limits in one's knowledge and expertise; ^(Core)

IV.B.1.d).(1).(b)

setting learning and improvement goals; ^(Core)

IV.B.1.d).(1).(c)

identifying and performing appropriate learning activities; ^(Core)

IV.B.1.d).(1).(d)

systematically analyzing practice using quality improvement methods, and implementing changes with the goal of practice improvement; ^(Core)

IV.B.1.d).(1).(e)

incorporating feedback and formative evaluation into daily practice; ^(Core)

IV.B.1.d).(1).(f) locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems; and, ^(Core)

IV.B.1.d).(1).(g) using information technology to optimize learning. ^(Core)

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

IV.B.1.e) Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. ^(Core)

IV.B.1.e).(1) Residents must demonstrate competence in:

IV.B.1.e).(1).(a) communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; ^(Core)

IV.B.1.e).(1).(b) communicating effectively with physicians, other health professionals, and health-related agencies; ^(Core)

IV.B.1.e).(1).(c) working effectively as a member or leader of a health care team or other professional group; ^(Core)

IV.B.1.e).(1).(d) educating patients, families, students, residents, and other health professionals; ^(Core)

IV.B.1.e).(1).(e) acting in a consultative role to other physicians and health professionals; and, ^(Core)

IV.B.1.e).(1).(f) maintaining comprehensive, timely, and legible medical records, if applicable. ^(Core)

IV.B.1.e).(2) Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. ^(Core)

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

Background and Intent: When there are no more medications or interventions that can achieve a patient's goals or provide meaningful improvements in quality or length of life, a discussion about the patient's goals, values, and choices surrounding the end of life is one of the most important conversations that can occur. Residents must learn to participate effectively and compassionately in these meaningful human interactions, for the sake of their patients and themselves.

Programs may teach this skill through direct clinical experience, simulation, or other means of active learning.

IV.B.1.f) Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. ^(Core)

IV.B.1.f).(1) Residents must demonstrate competence in:

IV.B.1.f).(1).(a) working effectively in various health care delivery settings and systems relevant to their clinical specialty; ^(Core)

Background and Intent: Medical practice occurs in the context of an increasingly complex clinical care environment where optimal patient care requires attention to compliance with external and internal administrative and regulatory requirements.

IV.B.1.f).(1).(b) coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; ^(Core)

Background and Intent: Every patient deserves to be treated as a whole person. Therefore it is recognized that any one component of the health care system does not meet the totality of the patient's needs. An appropriate transition plan requires coordination and forethought by an interdisciplinary team. The patient benefits from proper care and the system benefits from proper use of resources.

IV.B.1.f).(1).(c) advocating for quality patient care and optimal patient care systems; ^(Core)

IV.B.1.f).(1).(d) working in interprofessional teams to enhance patient safety and improve patient care quality; ^(Core)

IV.B.1.f).(1).(e) participating in identifying system errors and implementing potential systems solutions; ^(Core)

IV.B.1.f).(1).(f) incorporating considerations of value, cost awareness, delivery and payment, and risk-

benefit analysis in patient and/or population-based care as appropriate; and, ^(Core)

IV.B.1.f).(1).(g)

understanding health care finances and its impact on individual patients' health decisions. ^(Core)

IV.B.1.f).(2)

Residents must learn to advocate for patients within the health care system to achieve the patient's and 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]

IV.C. Curriculum Organization and Resident Experiences

IV.C.1.

The curriculum must be structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity. ^(Core)

[The Review Committee must further specify]

Background and Intent: In some specialties, frequent rotational transitions, inadequate continuity of faculty member supervision, and dispersed patient locations within the hospital have adversely affected optimal resident education and effective team-based care. The need for patient care continuity varies from specialty to specialty and by clinical situation, and may be addressed by the individual Review Committee.

IV.C.2.

The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of addiction. ^(Core)

[The Review Committee may further specify]

[The Review Committee may specify required didactic and clinical experiences]

IV.D.

Scholarship

Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.

The ACGME recognizes the diversity of residencies and anticipates that programs prepare physicians for a variety of roles, including clinicians,

scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.

IV.D.1. Program Responsibilities

- IV.D.1.a) The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. ^(Core)
- IV.D.1.b) 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]
- IV.D.1.c) The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. ^(Core)

Background and Intent: The scholarly approach can be defined as a synthesis of teaching, learning, and research with the aim of encouraging curiosity and critical thinking based on an understanding of physiology, pathophysiology, differential diagnosis, treatments, treatment alternatives, efficiency of care, and patient safety. While some faculty members are responsible for fulfilling the traditional elements of scholarship through research, integration, and teaching, all faculty members are responsible for advancing residents' scholarly approach to patient care.

Elements of a scholarly approach to patient care include:

- Asking meaningful questions to stimulate residents to utilize learning resources to create a differential diagnosis, a diagnostic algorithm, and treatment plan
- Challenging the evidence that the residents use to reach their medical decisions so that they understand the benefits and limits of the medical literature
- When appropriate, dissemination of scholarly learning in a peer-reviewed manner (publication or presentation)
- Improving resident learning by encouraging them to teach using a scholarly approach

The scholarly approach to patient care begins with curiosity, is grounded in the principles of evidence-based medicine, expands the knowledge base through dissemination, and develops the habits of lifelong learning by encouraging residents to be scholarly teachers.

IV.D.2. Faculty Scholarly Activity

- IV.D.2.a) Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: ^(Core)

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

IV.D.2.b)

The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:

[Review Committee will choose to require either IV.D.2.b).(1) or both IV.D.2.b).(1) and IV.D.2.b).(2)]

Background and Intent: For the purposes of education, metrics of scholarly activity represent one of the surrogates for the program's effectiveness in the creation of an environment of inquiry that advances the residents' scholarly approach to patient care. The Review Committee will evaluate the dissemination of scholarship for the program as a whole, not for individual faculty members, for a five-year interval, for both core and non-core faculty members, with the goal of assessing the effectiveness of the creation of such an environment. The ACGME recognizes that there may be differences in scholarship requirements between different specialties and between residencies and fellowships in the same specialty.

IV.D.2.b).(1)

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)‡

IV.D.2.b).(2)

peer-reviewed publication. (Outcome)

IV.D.3.

Resident Scholarly Activity

IV.D.3.a)

Residents must participate in scholarship. (Core)

[The Review Committee may further specify]

V. Evaluation

V.A. Resident Evaluation

V.A.1. Feedback and Evaluation

Background and Intent: Feedback is ongoing information provided regarding aspects of one's performance, knowledge, or understanding. The faculty empower residents to provide much of that feedback themselves in a spirit of continuous learning and self-reflection. Feedback from faculty members in the context of routine clinical care should be frequent, and need not always be formally documented.

Formative and summative evaluation have distinct definitions. Formative evaluation is *monitoring resident learning* and providing ongoing feedback that can be used by residents to improve their learning in the context of provision of patient care or other educational opportunities. More specifically, formative evaluations help:

- residents identify their strengths and weaknesses and target areas that need work
- program directors and faculty members recognize where residents are struggling and address problems immediately

Summative evaluation is *evaluating a resident's learning* by comparing the residents against the goals and objectives of the rotation and program, respectively. Summative evaluation is utilized to make decisions about promotion to the next level of training, or program completion.

End-of-rotation and end-of-year evaluations have both summative and formative components. Information from a summative evaluation can be used formatively when residents or faculty members use it to guide their efforts and activities in subsequent rotations and to successfully complete the residency program.

Feedback, formative evaluation, and summative evaluation compare intentions with accomplishments, enabling the transformation of a neophyte physician to one with growing expertise.

- V.A.1.a) Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. ^(Core)

Background and Intent: Faculty members should provide feedback frequently throughout the course of each rotation. Residents require feedback from faculty members to reinforce well-performed duties and tasks, as well as to correct deficiencies. This feedback will allow for the development of the learner as they strive to achieve the Milestones. More frequent feedback is strongly encouraged for residents who have deficiencies that may result in a poor final rotation evaluation.

- V.A.1.b) Evaluation must be documented at the completion of the assignment. ^(Core)

- V.A.1.b).(1) For block rotations of greater than three months in duration, evaluation must be documented at least every three months. ^(Core)

- V.A.1.b).(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)
- V.A.1.c)** The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: ^(Core)
- V.A.1.c).(1)** use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, ^(Core)
- V.A.1.c).(2)** provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. ^(Core)
- V.A.1.d)** The program director or their designee, with input from the Clinical Competency Committee, must:
- V.A.1.d).(1)** meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; ^(Core)
- V.A.1.d).(2)** assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, ^(Core)
- V.A.1.d).(3)** develop plans for residents failing to progress, following institutional policies and procedures. ^(Core)

Background and Intent: Learning is an active process that requires effort from the teacher and the learner. Faculty members evaluate a resident's performance at least at the end of each rotation. The program director or their designee will review those evaluations, including their progress on the Milestones, at a minimum of every six months. Residents should be encouraged to reflect upon the evaluation, using the information to reinforce well-performed tasks or knowledge or to modify deficiencies in knowledge or practice. Working together with the faculty members, residents should develop an individualized learning plan.

Residents who are experiencing difficulties with achieving progress along the Milestones may require intervention to address specific deficiencies. Such intervention, documented in an individual remediation plan developed by the program director or a faculty mentor and the resident, will take a variety of forms based on the specific learning needs of the resident. However, the ACGME recognizes that there are situations which require more significant intervention that may alter the time course of resident progression. To ensure due process, it is essential that the program director follow institutional policies and procedures.

V.A.1.e) At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. ^(Core)

V.A.1.f) The evaluations of a resident's performance must be accessible for review by the resident. ^(Core)

[The Review Committee may further specify under any requirement in V.A.1.-V.A.1.f)]

V.A.2. Final Evaluation

V.A.2.a) The program director must provide a final evaluation for each resident upon completion of the program. ^(Core)

V.A.2.a).(1) The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. ^(Core)

V.A.2.a).(2) The final evaluation must:

V.A.2.a).(2).(a) become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy; ^(Core)

V.A.2.a).(2).(b) verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; ^(Core)

V.A.2.a).(2).(c) consider recommendations from the Clinical Competency Committee; and, ^(Core)

V.A.2.a).(2).(d) be shared with the resident upon completion of the program. ^(Core)

V.A.3. A Clinical Competency Committee must be appointed by the program director. ^(Core)

V.A.3.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)

V.A.3.a).(1) 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)

Background and Intent: The requirements regarding the Clinical Competency Committee do not preclude or limit a program director's participation on the Clinical Competency Committee. The intent is to leave flexibility for each program to decide the best structure for its own circumstances, but a program should consider: its program director's other roles as resident advocate, advisor, and confidante; the impact of the program director's presence on the other Clinical Competency Committee members' discussions and decisions; the size of the program faculty; and other program-relevant factors. The program director has final responsibility for resident evaluation and promotion decisions.

Program faculty may include more than the physician faculty members, such as other physicians and non-physicians who teach and evaluate the program's residents. There may be additional members of the Clinical Competency Committee. Chief residents who have completed core residency programs in their specialty may be members of the Clinical Competency Committee.

V.A.3.b) The Clinical Competency Committee must:

V.A.3.b).(1) review all resident evaluations at least semi-annually;
(Core)

V.A.3.b).(2) determine each resident's progress on achievement of the specialty-specific Milestones; and, (Core)

V.A.3.b).(3) meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress. (Core)

V.B. Faculty Evaluation

V.B.1. The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)

Background and Intent: The program director is responsible for the education program and for whom delivers it. While the term "faculty" may be applied to physicians within a given institution for other reasons, it is applied to residency program faculty members only through approval by a program director. The development of the faculty improves the education, clinical, and research aspects of a program. Faculty members have a strong commitment to the resident and desire to provide optimal education and work opportunities. Faculty members must be provided feedback on their contribution to the mission of the program. All faculty members who interact with residents desire feedback on their education, clinical care, and research. If a faculty member does not interact with residents, feedback is not required. With regard to the diverse operating environments and configurations, the residency program director may need to work with others to determine the effectiveness of the program's faculty performance with regard to their role in the educational program. All teaching faculty members should have their educational efforts evaluated by the residents in a confidential and anonymous manner. Other aspects for the feedback may include research or clinical productivity, review of patient outcomes, or peer review of scholarly activity. The process should reflect the local environment and identify the necessary information.

The feedback from the various sources should be summarized and provided to the faculty on an annual basis by a member of the leadership team of the program.

- V.B.1.a)** This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. ^(Core)
- V.B.1.b)** This evaluation must include written, anonymous, and confidential evaluations by the residents. ^(Core)
- V.B.2.** Faculty members must receive feedback on their evaluations at least annually. ^(Core)
- V.B.3.** Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. ^(Core)

Background and Intent: The quality of the faculty's teaching and clinical care is a determinant of the quality of the program and the quality of the residents' future clinical care. Therefore, the program has the responsibility to evaluate and improve the program faculty members' teaching, scholarship, professionalism, and quality care. This section mandates annual review of the program's faculty members for this purpose, and can be used as input into the Annual Program Evaluation.

V.C. Program Evaluation and Improvement

- V.C.1.** The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. ^(Core)
- V.C.1.a)** The Program Evaluation Committee must 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)
- V.C.1.b)** Program Evaluation Committee responsibilities must include:
- V.C.1.b).(1)** acting as an advisor to the program director, through program oversight; ^(Core)
 - V.C.1.b).(2)** review of the program's self-determined goals and progress toward meeting them; ^(Core)
 - V.C.1.b).(3)** guiding ongoing program improvement, including development of new goals, based upon outcomes; and, ^(Core)
 - V.C.1.b).(4)** review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. ^(Core)

Background and Intent: In order to achieve its mission and train quality physicians, a program must evaluate its performance and plan for improvement in the Annual Program Evaluation. Performance of residents and faculty members is a reflection of program quality, and can use metrics that reflect the goals that a program has set for itself. The Program Evaluation Committee utilizes outcome parameters and other data to assess the program's progress toward achievement of its goals and aims.

- V.C.1.c)** The Program Evaluation Committee should consider the following elements in its assessment of the program:
- V.C.1.c).(1)** curriculum; (Core)
 - V.C.1.c).(2)** outcomes from prior Annual Program Evaluation(s); (Core)
 - V.C.1.c).(3)** ACGME letters of notification, including citations, Areas for Improvement, and comments; (Core)
 - V.C.1.c).(4)** quality and safety of patient care; (Core)
 - V.C.1.c).(5)** aggregate resident and faculty:
 - V.C.1.c).(5).(a)** well-being; (Core)
 - V.C.1.c).(5).(b)** recruitment and retention; (Core)
 - V.C.1.c).(5).(c)** workforce diversity; (Core)
 - V.C.1.c).(5).(d)** engagement in quality improvement and patient safety; (Core)
 - V.C.1.c).(5).(e)** scholarly activity; (Core)
 - V.C.1.c).(5).(f)** ACGME Resident and Faculty Surveys; and, (Core)
 - V.C.1.c).(5).(g)** written evaluations of the program. (Core)
 - V.C.1.c).(6)** aggregate resident:
 - V.C.1.c).(6).(a)** achievement of the Milestones; (Core)
 - V.C.1.c).(6).(b)** in-training examinations (where applicable); (Core)
 - V.C.1.c).(6).(c)** board pass and certification rates; and, (Core)
 - V.C.1.c).(6).(d)** graduate performance. (Core)
 - V.C.1.c).(7)** aggregate faculty:

- V.C.1.c).(7).(a) evaluation; and, (Core)
- V.C.1.c).(7).(b) professional development. (Core)
- V.C.1.d) The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)
- V.C.1.e) The annual review, including the action plan, must:
- V.C.1.e).(1) be distributed to and discussed with the members of the teaching faculty and the residents; and, (Core)
- V.C.1.e).(2) be submitted to the DIO. (Core)
- V.C.2. The program must complete a Self-Study prior to its 10-Year Accreditation Site Visit. (Core)
- V.C.2.a) A summary of the Self-Study must be submitted to the DIO. (Core)

Background and Intent: Outcomes of the documented Annual Program Evaluation can be integrated into the 10-year Self-Study process. The Self-Study is an objective, comprehensive evaluation of the residency program, with the aim of improving it. Underlying the Self-Study is this longitudinal evaluation of the program and its learning environment, facilitated through sequential Annual Program Evaluations that focus on the required components, with an emphasis on program strengths and self-identified areas for improvement. Details regarding the timing and expectations for the Self-Study and the 10-Year Accreditation Site Visit are provided in the *ACGME Manual of Policies and Procedures*. Additionally, a description of the [Self-Study process](#), as well as information on how to prepare for the [10-Year Accreditation Site Visit](#), is available on the ACGME website.

- V.C.3. *One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.*
- The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.*
- V.C.3.a) For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written 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)

- V.C.3.b)** 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 first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)
- V.C.3.c)** 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)
- V.C.3.d)** 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)
- V.C.3.e)** For each of the exams referenced in V.C.3.a)-d), 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)

Background and Intent: Setting a single standard for pass rate that works across specialties is not supportable based on the heterogeneity of the psychometrics of different examinations. By using a percentile rank, the performance of the lower five percent (fifth percentile) of programs can be identified and set on a path to curricular and test preparation reform.

There are specialties where there is a very high board pass rate that could leave successful programs in the bottom five percent (fifth percentile) despite admirable performance. These high-performing programs should not be cited, and V.C.3.e) is designed to address this.

- V.C.3.f)** Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)

Background and Intent: It is essential that residency programs demonstrate knowledge and skill transfer to their residents. One measure of that is the qualifying or initial certification exam pass rate. Another important parameter of the success of the program is the ultimate board certification rate of its graduates. Graduates are eligible for up to seven years from residency graduation for initial certification. The ACGME will calculate a rolling three-year average of the ultimate board certification rate at seven years post-graduation, and the Review Committees will monitor it.

The Review Committees will track the rolling seven-year certification rate as an indicator of program quality. Programs are encouraged to monitor their graduates' performance on board certification examinations.

In the future, the ACGME may establish parameters related to ultimate board certification rates.

VI. The Learning and Working Environment

Residency education must occur in the context of a learning and working environment that emphasizes the following principles:

- *Excellence in the safety and quality of care rendered to patients by residents today*
- *Excellence in the safety and quality of care rendered to patients by today's residents in their future practice*
- *Excellence in professionalism through faculty modeling of:*
 - *the effacement of self-interest in a humanistic environment that supports the professional development of physicians*
 - *the joy of curiosity, problem-solving, intellectual rigor, and discovery*
- *Commitment to the well-being of the students, residents, faculty members, and all members of the health care team*

Background and Intent: The revised requirements are intended to provide greater flexibility within an established framework, allowing programs and residents more discretion to structure clinical education in a way that best supports the above principles of professional development. With this increased flexibility comes the responsibility for programs and residents to adhere to the 80-hour maximum weekly limit (unless a rotation-specific exception is granted by a Review Committee), and to utilize flexibility in a manner that optimizes patient safety, resident education, and resident well-being. The requirements are intended to support the development of a sense of professionalism by encouraging residents to make decisions based on patient needs and their own well-being, without fear of jeopardizing their program's accreditation status. In addition, the proposed requirements eliminate the burdensome documentation requirement for residents to justify clinical and educational work hour variations.

Clinical and educational work hours represent only one part of the larger issue of conditions of the learning and working environment, and Section VI has now been expanded to include greater attention to patient safety and resident and faculty member well-being. The requirements are intended to support programs and residents as they strive for excellence, while also ensuring ethical, humanistic training. Ensuring that flexibility is used in an appropriate manner is a shared responsibility of the program and residents. With this flexibility comes a responsibility for residents and faculty members to recognize the need to hand off care of a patient to another provider when a resident is

too fatigued to provide safe, high quality care and for programs to ensure that residents remain within the 80-hour maximum weekly limit.

VI.A. Patient Safety, Quality Improvement, Supervision, and Accountability

VI.A.1. Patient Safety and Quality Improvement

All physicians share responsibility for promoting patient safety and enhancing quality of patient care. Graduate medical education must prepare residents to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by residents who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.

Residents must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating residents will apply these skills to critique their future unsupervised practice and effect quality improvement measures.

It is necessary for residents and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

VI.A.1.a) Patient Safety

VI.A.1.a).(1) Culture of Safety

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.

VI.A.1.a).(1).(a) The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.
(Core)

VI.A.1.a).(1).(b) The program must have a structure that promotes safe, interprofessional, team-based care.
(Core)

VI.A.1.a).(2) Education on Patient Safety

Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques. ^(Core)

Background and Intent: Optimal patient safety occurs in the setting of a coordinated interprofessional learning and working environment.

[The Review Committee may further specify]

VI.A.1.a).(3)

Patient Safety Events

Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

VI.A.1.a).(3).(a)

Residents, fellows, faculty members, and other clinical staff members must:

VI.A.1.a).(3).(a).(i)

know their responsibilities in reporting patient safety events at the clinical site;
^(Core)

VI.A.1.a).(3).(a).(ii)

know how to report patient safety events, including near misses, at the clinical site; and, ^(Core)

VI.A.1.a).(3).(a).(iii)

be provided with summary information of their institution's patient safety reports. ^(Core)

VI.A.1.a).(3).(b)

Residents must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. ^(Core)

VI.A.1.a).(4)

Resident Education and Experience in Disclosure of Adverse Events

Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for faculty physicians to model, and for residents to develop and apply.

VI.A.1.a).(4).(a)	All residents must receive training in how to disclose adverse events to patients and families. ^(Core)
VI.A.1.a).(4).(b)	Residents should have the opportunity to participate in the disclosure of patient safety events, real or simulated. ^{(Detail)†}
VI.A.1.b)	Quality Improvement
VI.A.1.b).(1)	Education in Quality Improvement
	<i>A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals.</i>
VI.A.1.b).(1).(a)	Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities. ^(Core)
VI.A.1.b).(2)	Quality Metrics
	<i>Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.</i>
VI.A.1.b).(2).(a)	Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. ^(Core)
VI.A.1.b).(3)	Engagement in Quality Improvement Activities
	<i>Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.</i>
VI.A.1.b).(3).(a)	Residents must have the opportunity to participate in interprofessional quality improvement activities. ^(Core)
VI.A.1.b).(3).(a).(i)	This should include activities aimed at reducing health care disparities. ^(Detail)
	[The Review Committee may further specify under any requirement in VI.A.1.b)-VI.A.1.b).(3).(a).(i)]
VI.A.2.	Supervision and Accountability

VI.A.2.a) *Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.*

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

VI.A.2.a).(1) Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care.
(Core)

VI.A.2.a).(1).(a) This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)

VI.A.2.a).(1).(b) Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)

VI.A.2.b) *Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.*

Background and Intent: There are circumstances where direct supervision without physical presence does not fulfill the requirements of the specific Review Committee. Review Committees will further specify what is meant by direct supervision without physical presence in specialties where allowed. "Physically present" is defined as follows: The teaching physician is located in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient and/or performs a face-to-face service.

VI.A.2.b).(1) **The program must demonstrate that the appropriate level of supervision 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.** ^(Core)

[The Review Committee may specify which activities require different levels of supervision.]

VI.A.2.b).(2) **The program must define when physical presence of a supervising physician is required.** ^(Core)

VI.A.2.c) **Levels of Supervision**

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: ^(Core)

VI.A.2.c).(1) **Direct Supervision:**

VI.A.2.c).(1).(a) **the supervising physician is physically present with the resident during the key portions of the patient interaction; or,** ^(Core)

[The Review Committee may further specify]

VI.A.2.c).(1).(a).(i) **PGY-1 residents must initially be supervised directly, only as described in VI.A.2.c).(1).(a).** ^(Core)

[The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly]

VI.A.2.c).(1).(b) **the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.** ^(Core)

[The Review Committee must further specify if VI.A.2.c).(1).(b) is permitted]

[The Review Committee will choose to require either VI.A.2.c).(1).(a), or both VI.A.2.c).(1).(a) and VI.A.2.c).(1).(b)]

- VI.A.2.c).(2)** **Indirect Supervision:** the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision. ^(Core)
- VI.A.2.c).(3)** **Oversight –** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. ^(Core)
- VI.A.2.d)** **The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.** ^(Core)
- VI.A.2.d).(1)** **The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.** ^(Core)
- VI.A.2.d).(2)** **Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.** ^(Core)
- VI.A.2.d).(3)** **Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.** ^(Detail)
- VI.A.2.e)** **Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).** ^(Core)
- VI.A.2.e).(1)** **Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.** ^(Outcome)

Background and Intent: The ACGME Glossary of Terms defines conditional independence as: Graded, progressive responsibility for patient care with defined oversight.

- VI.A.2.f)** **Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility.** ^(Core)

VI.B. Professionalism

VI.B.1. Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. ^(Core)

VI.B.2. The learning objectives of the program must:

VI.B.2.a) be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; ^(Core)

VI.B.2.b) be accomplished without excessive reliance on residents to fulfill non-physician obligations; and, ^(Core)

Background and Intent: Routine reliance on residents to fulfill non-physician obligations increases work compression for residents and does not provide an optimal educational experience. Non-physician obligations are those duties which in most institutions are performed by nursing and allied health professionals, transport services, or clerical staff. Examples of such obligations include transport of patients from the wards or units for procedures elsewhere in the hospital; routine blood drawing for laboratory tests; routine monitoring of patients when off the ward; and clerical duties, such as scheduling. While it is understood that residents may be expected to do any of these things on occasion when the need arises, these activities should not be performed by residents routinely and must be kept to a minimum to optimize resident education.

VI.B.2.c) ensure manageable patient care responsibilities. ^(Core)

[The Review Committee may further specify]

Background and Intent: The Common Program Requirements do not define “manageable patient care responsibilities” as this is variable by specialty and PGY level. Review Committees will provide further detail regarding patient care responsibilities in the applicable specialty-specific Program Requirements and accompanying FAQs. However, all programs, regardless of specialty, should carefully assess how the assignment of patient care responsibilities can affect work compression, especially at the PGY-1 level.

VI.B.3. The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. ^(Core)

VI.B.4. Residents and faculty members must demonstrate an understanding of their personal role in the:

VI.B.4.a) provision of patient- and family-centered care; ^(Outcome)

VI.B.4.b) safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events; ^(Outcome)

Background and Intent: This requirement emphasizes that responsibility for reporting unsafe conditions and adverse events is shared by all members of the team and is not solely the responsibility of the resident.

VI.B.4.c) assurance of their fitness for work, including: (Outcome)

Background and Intent: This requirement emphasizes the professional responsibility of faculty members and residents to arrive for work adequately rested and ready to care for patients. It is also the responsibility of faculty members, residents, and other members of the care team to be observant, to intervene, and/or to escalate their concern about resident and faculty member fitness for work, depending on the situation, and in accordance with institutional policies.

VI.B.4.c).(1) management of their time before, during, and after clinical assignments; and, (Outcome)

VI.B.4.c).(2) recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team. (Outcome)

VI.B.4.d) commitment to lifelong learning; (Outcome)

VI.B.4.e) monitoring of their patient care performance improvement indicators; and, (Outcome)

VI.B.4.f) accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data. (Outcome)

VI.B.5. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. (Outcome)

VI.B.6. Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)

VI.B.7. Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)

VI.C. Well-Being

Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require

proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.

Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. For example, a culture which encourages covering for colleagues after an illness without the expectation of reciprocity reflects the ideal of professionalism. A positive culture in a clinical learning environment models constructive behaviors, and prepares residents with the skills and attitudes needed to thrive throughout their careers.

Background and Intent: The ACGME is committed to addressing physician well-being for individuals and as it relates to the learning and working environment. The creation of a learning and working environment with a culture of respect and accountability for physician well-being is crucial to physicians' ability to deliver the safest, best possible care to patients. The ACGME is leveraging its resources in four key areas to support the ongoing focus on physician well-being: education, influence, research, and collaboration. Information regarding the ACGME's ongoing efforts in this area is available on the ACGME website.

As these efforts evolve, information will be shared with programs seeking to develop and/or strengthen their own well-being initiatives. In addition, there are many activities that programs can utilize now to assess and support physician well-being. These include culture of safety surveys, ensuring the availability of counseling services, and attention to the safety of the entire health care team.

- VI.C.1.** **The responsibility of the program, in partnership with the Sponsoring Institution, to address well-being must include:**
- VI.C.1.a)** **efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships; (Core)**
 - VI.C.1.b)** **attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)**
 - VI.C.1.c)** **evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)**

Background and Intent: This requirement emphasizes the responsibility shared by the Sponsoring Institution and its programs to gather information and utilize systems that monitor and enhance resident and faculty member safety, including physical safety. Issues to be addressed include, but are not limited to, monitoring of workplace injuries, physical or emotional violence, vehicle collisions, and emotional well-being after adverse events.

VI.C.1.d) policies and programs that encourage optimal resident and faculty member well-being; and, ^(Core)

Background and Intent: Well-being includes having time away from work to engage with family and friends, as well as to attend to personal needs and to one's own health, including adequate rest, healthy diet, and regular exercise.

VI.C.1.d).(1) Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. ^(Core)

Background and Intent: The intent of this requirement is to ensure that residents have the opportunity to access medical and dental care, including mental health care, at times that are appropriate to their individual circumstances. Residents must be provided with time away from the program as needed to access care, including appointments scheduled during their working hours.

VI.C.1.e) attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must: ^(Core)

Background and Intent: Programs and Sponsoring Institutions are encouraged to review materials in order to create systems for identification of burnout, depression, and substance abuse. Materials and more information are available on the Physician Well-being section of the ACGME website (<http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being>).

VI.C.1.e).(1) encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; ^(Core)

Background and Intent: Individuals experiencing burnout, depression, substance abuse, and/or suicidal ideation are often reluctant to reach out for help due to the stigma associated with these conditions, and are concerned that seeking help may have a negative impact on their career. Recognizing that physicians are at increased risk in these areas, it is essential that residents and faculty members are able to report their concerns when another resident or faculty member displays signs of any of these conditions, so that the program director or other designated personnel, such as the department chair, may assess the situation and intervene as necessary to facilitate access to appropriate care. Residents and faculty members must know which personnel, in addition to the program director, have been designated with this responsibility; those personnel and the program director should be familiar with the institution's impaired physician policy and any employee health, employee assistance, and/or wellness programs within the institution. In cases of physician impairment, the program director or designated personnel should follow the policies of their institution for reporting.

VI.C.1.e).(2) provide access to appropriate tools for self-screening; and, (Core)

VI.C.1.e).(3) provide 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)

Background and Intent: The intent of this requirement is to ensure that residents have immediate access at all times to a mental health professional (psychiatrist, psychologist, Licensed Clinical Social Worker, Primary Mental Health Nurse Practitioner, or Licensed Professional Counselor) for urgent or emergent mental health issues. In-person, telemedicine, or telephonic means may be utilized to satisfy this requirement. Care in the Emergency Department may be necessary in some cases, but not as the primary or sole means to meet the requirement.

The reference to affordable counseling is intended to require that financial cost not be a barrier to obtaining care.

VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. (Core)

VI.C.2.a) The program must have policies and procedures in place to ensure coverage of patient care. (Core)

VI.C.2.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)

Background and Intent: Residents may need to extend their length of training depending on length of absence and specialty board eligibility requirements.

Teammates should assist colleagues in need and equitably reintegrate them upon return.

VI.D. Fatigue Mitigation

VI.D.1. Programs must:

- VI.D.1.a)** educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation; ^(Core)
- VI.D.1.b)** educate all faculty members and residents in alertness management and fatigue mitigation processes; and, ^(Core)
- VI.D.1.c)** encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. ^(Detail)

Background and Intent: Providing medical care to patients is physically and mentally demanding. Night shifts, even for those who have had enough rest, cause fatigue. Experiencing fatigue in a supervised environment during training prepares residents for managing fatigue in practice. It is expected that programs adopt fatigue mitigation processes and ensure that there are no negative consequences and/or stigma for using fatigue mitigation strategies.

This requirement emphasizes the importance of adequate rest before and after clinical responsibilities. Strategies that may be used include, but are not limited to, strategic napping; the judicious use of caffeine; availability of other caregivers; time management to maximize sleep off-duty; learning to recognize the signs of fatigue, and self-monitoring performance and/or asking others to monitor performance; remaining active to promote alertness; maintaining a healthy diet; using relaxation techniques to fall asleep; maintaining a consistent sleep routine; exercising regularly; increasing sleep time before and after call; and ensuring sufficient sleep recovery periods.

- VI.D.2.** Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2–VI.C.2.b), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue. ^(Core)
- VI.D.3.** 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)

VI.E. Clinical Responsibilities, Teamwork, and Transitions of Care

VI.E.1. Clinical Responsibilities

The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services. ^(Core)

[Optimal clinical workload may be further specified by each Review Committee]

Background and Intent: The changing clinical care environment of medicine has meant that work compression due to high complexity has increased stress on residents. Faculty members and program directors need to make sure residents function in an environment that has safe patient care and a sense of resident well-being. Some Review Committees have addressed this by setting limits on patient admissions, and it is an essential responsibility of the program director to monitor resident workload. Workload should be distributed among the resident team and interdisciplinary teams to minimize work compression.

VI.E.2. Teamwork

Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system. ^(Core)

[The Review Committee may further specify]

VI.E.3. Transitions of Care

- VI.E.3.a) Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. ^(Core)
- VI.E.3.b) Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. ^(Core)
- VI.E.3.c) Programs must ensure that residents are competent in communicating with team members in the hand-over process. ^(Outcome)
- VI.E.3.d) Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care. ^(Core)
- VI.E.3.e) Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2-VI.C.2.b), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. ^(Core)

VI.F. Clinical Experience and Education

Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with

educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

Background and Intent: In the new requirements, the terms “clinical experience and education,” “clinical and educational work,” and “clinical and educational work hours” replace the terms “duty hours,” “duty periods,” and “duty.” These changes have been made in response to concerns that the previous use of the term “duty” in reference to number of hours worked may have led some to conclude that residents’ duty to “clock out” on time superseded their duty to their patients.

VI.F.1. 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, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. ^(Core)

Background and Intent: Programs and residents have a shared responsibility to ensure that the 80-hour maximum weekly limit is not exceeded. While the requirement has been written with the intent of allowing residents to remain beyond their scheduled work periods to care for a patient or participate in an educational activity, these additional hours must be accounted for in the allocated 80 hours when averaged over four weeks.

Scheduling

While the ACGME acknowledges that, on rare occasions, a resident may work in excess of 80 hours in a given week, all programs and residents utilizing this flexibility will be required to adhere to the 80-hour maximum weekly limit when averaged over a four-week period. Programs that regularly schedule residents to work 80 hours per week and still permit residents to remain beyond their scheduled work period are likely to exceed the 80-hour maximum, which would not be in substantial compliance with the requirement. These programs should adjust schedules so that residents are scheduled to work fewer than 80 hours per week, which would allow residents to remain beyond their scheduled work period when needed without violating the 80-hour requirement. Programs may wish to consider using night float and/or making adjustments to the frequency of in-house call to ensure compliance with the 80-hour maximum weekly limit.

Oversight

With increased flexibility introduced into the Requirements, programs permitting this flexibility will need to account for the potential for residents to remain beyond their assigned work periods when developing schedules, to avoid exceeding the 80-hour maximum weekly limit, averaged over four weeks. The ACGME Review Committees will strictly monitor and enforce compliance with the 80-hour requirement. Where violations of the 80-hour requirement are identified, programs will be subject to citation and at risk for an adverse accreditation action.

Work from Home

While the requirement specifies that clinical work done from home must be counted toward the 80-hour maximum weekly limit, the expectation remains that scheduling be structured so that residents are able to complete most work on site during scheduled clinical work hours without requiring them to take work home. The new requirements

acknowledge the changing landscape of medicine, including electronic health records, and the resulting increase in the amount of work residents choose to do from home. The requirement provides flexibility for residents to do this while ensuring that the time spent by residents completing clinical work from home is accomplished within the 80-hour weekly maximum. Types of work from home that must be counted include using an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours. Resident decisions to leave the hospital before their clinical work has been completed and to finish that work later from home should be made in consultation with the resident's supervisor. In such circumstances, residents should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.

During the public comment period many individuals raised questions and concerns related to this change. Some questioned whether minute by minute tracking would be required; in other words, if a resident spends three minutes on a phone call and then a few hours later spends two minutes on another call, will the resident need to report that time. Others raised concerns related to the ability of programs and institutions to verify the accuracy of the information reported by residents. The new requirements are not an attempt to micromanage this process. Residents are to track the time they spend on clinical work from home and to report that time to the program. Decisions regarding whether to report infrequent phone calls of very short duration will be left to the individual resident. Programs will need to factor in time residents are spending on clinical work at home when schedules are developed to ensure that residents are not working in excess of 80 hours per week, averaged over four weeks. There is no requirement that programs assume responsibility for documenting this time. Rather, the program's responsibility is ensuring that residents report their time from home and that schedules are structured to ensure that residents are not working in excess of 80 hours per week, averaged over four weeks.

PGY-1 and PGY-2 Residents

PGY-1 and PGY-2 residents may not have the experience to make decisions about when it is appropriate to utilize flexibility or may feel pressured to use it when unnecessary. Programs are responsible for ensuring that residents are provided with manageable workloads that can be accomplished during scheduled work hours. This includes ensuring that a resident's assigned direct patient load is manageable, that residents have appropriate support from their clinical teams, and that residents are not overburdened with clerical work and/or other non-physician duties.

VI.F.2. Mandatory Time Free of Clinical Work and Education

- VI.F.2.a)** The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being. ^(Core)
- VI.F.2.b)** Residents should have eight hours off between scheduled clinical work and education periods. ^(Detail)
- VI.F.2.b).(1)** There may be circumstances when residents choose to stay to care for their patients or return to the

hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. ^(Detail)

Background and Intent: While it is expected that resident schedules will be structured to ensure that residents are provided with a minimum of eight hours off between scheduled work periods, it is recognized that residents may choose to remain beyond their scheduled time, or return to the clinical site during this time-off period, to care for a patient. The requirement preserves the flexibility for residents to make those choices. It is also noted that the 80-hour weekly limit (averaged over four weeks) is a deterrent for scheduling fewer than eight hours off between clinical and education 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.

VI.F.2.c) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. ^(Core)

Background and Intent: Residents have a responsibility to return to work rested, and thus are expected to use this time away from work to get adequate rest. In support of this goal, residents are encouraged to prioritize sleep over other discretionary activities.

VI.F.2.d) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. ^(Core)

Background and Intent: The requirement provides flexibility for programs to distribute days off in a manner that meets program and resident needs. It is strongly recommended that residents' preference regarding how their days off are distributed be considered as schedules are developed. It is desirable that days off be distributed throughout the month, but some residents may prefer to group their days off to have a "golden weekend," meaning a consecutive Saturday and Sunday free from work. The requirement for one free day in seven should not be interpreted as precluding a golden weekend. Where feasible, schedules may be designed to provide residents with a weekend, or two consecutive days, free of work. The applicable Review Committee will evaluate the number of consecutive days of work and determine whether they meet educational objectives. Programs are encouraged to distribute days off in a fashion that optimizes resident well-being, and educational and personal goals. It is noted that a day off is defined in the ACGME Glossary of Terms as "one (1) continuous 24-hour period free from all administrative, clinical, and educational activities."

VI.F.3. Maximum Clinical Work and Education Period Length

VI.F.3.a) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. ^(Core)

Background and Intent: The Task Force examined the question of "consecutive time on task." It examined the research supporting the current limit of 16 consecutive hours of

time on task for PGY-1 residents; the range of often conflicting impacts of this requirement on patient safety, clinical care, and continuity of care by resident teams; and resident learning found in the literature. Finally, it heard a uniform request by the specialty societies, certifying boards, membership societies and organizations, and senior residents to repeal this requirement. It heard conflicting perspectives from resident unions, a medical student association, and a number of public advocacy groups, some arguing for continuation of the requirement, others arguing for extension of the requirement to all residents.

Of greatest concern to the Task Force were the observations of disruption of team care and patient care continuity brought about with residents beyond the PGY-1 level adhering to differing requirements. The graduate medical education community uniformly requested that the Task Force remove this requirement. The most frequently-cited reason for this request was the complete disruption of the team, separating the PGY-1 from supervisory faculty members and residents who were best able to judge the ability of the resident and customize the supervision of patient care for each PGY-1. Cited nearly as frequently was the separation of the PGY-1 from the team, delaying maturation of clinical skills, and threatening to create a “shift” mentality in disciplines where overnight availability to patients is essential in delivery of care.

The Task Force examined the impact of the request to consider 16-consecutive-hour limits for all residents, and rejected the proposition. It found that model incompatible with the actual practice of medicine and surgery in many specialties, excessively limiting in configuration of clinical services in many disciplines, and potentially disruptive of the inculcation of responsibility and professional commitment to altruism and placing the needs of patients above those of the physician.

After careful consideration of the information available, the testimony and position of all parties submitting information, and presentations to the Task Force, the Task Force removed the 16-hour-consecutive-time-on-task requirement for PGY-1 residents. It remains crucial that programs ensure that PGY-1 residents are supervised in compliance with the applicable Program Requirements, and that resident well-being is prioritized as described in Section VI.C. of these requirements.

VI.F.3.a).(1)

Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.
(Core)

VI.F.3.a).(1).(a)

Additional patient care responsibilities must not be assigned to a resident during this time. (Core)

Background and Intent: The additional time referenced in VI.F.3.a).(1) should not be used for the care of new patients. It is essential that the resident continue to function as a member of the team in an environment where other members of the team can assess resident fatigue, and that supervision for post-call residents is provided. This 24 hours and up to an additional four hours must occur within the context of 80-hour weekly limit, averaged over four weeks.

VI.F.4.

Clinical and Educational Work Hour Exceptions

VI.F.4.a) 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:

VI.F.4.a).(1) to continue to provide care to a single severely ill or unstable patient; ^(Detail)

VI.F.4.a).(2) humanistic attention to the needs of a patient or family; or, ^(Detail)

VI.F.4.a).(3) to attend unique educational events. ^(Detail)

VI.F.4.b) These additional hours of care or education will be counted toward the 80-hour weekly limit. ^(Detail)

Background and Intent: This requirement is intended to provide residents with some control over their schedules by providing the flexibility to voluntarily remain beyond the scheduled responsibilities under the circumstances described above. It is important to note that a resident may remain to attend a conference, or return for a conference later in the day, only if the decision is made voluntarily. Residents must not be required to stay. Programs allowing residents to remain or return beyond the scheduled work and clinical education period must ensure that the decision to remain is initiated by the resident and that residents are not coerced. This additional time must be counted toward the 80-hour maximum weekly limit.

VI.F.4.c) 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.

VI.F.4.c).(1) 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*. ^(Core)

VI.F.4.c).(2) Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution's GMEC and DIO. ^(Core)

Background and Intent: The provision for exceptions for up to 88 hours per week has been modified to specify that exceptions may be granted for specific rotations if the program can justify the increase based on criteria specified by the Review Committee. As in the past, Review Committees may opt not to permit exceptions. The underlying philosophy for this requirement is that while it is expected that all residents should be able to train within an 80-hour work week, it is recognized that some programs may include rotations with alternate structures based on the nature of the specialty. DIO/GMEC approval is required before the request will be considered by the Review Committee.

VI.F.5. Moonlighting

- VI.F.5.a)** Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. ^(Core)
- VI.F.5.b)** Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. ^(Core)
- VI.F.5.c)** PGY-1 residents are not permitted to moonlight. ^(Core)

Background and Intent: For additional clarification of the expectations related to moonlighting, please refer to the Common Program Requirement FAQs (available at <http://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>).

VI.F.6. In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-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.]

Background and Intent: The requirement for no more than six consecutive nights of night float was removed to provide programs with increased flexibility in scheduling.

VI.F.7. 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)

VI.F.8. At-Home Call

- VI.F.8.a)** 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)
- VI.F.8.a).(1)** At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. ^(Core)
- VI.F.8.b)** Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established

patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit. ^(Detail)

[The Review Committee may further specify under any requirement in VI.F.-VI.F.8.b)]

Background and Intent: This requirement has been modified to specify that clinical work done from home when a resident is taking at-home call must count toward the 80-hour maximum weekly limit. This change acknowledges the often significant amount of time residents devote to clinical activities when taking at-home call, and ensures that taking at-home call does not result in residents routinely working more than 80 hours per week. At-home call activities that must be counted include responding to phone calls and other forms of communication, as well as documentation, such as entering notes in an electronic health record. Activities such as reading about the next day's case, studying, or research activities do not count toward the 80-hour weekly limit.

In their evaluation of residency/fellowship programs, Review Committees will look at the overall impact of at-home call on resident/fellow rest and personal time.

***Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

†Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

‡Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

Osteopathic Recognition

For programs with or applying for Osteopathic Recognition, the Osteopathic Recognition Requirements also apply (www.acgme.org/OsteopathicRecognition).



**Accreditation Council for
Graduate Medical Education**

ACGME Common Program Requirements (Fellowship)

ACGME-approved focused revision: February 3, 2020; effective July 1, 2020

Accessed from www.acgme.org 12/2020

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Common Program Requirements (Fellowship)

Where applicable, text in italics describes the underlying philosophy of the requirements in that section. These philosophic statements are not program requirements and are therefore not citable.

Note: Review Committees may further specify only where indicated by “The Review Committee may/must further specify.”

Background and Intent: These fellowship requirements reflect the fact that these learners have already completed the first phase of graduate medical education. Thus, this document is intended to explain the differences.

Introduction

Int.A. *Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care.*

Fellows who have completed residency are able to practice independently in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering into residency training. The fellow’s care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education 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.

In addition to clinical education, many fellowship programs advance fellows’ skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician’s abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.

Int.B. **Definition of Subspecialty**

[The Review Committee must further specify]

Int.C. Length of Educational Program

[The Review Committee must further specify]

I. Oversight

I.A. Sponsoring Institution

The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.

When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.

Background and Intent: Participating sites will reflect the health care needs of the community and the educational needs of the fellows. A wide variety of organizations may provide a robust educational experience and, thus, Sponsoring Institutions and participating sites may encompass inpatient and outpatient settings including, but not limited to a university, a medical school, a teaching hospital, a nursing home, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, an educational consortium, a teaching health center, a physician group practice, federally qualified health center, or an educational foundation.

I.A.1. The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^{(Core)*}

I.B. Participating Sites

A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.

I.B.1. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. ^(Core)

[The Review Committee may specify which other specialties/programs must be present at the primary clinical site and/or the expected relationship with a core program in the discipline]

I.B.2. 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)

I.B.2.a) The PLA must:

- I.B.2.a).(1) be renewed at least every 10 years; and, (Core)
- I.B.2.a).(2) be approved by the designated institutional official (DIO). (Core)
- I.B.3. The program must monitor the clinical learning and working environment at all participating sites. (Core)
- I.B.3.a) At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)

Background and Intent: While all fellowship programs must be sponsored by a single ACGME-accredited Sponsoring Institution, many programs will utilize other clinical settings to provide required or elective training experiences. At times it is appropriate to utilize community sites that are not owned by or affiliated with the Sponsoring Institution. Some of these sites may be remote for geographic, transportation, or communication issues. When utilizing such sites, the program must designate a faculty member responsible for ensuring the quality of the educational experience. In some circumstances, the person charged with this responsibility may not be physically present at the site, but remains responsible for fellow education occurring at the site. The requirements under I.B.3. are intended to ensure that this will be the case.

Suggested elements to be considered in PLAs will be found in the ACGME Program Director's Guide to the Common Program Requirements. These include:

- Identifying the faculty members who will assume educational and supervisory responsibility for fellows
- Specifying the responsibilities for teaching, supervision, and formal evaluation of fellows
- Specifying the duration and content of the educational experience
- Stating the policies and procedures that will govern fellow education during the assignment

- I.B.4. The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)

[The Review Committee may further specify]

- I.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative staff members, and other relevant members of its academic community. (Core)

Background and Intent: It is expected that the Sponsoring Institution has, and programs implement, policies and procedures related to recruitment and retention of minorities underrepresented in medicine and medical leadership in accordance with the

Sponsoring Institution's mission and aims. The program's annual evaluation must include an assessment of the program's efforts to recruit and retain a diverse workforce, as noted in V.C.1.c).(5).(c).

I.D. Resources

- I.D.1. The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education.**
(Core)

[The Review Committee must further specify]

- I.D.2. The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:** (Core)

- I.D.2.a) access to food while on duty;** (Core)

- I.D.2.b) safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care;** (Core)

Background and Intent: Care of patients within a hospital or health system occurs continually through the day and night. Such care requires that fellows function at their peak abilities, which requires the work environment to provide them with the ability to meet their basic needs within proximity of their clinical responsibilities. Access to food and rest are examples of these basic needs, which must be met while fellows are working. Fellows should have access to refrigeration where food may be stored. Food should be available when fellows are required to be in the hospital overnight. Rest facilities are necessary, even when overnight call is not required, to accommodate the fatigued fellow.

- I.D.2.c) clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care;**
(Core)

Background and Intent: Sites must provide private and clean locations where fellows may lactate and store the milk within a refrigerator. These locations should be in close proximity to clinical responsibilities. It would be helpful to have additional support within these locations that may assist the fellow with the continued care of patients, such as a computer and a phone. While space is important, the time required for lactation is also critical for the well-being of the fellow and the fellow's family, as outlined in VI.C.1.d).(1).

- I.D.2.d) security and safety measures appropriate to the participating site; and,** (Core)

- I.D.2.e) accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy.** (Core)

I.D.3. Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. ^(Core)

I.D.4. The program's educational and clinical resources must be adequate to support the number of fellows appointed to the program. ^(Core)

[The Review Committee may further specify]

I.E. *A fellowship program usually occurs in the context of many learners and other care providers and limited clinical resources. It should be structured to optimize education for all learners present.*

I.E.1. Fellows should contribute to the education of residents in core programs, if present. ^(Core)

[The Review Committee may further specify]

Background and Intent: The clinical learning environment has become increasingly complex and often includes care providers, students, and post-graduate residents and fellows from multiple disciplines. The presence of these practitioners and their learners enriches the learning environment. Programs have a responsibility to monitor the learning environment to ensure that fellows' education is not compromised by the presence of other providers and learners, and that fellows' education does not compromise core residents' education.

II. Personnel

II.A. Program Director

II.A.1. There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. ^(Core)

II.A.1.a) The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director. ^(Core)

II.A.1.b) Final approval of the program director resides with the Review Committee. ^(Core)

Background and Intent: While the ACGME recognizes the value of input from numerous individuals in the management of a fellowship, a single individual must be designated as program director and made responsible for the program. This individual will have dedicated time for the leadership of the fellowship, and it is this individual's responsibility to communicate with the fellows, faculty members, DIO, GMEC, and the ACGME. The program director's nomination is reviewed and approved by the GMEC. Final approval of program directors resides with the Review Committee.

- II.A.2.** **The program director must be provided with support adequate for administration of the program based upon its size and configuration.**
(Core)

[The Review Committee must further specify]

[The Review Committee may further specify regarding support for associate program director(s)]

Background and Intent: Twenty percent FTE is defined as one day per week. [This number will be modified to fit the level of support specified by the Review Committee]

“Administrative time” is defined as non-clinical time spent meeting the responsibilities of the program director as detailed in requirements II.A.4.-II.A.4.a).(16).

The requirement does not address the source of funding required to provide the specified salary support.

- II.A.3.** **Qualifications of the program director:**

- II.A.3.a)** **must include subspecialty expertise and qualifications acceptable to the Review Committee; and,** (Core)

[The Review Committee may further specify]

- II.A.3.b)** **must include current certification in the subspecialty for which they are the program director by the American Board of _____ or by the American Osteopathic Board of _____, or subspecialty qualifications that are acceptable to the Review Committee.** (Core)

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

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

- II.A.4.** **Program Director Responsibilities**

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

- II.A.4.a)** **The program director must:**

- II.A.4.a).(1)** **be a role model of professionalism;** (Core)

Background and Intent: The program director, as the leader of the program, must serve as a role model to fellows in addition to fulfilling the technical aspects of the role. As fellows are expected to demonstrate compassion, integrity, and respect for others, they must be able to look to the program director as an exemplar. It is of utmost importance, therefore, that the program director model outstanding professionalism, high quality patient care, educational excellence, and a scholarly approach to work. The program director creates an environment where respectful discussion is welcome, with the goal of continued improvement of the educational experience.

- II.A.4.a).(2)** 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)

Background and Intent: The mission of institutions participating in graduate medical education is to improve the health of the public. Each community has health needs that vary based upon location and demographics. Programs must understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities.

- II.A.4.a).(3)** administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; ^(Core)

Background and Intent: The program director may establish a leadership team to assist in the accomplishment of program goals. Fellowship programs can be highly complex. In a complex organization the leader typically has the ability to delegate authority to others, yet remains accountable. The leadership team may include physician and non-physician personnel with varying levels of education, training, and experience.

- II.A.4.a).(4)** develop and oversee a process to evaluate candidates prior to approval as program faculty members for participation in the fellowship program education and at least annually thereafter, as outlined in V.B.; ^(Core)

- II.A.4.a).(5)** have the authority to approve program faculty members for participation in the fellowship program education at all sites; ^(Core)

- II.A.4.a).(6)** have the authority to remove program faculty members from participation in the fellowship program education at all sites; ^(Core)

- II.A.4.a).(7)** have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; ^(Core)

Background and Intent: The program director has the responsibility to ensure that all who educate fellows effectively role model the Core Competencies. Working with a

fellow is a privilege that is earned through effective teaching and professional role modeling. This privilege may be removed by the program director when the standards of the clinical learning environment are not met.

There may be faculty in a department who are not part of the educational program, and the program director controls who is teaching the residents.

- II.A.4.a).(8)** submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; ^(Core)
- II.A.4.a).(9)** provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant subspecialty board examination(s); ^(Core)
- II.A.4.a).(10)** provide a learning and working environment in which fellows have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; ^(Core)
- II.A.4.a).(11)** ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process; ^(Core)
- II.A.4.a).(12)** ensure the program's compliance with the Sponsoring Institution's policies and procedures for due process when action is taken to suspend or dismiss, not to promote, or not to renew the appointment of a fellow; ^(Core)

Background and Intent: A program does not operate independently of its Sponsoring Institution. It is expected that the program director will be aware of the Sponsoring Institution's policies and procedures, and will ensure they are followed by the program's leadership, faculty members, support personnel, and fellows.

- II.A.4.a).(13)** ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; ^(Core)
- II.A.4.a).(13).(a)** Fellows must not be required to sign a non-competition guarantee or restrictive covenant. ^(Core)
- II.A.4.a).(14)** document verification of program completion for all graduating fellows within 30 days; ^(Core)
- II.A.4.a).(15)** provide verification of an individual fellow's completion upon the fellow's request, within 30 days; and, ^(Core)

Background and Intent: Primary verification of graduate medical education is important to credentialing of physicians for further training and practice. Such verification must be accurate and timely. Sponsoring Institution and program policies for record retention are important to facilitate timely documentation of fellows who have previously completed the program. Fellows who leave the program prior to completion also require timely documentation of their summative evaluation.

- II.A.4.a).(16) obtain review and approval of the Sponsoring Institution's DIO before submitting information or requests to the ACGME, as required in the Institutional Requirements and outlined in the ACGME Program Director's Guide to the Common Program Requirements. ^(Core)

II.B. Faculty

Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.

Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.

Background and Intent: "Faculty" refers to the entire teaching force responsible for educating fellows. The term "faculty," including "core faculty," does not imply or require an academic appointment or salary support.

- II.B.1. For each participating site, there must be a sufficient number of faculty members with competence to instruct and supervise all fellows at that location. ^(Core)

[The Review Committee may further specify]

- II.B.2. Faculty members must:

- II.B.2.a) be role models of professionalism; ^(Core)

- II.B.2.b)** demonstrate commitment to the delivery of safe, quality, cost-effective, patient-centered care; ^(Core)

Background and Intent: Patients have the right to expect quality, cost-effective care with patient safety at its core. The foundation for meeting this expectation is formed during residency and fellowship. Faculty members model these goals and continually strive for improvement in care and cost, embracing a commitment to the patient and the community they serve.

- II.B.2.c)** demonstrate a strong interest in the education of fellows; ^(Core)
- II.B.2.d)** devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; ^(Core)
- II.B.2.e)** administer and maintain an educational environment conducive to educating fellows; ^(Core)
- II.B.2.f)** regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, ^(Core)
- II.B.2.g)** pursue faculty development designed to enhance their skills at least annually. ^(Core)

[The Review Committee may further specify]

Background and Intent: Faculty development is intended to describe structured programming developed for the purpose of enhancing transference of knowledge, skill, and behavior from the educator to the learner. Faculty development may occur in a variety of configurations (lecture, workshop, etc.) using internal and/or external resources. Programming is typically needs-based (individual or group) and may be specific to the institution or the program. Faculty development programming is to be reported for the fellowship program faculty in the aggregate.

II.B.3. Faculty Qualifications

- II.B.3.a)** Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. ^(Core)

[The Review Committee may further specify]

- II.B.3.b)** Subspecialty physician faculty members must:

- II.B.3.b).(1)** have current certification in the subspecialty by the American Board of _____ or the American Osteopathic Board of _____, or possess qualifications judged acceptable to the Review Committee. ^(Core)

[The Review Committee may further specify additional qualifications]

- II.B.3.c)** Any non-physician faculty members who participate in fellowship program education must be approved by the program director. ^(Core)

[The Review Committee may further specify]

Background and Intent: The provision of optimal and safe patient care requires a team approach. The education of fellows by non-physician educators enables the fellows to better manage patient care and provides valuable advancement of the fellows' knowledge. Furthermore, other individuals contribute to the education of the fellow in the basic science of the subspecialty or in research methodology. If the program director determines that the contribution of a non-physician individual is significant to the education of the fellow, the program director may designate the individual as a program faculty member or a program core faculty member.

- II.B.3.d)** Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. ^(Core)

[The Review Committee may further specify]

II.B.4. Core Faculty

Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. ^(Core)

Background and Intent: Core faculty members are critical to the success of fellow education. They support the program leadership in developing, implementing, and assessing curriculum and in assessing fellows' progress toward achievement of competence in the subspecialty. Core faculty members should be selected for their broad knowledge of and involvement in the program, permitting them to effectively evaluate the program, including completion of the annual ACGME Faculty Survey.

- II.B.4.a)** Core faculty members must be designated by the program director. ^(Core)

- II.B.4.b)** Core faculty members must complete the annual ACGME Faculty Survey. ^(Core)

[The Review Committee must specify the minimum number of core faculty and/or the core faculty-fellow ratio]

[The Review Committee may further specify requirements regarding support for core faculty members]

[The Review Committee may specify requirements specific to associate program director(s)]

II.C. Program Coordinator

II.C.1. There must be a program coordinator. ^(Core)

II.C.2. The program coordinator must be provided with support adequate for administration of the program based upon its size and configuration. ^(Core)

[The Review Committee may further specify]

Background and Intent: Twenty percent FTE is defined as one day per week. [If applicable, this Background and Intent will be included in the subspecialty-specific program requirements and the number will be modified to fit the level of support specified by the Review Committee]

The requirement does not address the source of funding required to provide the specified salary support.

Each program requires a lead administrative person, frequently referred to as a program coordinator, administrator, or as titled by the institution. This person will frequently manage the day-to-day operations of the program and serve as an important liaison with learners, faculty and other staff members, and the ACGME. Individuals serving in this role are recognized as program coordinators by the ACGME.

The program coordinator is a member of the leadership team and is critical to the success of the program. As such, the program coordinator must possess skills in leadership and personnel management. Program coordinators are expected to develop unique knowledge of the ACGME and Program Requirements, policies, and procedures. Program coordinators assist the program director in accreditation efforts, educational programming, and support of fellows.

Programs, in partnership with their Sponsoring Institutions, should encourage the professional development of their program coordinators and avail them of opportunities for both professional and personal growth. Programs with fewer fellows may not require a full-time coordinator; one coordinator may support more than one program.

II.D. Other Program Personnel

The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. ^(Core)

[The Review Committee may further specify]

Background and Intent: Multiple personnel may be required to effectively administer a program. These may include staff members with clerical skills, project managers, education experts, and staff members to maintain electronic communication for the

program. These personnel may support more than one program in more than one discipline.

III. Fellow Appointments

III.A. Eligibility Criteria

III.A.1. Eligibility Requirements – Fellowship Programs

[Review Committee to choose one of the following:]

Option 1: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. ^(Core)

Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program or an AOA-approved residency program. ^(Core)

Background and Intent: Eligibility for ABMS or AOA Board certification may not be satisfied by fellowship training. Applicants must be notified of this at the time of application, as required in II.A.4.a).(9).

**III.A.1.a) [If Review Committee selected Option 1 above:]
Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. ^(Core)**

**[If Review Committee selected Option 2 above:]
Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME Milestones evaluations from the core residency program. ^(Core)**

III.A.1.b) [The Review Committee must further specify prerequisite postgraduate clinical education]

III.A.1.c) Fellow Eligibility Exception

The Review Committee for _____ will allow the following exception to the fellowship eligibility requirements:

[Note: Review Committees that selected Option 1 will decide whether or not to allow this exception. This section will be

deleted for Review Committees that do not allow the exception and for Review Committees that selected Option 2]

- III.A.1.c).(1)** An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions:
(Core)
- III.A.1.c).(1).(a)** evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)
- III.A.1.c).(1).(b)** review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)
- III.A.1.c).(1).(c)** verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)
- III.A.1.c).(2)** Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)

[If Review Committee allows the exception specified above:]

Background and Intent: An exceptionally qualified international graduate applicant has (1) completed a residency program in the core specialty outside the continental United States that was not accredited by the ACGME, AOA, ACGME-I, RCPSC or CFPC, and (2) demonstrated clinical excellence, in comparison to peers, throughout training. Additional evidence of exceptional qualifications is required, which may include one of the following: (a) participation in additional clinical or research training in the specialty or subspecialty; (b) demonstrated scholarship in the specialty or subspecialty; and/or (c) demonstrated leadership during or after residency. Applicants being considered for these positions must be informed of the fact that their training may not lead to certification by ABMS member boards or AOA certifying boards.

In recognition of the diversity of medical education and training around the world, this early evaluation of clinical competence required for these applicants ensures they can provide quality and safe patient care. Any gaps in competence should be addressed as per policies for fellows already established by the program in partnership with the Sponsoring Institution.

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

III.B.1. All complement increases must be approved by the Review Committee. ^(Core)

[The Review Committee may further specify minimum complement numbers]

III.C. Fellow Transfers

The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. ^(Core)

[The Review Committee may further specify]

IV. Educational Program

The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.

The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.

In addition, the program is expected to define its specific program aims consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves and that its graduates will serve, and the distinctive capabilities of physicians it intends to graduate. While programs must demonstrate substantial compliance with the Common and subspecialty-specific Program Requirements, it is recognized that within this framework, programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician-scientists will have a different curriculum from one focusing on community health.

IV.A. The curriculum must contain the following educational components: ^(Core)

IV.A.1. 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; ^(Core)

IV.A.1.a) The program's aims must be made available to program applicants, fellows, and faculty members. ^(Core)

IV.A.2. competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; ^(Core)

- IV.A.3.** delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; ^(Core)

Background and Intent: These responsibilities may generally be described by PGY level and specifically by Milestones progress as determined by the Clinical Competency Committee. This approach encourages the transition to competency-based education. An advanced learner may be granted more responsibility independent of PGY level and a learner needing more time to accomplish a certain task may do so in a focused rather than global manner.

- IV.A.4.** structured educational activities beyond direct patient care; and, ^(Core)

Background and Intent: Patient care-related educational activities, such as morbidity and mortality conferences, tumor boards, surgical planning conferences, case discussions, etc., allow fellows to gain medical knowledge directly applicable to the patients they serve. Programs should define those educational activities in which fellows are expected to participate and for which time is protected. Further specification can be found in IV.C.

- IV.A.5.** advancement of fellows' knowledge of ethical principles foundational to medical professionalism. ^(Core)

IV.B. ACGME Competencies

Background and Intent: The Competencies provide a conceptual framework describing the required domains for a trusted physician to enter autonomous practice. These Competencies are core to the practice of all physicians, although the specifics are further defined by each subspecialty. The developmental trajectories in each of the Competencies are articulated through the Milestones for each subspecialty. The focus in fellowship is on subspecialty-specific patient care and medical knowledge, as well as refining the other competencies acquired in residency.

- IV.B.1.** The program must integrate the following ACGME Competencies into the curriculum: ^(Core)

IV.B.1.a) Professionalism

Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. ^(Core)

IV.B.1.b) Patient Care and Procedural Skills

Background and Intent: Quality patient care is safe, effective, timely, efficient, patient-centered, equitable, and designed to improve population health, while reducing per capita costs. (See the Institute of Medicine [IOM]'s *Crossing the Quality Chasm: A New Health System for the 21st Century*, 2001 and Berwick D, Nolan T, Whittington J. *The Triple Aim: care, cost, and quality*. *Health Affairs*. 2008; 27(3):759-769.). In addition, there

should be a focus on improving the clinician's well-being as a means to improve patient care and reduce burnout among residents, fellows, and practicing physicians.

These organizing principles inform the Common Program Requirements across all Competency domains. Specific content is determined by the Review Committees with input from the appropriate professional societies, certifying boards, and the community.

IV.B.1.b).(1)

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. ^(Core)

[The Review Committee must further specify]

IV.B.1.b).(2)

Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. ^(Core)

[The Review Committee may further specify]

IV.B.1.c)

Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. ^(Core)

[The Review Committee must further specify]

IV.B.1.d)

Practice-based Learning and Improvement

Fellows must demonstrate the 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 and lifelong learning. ^(Core)

Background and Intent: Practice-based learning and improvement is one of the defining characteristics of being a physician. It is the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

The intention of this Competency is to help a fellow refine the habits of mind required to continuously pursue quality improvement, well past the completion of fellowship.

IV.B.1.e)

Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. ^(Core)

IV.B.1.f) Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. ^(Core)

IV.C. Curriculum Organization and Fellow Experiences

IV.C.1. The curriculum must be structured to optimize fellow educational experiences, the length of these experiences, and supervisory continuity. ^(Core)

[The Review Committee must further specify]

IV.C.2. The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of addiction. ^(Core)

[The Review Committee may further specify]

[The Review Committee may specify required didactic and clinical experiences]

IV.D. Scholarship

Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.

The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.

IV.D.1. Program Responsibilities

IV.D.1.a) The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. ^(Core)

[The Review Committee may further specify]

- IV.D.1.b) The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. ^(Core)

[The Review Committee may further specify]

IV.D.2. Faculty Scholarly Activity

- IV.D.2.a) Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: ^(Core)

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

- IV.D.2.b) The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:

[Review Committee will choose to require either IV.D.2.b).(1) or both IV.D.2.b).(1) and IV.D.2.b).(2)]

Background and Intent: For the purposes of education, metrics of scholarly activity represent one of the surrogates for the program's effectiveness in the creation of an environment of inquiry that advances the fellows' scholarly approach to patient care. The Review Committee will evaluate the dissemination of scholarship for the program as a whole, not for individual faculty members, for a five-year interval, for both core and non-core faculty members, with the goal of assessing the effectiveness of the creation of such an environment. The ACGME recognizes that there may be differences in scholarship requirements between different specialties and between residencies and fellowships in the same specialty.

- IV.D.2.b).(1) 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)‡

[The Review Committee may further specify]

IV.D.2.b).(2)

peer-reviewed publication. (Outcome)

[The Review Committee may further specify]

IV.D.3. Fellow Scholarly Activity

[The Review Committee may further specify]

IV.E. *Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.*

IV.E.1. If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)

[This section will be deleted for those Review Committees that choose not to permit the independent practice option. For those that choose to permit this option, the Review Committee may further specify.]

Background and Intent: Fellows who have previously completed residency programs have demonstrated sufficient competence to enter autonomous practice within their core specialty. This option is designed to enhance fellows' maturation and competence in their core specialty. This enables fellows to occupy a dual role in the health system: as learners in their subspecialty, and as credentialed practitioners in their core specialty. Hours worked in independent practice during fellowship still fall under the clinical and educational work hour limits. See Program Director Guide for more details.

V. Evaluation

V.A. Fellow Evaluation

V.A.1. Feedback and Evaluation

Background and Intent: Feedback is ongoing information provided regarding aspects of one's performance, knowledge, or understanding. The faculty empower fellows to provide much of that feedback themselves in a spirit of continuous learning and self-reflection. Feedback from faculty members in the context of routine clinical care should be frequent, and need not always be formally documented.

Formative and summative evaluation have distinct definitions. Formative evaluation is *monitoring fellow learning* and providing ongoing feedback that can be used by fellows to improve their learning in the context of provision of patient care or other educational opportunities. More specifically, formative evaluations help:

- fellows identify their strengths and weaknesses and target areas that need work

- program directors and faculty members recognize where fellows are struggling and address problems immediately

Summative evaluation is *evaluating a fellow's learning* by comparing the fellows against the goals and objectives of the rotation and program, respectively. Summative evaluation is utilized to make decisions about promotion to the next level of training, or program completion.

End-of-rotation and end-of-year evaluations have both summative and formative components. Information from a summative evaluation can be used formatively when fellows or faculty members use it to guide their efforts and activities in subsequent rotations and to successfully complete the fellowship program.

Feedback, formative evaluation, and summative evaluation compare intentions with accomplishments, enabling the transformation of a new specialist to one with growing subspecialty expertise.

- V.A.1.a) Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. ^(Core)

[The Review Committee may further specify]

Background and Intent: Faculty members should provide feedback frequently throughout the course of each rotation. Fellows require feedback from faculty members to reinforce well-performed duties and tasks, as well as to correct deficiencies. This feedback will allow for the development of the learner as they strive to achieve the Milestones. More frequent feedback is strongly encouraged for fellows who have deficiencies that may result in a poor final rotation evaluation.

- V.A.1.b) Evaluation must be documented at the completion of the assignment. ^(Core)

- V.A.1.b).(1) For block rotations of greater than three months in duration, evaluation must be documented at least every three months. ^(Core)

- V.A.1.b).(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)

- V.A.1.c) The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: ^(Core)

- V.A.1.c).(1) use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, ^(Core)

- V.A.1.c).(2)** provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. ^(Core)

Background and Intent: The trajectory to autonomous practice in a subspecialty is documented by the subspecialty-specific Milestones evaluation during fellowship. These Milestones detail the progress of a fellow in attaining skill in each competency domain. It is expected that the most growth in fellowship education occurs in patient care and medical knowledge, while the other four domains of competency must be ensured in the context of the subspecialty. They are developed by a subspecialty group and allow evaluation based on observable behaviors. The Milestones are considered formative and should be used to identify learning needs. This may lead to focused or general curricular revision in any given program or to individualized learning plans for any specific fellow.

- V.A.1.d)** The program director or their designee, with input from the Clinical Competency Committee, must:

- V.A.1.d).(1)** meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones. ^(Core)

- V.A.1.d).(2)** assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, ^(Core)

- V.A.1.d).(3)** develop plans for fellows failing to progress, following institutional policies and procedures. ^(Core)

Background and Intent: Learning is an active process that requires effort from the teacher and the learner. Faculty members evaluate a fellow's performance at least at the end of each rotation. The program director or their designee will review those evaluations, including their progress on the Milestones, at a minimum of every six months. Fellows should be encouraged to reflect upon the evaluation, using the information to reinforce well-performed tasks or knowledge or to modify deficiencies in knowledge or practice. Working together with the faculty members, fellows should develop an individualized learning plan.

Fellows who are experiencing difficulties with achieving progress along the Milestones may require intervention to address specific deficiencies. Such intervention, documented in an individual remediation plan developed by the program director or a faculty mentor and the fellow, will take a variety of forms based on the specific learning needs of the fellow. However, the ACGME recognizes that there are situations which require more significant intervention that may alter the time course of fellow progression. To ensure due process, it is essential that the program director follow institutional policies and procedures.

- V.A.1.e)** At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. ^(Core)
- V.A.1.f)** The evaluations of a fellow's performance must be accessible for review by the fellow. ^(Core)
- V.A.2.** Final Evaluation
- V.A.2.a)** The program director must provide a final evaluation for each fellow upon completion of the program. ^(Core)
- V.A.2.a).(1)** The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. ^(Core)
- V.A.2.a).(2)** The final evaluation must:
- V.A.2.a).(2).(a)** become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; ^(Core)
- V.A.2.a).(2).(b)** verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; ^(Core)
- V.A.2.a).(2).(c)** consider recommendations from the Clinical Competency Committee; and, ^(Core)
- V.A.2.a).(2).(d)** be shared with the fellow upon completion of the program. ^(Core)
- V.A.3.** A Clinical Competency Committee must be appointed by the program director. ^(Core)
- V.A.3.a)** At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. 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 fellows. ^(Core)
- V.A.3.b)** The Clinical Competency Committee must:
- V.A.3.b).(1)** review all fellow evaluations at least semi-annually; ^(Core)

V.A.3.b).(2) determine each fellow's progress on achievement of the subspecialty-specific Milestones; and, ^(Core)

V.A.3.b).(3) meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. ^(Core)

V.B. Faculty Evaluation

V.B.1. The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. ^(Core)

Background and Intent: The program director is responsible for the education program and for whom delivers it. While the term faculty may be applied to physicians within a given institution for other reasons, it is applied to fellowship program faculty members only through approval by a program director. The development of the faculty improves the education, clinical, and research aspects of a program. Faculty members have a strong commitment to the fellow and desire to provide optimal education and work opportunities. Faculty members must be provided feedback on their contribution to the mission of the program. All faculty members who interact with fellows desire feedback on their education, clinical care, and research. If a faculty member does not interact with fellows, feedback is not required. With regard to the diverse operating environments and configurations, the fellowship program director may need to work with others to determine the effectiveness of the program's faculty performance with regard to their role in the educational program. All teaching faculty members should have their educational efforts evaluated by the fellows in a confidential and anonymous manner. Other aspects for the feedback may include research or clinical productivity, review of patient outcomes, or peer review of scholarly activity. The process should reflect the local environment and identify the necessary information. The feedback from the various sources should be summarized and provided to the faculty on an annual basis by a member of the leadership team of the program.

V.B.1.a) This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. ^(Core)

V.B.1.b) This evaluation must include written, confidential evaluations by the fellows. ^(Core)

V.B.2. Faculty members must receive feedback on their evaluations at least annually. ^(Core)

V.B.3. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. ^(Core)

Background and Intent: The quality of the faculty's teaching and clinical care is a determinant of the quality of the program and the quality of the fellows' future clinical care. Therefore, the program has the responsibility to evaluate and improve the

program faculty members' teaching, scholarship, professionalism, and quality care. This section mandates annual review of the program's faculty members for this purpose, and can be used as input into the Annual Program Evaluation.

V.C. Program Evaluation and Improvement

V.C.1. The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)

V.C.1.a) The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)

V.C.1.b) Program Evaluation Committee responsibilities must include:

V.C.1.b).(1) acting as an advisor to the program director, through program oversight; (Core)

V.C.1.b).(2) review of the program's self-determined goals and progress toward meeting them; (Core)

V.C.1.b).(3) guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)

V.C.1.b).(4) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)

Background and Intent: In order to achieve its mission and train quality physicians, a program must evaluate its performance and plan for improvement in the Annual Program Evaluation. Performance of fellows and faculty members is a reflection of program quality, and can use metrics that reflect the goals that a program has set for itself. The Program Evaluation Committee utilizes outcome parameters and other data to assess the program's progress toward achievement of its goals and aims.

V.C.1.c) The Program Evaluation Committee should consider the following elements in its assessment of the program:

V.C.1.c).(1) curriculum; (Core)

V.C.1.c).(2) outcomes from prior Annual Program Evaluation(s); (Core)

V.C.1.c).(3) ACGME letters of notification, including citations, Areas for Improvement, and comments; (Core)

V.C.1.c).(4) quality and safety of patient care; (Core)

- V.C.1.c).(5)** **aggregate fellow and faculty:**
- V.C.1.c).(5).(a)** **well-being;** ^(Core)
- V.C.1.c).(5).(b)** **recruitment and retention;** ^(Core)
- V.C.1.c).(5).(c)** **workforce diversity;** ^(Core)
- V.C.1.c).(5).(d)** **engagement in quality improvement and patient safety;** ^(Core)
- V.C.1.c).(5).(e)** **scholarly activity;** ^(Core)
- V.C.1.c).(5).(f)** **ACGME Resident/Fellow and Faculty Surveys (where applicable); and,** ^(Core)
- V.C.1.c).(5).(g)** **written evaluations of the program.** ^(Core)
- V.C.1.c).(6)** **aggregate fellow:**
- V.C.1.c).(6).(a)** **achievement of the Milestones;** ^(Core)
- V.C.1.c).(6).(b)** **in-training examinations (where applicable);** ^(Core)
- V.C.1.c).(6).(c)** **board pass and certification rates; and,** ^(Core)
- V.C.1.c).(6).(d)** **graduate performance.** ^(Core)
- V.C.1.c).(7)** **aggregate faculty:**
- V.C.1.c).(7).(a)** **evaluation; and,** ^(Core)
- V.C.1.c).(7).(b)** **professional development** ^(Core)
- V.C.1.d)** **The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats.** ^(Core)
- V.C.1.e)** **The annual review, including the action plan, must:**
- V.C.1.e).(1)** **be distributed to and discussed with the members of the teaching faculty and the fellows; and,** ^(Core)
- V.C.1.e).(2)** **be submitted to the DIO.** ^(Core)
- V.C.2.** **The program must participate in a Self-Study prior to its 10-Year Accreditation Site Visit.** ^(Core)
- V.C.2.a)** **A summary of the Self-Study must be submitted to the DIO.** ^(Core)

Background and Intent: Outcomes of the documented Annual Program Evaluation can be integrated into the 10-year Self-Study process. The Self-Study is an objective, comprehensive evaluation of the fellowship program, with the aim of improving it. Underlying the Self-Study is this longitudinal evaluation of the program and its learning environment, facilitated through sequential Annual Program Evaluations that focus on the required components, with an emphasis on program strengths and self-identified areas for improvement. Details regarding the timing and expectations for the Self-Study and the 10-Year Accreditation Site Visit are provided in the *ACGME Manual of Policies and Procedures*. Additionally, a description of the [Self-Study process](#), as well as information on how to prepare for the [10-Year Accreditation Site Visit](#), is available on the ACGME website.

- V.C.3.** *One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.*
- The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.*
- V.C.3.a)** For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written 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 subspecialty. (Outcome)
- V.C.3.b)** For subspecialties 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 first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)
- V.C.3.c)** For subspecialties 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 subspecialty. (Outcome)
- V.C.3.d)** For subspecialties 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 subspecialty. (Outcome)

- V.C.3.e)** For each of the exams referenced in V.C.3.a)-d), 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 subspecialty. ^(Outcome)

Background and Intent: Setting a single standard for pass rate that works across subspecialties is not supportable based on the heterogeneity of the psychometrics of different examinations. By using a percentile rank, the performance of the lower five percent (fifth percentile) of programs can be identified and set on a path to curricular and test preparation reform.

There are subspecialties where there is a very high board pass rate that could leave successful programs in the bottom five percent (fifth percentile) despite admirable performance. These high-performing programs should not be cited, and V.C.3.e) is designed to address this.

- V.C.3.f)** Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. ^(Core)

Background and Intent: It is essential that fellowship programs demonstrate knowledge and skill transfer to their fellows. One measure of that is the qualifying or initial certification exam pass rate. Another important parameter of the success of the program is the ultimate board certification rate of its graduates. Graduates are eligible for up to seven years from fellowship graduation for initial certification. The ACGME will calculate a rolling three-year average of the ultimate board certification rate at seven years post-graduation, and the Review Committees will monitor it.

The Review Committees will track the rolling seven-year certification rate as an indicator of program quality. Programs are encouraged to monitor their graduates' performance on board certification examinations.

In the future, the ACGME may establish parameters related to ultimate board certification rates.

VI. The Learning and Working Environment

Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:

- ***Excellence in the safety and quality of care rendered to patients by fellows today***
- ***Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice***
- ***Excellence in professionalism through faculty modeling of:***

- *the effacement of self-interest in a humanistic environment that supports the professional development of physicians*
- *the joy of curiosity, problem-solving, intellectual rigor, and discovery*
- *Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team*

Background and Intent: The revised requirements are intended to provide greater flexibility within an established framework, allowing programs and fellows more discretion to structure clinical education in a way that best supports the above principles of professional development. With this increased flexibility comes the responsibility for programs and fellows to adhere to the 80-hour maximum weekly limit (unless a rotation-specific exception is granted by a Review Committee), and to utilize flexibility in a manner that optimizes patient safety, fellow education, and fellow well-being. The requirements are intended to support the development of a sense of professionalism by encouraging fellows to make decisions based on patient needs and their own well-being, without fear of jeopardizing their program's accreditation status. In addition, the proposed requirements eliminate the burdensome documentation requirement for fellows to justify clinical and educational work hour variations.

Clinical and educational work hours represent only one part of the larger issue of conditions of the learning and working environment, and Section VI has now been expanded to include greater attention to patient safety and fellow and faculty member well-being. The requirements are intended to support programs and fellows as they strive for excellence, while also ensuring ethical, humanistic training. Ensuring that flexibility is used in an appropriate manner is a shared responsibility of the program and fellows. With this flexibility comes a responsibility for fellows and faculty members to recognize the need to hand off care of a patient to another provider when a fellow is too fatigued to provide safe, high quality care and for programs to ensure that fellows remain within the 80-hour maximum weekly limit.

VI.A. Patient Safety, Quality Improvement, Supervision, and Accountability

VI.A.1. Patient Safety and Quality Improvement

All physicians share responsibility for promoting patient safety and enhancing quality of patient care. Graduate medical education must prepare fellows to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by fellows who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.

Fellows must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating fellows

will apply these skills to critique their future unsupervised practice and effect quality improvement measures.

It is necessary for fellows and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

VI.A.1.a) Patient Safety

VI.A.1.a).(1) Culture of Safety

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.

VI.A.1.a).(1).(a) The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.
(Core)

VI.A.1.a).(1).(b) The program must have a structure that promotes safe, interprofessional, team-based care. (Core)

VI.A.1.a).(2) Education on Patient Safety

Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)

Background and Intent: Optimal patient safety occurs in the setting of a coordinated interprofessional learning and working environment.

[The Review Committee may further specify]

VI.A.1.a).(3) Patient Safety Events

Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

- VI.A.1.a).(3).(a)** Residents, fellows, faculty members, and other clinical staff members must:
- VI.A.1.a).(3).(a).(i)** know their responsibilities in reporting patient safety events at the clinical site; (Core)
 - VI.A.1.a).(3).(a).(ii)** know how to report patient safety events, including near misses, at the clinical site; and, (Core)
 - VI.A.1.a).(3).(a).(iii)** be provided with summary information of their institution's patient safety reports. (Core)
- VI.A.1.a).(3).(b)** Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)
- VI.A.1.a).(4)** Fellow Education and Experience in Disclosure of Adverse Events
- Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for faculty physicians to model, and for fellows to develop and apply.*
- VI.A.1.a).(4).(a)** All fellows must receive training in how to disclose adverse events to patients and families. (Core)
 - VI.A.1.a).(4).(b)** Fellows should have the opportunity to participate in the disclosure of patient safety events, real or simulated. (Detail)†
- VI.A.1.b)** Quality Improvement
- VI.A.1.b).(1)** Education in Quality Improvement
- A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals.*
- VI.A.1.b).(1).(a)** Fellows must receive training and experience in quality improvement processes, including an understanding of health care disparities. (Core)

VI.A.1.b).(2)

Quality Metrics

Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.

VI.A.1.b).(2).(a)

Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. ^(Core)

VI.A.1.b).(3)

Engagement in Quality Improvement Activities

Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.

VI.A.1.b).(3).(a)

Fellows must have the opportunity to participate in interprofessional quality improvement activities. ^(Core)

VI.A.1.b).(3).(a).(i)

This should include activities aimed at reducing health care disparities. ^(Detail)

[The Review Committee may further specify under any requirement in VI.A.1.b)-VI.A.1.b).(3).(a).(i)]

VI.A.2.

Supervision and Accountability

VI.A.2.a)

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

VI.A.2.a).(1)

Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. ^(Core)

VI.A.2.a).(1).(a)

This information must be available to fellows, faculty members, other members of the health care team, and patients. ^(Core)

VI.A.2.a).(1).(b)

Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. ^(Core)

VI.A.2.b)

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced fellow. Other portions of care provided by the fellow can be adequately supervised by the appropriate availability of the supervising faculty member or fellow, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback.

Background and Intent: There are circumstances where direct supervision without physical presence does not fulfill the requirements of the specific Review Committee. Review Committees will further specify what is meant by direct supervision without physical presence in specialties where allowed. "Physically present" is defined as follows: The teaching physician is located in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient and/or performs a face-to-face service.

VI.A.2.b).(1)

The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow'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. ^(Core)

[The Review Committee may specify which activities require different levels of supervision.]

VI.A.2.b).(2)

The program must define when physical presence of a supervising physician is required. ^(Core)

VI.A.2.c)

Levels of Supervision

To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: ^(Core)

VI.A.2.c).(1)

Direct Supervision:

- VI.A.2.c).(1).(a)** the supervising physician is physically present with the fellow during the key portions of the patient interaction; or, ^(Core)
- [The Review Committee may further specify]
- VI.A.2.c).(1).(b)** the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. ^(Core)
- [The Review Committee must further specify if VI.A.2.c).(1).(b) is permitted]
- [The Review Committee will choose to require either VI.A.2.c).(1).(a), or both VI.A.2.c).(1).(a) and VI.A.2.c).(1).(b)]
- VI.A.2.c).(2)** Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision. ^(Core)
- VI.A.2.c).(3)** Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. ^(Core)
- VI.A.2.d)** The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. ^(Core)
- VI.A.2.d).(1)** The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. ^(Core)
- VI.A.2.d).(2)** Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. ^(Core)
- VI.A.2.d).(3)** Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. ^(Detail)

VI.A.2.e) Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). ^(Core)

VI.A.2.e).(1) Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. ^(Outcome)

Background and Intent: The ACGME Glossary of Terms defines conditional independence as: Graded, progressive responsibility for patient care with defined oversight.

VI.A.2.f) Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. ^(Core)

VI.B. Professionalism

VI.B.1. Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. ^(Core)

VI.B.2. The learning objectives of the program must:

VI.B.2.a) be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; ^(Core)

VI.B.2.b) be accomplished without excessive reliance on fellows to fulfill non-physician obligations; and, ^(Core)

Background and Intent: Routine reliance on fellows to fulfill non-physician obligations increases work compression for fellows and does not provide an optimal educational experience. Non-physician obligations are those duties which in most institutions are performed by nursing and allied health professionals, transport services, or clerical staff. Examples of such obligations include transport of patients from the wards or units for procedures elsewhere in the hospital; routine blood drawing for laboratory tests; routine monitoring of patients when off the ward; and clerical duties, such as scheduling. While it is understood that fellows may be expected to do any of these things on occasion when the need arises, these activities should not be performed by fellows routinely and must be kept to a minimum to optimize fellow education.

VI.B.2.c) ensure manageable patient care responsibilities. ^(Core)

[The Review Committee may further specify]

Background and Intent: The Common Program Requirements do not define “manageable patient care responsibilities” as this is variable by specialty and PGY level. Review Committees will provide further detail regarding patient care responsibilities in the applicable specialty-specific Program Requirements and accompanying FAQs. However, all programs, regardless of specialty, should carefully assess how the assignment of patient care responsibilities can affect work compression.

VI.B.3. The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. ^(Core)

VI.B.4. Fellows and faculty members must demonstrate an understanding of their personal role in the:

VI.B.4.a) provision of patient- and family-centered care; ^(Outcome)

VI.B.4.b) safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events; ^(Outcome)

Background and Intent: This requirement emphasizes that responsibility for reporting unsafe conditions and adverse events is shared by all members of the team and is not solely the responsibility of the fellow.

VI.B.4.c) assurance of their fitness for work, including: ^(Outcome)

Background and Intent: This requirement emphasizes the professional responsibility of faculty members and fellows to arrive for work adequately rested and ready to care for patients. It is also the responsibility of faculty members, fellows, and other members of the care team to be observant, to intervene, and/or to escalate their concern about fellow and faculty member fitness for work, depending on the situation, and in accordance with institutional policies.

VI.B.4.c).(1) management of their time before, during, and after clinical assignments; and, ^(Outcome)

VI.B.4.c).(2) recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team. ^(Outcome)

VI.B.4.d) commitment to lifelong learning; ^(Outcome)

VI.B.4.e) monitoring of their patient care performance improvement indicators; and, ^(Outcome)

VI.B.4.f) accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data. ^(Outcome)

- VI.B.5.** All fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. *(Outcome)*
- VI.B.6.** Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. *(Core)*
- VI.B.7.** Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. *(Core)*

VI.C. Well-Being

Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.

Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. For example, a culture which encourages covering for colleagues after an illness without the expectation of reciprocity reflects the ideal of professionalism. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.

Background and Intent: The ACGME is committed to addressing physician well-being for individuals and as it relates to the learning and working environment. The creation of a learning and working environment with a culture of respect and accountability for physician well-being is crucial to physicians' ability to deliver the safest, best possible care to patients. The ACGME is leveraging its resources in four key areas to support the ongoing focus on physician well-being: education, influence, research, and collaboration. Information regarding the ACGME's ongoing efforts in this area is available on the ACGME website.

As these efforts evolve, information will be shared with programs seeking to develop and/or strengthen their own well-being initiatives. In addition, there are many activities that programs can utilize now to assess and support physician well-being. These

include culture of safety surveys, ensuring the availability of counseling services, and attention to the safety of the entire health care team.

- VI.C.1.** **The responsibility of the program, in partnership with the Sponsoring Institution, to address well-being must include:**
- VI.C.1.a)** **efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships; ^(Core)**
- VI.C.1.b)** **attention to scheduling, work intensity, and work compression that impacts fellow well-being; ^(Core)**
- VI.C.1.c)** **evaluating workplace safety data and addressing the safety of fellows and faculty members; ^(Core)**

Background and Intent: This requirement emphasizes the responsibility shared by the Sponsoring Institution and its programs to gather information and utilize systems that monitor and enhance fellow and faculty member safety, including physical safety. Issues to be addressed include, but are not limited to, monitoring of workplace injuries, physical or emotional violence, vehicle collisions, and emotional well-being after adverse events.

- VI.C.1.d)** **policies and programs that encourage optimal fellow and faculty member well-being; and, ^(Core)**

Background and Intent: Well-being includes having time away from work to engage with family and friends, as well as to attend to personal needs and to one's own health, including adequate rest, healthy diet, and regular exercise.

- VI.C.1.d).(1)** **Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. ^(Core)**

Background and Intent: The intent of this requirement is to ensure that fellows have the opportunity to access medical and dental care, including mental health care, at times that are appropriate to their individual circumstances. Fellows must be provided with time away from the program as needed to access care, including appointments scheduled during their working hours.

- VI.C.1.e)** **attention to fellow and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Fellows and faculty**

members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must: ^(Core)

Background and Intent: Programs and Sponsoring Institutions are encouraged to review materials in order to create systems for identification of burnout, depression, and substance abuse. Materials and more information are available on the Physician Well-being section of the ACGME website (<http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being>).

VI.C.1.e).(1)

encourage fellows and faculty members to alert the program director or other designated personnel or programs when they are concerned that another fellow, resident, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; ^(Core)

Background and Intent: Individuals experiencing burnout, depression, substance abuse, and/or suicidal ideation are often reluctant to reach out for help due to the stigma associated with these conditions, and are concerned that seeking help may have a negative impact on their career. Recognizing that physicians are at increased risk in these areas, it is essential that fellows and faculty members are able to report their concerns when another fellow or faculty member displays signs of any of these conditions, so that the program director or other designated personnel, such as the department chair, may assess the situation and intervene as necessary to facilitate access to appropriate care. Fellows and faculty members must know which personnel, in addition to the program director, have been designated with this responsibility; those personnel and the program director should be familiar with the institution's impaired physician policy and any employee health, employee assistance, and/or wellness programs within the institution. In cases of physician impairment, the program director or designated personnel should follow the policies of their institution for reporting.

VI.C.1.e).(2)

provide access to appropriate tools for self-screening; and, ^(Core)

VI.C.1.e).(3)

provide 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)

Background and Intent: The intent of this requirement is to ensure that fellows have immediate access at all times to a mental health professional (psychiatrist, psychologist, Licensed Clinical Social Worker, Primary Mental Health Nurse Practitioner, or Licensed Professional Counselor) for urgent or emergent mental health issues. In-person, telemedicine, or telephonic means may be utilized to satisfy this requirement. Care in the Emergency Department may be necessary in some cases, but not as the primary or sole means to meet the requirement.

The reference to affordable counseling is intended to require that financial cost not be a barrier to obtaining care.

- VI.C.2.** There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. ^(Core)
- VI.C.2.a)** The program must have policies and procedures in place to ensure coverage of patient care. ^(Core)
- VI.C.2.b)** These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. ^(Core)

Background and Intent: Fellows may need to extend their length of training depending on length of absence and specialty board eligibility requirements. Teammates should assist colleagues in need and equitably reintegrate them upon return.

VI.D. Fatigue Mitigation

VI.D.1. Programs must:

- VI.D.1.a)** educate all faculty members and fellows to recognize the signs of fatigue and sleep deprivation; ^(Core)
- VI.D.1.b)** educate all faculty members and fellows in alertness management and fatigue mitigation processes; and, ^(Core)
- VI.D.1.c)** encourage fellows to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. ^(Detail)

Background and Intent: Providing medical care to patients is physically and mentally demanding. Night shifts, even for those who have had enough rest, cause fatigue. Experiencing fatigue in a supervised environment during training prepares fellows for managing fatigue in practice. It is expected that programs adopt fatigue mitigation processes and ensure that there are no negative consequences and/or stigma for using fatigue mitigation strategies.

This requirement emphasizes the importance of adequate rest before and after clinical responsibilities. Strategies that may be used include, but are not limited to, strategic napping; the judicious use of caffeine; availability of other caregivers; time management to maximize sleep off-duty; learning to recognize the signs of fatigue, and self-monitoring performance and/or asking others to monitor performance; remaining active to promote alertness; maintaining a healthy diet; using relaxation techniques to fall asleep; maintaining a consistent sleep routine; exercising regularly; increasing sleep time before and after call; and ensuring sufficient sleep recovery periods.

- VI.D.2.** Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2–VI.C.2.b), in the event that a fellow may be unable to perform their patient care responsibilities due to excessive fatigue. ^(Core)
- VI.D.3.** The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. ^(Core)

VI.E. Clinical Responsibilities, Teamwork, and Transitions of Care

VI.E.1. Clinical Responsibilities

The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. ^(Core)

[Optimal clinical workload may be further specified by each Review Committee]

Background and Intent: The changing clinical care environment of medicine has meant that work compression due to high complexity has increased stress on fellows. Faculty members and program directors need to make sure fellows function in an environment that has safe patient care and a sense of fellow well-being. Some Review Committees have addressed this by setting limits on patient admissions, and it is an essential responsibility of the program director to monitor fellow workload. Workload should be distributed among the fellow team and interdisciplinary teams to minimize work compression.

VI.E.2. Teamwork

Fellows must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the subspecialty and larger health system. ^(Core)

[The Review Committee may further specify]

VI.E.3. Transitions of Care

- VI.E.3.a)** Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. ^(Core)
- VI.E.3.b)** Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. ^(Core)

VI.E.3.c) Programs must ensure that fellows are competent in communicating with team members in the hand-over process.
(Outcome)

VI.E.3.d) Programs and clinical sites must maintain and communicate schedules of attending physicians and fellows currently responsible for care. (Core)

VI.E.3.e) Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2-VI.C.2.b), in the event that a fellow may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. (Core)

VI.F. Clinical Experience and Education

Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

Background and Intent: In the new requirements, the terms “clinical experience and education,” “clinical and educational work,” and “clinical and educational work hours” replace the terms “duty hours,” “duty periods,” and “duty.” These changes have been made in response to concerns that the previous use of the term “duty” in reference to number of hours worked may have led some to conclude that fellows’ duty to “clock out” on time superseded their duty to their patients.

VI.F.1. 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, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)

Background and Intent: Programs and fellows have a shared responsibility to ensure that the 80-hour maximum weekly limit is not exceeded. While the requirement has been written with the intent of allowing fellows to remain beyond their scheduled work periods to care for a patient or participate in an educational activity, these additional hours must be accounted for in the allocated 80 hours when averaged over four weeks.

Scheduling

While the ACGME acknowledges that, on rare occasions, a fellow may work in excess of 80 hours in a given week, all programs and fellows utilizing this flexibility will be required to adhere to the 80-hour maximum weekly limit when averaged over a four-week period. Programs that regularly schedule fellows to work 80 hours per week and still permit fellows to remain beyond their scheduled work period are likely to exceed the 80-hour maximum, which would not be in substantial compliance with the requirement. These programs should adjust schedules so that fellows are scheduled to work fewer than 80 hours per week, which would allow fellows to remain beyond their

scheduled work period when needed without violating the 80-hour requirement. Programs may wish to consider using night float and/or making adjustments to the frequency of in-house call to ensure compliance with the 80-hour maximum weekly limit.

Oversight

With increased flexibility introduced into the Requirements, programs permitting this flexibility will need to account for the potential for fellows to remain beyond their assigned work periods when developing schedules, to avoid exceeding the 80-hour maximum weekly limit, averaged over four weeks. The ACGME Review Committees will strictly monitor and enforce compliance with the 80-hour requirement. Where violations of the 80-hour requirement are identified, programs will be subject to citation and at risk for an adverse accreditation action.

Work from Home

While the requirement specifies that clinical work done from home must be counted toward the 80-hour maximum weekly limit, the expectation remains that scheduling be structured so that fellows are able to complete most work on site during scheduled clinical work hours without requiring them to take work home. The new requirements acknowledge the changing landscape of medicine, including electronic health records, and the resulting increase in the amount of work fellows choose to do from home. The requirement provides flexibility for fellows to do this while ensuring that the time spent by fellows completing clinical work from home is accomplished within the 80-hour weekly maximum. Types of work from home that must be counted include using an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours. Fellow decisions to leave the hospital before their clinical work has been completed and to finish that work later from home should be made in consultation with the fellow's supervisor. In such circumstances, fellows should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.

During the public comment period many individuals raised questions and concerns related to this change. Some questioned whether minute by minute tracking would be required; in other words, if a fellow spends three minutes on a phone call and then a few hours later spends two minutes on another call, will the fellow need to report that time. Others raised concerns related to the ability of programs and institutions to verify the accuracy of the information reported by fellows. The new requirements are not an attempt to micromanage this process. Fellows are to track the time they spend on clinical work from home and to report that time to the program. Decisions regarding whether to report infrequent phone calls of very short duration will be left to the individual fellow. Programs will need to factor in time fellows are spending on clinical work at home when schedules are developed to ensure that fellows are not working in excess of 80 hours per week, averaged over four weeks. There is no requirement that programs assume responsibility for documenting this time. Rather, the program's responsibility is ensuring that fellows report their time from home and that schedules are structured to ensure that fellows are not working in excess of 80 hours per week, averaged over four weeks.

VI.F.2. Mandatory Time Free of Clinical Work and Education

VI.F.2.a) The program must design an effective program structure that is configured to provide fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being. ^(Core)

VI.F.2.b) Fellows should have eight hours off between scheduled clinical work and education periods. ^(Detail)

VI.F.2.b).(1) There may be circumstances when fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. ^(Detail)

Background and Intent: While it is expected that fellow schedules will be structured to ensure that fellows are provided with a minimum of eight hours off between scheduled work periods, it is recognized that fellows may choose to remain beyond their scheduled time, or return to the clinical site during this time-off period, to care for a patient. The requirement preserves the flexibility for fellows to make those choices. It is also noted that the 80-hour weekly limit (averaged over four weeks) is a deterrent for scheduling fewer than eight hours off between clinical and education 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.

VI.F.2.c) Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. ^(Core)

Background and Intent: Fellows have a responsibility to return to work rested, and thus are expected to use this time away from work to get adequate rest. In support of this goal, fellows are encouraged to prioritize sleep over other discretionary activities.

VI.F.2.d) Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. ^(Core)

Background and Intent: The requirement provides flexibility for programs to distribute days off in a manner that meets program and fellow needs. It is strongly recommended that fellows' preference regarding how their days off are distributed be considered as schedules are developed. It is desirable that days off be distributed throughout the month, but some fellows may prefer to group their days off to have a "golden weekend," meaning a consecutive Saturday and Sunday free from work. The requirement for one free day in seven should not be interpreted as precluding a golden weekend. Where feasible, schedules may be designed to provide fellows with a weekend, or two consecutive days, free of work. The applicable Review Committee will evaluate the number of consecutive days of work and determine whether they meet educational objectives. Programs are encouraged to distribute days off in a fashion that optimizes fellow well-being, and educational and personal goals. It is noted that a day off is

defined in the ACGME Glossary of Terms as “one (1) continuous 24-hour period free from all administrative, clinical, and educational activities.”

VI.F.3. Maximum Clinical Work and Education Period Length

VI.F.3.a) Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)

VI.F.3.a).(1) Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. (Core)

VI.F.3.a).(1).(a) Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)

Background and Intent: The additional time referenced in VI.F.3.a).(1) should not be used for the care of new patients. It is essential that the fellow continue to function as a member of the team in an environment where other members of the team can assess fellow fatigue, and that supervision for post-call fellows is provided. This 24 hours and up to an additional four hours must occur within the context of 80-hour weekly limit, averaged over four weeks.

VI.F.4. Clinical and Educational Work Hour Exceptions

VI.F.4.a) In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

VI.F.4.a).(1) to continue to provide care to a single severely ill or unstable patient; (Detail)

VI.F.4.a).(2) humanistic attention to the needs of a patient or family; or, (Detail)

VI.F.4.a).(3) to attend unique educational events. (Detail)

VI.F.4.b) These additional hours of care or education will be counted toward the 80-hour weekly limit. (Detail)

Background and Intent: This requirement is intended to provide fellows with some control over their schedules by providing the flexibility to voluntarily remain beyond the scheduled responsibilities under the circumstances described above. It is important to note that a fellow may remain to attend a conference, or return for a conference later in the day, only if the decision is made voluntarily. Fellows must not be required to stay. Programs allowing fellows to remain or return beyond the scheduled work and clinical education period must ensure that the decision to remain is initiated by the fellow and

that fellows are not coerced. This additional time must be counted toward the 80-hour maximum weekly limit.

VI.F.4.c) 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.

VI.F.4.c).(1) 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*. (Core)

VI.F.4.c).(2) Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution's GMEC and DIO. (Core)

Background and Intent: The provision for exceptions for up to 88 hours per week has been modified to specify that exceptions may be granted for specific rotations if the program can justify the increase based on criteria specified by the Review Committee. As in the past, Review Committees may opt not to permit exceptions. The underlying philosophy for this requirement is that while it is expected that all fellows should be able to train within an 80-hour work week, it is recognized that some programs may include rotations with alternate structures based on the nature of the specialty. DIO/GMEC approval is required before the request will be considered by the Review Committee.

VI.F.5. Moonlighting

VI.F.5.a) Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)

VI.F.5.b) Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)

Background and Intent: For additional clarification of the expectations related to moonlighting, please refer to the Common Program Requirement FAQs (available at <http://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>).

VI.F.6. In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-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.]

Background and Intent: The requirement for no more than six consecutive nights of night float was removed to provide programs with increased flexibility in scheduling.

VI.F.7. Maximum In-House On-Call Frequency

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

VI.F.8. At-Home Call

VI.F.8.a) Time spent on patient care activities by fellows 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)

VI.F.8.a).(1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. ^(Core)

VI.F.8.b) Fellows are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit. ^(Detail)

[The Review Committee may further specify under any requirement in VI.F.-VI.F.8.b)]

Background and Intent: This requirement has been modified to specify that clinical work done from home when a fellow is taking at-home call must count toward the 80-hour maximum weekly limit. This change acknowledges the often significant amount of time fellows devote to clinical activities when taking at-home call, and ensures that taking at-home call does not result in fellows routinely working more than 80 hours per week. At-home call activities that must be counted include responding to phone calls and other forms of communication, as well as documentation, such as entering notes in an electronic health record. Activities such as reading about the next day's case, studying, or research activities do not count toward the 80-hour weekly limit.

In their evaluation of fellowship programs, Review Committees will look at the overall impact of at-home call on fellow rest and personal time.

***Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

†Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in

substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

***Outcome Requirements:** Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

Osteopathic Recognition

For programs with or applying for Osteopathic Recognition, the Osteopathic Recognition Requirements also apply (www.acgme.org/OsteopathicRecognition).



**Accreditation Council for
Graduate Medical Education**

ACGME Institutional Requirements

ACGME approved focused revision: February 4, 2018; effective July 1, 2018

Accessed from www.acgme.org 12/2020

ACGME Institutional Requirements

I. Structure for Educational Oversight

I.A. Sponsoring Institution

- I.A.1. Residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. ^{(Core)*}
- I.A.2. The Sponsoring Institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that each of its ACGME-accredited programs is in substantial compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements, as well as with ACGME Policies and Procedures. ^(Outcome)
- I.A.3. The Sponsoring Institution must maintain its ACGME institutional accreditation. Failure to do so will result in loss of accreditation for its ACGME-accredited program(s). ^(Outcome)
- I.A.4. The Sponsoring Institution and each of its ACGME-accredited programs must only assign residents/fellows to learning and working environments that facilitate patient safety and health care quality. ^(Outcome)
- I.A.5. The Sponsoring Institution must identify a:
- I.A.5.a) Designated Institutional Official (DIO): The individual who, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements; and, ^(Core)
- I.A.5.b) Governing Body: The single entity that maintains authority over and responsibility for the Sponsoring Institution and each of its ACGME-accredited programs. ^(Core)
- I.A.6. A written statement must document the Sponsoring Institution's commitment to GME by providing the necessary financial support for administrative, educational, and clinical resources, including personnel, and which must be reviewed, dated, and signed at least once every five years by the DIO, a representative of the Sponsoring Institution's senior administration, and a representative of the Governing Body. ^(Core)
- I.A.7. Any Sponsoring Institution or participating site that is a hospital must maintain accreditation to provide patient care. ^(Core)

- I.A.7.a) Accreditation for patient care must be provided by:
- I.A.7.a).(1) an entity granted “deeming authority” for participation in Medicare under federal regulations; or, ^(Core)
- I.A.7.a).(2) an entity certified as complying with the conditions of participation in Medicare under federal regulations. ^(Core)
- I.A.8. When a Sponsoring Institution or major participating site that is a hospital loses its accreditation for patient care, the Sponsoring Institution must notify and provide a plan for its response to the Institutional Review Committee (IRC) within 30 days of such loss. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events. ^(Core)
- I.A.9. When a Sponsoring Institution’s or participating site’s license is denied, suspended, or revoked, or when a Sponsoring Institution or participating site is required to curtail activities, or is otherwise restricted, the Sponsoring Institution must notify and provide a plan for its response to the IRC within 30 days of such loss or restriction. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events. ^(Core)
- I.B. GMEC
- I.B.1. Membership
- I.B.1.a) A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members: ^(Core)
- I.B.1.a).(1) the DIO; ^(Core)
- I.B.1.a).(2) a representative sample of program directors (minimum of two) from its ACGME-accredited programs; ^(Core)
- I.B.1.a).(3) a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and, ^(Core)
- I.B.1.a).(4) a quality improvement or patient safety officer or designee. ^(Core)
- I.B.1.b) A Sponsoring Institution with one program must have a GMEC that includes at least the following voting members:
- I.B.1.b).(1) the DIO; ^(Core)
- I.B.1.b).(2) the program director when the program director is not the DIO; ^(Core)

- I.B.1.b).(3) a minimum of two peer-selected residents/fellows from its ACGME-accredited program or the only resident/fellow if the program includes only one resident/fellow; ^(Core)
- I.B.1.b).(4) the individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director; and, ^(Core)
- I.B.1.b).(5) one or more individuals from a different department than that of the program specialty (and other than the quality improvement or patient safety member), within or from outside the Sponsoring Institution, at least one of whom is actively involved in graduate medical education. ^(Core)
- I.B.2. Additional GMEC members and subcommittees: In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC. ^(Detail)
- I.B.2.a) Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. ^(Detail)
- I.B.2.b) Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC. ^(Detail)
- I.B.3. Meetings and Attendance: The GMEC must meet a minimum of once every quarter during each academic year. ^(Core)
- I.B.3.a) Each meeting of the GMEC must include attendance by at least one resident/fellow member. ^(Core)
- I.B.3.b) The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities. ^(Core)
- I.B.4. Responsibilities: GMEC responsibilities must include:
- I.B.4.a) Oversight of:
- I.B.4.a).(1) the ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs; ^(Outcome)
- I.B.4.a).(2) the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites; ^(Outcome)
- I.B.4.a).(3) the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements; ^(Outcome)

- I.B.4.a).(4) the ACGME-accredited program(s)' annual program evaluations and self-studies; ^(Core)
- I.B.4.a).(5) all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and, ^(Core)
- I.B.4.a).(6) the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided. ^(Detail)
- I.B.4.b) review and approval of:
- I.B.4.b).(1) institutional GME policies and procedures; ^(Core)
- I.B.4.b).(2) annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits; ^(Core)
- I.B.4.b).(3) applications for ACGME accreditation of new programs; ^(Core)
- I.B.4.b).(4) requests for permanent changes in resident/fellow complement; ^(Core)
- I.B.4.b).(5) major changes in each of its ACGME-accredited programs' structure or duration of education; ^(Core)
- I.B.4.b).(6) additions and deletions of each of its ACGME-accredited programs' participating sites; ^(Core)
- I.B.4.b).(7) appointment of new program directors; ^(Core)
- I.B.4.b).(8) progress reports requested by a Review Committee; ^(Core)
- I.B.4.b).(9) responses to Clinical Learning Environment Review (CLER) reports; ^(Core)
- I.B.4.b).(10) requests for exceptions to clinical and educational work hour requirements; ^(Core)
- I.B.4.b).(11) voluntary withdrawal of ACGME program accreditation; ^(Core)
- I.B.4.b).(12) requests for appeal of an adverse action by a Review Committee; and, ^(Core)
- I.B.4.b).(13) appeal presentations to an ACGME Appeals Panel. ^(Core)

- I.B.5. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).
(Outcome)
- I.B.5.a) The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: (Core)
- I.B.5.a).(1) the most recent ACGME institutional letter of notification;
(Core)
- I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty members; and, (Core)
- I.B.5.a).(3) each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations. (Core)
- I.B.5.b) The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include: (Core)
- I.B.5.b).(1) a summary of institutional performance on indicators for the AIR; and, (Core)
- I.B.5.b).(2) action plans and performance monitoring procedures resulting from the AIR. (Core)
- I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)
- I.B.6.a) The Special Review process must include a protocol that: (Core)
- I.B.6.a).(1) establishes criteria for identifying underperformance; and, (Core)
- I.B.6.a).(2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. (Core)

II. Institutional Resources

- II.A. Institutional GME Infrastructure and Operations: The Sponsoring Institution must ensure that:
- II.A.1. the DIO has sufficient financial support and protected time to effectively carry out his or her educational, administrative, and leadership responsibilities; (Core)
- II.A.2. the DIO engages in professional development applicable to his or her responsibilities as an educational leader; and, (Core)

- II.A.3. sufficient salary support and resources are provided for effective GME administration. ^(Core)
- II.B. Program Administration: The Sponsoring Institution, in collaboration with each ACGME-accredited program, must ensure that:
- II.B.1. the program director(s) has (have) sufficient financial support and protected time to effectively carry out his/her (their) educational, administrative, and leadership responsibilities, as described in the Institutional, Common, and specialty-/subspecialty-specific Program Requirements; ^(Core)
- II.B.2. the program(s) receives (receive) adequate support for core faculty members to ensure both effective supervision and quality resident/fellow education; ^(Core)
- II.B.3. the program director(s) and core faculty members engage in professional development applicable to their responsibilities as educational leaders; ^(Core)
- II.B.4. the program coordinator(s) has (have) sufficient support and time to effectively carry out his/her (their) responsibilities; and, ^(Core)
- II.B.5. resources, including space, technology, and supplies, are available to provide effective support for each of its ACGME-accredited programs. ^(Core)
- II.C. Resident/Fellow Forum: The Sponsoring Institution with more than one program must ensure availability of an organization, council, town hall, or other platform that allows all residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment. ^(Core)
- II.C.1. Any resident/fellow from one of the Sponsoring Institution's ACGME-accredited programs must have the opportunity to directly raise a concern to the forum. ^(Core)
- II.C.2. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present. ^(Core)
- II.C.3. Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC. ^(Core)
- II.D. Resident Salary and Benefits: The Sponsoring Institution, in collaboration with each of its ACGME-accredited programs and participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited program(s). ^(Core)

II.E. Educational Tools

II.E.1. Communication resources and technology: Faculty members and residents/fellows must have ready access to adequate communication resources and technological support. ^(Core)

II.E.2. Access to medical literature: Faculty members and residents/fellows must have ready access to specialty-/subspecialty-specific electronic medical literature databases and other current reference material in print or electronic format. ^(Core)

II.F. Support Services and Systems

II.F.1. The Sponsoring Institution must provide support services and develop health care delivery systems to minimize residents'/fellows' work that is extraneous to their ACGME-accredited program(s)' educational goals and objectives, and to ensure that residents'/fellows' educational experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations. These support services and systems must include: ^(Core)

II.F.1.a) peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care; and, ^(Core)

II.F.1.b) medical records available at all participating sites to support high quality and safe patient care, residents'/fellows' education, quality improvement and scholarly activities. ^(Core)

III. The Learning and Working Environment

III.A. The Sponsoring Institution and each of its ACGME-accredited programs must provide a learning and working environment in which residents/fellows have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate. ^(Core)

III.B. The Sponsoring Institution is responsible for oversight and documentation of resident/fellow engagement in the following: ^(Core)

III.B.1. Patient Safety: The Sponsoring Institution must ensure that residents/fellows have:

III.B.1.a) access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal; and, ^(Core)

III.B.1.b) opportunities to contribute to root cause analysis or other similar risk-reduction processes. ^(Core)

- III.B.2. Quality Improvement: The Sponsoring Institution must ensure that residents/fellows have:
 - III.B.2.a) access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; and, ^(Core)
 - III.B.2.b) opportunities to participate in quality improvement initiatives. ^(Core)
- III.B.3. Transitions of Care: The Sponsoring Institution must:
 - III.B.3.a) facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care; and, ^(Core)
 - III.B.3.b) in partnership with its ACGME-accredited program(s), ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites. ^(Core)
- III.B.4. Supervision and Accountability
 - III.B.4.a) The Sponsoring Institution must oversee:
 - III.B.4.a).(1) supervision of residents/fellows consistent with institutional and program-specific policies; and, ^(Core)
 - III.B.4.a).(2) mechanisms by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal. ^(Core)
- III.B.5. Clinical Experience and Education
 - III.B.5.a) The Sponsoring Institution must oversee:
 - III.B.5.a).(1) resident/fellow clinical and educational work hours, consistent with the Common and specialty-/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner; ^(Core)
 - III.B.5.a).(2) systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows; and, ^(Core)
 - III.B.5.a).(3) an educational program for residents/fellows and core faculty members in fatigue mitigation. ^(Core)
 - III.B.5.b) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must ensure adequate sleep facilities and safe transportation options for residents/fellows who may be too fatigued to return safely home. ^(Core)

III.B.5.b).(1) Sleep facilities must be safe, quiet, and private, and must be available and accessible for residents/fellows to support education and safe patient care. (Core)

III.B.6. Professionalism

III.B.6.a) The Sponsoring Institution, in partnership with the program director(s) of its ACGME-accredited program(s), must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)

III.B.6.b) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must educate residents/fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)

III.B.6.c) The Sponsoring Institution must provide systems for education in and monitoring of:

III.B.6.c).(1) residents'/fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits; and, (Core)

III.B.6.c).(2) accurate completion of required documentation by residents/fellows. (Core)

III.B.6.d) The Sponsoring Institution must ensure that its ACGME-accredited program(s) provide(s) a professional, respectful and civil environment that is free from unprofessional behavior, including mistreatment, abuse and/or coercion of residents/fellows, other learners, faculty members, and staff members. (Core)

III.B.6.d).(1) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must have a process for education of residents/fellows and faculty members regarding unprofessional behavior, and a confidential process for reporting, investigating, monitoring, and addressing such concerns. (Core)

III.B.7. Well-Being

III.B.7.a) The Sponsoring Institution must oversee its ACGME-accredited program's(s') fulfillment of responsibility to address well-being of residents/fellows and faculty members, consistent with the Common and specialty-/subspecialty-specific Program Requirements, addressing areas of non-compliance in a timely manner. (Core)

- III.B.7.b) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must educate faculty members and residents/fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. This responsibility includes educating residents/fellows and faculty members in how to recognize those symptoms in themselves, and how to seek appropriate care. ^(Core)
- III.B.7.c) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must: ^(Core)
- III.B.7.c).(1) encourage residents/fellows and faculty members to alert their program director, DIO, or other designated personnel or programs when they are concerned that another resident/fellow or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; ^(Core)
- III.B.7.c).(2) provide access to appropriate tools for self screening; and, ^(Core)
- III.B.7.c).(3) provide 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)
- III.B.7.d) The Sponsoring Institution must ensure a healthy and safe clinical and educational environment that provides for: ^(Core)
- III.B.7.d).(1) access to food during clinical and educational assignments; and, ^(Core)
- III.B.7.d).(2) safety and security measures for residents/fellows appropriate to the participating site. ^(Core)

IV. Institutional GME Policies and Procedures

IV.A. Resident/Fellow Recruitment

- IV.A.1. Eligibility and Selection of Residents/Fellows: The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment and appointment, and must monitor each of its ACGME-accredited programs for compliance. ^(Core)
- IV.A.2. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: ^(Core)
- IV.A.2.a) graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or, ^(Core)

- IV.A.2.b) graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or, ^(Core)
- IV.A.2.c) graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: ^(Core)
- IV.A.2.c).(1) holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or, ^(Core)
- IV.A.2.c).(2) holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty-/subspecialty program; or, ^(Core)
- IV.A.2.c).(3) has graduated from a medical school outside the United States and has completed a Fifth Pathway** program provided by an LCME-accredited medical school. ^(Core)
- IV.A.3. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. ^(Core)
- IV.A.3.a) Information that is provided must include: financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents. ^(Core)
- IV.B. Agreement of Appointment/Contract
- IV.B.1. The Sponsoring Institution must ensure that residents/fellows are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program. The Sponsoring Institution must monitor each of its programs with regard to implementation of terms and conditions of appointment. ^(Core)
- IV.B.2. The contract/agreement of appointment must directly contain or provide a reference to the following items: ^(Core)
- IV.B.2.a) resident/fellow responsibilities; ^(Core)
- IV.B.2.b) duration of appointment; ^(Core)
- IV.B.2.c) financial support for residents/fellows; ^(Core)

- IV.B.2.d) conditions for reappointment and promotion to a subsequent PGY level; ^(Core)
- IV.B.2.e) grievance and due process; ^(Core)
- IV.B.2.f) professional liability insurance, including a summary of pertinent information regarding coverage; ^(Core)
- IV.B.2.g) hospital and health insurance benefits for residents/fellows and their eligible dependents; ^(Core)
- IV.B.2.h) disability insurance for residents/fellows; ^(Core)
- IV.B.2.i) vacation, parental, sick, and other leave(s) for residents/fellows, compliant with applicable laws; ^(Core)
- IV.B.2.j) timely notice of the effect of leave(s) on the ability of residents/fellows to satisfy requirements for program completion; ^(Core)
- IV.B.2.k) information related to eligibility for specialty board examinations; and, ^(Core)
- IV.B.2.l) institutional policies and procedures regarding resident/fellow clinical and educational work hours and moonlighting. ^(Core)
- IV.C. Promotion, Appointment Renewal and Dismissal
- IV.C.1. The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment. ^(Core)
- IV.C.1.a) The Sponsoring Institution must ensure that each of its programs provides a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed. ^(Core)
- IV.C.1.b) The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal. ^(Core)
- IV.D. Grievances: The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest. ^(Core)
- IV.E. Professional Liability Insurance

- IV.E.1. The Sponsoring Institution must provide residents/fellows with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited programs, or after completion of the program(s) if the alleged acts or omissions of a resident/fellow are within the scope of the program(s). ^(Core)
- IV.E.2. The Sponsoring Institution must provide official documentation of the details of liability coverage upon request of the individual. ^(Core)
- IV.F. Health and Disability Insurance
- IV.F.1. The Sponsoring Institution must provide health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility. ^(Core)
- IV.F.1.a) If the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. ^(Core)
- IV.F.2. The Sponsoring Institution must provide disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility. ^(Core)
- IV.F.2.a) If the first day of disability insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. ^(Core)
- IV.G. Vacation and Leaves of Absence
- IV.G.1. The Sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. ^(Core)
- IV.G.2. This policy must ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). ^(Core)
- IV.H. Resident Services
- IV.H.1. Behavioral Health: The Sponsoring Institution must provide residents/fellows with access to confidential counseling and behavioral health services. ^(Core)
- IV.H.2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. ^(Core)

- IV.H.3. Harassment: The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment consistent with applicable laws and regulations. (Core)
- IV.H.4. Accommodation for Disabilities: The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. (Core)
- IV.I. Supervision
- IV.I.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (Core)
- IV.I.2. The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements. (Core)
- IV.J. Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. (Core)
- IV.J.1. Moonlighting: The Sponsoring Institution must maintain a policy on moonlighting that includes the following:
- IV.J.1.a) residents/fellows must not be required to engage in moonlighting; (Core)
- IV.J.1.b) residents/fellows must have written permission from their program director to moonlight; (Core)
- IV.J.1.c) an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight; and, (Core)
- IV.J.1.d) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows. (Core)
- IV.K. Vendors: The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs. (Core)
- IV.L. Non-competition: The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant. (Core)

- IV.M. Disasters: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses administrative support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or interruption in patient care. ^(Core)
- IV.M.1. This policy should include information about assistance for continuation of salary, benefits, and resident/fellow assignments. ^(Core)
- IV.N. Closures and Reductions: The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following: ^(Core)
- IV.N.1. the Sponsoring Institution must inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close; and, ^(Core)
- IV.N.2. the Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an)other ACGME-accredited program(s) in which they can continue their education. ^(Core)

***Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

****Footnote for IV.A.2.c).(3):** A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; (2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).



Accreditation Council for Graduate
Medical Education

Site Visit

The ACGME has suspended in-person accreditation site visits.

The Accreditation Site Visit

The accreditation process for Sponsoring Institutions and programs includes on-site visits to assess compliance with the Institutional and Program Requirements, as applicable. All accreditation site visits for Sponsoring Institutions and programs are performed by Accreditation Field Representatives who are employed by the ACGME.

Types of Site Visits

Program Applications: A site visit is conducted to review all specialty (core) and many subspecialty programs when an application for accreditation is submitted. The site visit seeks to verify and clarify the application documents in which institutional and program leadership have described the resources of the program and how it will comply with the Program Requirements. Applications for Sponsoring

Institutions and some subspecialty programs are reviewed without a site visit.

American Osteopathic Organization (AOA)-Approved Programs with Pre-Accreditation Status: The site visit for an ADA-approved program with Pre-Accreditation status is similar in many ways to a site visit for an application as described above. Osteopathic Sponsoring Institutions with Pre-Accreditation status are reviewed without a site visit.

Institutions and Programs with Initial Accreditation: All Sponsoring Institutions and programs undergo a full site visit at the end of their two-year Initial Accreditation period and prior to a Review Committee's decision to grant Continued Accreditation.

Annual Data-Prompted Visits and Other Visits Scheduled at the Discretion of the Review Committee: Sponsoring Institutions and programs undergo an annual review of accreditation data collected by the ACGME via the Accreditation Data System (ADS). If the review suggests a potential problem, the Committee may schedule a site visit to clarify and address aspects of the institution or program that need attention or follow-up. Site visits also are scheduled annually to evaluate Sponsoring Institutions or programs with probationary accreditation statuses, and may be scheduled to assess complaints or serious conditions, or other situations, at the discretion of the Review Committee.

10-Year Accreditation Site Visits: All Sponsoring Institutions and programs undergo a full accreditation site visit every 10 years. This is preceded by a comprehensive Self-Study process that includes a description of how the Sponsoring Institution or program creates an effective learning and working environment, and how this leads to desired educational outcomes. For the Self-Study, programs are also asked to review their aims and conduct an analysis of strengths, areas for improvement, external opportunities, and threats, and to formulate and document plans for improvement.



Eight Steps to Prepare for the 10- Year Accreditation Site Visit

The suggested eight-step sequence described here is intended to offer guidance to programs preparing for their first 10-year Accreditation Site Visit.

The 10-Year Accreditation Site Visit is scheduled at least 24 months after the program has completed its Self-Study and submitted its Self-Study Summary. It is a full site visit and accreditation review of the program against all applicable requirements for programs with a status of Continued Accreditation. This includes a review of program aims, strengths, and improvements made in areas the program identified in its Self-Study.

The 10-Year Accreditation Site Visits for subspecialty programs will be coordinated with the visit of their respective core program.

1. Reassemble the Annual Program Evaluation/Self-Study Group to "Harvest" the Data in Areas for Improvement Identified in the Self-Study

Timing: The time between submission of the Self-Study Summary and the 10-Year Accreditation Site Visit is deliberate to allow programs time to make improvements and conduct one more program evaluation prior to the visit. During this evaluation, the program should assess and document progress in areas for improvement identified during the Self-Study.

Team Composition: The Program Evaluation Committee (PEC) or, if desired, the Self-Study group, should review the data collected for areas of improvement identified during the Self-Study.

Process: When the PEC conducts this evaluation prior to the site visit, a key area to be assessed pertains to the improvements made in areas identified during the Self-Study.

Ideally, the role of data collection, aggregation, and tracking of progress should be assigned to an individual or a small group (with each individual member responsible for a particular area of improvement).

The individual or the team responsible for each improvement area will need to assess progress, as well as identify if improvement has been achieved or if the data constitute early indications of future improvement.

2. Discuss Improvements Made as a Result of the Self-Study with Stakeholders

As part of Annual Program Evaluation, improvements made in areas identified during the Self-Study should be discussed with stakeholders. This may actually constitute another valuable assessment of the changes made, as faculty members and trainees are in an excellent position to inform program leaders on whether a change has had the desired impact, or if further work is required.

This also allows program leadership to obtain input from stakeholders about the fit between the interventions and improvement initiatives and the program's aims.

3. Reassess Program Aims and Other Elements of the Program's Strategic Assessment (Strengths, Opportunities, and Threats)

In most cases, aims will take a longer-term perspective. However, aims may change over time, and it is beneficial to reassess them as part of the Annual Program Evaluation. In addition, the program's context-opportunities and threats- should be reassessed for changes in the environment.

Programs that submitted their Self-Study Summary before April 2017 should also conduct a brief five-year look-back, and a five-year look-forward, as well as answer the question, "What will take this program to the next level?" Programs will provide updated information on these areas in a Self-Study Summary Update they will submit, with their Summary of Achievements, before the "ADS Uploads and Updates Due Date" listed in the site visit announcement letter.

4. Discuss Program Aims, Improvements Achieved, and Other Elements of the Program's Strategic Assessment with Program Stakeholders

The information on aims and the environmental assessment should be shared and discussed with program leadership and stakeholders prior to the 10-Year Accreditation Site Visit.

This is another opportunity for faculty members, trainees, the program coordinator, and any other appropriate individuals to have an improvement-focused conversation about the program. It will also prepare the group for conversations about the Self-Study process and outcomes, which will constitute the first part of the 10-Year Accreditation Site Visit.

5. Complete and Submit the Summary of Achievements

The ACGME Department of Field Activities will provide approximately 90 days of advance notice for the 10-Year Accreditation Site Visit. Dependent subspecialty programs will be visited with their core program.

Once the data on program aims and improvements achieved have been discussed and finalized, program leaders should prepare the Summary of Achievements, which is a list of the program's strengths, and improvements made to-date in areas identified during the Self-Study.

For some areas, programs may provide early data on improvements that have not yet been fully realized. See above for a discussion of leading indicators for such longer-term improvements.

For the 10-Year Accreditation Site Visit, the ACGME will not ask programs to provide any information on areas identified during the Self-Study that have not yet resulted in improvements.

If there have been changes to a program's aims or environmental assessment, and for programs that completed their Self-Study Summary prior to April 2017, a Self-Study Summary Update should be used to describe any changes or add new information to the original summary.

6. Update Data in the Accreditation Data System (ADS) Ahead of the 10-Year Accreditation Site Visit

Programs leaders need to update ADS before the "ADS Uploads and Updates" due date listed in the site visit announcement letter prior to the date of their 10-Year Accreditation Site Visit. Only three sections of ADS program data can be updated at this juncture: (1) current responses to any citations; (2) the open text section entitled "Changes and Other Updates"; and (3) a current block diagram that accurately reflects the program.

Program leadership should ensure that the responses to any citations are current and succinct; and describe recent improvements, and that the block diagram follows ACGME guidelines provided within ADS.

The Major Changes and Other Updates section is an opportunity to explain to the Accreditation Field Representative and Review Committee any current efforts related to program improvement. For example, a program could discuss changes and improvements recently made in response to Resident Survey data for the most recent year, highlight additions or changes to participating sites aimed at improving residents' patient care or procedural experience, identify changes in evaluation systems; or note the hiring of a new faculty member.

Any updates or changes made after that date will not be reflected in the documents available to the Accreditation Field Representative or the Review Committee reviewers.

7. Ensure Timely Data Submission Prior to the 10-Year Accreditation Site Visit

The Summary of Achievements; and for any updates, the Self- Study Summary Update, must be submitted via ADS before the "ADS Uploads and Updates" due date listed in the site visit announcement letter before the 10-Year Accreditation Site Visit.

Review the Site Visit FAQs for information about site visit scheduling and the ACGME's announcement notices.

8. Set and Confirm Logistics for the 10-Year Accreditation Site Visit

The assigned Accreditation Field Representative will contact the program regarding the details of the 10-Year Accreditation Site Visit, including the individuals to be interviewed, the time to allocate for these meetings, and the organization of rooms and other logistics. Generally, the ACGME will interview 12 to 18 peer-selected residents or fellows during the site visit (or all available residents for smaller programs), although the assigned Accreditation Field Representative has the final decision regarding the size of the interview group and the format of the interview. Site visits for very large programs may involve a larger resident/fellow interview group, and may be performed by a team of Accreditation Field Representatives. Teams may also be used for large sequences of core and subspecialty programs.

The 10-Year accreditation site visit for a core program will take a half to a full day, depending on the size of the program, while the visit for a subspecialty program generally will require less time. The ACGME is still refining site visit protocols for how to address the shared components of the Self-Study between core and subspecialty programs. This will be the subject of further study, and guidance will be provided as it is determined.



Accreditation Council for Graduate
Medical Education

Site Visit FAQs

Frequently Asked Questions (FAQs) Related to the Accreditation Site Visit

Below are responses to general questions about the accreditation site visit process. Specific questions or topics not covered in these FAQs should be addressed to the staff of the Department of Field Activities or the relevant Review Committee.

What is the purpose of the accreditation site visit?

The accreditation site visit is the on-site collection and aggregation of relevant data, which is put into a narrative, factual report used by the ACGME Review Committees (the specialty Review Committees, the Transitional Year Review Committee, and the Institutional Review Committee) to make accreditation decisions. Accreditation Field Representatives are not the decision makers; accreditation decisions are the purview of the Review Committees.

ACGME accreditation site visits are either **Full** or **Focused**. The ACGME uses full accreditation site visits:

1. for all specialty program applications and some subspecialty program applications;
2. at the end of the two-year initial Accreditation period to ensure that a Sponsoring Institution or program is compliant with the applicable accreditation requirements;
3. to address broad concerns identified during the review of data submitted to the ACGME annually;
4. to assess the merits of a complaint or for other circumstances as requested by a Review Committee; and
5. to assess overall compliance and ongoing improvement in a Sponsoring Institution or program during the scheduled 10-Year Accreditation Site Visit.

The ACGME uses focused accreditation site visits:

1. to conduct in-depth explorations of potential problems arising out of a Review Committee's review of annually submitted accreditation data; and,
2. to assess the merits of a complaint, or for other special circumstances as determined by a Review Committee.

Who conducts accreditation site visits?

Accreditation site visits are conducted by Accreditation Field Representatives, who are professional site visitors employed by the ACGME. Biographical summaries of the Accreditation Field Representatives are available on the ACGME website.

Site visits for larger programs and some Sponsoring Institutions are conducted by a team of two Accreditation Field Representatives. Site visits for other programs may use a team at the discretion of the Department of Field Activities leadership. The site visit announcement letter will indicate the type of visitor (team or individual), and the name(s) and contact information of the assigned Accreditation Field Representative(s).

How much notice does program leadership receive ahead of an accreditation site visit?

The minimum notice for all announced site visits is approximately 30 days. Notice may be less than 30 days if a site visit is required to meet a Review or Recognition Committee meeting deadline. In these cases, ACGME Field Activities staff members will work with the program leadership to ensure the visit is completed.

Programs with a status of Initial Accreditation receive approximately 60 days' advance notice for a site visit preceding an anticipated transition to Continued Accreditation; these programs must prepare an updated specialty-specific application document for this visit. Programs scheduled for a 10-Year Accreditation Site Visit receive approximately 90 days' notice.

Unannounced visits occur on rare occasion at the discretion of the Review Committee, in cases of a potentially serious problem. Generally, 14 days' notice is given for this type of visit, and for the rare site visit to assess an alleged egregious violation or catastrophic loss of resources.

On occasion, a site visit request after the review of annual data and a 10-Year Accreditation Site Visit may be combined at the discretion of Review Committee staff to reduce the burden on the program.

What documents must be submitted prior to an accreditation site visit?

Many site visits require only the information collected via ADS. If no additional documentation is required, Sponsoring Institutions and programs should make sure all data in ADS is current prior to the site visit, focusing on responses to citations, changes in the Sponsoring Institutions or program since the last ADS Annual Update, and the other "updateable" data elements (as noted in other FAQs below).

Additional documentation is required for:

1. site visit to assess an application for accreditation;
2. the full site visit at the end of the two-year period of Initial Accreditation, which also requires completion of an updated version of the specialty-specific portion of the application; and,
3. the 10-Year Accreditation Site Visit, which also requires completion and uploading of a Self-Study Summary approximately 24 months before the site visit date, as well as completion of a Summary of Achievements (improvements the program made in areas identified through the Self-Study).

Additionally, Review Committee staff members may request additional documents be provided to the (primary) Accreditation Field Representative.

The announcement letter for the site visit states whether any additional documents are required and how to submit them, how and when to update information in ADS, and other directions particular to the Sponsoring Institution or program.

What data can be updated immediately prior to an accreditation site visit?

For all full site visits and, as requested by ACGME staff members, for some focused visits, excluding those for new program applications and programs with a status of Pre-Accreditation, the information below can be updated in ADS prior to the visit by the date indicated on the first page of the site visit announcement letter.

Information to update is listed by name and tab location in ADS:

- Changes and Other Updates Updated Block Diagram
- Clinical Experience and Educational Work
- Faculty Roster
- Overall Evaluation Methods
- Participating Sites
- Program Director CV
- Responses to Citations

Information that can be updated immediately prior to a site visit includes a section entitled "Major Changes and Other Updates." Programs can use this free-text field (4,000 characters) to tell the Accreditation Field Representative(s) and the Review Committee any information that may be useful to the review process. This may include recent changes or improvements in the program, or interventions to address lower-scoring items in the ACGME Resident or Faculty Surveys.

What documents need to be updated prior to a site visit for a program with Initial Accreditation?

An updated version of the specialty-specific application document describing the current status of the program must be completed. Programs should also update the common program information. Other documents to update include: block diagram; program letters of agreement (PLAs); goals and objectives; policy for supervision of residents/fellows; forms used for evaluation of a faculty member; semiannual and final evaluation forms; policy for clinical and educational work hours; forms used for resident/fellow evaluation of

the program; forms used for faculty member evaluation of the program; form used for evaluation of a resident/fellow by a faculty member, form used for multi-source evaluation of a resident/fellow; and policy for resident/fellow and faculty member well-being.

What is a site visit following review of the program's Annual Data?

Programs with a status of Continued Accreditation are subject to an annual screening of key accreditation data. This includes the ACGME Resident and Faculty Surveys; Case Log data (if applicable); surveys about adequacy of patient volume and variety for other specialties; information on scholarly activity for residents/fellows and faculty members: resident/fellow and/or faculty member attrition; and transitions in program and/or institutional leadership. If any of these areas suggests a problem, the Review Committee may ask the program to provide clarifying information, a progress report, or it may schedule a site visit. Data-prompted site visits may be full or focused visits at the discretion of the Review Committee.

Programs generally do not need to complete additional documentation for a data-prompted visit. Program leadership needs to review the data that can be updated in ADS immediately before a site visit (See above for a list of this information).

What documents are requested for on-site review for each type of site visit?

All site visits use information uploaded into ADS, and site visits other than those for new program applications use data from the ACGME Resident and Faculty Surveys, data on resident and faculty scholarly activity, and Case Log and patient experience data, as relevant to the specialty.

The documents required for an on-site review depends on the type of site visit. A standard list of each document required by type of visit is attached to the ACGME site visit announcement letter. New application site visits require less documentation, as since documents were already submitted through ADS.

The ACGME has shortened the list of documents for on-site review and is looking to further streamline this aspect of the site visit. Much of this information is now gathered from resident/fellow files. For residents/fellows with academic or other performance problems, there should be documented evidence of follow up, including remediation, probation, non-renewal, or dismissal, as applicable.

Some committees request additional documents for review at the site visit. The assigned Accreditation Field Representative(s) will inform the program director or coordinator of these requests.

In what format should evaluation documents be available during a site visit for programs that use electronic resident evaluation systems?

A growing number of institutions and programs use electronic evaluation systems or data management "suites" for collection, aggregation, and presentation of a variety of data related to the administration of residency/fellowship programs. The ACGME and its Review Committees have clarified expectations regarding information that should be available to the Accreditation Field Representative(s) to enable them to verify the existence of a functioning evaluation process, including discussion of evaluations with residents/fellows. Evidence of this can be offered via traditional paper-based evaluation forms, print-outs of electronic evaluations, or the online documents. All formats need to include evidence that these evaluations were reviewed with the resident/fellow, such as the resident's/fellow's signature.

What are the ACGME's expectations for resident and fellow files to be made available during accreditation site visits?

During accreditation site visits, the ACGME Field Representatives assess core program aspects, such as a functioning assessment system and the required semi-annual evaluations of residents/fellows, by reviewing resident/fellow files. The goal is to reduce the burden on program leadership by focusing the review on existing documentation. On the day of the site visit, programs should have samples of current resident/fellow files (one or two from each year of the program), and one or two files of the program's most graduates. If any residents/fellows transferred into or left the program during for the three most recent academic years for any reason prior to completion, their files should also be available for review.

How should residents/fellows be selected to meet with the Accreditation Field Representative(s), and what is expected of them during these interviews?

The resident/fellow interview is crucial to the site visit. If a program has 15 or fewer residents/fellows, the Accreditation Field Representative(s) will interview all residents/fellows on duty the day of the visit. If a program has more than 15 residents/fellows, 15 to 20 peer-selected residents/fellows representing all required years of education will be interviewed.

Trainees beyond the required years of residency (such as fourth-year internal medicine chief residents), or those not in the accredited program, may not participate in the resident/fellow interview but may be in the faculty member interview. For programs with a combined program track, such as internal medicine-psychiatry, representative residents from the combined program must be in the interview.

For the site visit of a Sponsoring Institution, the interview group should include 15 to 18 residents and fellows representative of the programs sponsored by the institution.

For program site visits, residents/fellows often are interviewed in smaller groups, with those in the most senior year(s) of the program interviewed separately. For some types of site visits, residents/fellows may be interviewed individually. The Accreditation Field Representative or team leader who contacts the program/institution to plan site visit logistics will indicate the interview format. On the day of the site visit, the interview process may change if it appears a different approach will produce better results.

Residents/fellows and faculty members should be made available for the entire interview period, with their pagers and cell phones turned off.

What happens during a program site visit?

The Accreditation Field Representative or team conducts interviews with the program director and associate directors (if applicable), residents/fellows, faculty members, the program coordinator, and the designated institutional official (D10) and/or other administrative representatives, as well as on-site review of documentation. The documents reviewed vary among site visits, and a list of required documents is attached to the letter announcing the accreditation site visit. For some specialties, or if there were prior citations related to facilities, the Accreditation Field Representative(s) may tour selected clinical facilities.

A clarification interview conducted with the program director at the end of the site visit may include feedback from the Accreditation Field Representative/team, including a succinct summary highlighting two to three key strengths, and suggested improvement in two to three areas. The feedback is based on the Accreditation Field Representative's/team's understanding of the accreditation standards and familiarity with relevant best practices. The Accreditation Field Representative/team will not offer predictions regarding accreditation outcomes; these decisions are the sole purview of the Review or Recognition Committee.

Does the Accreditation Field Representative(s) meet with the program coordinator, and if so, what information is discussed?

For most accreditation site visits, the Accreditation Field Representative(s) will meet briefly with the program coordinator, often in conjunction with the document review portion of the visit.

For some visits, such as the 10-Year Accreditation Site Visit and some data-prompted visits, the Accreditation Field Representative(s) may conduct a brief interview with the coordinator to ask about the learning and working environment, institutional support and professional development for coordinators, and more.

What happens after the site visit?

After a site visit, the Accreditation Field Representative/team writes a detailed narrative report that is used, together with information in the ADS, by the Review or Recognition Committee to make its accreditation decision. Accreditation Field Representatives do not participate in the accreditation decision.

All committees meet two or more times each year, and the ACGME strives to review all Sponsoring Institutions and programs in a timely fashion. The schedule of committee meetings and the agenda closing dates for each meeting are listed on the specialty sections of the ACGME website. Programs can contact committee staff members to find out if their program will be reviewed at a given meeting.

A few days after the meeting during which a program is reviewed, the committee sends an electronic notice indicating the accreditation status determined at the meeting. The detailed accreditation decision will be posted in the program's ADS account 60 to 90 days after the meeting.

Can a program request to change its site visit date?

Due to the logistics involved in conducting a large number of site visits, requests to change a site visit date generally cannot be honored. Exceptions are made in certain circumstances, and all requests to change a site visit date must be made to Andrea Chow (achow@acgme.org, 312.755.5009) or Penny Iverson-Lawrence (pil@acgme.org, 312.755.5014). Requests must be made within five calendar days of receipt of the site visit announcement letter. Programs have the option of one postponement, if the request meets ACGME justification criteria. Requests for changes or postponements made more than five days after the date of the site visit announcement need to be accompanied by a letter from the institution's DIO or Chief Executive Officer. The letter must indicate the institution agrees with the request for a change in the site visit date. Programs may be charged a fee for the late notice of the postponement request.

How does a program prepare for a site visit related to an accreditation application in the transition to a single GME accreditation system?

Between July 1, 2015 and June 30, 2020, American Osteopathic Association (AOA)-approved programs that apply for ACGME accreditation immediately receive the status of Pre-Accreditation. Specialty programs and subspecialty programs in surgical specialties require a site visit prior to review by the specialty Review Committee. For many subspecialty programs, the Review Committee reviews the application documentation without a site visit).

For initial review by the Review Committee, a program with Pre-Accreditation status needs to demonstrate how it complies or will comply with the ACGME Common and specialty-specific Program Requirements, and it is important that the application documents describe this compliance.

During the site visit, the Accreditation Field Representative(s) will interview residents/fellows, faculty members, and program and institutional leadership. Residents/fellows and faculty members will be asked about the current status of the program in areas pertinent to ACGME standards, such as the educational curriculum, patient volume and variety at the primary and participating sites, supervision, availability of faculty members,

faculty member teaching skills and interest in teaching, resident/fellow assessment, and resident/fellow and faculty member scholarly activity. The Accreditation Field Representative(s) may ask about the composition and work of the Clinical Competency Committee and the Program Evaluation Committee.

While the Accreditation Field Representative(s) will be able to answer questions about the site visit and the ACGME accreditation process during the site visit, the primary resource for osteopathic programs with questions about accreditation is the Review Committee Executive Director, and his/her staff, at the ACGME.

What are the key dates for the program Self-Study and the 10-Year Accreditation Site Visit?

Programs with a status of Continued Accreditation are expected to conduct a Self-Study before undergoing their 10-Year Accreditation Site Visit. The initial Self-Study date for all programs with Continued Accreditation was set by the applicable specialty Review Committee. For programs accredited more recently, the Review Committee sets the date for the initial Self-Study at the time the program is reviewed to transition to Continued Accreditation, after the two-year Initial Accreditation period.

At the conclusion of the Self-Study, programs complete a Self-Study Summary that is uploaded into ADS. This summary requests data on key attributes of the Self-Study, but does not ask about areas for improvement or other information that could negatively affect the accreditation process.

A gap of at least 24 months between the Self-Study and the 10-Year Accreditation Site Visit is intended to give programs time to initiate or make improvements in areas identified during the Self-Study.

How does a program know when to initiate its Self-Study?

Seven to eight months prior to the Self-Study date shown in ADS, the Department of Field Activities e-mails the program to initiate the Self-Study. This e-mailed letter includes a link to resources for conducting the Self-Study.

Programs should start their Self-Study at that time, but can begin sooner. Program and Program Evaluation Committee leaders are encouraged to review the Self-Study resources page on the ACGME website for additional information.

Can a Program request an extension for uploading the Self-Study Summary?

Ideally, the Self-Study should be conducted and the summary uploaded during the assigned period, to allow the program at least 24 months to make improvements prior to the 10-Year Accreditation Site Visit. In some circumstances, an extension will be granted. Submit requests to Andrea Chow: achow@acgme.org, 312.755.5009.

Does a Program that recently transitioned to Continued Accreditation need to conduct a Self-Study?

Programs that recently transitioned to a status of Continued Accreditation may not yet have the improvement trajectory to warrant a full Self-Study. These programs may instead perform an Annual Program Evaluation with a focus on program aims and an environmental assessment (see the Self-Study web page for guidance). Before deciding whether to conduct a Self-Study or Annual Program Evaluation, program leadership should check with the DIO, as some DIOs prefer that all programs conduct a Self-Study.

Programs with a status of Initial Accreditation do not complete a Self-Study.

When and where does the program upload the Self-Study Summary?

After the Self-Study has been completed, leadership completes a Self-Study Summary (available on the Self-Study page), and uploads the document into ADS.

The date for uploading the Self-Study Summary is noted in ADS as the first day of a given month (e.g., September 1, 2018). The portal for uploading the Self-Study Summary opens on the first day of the prior month, and closes on the last day of the designated month (i.e., if a program's Self-Study date in ADS is September 1, 2018, the program can upload the Self-Study Summary between August 1, 2018 and September 30, 2018).

To upload the completed Self-Study Summary into ADS, click the Overview tab, and scroll down to Self-Study Uploads. Click View. Under Self-Study Summary, click Upload, select the appropriate document, and then select Upload. The document is automatically saved in ADS.

Are any additional documents required with the Self-Study Summary?

No additional documents or attachments need to be uploaded with the Self-Study Summary.

Who reviews the Self-Study Summary once it is uploaded?

The Self-Study Summary will be saved in ADS until the program's 10- Year Accreditation Site Visit. During that site visit, the Accreditation Field Representative(s) will review the document, along with the Summary of Achievements that details improvements the program made in areas identified in its Self-Study. Both documents will be verified and clarified during the site visit, and provided to the Review Committee along with a Site Visit Report by the Accreditation Field Representative(s).

When is a 10-Year Accreditation Site Visit program scheduled?

The 10-Year Accreditation Site Visit is scheduled approximately 24 months or more after the program has submitted its Self-Study Summary.

For example, if a program's Self-Study date is September 2018, its 10- Year Accreditation Site Visit will be scheduled between March and September 2020; the program will receive a 90-day advance notice of the actual site visit date. Specialty and subspecialty programs with the same Self-Study dates will be scheduled in a grouped visit.

For the 10-Year Accreditation Site Visit, program leaders are asked to complete a Summary of Achievements, a brief document that details improvements made in areas identified in the Self-Study. Programs may also update the Self-Study document if there were significant changes since the Self-Study, or if the Self-Study Summary was uploaded prior to April 2017. Completing the Self-Study Update document is optional.

Does a program that recently transitioned to Continued Accreditation need to have a 10-Year Accreditation Site Visit?

This is generally an issue for subspecialty programs with the same 10- Year Accreditation Site Visit date as the specialty program. Programs that recently had a site visit to transition to a status of Continued Accreditation may not need another site visit. The ACGME tries to avoid more than one site visit in a 12-month period, and

may be able to forego a site visit if one occurred within 24 months. The final decision is made by the Review Committee Executive Director.

What are key attributes of site visits for Sponsoring Institutions?

Site visits to Sponsoring Institutions are conducted after two years of Initial Accreditation status, as a data-prompted visit, an annual visit for an institution with a status of Probationary Accreditation, or as a 10- Year Accreditation Site Visit.

The Accreditation Field Representative(s) conducts interviews with the D10, the institution's chief executive officer, members of the Graduate Medical Education Committee (GMEC), selected program directors who are not members of the GMEC, and a representative group of peer-selected residents and fellows.

During the site visit, the Accreditation Field Representative(s) will use these interviews to verify and clarify the information in the Institutional Review Questionnaire, focusing on assessing and documenting institutional oversight of the accredited residency and fellowship programs.

Ideally, faculty member representatives from all sites should be present. If that presents a hardship due to geography or other factors, the ACGME will schedule a brief separate interview (via video or phone) with the local site director (and, if desired, one additional faculty member).



Accreditation Council for Graduate
Medical Education

Self-Study

Eight Steps for Conducting The ACGME Program Self- Study

The suggested eight-step sequence described here is intended to offer guidance to programs conducting their first Self-Study.

The Self-Study is an objective, comprehensive evaluation of the residency or fellowship program, with the aim of improving it. Underlying the Self-Study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and "self-identified" areas for improvement ("self-identified" is used to distinguish this dimension of the Self-Study from areas for improvement the Review Committee identifies during accreditation reviews).

To offer context for the Self-Study, there are two new concepts: 1) an exploration of program aims; and 2) an assessment of the program's institutional, local and, as applicable, regional environment. Both are discussed in detail below. The focus on aims and the program's environmental context is to enhance the relevance and usefulness of the program evaluation, and support improvement that goes beyond compliance and the requirements.

Additional Notes

Conducting the Self-Study for a dependent subspecialty program

The ACGME has placed added responsibility for oversight of subspecialty programs on the core program and Sponsoring Institution.

The Self-Study group for the core program should try to coordinate activities with the Self-Study groups for any dependent subspecialty programs, to take advantage of common dimensions, explore potential synergies, and reduce the burden that may be associated with conducting an independent self-assessment

1. Assemble the Self-Study Group

The 10-Year Accreditation Site Visits for subspecialty programs will be coordinated with the visit of their respective core program.

Membership: The members of the Program Evaluation Committee (PEC) are the ideal core group for the Self-Study, as they are familiar with the Annual Program Evaluation process and the resulting action plans and improvement efforts. Including the program coordinator is also recommended.

Additional Participants: While the ACGME does not require additional participants in the Self-Study process, it may be beneficial to have other individuals offer their perspectives. This might include department leadership, a clerkship director, chief residents (both in the accredited years of training and beyond), or experts in education, curriculum design, or assessment. These individuals should be included if program leaders think that their contributions would be beneficial. The D10 may be able to provide suggestions for institutional experts to include.

CCC Representative: It may be beneficial to include a member of the Clinical Competency Committee (CCC) in the Self-Study group. The CCC possesses educational outcome data, which could provide key input into Self-Study discussions.

2. Engage Program Leader and Constituents in a Discussion of Program Aims

The basic components of the Self-Study is an Annual Program Evaluation. Added components include setting program aims and conducting an abbreviated strategic assessment of the program, focusing on strengths, areas for improvement, opportunities, and threats.

The first task of the Self-Study group is a discussion of program aims. Aims are program and institutional leaders' views of key expectations for the program, as well as how the program differentiates itself from other programs in the same specialty/subspecialty. Aims may focus on the types of trainees recruited by the program, or on preparing graduates for particular careers (clinical practice, academics, research, or primary/generalist care). Aims may also include other objectives, such as care for underserved patients, health policy or advocacy, population health, or generating new knowledge.

Program aims should be vetted with program and institutional leadership, and in some institutions, setting aims will be an institution-level initiative. In setting aims, programs should generally take a longer-term strategic view. However, aims may change overtime. Factors such as a shift in program focus initiated by institutional or department leadership, changes in local or national demand for a resident workforce with certain capabilities, or new opportunities to train residents and fellows in a different setting may prompt revision of program aims.

3. Aggregate and Analyze Data from Your Annual Program Evaluations and the Self-Study to Create a Longitudinal Assessment of Program Strengths and Areas for Improvement

The core data for the Self-Study is information from successive Annual Program Evaluations, with a focus on program strengths and self-identified areas for improvement; how improvements are prioritized, selected, and implemented; and follow-up to assess whether interventions were effective.

Added data for the Self-Study should relate to ongoing improvement activities and the perspectives of program stakeholders, such as results of the annual ACGME Resident and Faculty Surveys, and relevant departmental or institutional data.

Data aggregation and evaluation should (1) address any active citations and areas for improvement from the program's most recent review; (2) identify any additional areas where the program may not be in compliance with ACGME requirements; and (3) focus on improvement that goes beyond compliance with requirements, with particular attention to improvements relevant to the program's aims.

4. Examine the Program's Environment for Opportunities and Threats

The next step in the Self-Study process is to conduct an assessment of the program's environment. The rationale for examining opportunities for and threats facing the program is to provide context for the Self-Study.

Opportunities: Opportunities are external factors that are not entirely under the control of the program. but if acted on, will help the program flourish. Opportunities take many forms, such as access to expanded populations for ambulatory care at a local health center, partnering with an institution with a simulation center, or availability of new clinical or educational technology through agreements with external parties.

Threats: Threats are also largely beyond the program's control and come in many forms. They could result from a change in support for resident/fellow education at the national level, from changing priorities at the institutional or state level, or from local factors, such as erosion of a primary ambulatory system based on voluntary faculty. The benefit of assessing program threats is that plans can be developed to mitigate their effect.

5. Obtain Stakeholder Input on Strengths, Areas for Improvement, Opportunities, and Threats to Prioritize Actions

These data should be confirmed and augmented by information from program stakeholders (residents/fellows, faculty members, others as relevant). In some cases, important information may include the perceptions of representatives from other specialties who interact with the program's residents or fellows.

To collect this information, the program may use surveys, conduct meetings with residents/fellows, or organize a retreat. Feedback from recent graduates could also provide useful data on the program's educational effectiveness. The only circumstance that may impact accreditation is if the program does not conduct a Self-Study and submit the Self-Study Summary to the ACGME.

Engagement of stakeholders (faculty members, residents, and others, as determined by program leaders) in ongoing conversations about what does and does not work in the program is a critical component of the Self-Study. Stakeholders should also be engaged in a discussion of program aims and an assessment of program context, either as part of the Self-Study or Annual Program Evaluation, or as a stand-alone activity to jumpstart the program's improvement process

Program leaders, the program coordinator, and others as needed, should assemble a "program improvement" file from prior Annual Program Evaluations and past action plans to use as a starting point for this program improvement effort.

6. Interpret the Data and Aggregate the Self-Study Findings

The next step is to interpret the aggregated data from the Self-Study. Specific elements will include:

- a. establish the working set of program aims
- b. list key program strengths
- c. prioritize among self-identified areas for improvement to select those for active follow-up, and to help define specific improvement activities
- d. discuss opportunities that may enhance the program, and developing plans to take advantage of them
- e. discuss threats identified in the Self-Study, and developing plans to mitigate their impact
- f. conduct a five-year look-back using the data from Annual Program Evaluations

- g. conduct a five-year look forward that also seeks to answer the question, "What will take this program to the next level?"
- h. describe any learning that occurred during the Self-Study

7. Discuss and Validate the Findings with Stakeholders

The Self-Study findings from Step 6, particularly the five-year look forward and the vision for the program should be shared with faculty members and residents/fellows. This step should validate the findings and improvement priorities identified by the Self-Study group with these key stakeholders.

For a specialty program with dependent subspecialty programs, there should be a discussion about any common strengths, areas for improvement, and shared opportunities and threats for some or all of the dependent subspecialties. These may be important priorities for improvements, particularly those requiring institutional resources.

8. Develop a Succinct Self-Study Document for Use in Further Program Improvement as Documentation for the Program's 10-Year Site Visit

In addition to completing the Self-Study Summary to be submitted to the ACGME, programs should maintain a document for their own records that lists the strengths and areas of improvement identified during the Self-Study process.

The final step for the Self-Study group, or an individual designated by the group, is to compile a succinct Self-Study document that describes the process and key findings in the areas of program aims, threats and opportunities assessment, and program strengths and areas for improvement.

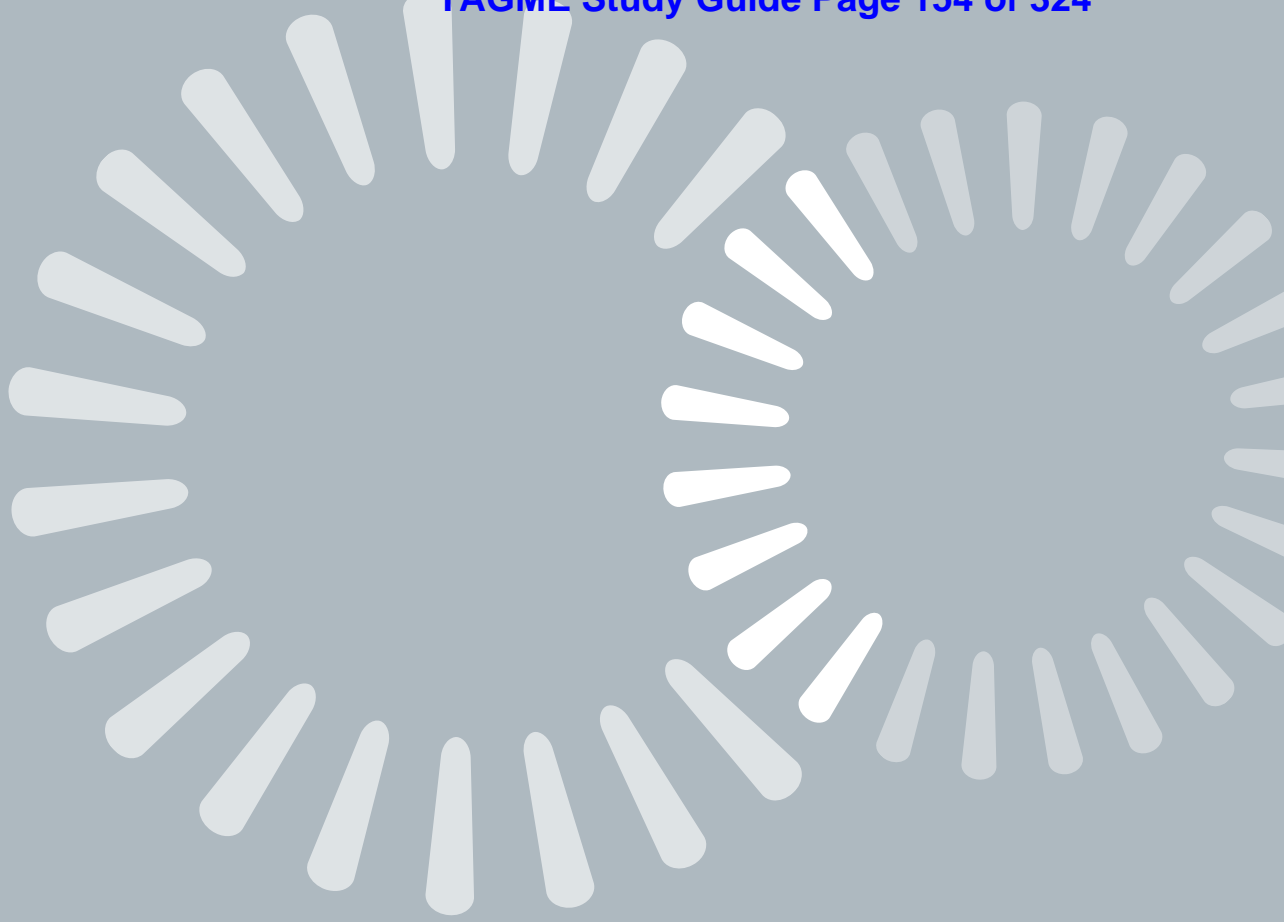
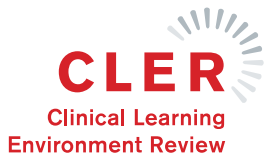
In contrast to the internal Self-Study documents, the Self-Study Summary submitted to the ACGME does not include information on program strengths and areas for improvement. The Summary of Achievements, to be submitted for the program's 10-Year Accreditation Site Visit, will contain a list of program strengths, and program priorities for improvement identified during the Self-Study for which the program has been able to make improvements. Because program improvement activities are considered quality improvement, no information on areas that have not yet been improved should be submitted to the ACGME. This allows programs to conduct a frank assessment of areas for improvement, and to be able to report on those improvements at the time of their 10-Year Accreditation Site Visit.

At the time of the 10-Year Accreditation Site Visit, the program will list its strengths and provide a written update describing improvements already been realized since the Self-Study.

Programs should maintain a list of strengths, areas for improvement, and opportunities and threats shared among some or all of the dependent subspecialties. Some of this information will be required in the Summary of Achievements programs must complete prior to their 10-Year Accreditation Site Visit.

Ideally, the role of data collection, aggregation, and tracking of progress for these areas should be assigned to an individual or to a small group (with each individual responsible for a particular area of improvement).

For the 10-Year Accreditation Site Visit, the ACGME will not ask programs to provide any information on areas identified during the Self-Study that have not yet resulted in improvements.



CLER PATHWAYS TO EXCELLENCE

EXPECTATIONS FOR AN OPTIMAL
CLINICAL LEARNING ENVIRONMENT TO ACHIEVE
SAFE AND HIGH-QUALITY PATIENT CARE

VERSION 2.0



ACGME

Accreditation Council for
Graduate Medical Education

CLER Pathways Version 2.0

The Clinical Learning Environment Review (CLER) Program is pleased to present Version 2.0 of *CLER Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment to Achieve Safe and High-Quality Patient Care*. The *Pathways* document continues to serve as a tool for promoting discussions and actions to optimize the clinical learning environment (CLE). This version frames each of the pathways and properties from the health system's perspective, recognizing that health care organizations create and are therefore primarily responsible for the CLE. This focus emphasizes the importance of the interface between graduate medical education (GME) and the hospitals, medical centers, and ambulatory sites that serve as CLEs.

This version of the *Pathways* also places greater emphasis on the clinical care team (and resident and fellow physicians as members of the team). In addition to noting the role of the clinical care team throughout the document, Version 2.0 introduces a new CLER Focus Area called Teaming. The concept of teaming recognizes the dynamic and fluid nature of the many individuals of the clinical care team that come together in the course of providing patient care to achieve a common vision and goals. It also recognizes the benefits of purposeful interactions that allow team members to quickly identify and capitalize on their various professional strengths –coordinating care that is both safe and efficient. This new Focus Area also expressly recognizes and explores the CLE's perspective on the patient's role in teaming. Teaming replaces the previous Focus Area called Care Transitions; the properties from Care Transitions were either retired or redistributed as properties of the other five CLER Focus Areas.

These updates reflect the CLER Program's commitment to continuous improvement toward the goal of optimizing the delivery of safe, high-quality patient care.

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ISBN 978-1-945365-32-4

Suggested citation: CLER Evaluation Committee. *CLER Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment to Achieve Safe and High-Quality Patient Care, Version 2.0*. Chicago, IL: Accreditation Council for Graduate Medical Education; 2019. doi:10.35425/ACGME.0003

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Introduction

In the late 1990s, the National Academy of Medicine (formerly the Institute of Medicine) conducted a multiyear project to examine the quality of health care in the United States.¹ The result of that effort was a series of reports^{2,3} that highlighted serious patient safety concerns, variability in the quality of care, and continuing health care disparities. More than 20 years after the release of those reports, the overall progress in improving the nation's health care has been slow.

The physician workforce is one of the key levers to improving health care. A 2012 survey of hospital leaders conducted by the American Hospital Association found that newly trained physicians were deficient in the areas of communication, use of systems-based practices, and interprofessional teamwork and highlighted the need to educate US physicians, residents, and fellows to address quality improvement.⁴

More than 135,000 resident and fellow physicians train in US teaching hospitals, medical centers, and other clinical settings.⁵ These individuals work on the front lines of patient care. In this role, they need to be prepared to recognize patient safety events and intervene when appropriate, to champion performance improvement efforts, and to work effectively in interprofessional^a teams on systems-based issues such as transitions in patient care. This next generation of physicians needs the skills to be able to lead changes in our nation's health care organizations, both large and small.

The ACGME recognizes the public's need for a physician workforce capable of meeting the requirements of a rapidly evolving health care environment. Efforts to address those needs began in the late 1990s when the ACGME, collaborating with the American Board of Medical Specialties, established six core competencies and designed and implemented a framework for attaining the skills needed for the modern practice of medicine. This framework drives both the educational curriculum and the evaluation of outcomes for residents and fellows. As a subsequent step in the evolution of GME, the ACGME implemented the Next Accreditation System as its current model of accreditation.⁶ The Next Accreditation System emphasizes outcomes of resident and fellow learning, assessed through a set of performance measures, including the Milestones, which indicate the individual's progress toward independent practice. Other examples of these measures include: clinical experience as evidenced through the Case Logs, scholarly activity, and pass rates for specialty certification.

^a The CLER Program considers "interprofessional" as interactions (e.g., patient care, learning) that involve individuals from two or more clinical professions.

The CLER Program

The ACGME established the CLER Program in 2012⁷ to provide GME leaders and executive leaders of hospitals, medical centers, and other clinical settings with formative feedback aimed at improving patient care while optimizing the CLE in six important cross-cutting areas such as patient safety and health care quality.

The CLER Program conducts site visits to the hospitals, medical centers, and other clinical settings of ACGME-accredited institutions that host residency and fellowship programs.⁸ During these visits, CLER Field Representatives meet with the organization's executive leadership (e.g., chief executive officer, chief medical officer, chief nursing officer); the organization's leaders in patient safety, health care quality, and well-being; leaders of GME; and groups of residents and fellows, faculty members, and program directors. Additionally, the CLER site visit teams conduct Walking Rounds on various patient floors, units, and service areas to gather input from other members of the clinical care team regarding how the organization functions as a learning environment.

At the conclusion of each visit, the CLER Field Representatives meet with the organization's executive leadership to share their observations of resident and fellow engagement in the Focus Areas. It is through this feedback that the ACGME seeks to improve both physician education and the quality of patient care within these organizations.

The CLER Program is separate and distinct from nearly all accreditation activities. Two essential elements connect the CLER Program with the rest of the accreditation process: (1) each Sponsoring Institution is required to periodically undergo a CLER site visit every 24 (± 6) months; and (2) the chief executive officer and the leader of GME (specifically the designated institutional official) of the clinical site must attend the opening and closing sessions of the CLER site visit.

The CLER Program is built on a model of continuous quality improvement. Its purpose is to evaluate, encourage, and promote improvements in the CLE. The CLER Program provides sites with three types of formative feedback: (1) an oral report at the end of the site visit; (2) a written narrative report summarizing the observations of the CLER Field Representative(s); and (3) reports that provide

national aggregated and de-identified data displayed along a continuum of progress toward achieving optimal resident and fellow engagement in the CLER Focus Areas.

The individual CLER site visit reports are kept confidential. The National Reports of aggregated, de-identified CLER Program data are shared publicly and used to inform future US residency and fellowship accreditation policies, procedures, and requirements.

Developing the CLER Pathways

The *CLER Pathways to Excellence*⁹ document serves a tool to promote discussions and actions to optimize the CLE, furthering the aim of the CLER Program. The ACGME presents the CLER pathways as expectations rather than requirements, anticipating that CLEs will strive to meet or exceed these expectations in their efforts to provide the best care to patients and to produce the highest quality physician workforce.

The ACGME's CLER Evaluation Committee, a group that provides oversight and guidance on all aspects of the CLER Program, develops each version of the *CLER Pathways to Excellence*. The committee's members represent a broad range of perspectives and are selected based on their national and international expertise in areas of patient safety, health care quality, hospital leadership, GME, and patient perspectives. Their continued input, combined with that of the CLER Field Representatives, GME leadership, the executive leadership of Sponsoring Institutions and other clinical sites, and the community—as well as what is learned from the data generated by the CLER site visits—helps to evolve each version of the *CLER Pathways to Excellence* to reflect the current state of GME and the health care system.

Using the CLER Pathways' Framework

The *CLER Pathways to Excellence* provides a framework for clinical sites to use in their continuing efforts to prepare the clinical care team to deliver consistently safe, high-quality patient care. Central to the document is a series of pathways for each of the six CLER Focus Areas, which are essential to creating an optimal CLE. In turn, each pathway has a series of key properties that can be used to assess resident, fellow, and faculty member engagement within the learning environment.

For example, the Patient Safety Focus Area has seven defined pathways. The first is:

PS Pathway 1: Education on patient safety

Five properties are attached to this pathway—each designed to assess the GME connection to the structures and processes the CLE has put in place to promote safe, high-quality patient care. The first is:

The clinical learning environment:

- a. Provides residents, fellows, and faculty members with interprofessional, experiential training on the principles and practices of patient safety.*

In total, Version 2.0 of the *Pathways* document presents six Focus Areas, 34 pathways, and 139 properties. Because the scope and number of pathways and properties are more than can be covered at one time, the CLER Program will not assess all of these elements on every CLER site visit. The CLER Program and the CLER Evaluation Committee hope that CLEs will find valuable guidance in all of the items, regardless of whether they are formally assessed.

Version 2.0 of *Pathways* recognizes the CLE is a shared space, encompassing both early and lifelong learners across the professions. As such, the document focuses on the clinical care team and emphasizes the interdependence of roles and the importance of modeling optimal behaviors for early learners. It also recognizes the key role of patients and caregivers in partnering with the care team to achieve optimal outcomes.

The majority of the pathways and their properties cannot be achieved without a close partnership between the GME leadership and the highest level of executive leadership at the clinical site. The feedback from the CLER Program will assist institutions in prioritizing and acting on opportunities to improve the CLE for resident and fellow physicians and—ultimately—the quality of patient care.

Informing the Accreditation Process

As noted earlier, the CLER Program provides formative feedback—to individual clinical sites, the ACGME, and the public. The *CLER Pathways to Excellence* document is a tool for assessing the present and simultaneously envisioning and planning for the future. By setting expectations for an optimal CLE, the

pathways and properties serve to stimulate conversations that lead to innovation and improvements in service of both patients and learners. The *CLER Pathways* differ from the ACGME Common Program Requirements and the Institutional Requirements in that they are not utilized to determine the accreditation status of Sponsoring Institutions and their residency programs.

The CLER Program is designed to inform the Common Program Requirements and Institutional Requirements in aggregate. The CLER Evaluation Committee periodically reviews the cumulative data from the CLER site visits, along with emerging research in the six Focus Areas, and uses the information to reassess the pathways, revise them as needed, and make recommendations, as appropriate, regarding potential changes to GME accreditation requirements. As elements of the *CLER Pathways to Excellence* migrate to requirements, these elements are removed from future versions of the document and replaced with new areas for exploration. In this manner, the CLER Program serves as a catalyst to continually inform accreditation, while striving for excellence in patient safety and health care quality.

Striving for Excellence

The CLER Evaluation Committee and, ultimately, the ACGME Board of Directors continually monitor the progress of the CLER Program. Success associated with the *CLER Pathways to Excellence* is assessed by tracking aggregated data over time and mapping progress along the pathways toward the goal of achieving optimal engagement.

The *CLER Pathways to Excellence* is intended to accelerate national conversations among educators, health care leadership, policy makers, and patients as to the importance of continually assessing and improving the environments in which the US physician workforce trains, as well as the role of GME in promoting safe, high-quality patient care.

Patient Safety (PS)

The optimal clinical learning environment continually provides experiences that residents and fellows need to engage with the clinical site's efforts to address patient safety. It is important that the clinical site has processes to identify and implement sustainable, systems-based improvements to address patient safety vulnerabilities and that such processes engage interprofessional teams as part of ongoing efforts to deliver the safest and highest quality patient care.²

PS Pathway 1: Education on patient safety

The clinical learning environment:

- a. Provides residents, fellows, and faculty members with interprofessional, experiential training on the principles and practices of patient safety.
- b. Ensures that faculty members are proficient in the application of principles and practices of patient safety.
- c. Engages residents and fellows in patient safety educational activities in which the clinical site's systems-based challenges are presented and techniques for designing and implementing system changes are discussed.
- d. Provides residents, fellows, and faculty members with education on the clinical site's proactive risk assessments (e.g., failure mode and effects analysis).
- e. Ensures that the clinical site's patient safety education program is developed collaboratively by patient safety officers, residents, fellows, faculty members, nurses, and other members of the clinical care team.

PS Pathway 2: Culture of safety

The clinical learning environment:

- a. Regularly conducts a culture of safety survey with all members of the clinical care team to identify opportunities for improvement and shares results across the organization.
- b. Establishes formal risk-based mechanisms to identify hazards, monitor for potential vulnerabilities, and ensure patient safety.
- c. Creates and sustains a fair and just culture for reporting patient safety events for the purposes of systems improvement.
- d. Maintains mechanisms to provide second-victim emotional support to the clinical care team involved in patient safety events.
- e. Directly reaches out to residents and fellows involved in patient safety events to provide second-victim emotional support.

Patient Safety CONTINUED

PS Pathway 3: Reporting of adverse events, near misses/close calls, and unsafe conditions

The clinical learning environment:

- a. Provides the clinical care team, including residents, fellows, and faculty members, with education on the types of vulnerabilities and range of reportable patient safety events.
- b. Ensures that the clinical care team, including residents, fellows, and faculty members, knows the benefits of reporting patient safety events to improve patient care at the clinical site.
- c. Ensures that residents, fellows, and faculty members know that it is their responsibility to report patient safety events into the clinical site's central reporting system rather than delegating this responsibility.
- d. Captures patient safety events reported by residents, fellows, and faculty members via any mechanism (e.g., online, telephone calls, chain of command) in the clinical site's central reporting system.
- e. Provides GME leadership (routinely) and the clinical site's governing body (at least annually) with information on patient safety events reported by residents, fellows, and faculty members.

PS Pathway 4: Experience in patient safety event investigations and follow-up

The clinical learning environment:

- a. Ensures that residents and fellows engage in interprofessional, experiential patient safety event investigations that include analysis, implementation of an action plan, and monitoring for continuous improvement related to patient care.
- b. Provides direct feedback to members of the clinical care team, including residents and fellows, on the outcomes resulting from personally reporting a patient safety event.
- c. Shares lessons learned from patient safety investigations across the organization with all members of the clinical care team, including residents and fellows.

PS Pathway 5: Clinical site monitoring of resident, fellow, and faculty member engagement in patient safety

The clinical learning environment:

- a. Monitors resident, fellow, and faculty member reporting of patient safety events.
- b. Monitors resident, fellow, and faculty member participation in patient safety event investigations.
- c. Uses data from monitoring resident, fellow, and faculty member patient safety reports to develop and implement actions that improve patient care.
- d. Monitors resident, fellow, and faculty member participation in implementing action plans resulting from patient safety event investigations.

PS Pathway 6: Resident and fellow education and experience in disclosure of events

The clinical learning environment:

- a. Provides residents and fellows with experiential training with their faculty members (e.g., simulated or authentic patient care experience) in the clinical site's process for disclosing patient safety events to patients and families.
- b. Ensures that residents and fellows are involved with faculty members in disclosing patient safety events to patients and families at the clinical site.

PS Pathway 7: Resident, fellow, and faculty member engagement in care transitions

The clinical learning environment:

- a. Provides residents, fellows, and faculty members with simulated or real-time interprofessional training on communication to optimize transitions of care at the clinical site.
- b. Ensures that residents, fellows, and faculty members use a common clinical site-based process for change-of-duty hand-offs.
- c. Ensures that residents, fellows, and faculty members use a standardized direct verbal communication process for patient transfers between services and locations at the clinical site.
- d. Involves residents, fellows, and program directors in the development and implementation of strategies to improve transitions of care.
- e. Monitors transitions of patient care managed by residents and fellows.

Health Care Quality (HQ)

The optimal clinical learning environment provides experiential and interprofessional training in all phases of quality improvement aligned with the quality goals of the clinical site.³ In this way, it ensures that residents and fellows engage with the entire cycle of quality improvement—from planning through implementation and reassessment.

HQ Pathway 1: Education on quality improvement

The clinical learning environment:

- a. Ensures that residents, fellows, and faculty members are familiar with the clinical site's priorities and goals for quality improvement.
- b. Provides the clinical care team, including residents, fellows, and faculty members with ongoing education and training on quality improvement that involves experiential learning and interprofessional teams.
- c. Engages residents, fellows, and faculty members in quality improvement educational activities where the clinical site's systems-based challenges are presented, and techniques for designing and implementing systems changes are demonstrated.
- d. Ensures that the clinical site's quality improvement education program is developed collaboratively by quality officers, residents, fellows, faculty members, nurses, and other members of the clinical care team to reflect the clinical site's quality program's priorities and goals.
- e. Ensures the integration of quality improvement processes and lessons learned into the daily workflow of clinical care.

HQ Pathway 2: Resident and fellow engagement in quality improvement activities

The clinical learning environment:

- a. Provides opportunities for residents and fellows to actively engage in interprofessional quality improvement.
- b. Ensures that residents and fellows actively engage in interprofessional quality improvement that is aligned and integrated with the clinical site's priorities for sustained improvements in patient care.
- c. Maintains a central repository for all quality improvement projects, including resident- and fellow-led projects, to monitor progress and assess the quality of the projects.
- d. Shares quality improvement outcomes with all members of the clinical care team, including residents and fellows, across the organization.

HQ Pathway 3: Data on quality metrics

The clinical learning environment:

- a. Provides the clinical care team, including residents and fellows, with clinical site-level quality metrics and benchmarks.
- b. Provides the clinical care team, including residents and fellows, with aggregated data on quality metrics and benchmarks related to their patient populations.
- c. Provides the clinical care team, including residents and fellows, with data on quality metrics and benchmarks specific to the patients for whom they provide direct patient care.
- d. Ensures that the clinical care team, including residents, fellows, and faculty members, can interpret data on quality metrics and benchmarks.

HQ Pathway 4: Resident and fellow engagement in the clinical site's quality improvement planning process

The clinical learning environment:

- a. Engages residents, fellows, and faculty members in strategic planning for quality improvement.
- b. Engages residents, fellows, and faculty members in interprofessional service-line, departmental, and clinical site-wide quality improvement committees.
- c. Periodically reviews resident and fellow quality improvement projects to integrate with the clinical site's quality improvement planning process.

HQ Pathway 5: Resident, fellow, and faculty member education on eliminating health care disparities

The clinical learning environment:

- a. Provides the clinical care team, including residents, fellows, and faculty members with education on the differences between health disparities and health care disparities.
- b. Ensures that residents, fellows, and faculty members know the clinical site's priorities for addressing health care disparities.
- c. Educates residents, fellows, and faculty members on identifying and eliminating health care disparities among specific patient populations receiving care at the clinical site.
- d. Maintains a process that informs residents, fellows, and faculty members on the clinical site's process for identifying and eliminating health care disparities.

Health Care Quality CONTINUED

HQ Pathway 6: Resident, fellow, and faculty member engagement in clinical site initiatives to eliminate health care disparities

The clinical learning environment:

- a. Engages residents, fellows, and faculty members in defining strategies and priorities to eliminate health care disparities among its patient population.
- b. Identifies and shares information with residents, fellows, and faculty members on the social determinants of health for its patient population.
- c. Provides residents, fellows, and faculty members with quality metrics data on health care disparities grouped by its patient population.
- d. Provides opportunities for residents, fellows, and faculty members to engage in interprofessional quality improvement projects focused on eliminating health care disparities among its patient population.
- e. Monitors the outcomes of quality improvement initiatives aimed at eliminating health care disparities among its patient population.

HQ Pathway 7: Residents, fellows, and faculty members deliver care that demonstrates cultural humility

The clinical learning environment:

- a. Provides residents, fellows, and faculty members continual training in cultural humility relevant to the patient population served by the clinical site.
- b. Ensures that the clinical care team, including residents, fellows, and faculty members, delivers care that incorporates the views of culturally diverse patient populations.

Teaming (T)

The optimal clinical learning environment supports high-performance teaming. The concept of teaming recognizes the dynamic and fluid nature of the many individuals of the clinical care team that come together in the course of providing patient care to achieve a common vision and goals.¹⁰ Teaming recognizes the benefits of purposeful interactions in which team members quickly identify and capitalize on their various professional strengths—coordinating care that is both safe and efficient. The team members collaborate and share accountability to achieve outstanding results.

T Pathway 1: Clinical learning environment promotes teaming as an essential part of interprofessional learning and development

The clinical learning environment:

- a. Maintains an organizational strategy to promote interprofessional learning on teaming.
- b. Provides continual interprofessional educational programming on teaming that engages residents, fellows, and faculty members.
- c. Ensures the development and maintenance of interprofessional skills on teaming that engages residents, fellows, and faculty members.
- d. Ensures continual interprofessional learning on teaming that engages residents, fellows, and faculty members across the continuum of patient care and at all care delivery sites.
- e. Engages in continual goal-setting and monitoring of interprofessional learning on teaming.

T Pathway 2: Clinical learning environment demonstrates high-performance teaming

The clinical learning environment:

- a. Ensures that patient care planning by residents, fellows, and faculty members (e.g., diagnostic and treatment strategies) is conducted in the context of interprofessional teams.
- b. Ensures that transitions in care conducted by residents, fellows, and faculty members (e.g., change-of-duty hand-offs, transfers of patients between services and locations) involves, as appropriate, interprofessional teams.
- c. Engages residents, fellows, and faculty members in interprofessional performance improvement activities, including patient safety and quality improvement, across service lines and health care settings.
- d. Ensures that patient care processes are designed with interprofessional collaborative input, including the GME community.

Teaming CONTINUED

T Pathway 3: Clinical learning environment engages patients* to achieve high-performance teaming

The clinical learning environment:

- a. Maintains a strategy to engage patients as part of its effort to ensure high-performance teaming.
- b. Ensures that patients are engaged with their clinical care team in decisions related to their care.
- c. Engages patients in the development and revision of the clinical site's policies and procedures on patient care in which residents and fellows are involved (e.g., duty hours, supervision, informed consent).
- d. Ensures that patients are involved, as appropriate, in resident and fellow care transitions (e.g., change-of-duty hand-offs).

T Pathway 4: Clinical learning environment maintains the necessary system supports to ensure high-performance teaming

The clinical learning environment:

- a. Provides professional development resources to ensure interprofessional learning and high-performance teaming that includes residents, fellows, and faculty members.
- b. Provides interprofessional resources to support teaming activities within and across service lines and health care settings.
- c. Monitors the use of interprofessional resources to support high-performance teaming.
- d. Ensures that information technology personnel are integrated into interprofessional teams and that resources are available to support high-performance teaming.
- e. Demonstrates how it engages the clinical care team, including residents, fellows, and faculty members, in integrating artificial intelligence (e.g., decision support) to support high-performance teaming.
- f. Monitors the degree of patient engagement in the design and practice of teaming.

* "Patient" can include family members, caregivers, patient legal representatives, and others.

Supervision (s)

The optimal clinical learning environment provides all members of the clinical care team and patients with mechanisms to raise supervision concerns. It also continuously monitors resident and fellow supervision to implement actions that enhance patient safety.¹¹ For each resident and fellow, GME encompasses progressive levels of supervision throughout the educational program.

S Pathway 1: Education on supervision

The clinical learning environment:

- a. Educates the clinical care team, including residents, fellows, and faculty members, on GME expectations for supervision and progressive autonomy throughout the residency and fellowship experience.
- b. Educates residents, fellows, and faculty members on the clinical site's expectations on how GME provides effective supervision of patient care.

S Pathway 2: Culture of supervision

The clinical learning environment:

- a. Ensures that residents and fellows receive adequate supervision as defined by the clinical site.
- b. Maintains a culture of supervision such that residents and fellows feel safe and supported in requesting assistance in the delivery of patient care.
- c. Fosters a supportive and nonpunitive culture of supervision for members of the clinical care team to report concerns about resident and fellow supervision.
- d. Ensures that mechanisms are in place for the clinical care team, including residents and fellows, to escalate supervision concerns in real-time.
- e. Establishes expectations for and monitors the quality of supervision of consultative services provided by residents and fellows.

Supervision CONTINUED

S Pathway 3: Roles of clinical staff members other than physicians in resident and fellow supervision

The clinical learning environment:

- a. Ensures that clinical staff members other than physicians act on concerns related to the supervision of residents and fellows.
- b. Ensures that clinical staff members other than physicians are knowledgeable about the clinical site's expectations for supervision and progressive autonomy throughout the residency and fellowship experience.
- c. Periodically assesses the perceptions of clinical staff members other than physicians that the clinical site provides residents and fellows with a supportive culture for requesting assistance from supervising physicians.
- d. Ensures that clinical staff members other than physicians escalate concerns when supervision policies and procedures are not followed at the clinical site.

S Pathway 4: Patient* perspectives on graduate medical education supervision

The clinical learning environment:

- a. Ensures that patients understand the roles and are able to identify the names of attending physicians, residents, and fellows caring for them at the clinical site.
- b. Ensures that patients have adequate contact with the resident and fellow team caring for them at the clinical site.
- c. Communicates to patients the mechanism for them to directly contact the attending physician in charge of their care about concerns with supervision.
- d. Includes patients' perceptions in monitoring adequate supervision of residents and fellows.

* "Patient" can include family members, caregivers, patient legal representatives, and others.

S Pathway 5: Clinical site monitoring of resident and fellow supervision and workload

The clinical learning environment:

- a. Maintains information systems, accessible by the clinical care team, to verify the level of supervision required for residents and fellows to perform specific patient procedures.
- b. Monitors the use of systems to verify the level of supervision required for residents and fellows to perform specific patient procedures.
- c. Ensures that mechanisms are in place to systematically monitor and expeditiously address potential patient care vulnerabilities due to resident and fellow supervision.
- d. Monitors for patient care vulnerabilities due to the impact of faculty workload on resident and fellow supervision to formulate and implement strategies to mitigate the vulnerabilities.
- e. Monitors and assesses faculty member supervision of resident and fellow transfers of patient care, including change-of-duty and between services and locations at the clinical site.

Well-being (WB) – SELECTED TOPICS

The optimal clinical learning environment is engaged in systematic and institutional strategies and processes to cultivate and sustain the well-being of both its patients and its clinical care team.¹² The delivery of safe and high-quality patient care on a consistent and sustainable basis can be rendered only when the clinical learning environment ensures the well-being of clinical care providers. The following pathways and properties reflect selected topics in this area.

WB Pathway 1: Clinical learning environment promotes well-being across the clinical care team to ensure safe and high-quality patient care

- a. The clinical site creates a supportive clinical care community that is free of stigma, that is safe, and that embraces, promotes, and supports well-being.
- b. Leadership engages front-line health care providers in designing and developing priorities and strategies that support well-being.
- c. The clinical site builds awareness and educates the clinical care team on the risks, signs, symptoms, and recognition of fatigue in the context of patient care specific to the clinical site.
- d. The clinical site builds awareness and educates the clinical care team on the risks, signs, symptoms, and recognition of burnout in the context of patient care specific to the clinical site.
- e. Clinical learning environment and GME leadership demonstrate behaviors that promote well-being, thereby serving as role models for the clinical care team.

WB Pathway 2: Clinical learning environment demonstrates specific efforts to promote the well-being of residents, fellows, and faculty members

- a. Leadership engages residents, fellows, and faculty members in designing, developing, and continually stewarding priorities and strategies that support well-being.
- b. The clinical learning environment demonstrates continuous effort to support programs and activities that enhance the physical and emotional well-being of residents, fellows, and faculty members.

WB Pathway 3: Clinical learning environment promotes an environment where residents, fellows, and faculty members can maintain their personal well-being while fulfilling their professional obligations

The clinical learning environment:

- a. Establishes organizational expectations for resident, fellow, and faculty member workload—duration and intensity—consistent with safe and high-quality care for their patients and the educational needs of GME.
- b. Identifies and monitors patient care activities by residents, fellows, and faculty members that exceed the expectations of duration and intensity (volume and complexity) set by the clinical learning environment.
- c. Demonstrates continued improvement efforts to eliminate work-related activities that exceed the expectations of duration and intensity (volume and complexity) set by the clinical learning environment.
- d. Seeks and implements longitudinal approaches to enhance residents, fellows, and faculty members' ability to balance their personal needs with that of their work-related responsibilities.

WB Pathway 4: Clinical learning environment demonstrates system-based actions for preventing, eliminating, or mitigating impediments to the well-being of residents, fellows, and faculty members

The clinical learning environment:

- a. Promotes resilience training that is interprofessional and includes residents, fellows, and faculty members to ensure the safe and effective care of their patients.
- b. Ensures that systems are in place to actively recognize and mitigate fatigue among residents, fellows, and faculty members.
- c. Ensures that systems are in place to actively recognize and alleviate burnout among residents, fellows, and faculty members.
- d. Identifies GME-related systems and processes that may impede well-being in the clinical learning environment and works with the Sponsoring Institution to eliminate these impediments.
- e. Identifies clinical site-related systems and processes that may impede well-being in the clinical learning environment and works to eliminate these impediments.

Well-being CONTINUED

WB Pathway 5: Clinical learning environment demonstrates mechanisms for identification, early intervention, and ongoing support of residents, fellows, and faculty members who are at risk of or demonstrating self-harm

The clinical learning environment:

- a. Builds awareness and educates the clinical care team on the risks, signs, symptoms, and recognition of those who are at risk of or demonstrating self-harm.
- b. Ensures confidentiality and actively facilitates early detection of residents, fellows, and faculty members at risk of or demonstrating self-harm.
- c. Establishes systems or processes that provide residents, fellows, and faculty members at risk of or demonstrating self-harm confidential access to treatment and other related services that are commensurate with occupational and personal needs.
- d. Effectively addresses the emotional needs of its residents, fellows, and faculty members in relation to catastrophic work-related events (in the course of patient care or among the members of the clinical care team).

WB Pathway 6: Clinical learning environment monitors its effectiveness at achieving the well-being of the clinical care team

The clinical learning environment:

- a. Actively monitors and assesses the effectiveness of its efforts to promote the optimal integration of work with personal needs related to self, family, friends, and community.
- b. Actively monitors and assesses the effectiveness of its efforts to eliminate harm to patients due to clinician fatigue.
- c. Actively monitors and assesses the effectiveness of its efforts to eliminate harm to patients due to clinician burnout.
- d. Actively monitors and assesses the effectiveness of its efforts to assess and provide care for those who are at risk of or demonstrating self-harm.

Professionalism (PR) – SELECTED TOPICS

The optimal clinical learning environment recognizes that attitudes, beliefs, and skills related to professionalism directly impact the quality and safety of patient care. It has mechanisms in place for reporting concerns around professionalism, periodic assessment of concerns and identification of potential vulnerabilities, and the provision of feedback and education related to resulting actions.¹³ The following pathways and properties reflect selected topics in this area.

PR Pathway 1: Education on professionalism

The clinical learning environment:

- a. Educates the clinical care team, including residents, fellows, and faculty members, on the clinical site's expectations for professional conduct in an interprofessional environment.
- b. Educates the clinical care team, including residents, fellows, and faculty members, on clinical site, regional, and national issues of professionalism (e.g., appropriate use of copyrighted material, documentation practices).

PR Pathway 2: Culture of professionalism

The clinical learning environment:

- a. Promotes a culture of professionalism that supports honesty, integrity, and respectful treatment of others.
- b. Ensures that residents and fellows follow the clinical site's policies, procedures, and professional guidelines when documenting (e.g., work hours, moonlighting, Case Log reporting).
- c. Ensures that residents, fellows, and faculty members follow the clinical site's policies, procedures, and professional guidelines when documenting in the electronic medical record—with special attention to documentation of clinical information that is based on direct assessment or appropriately attributed information.
- d. Ensures a culture of professionalism in which residents and fellows immediately report any unsafe conditions in patient care, drawing the clinical care team's attention to unsafe events in progress (e.g., “stop the line”).
- e. Provides mechanisms for members of the clinical care team, including residents, fellows, and faculty members, to report concerns about professionalism without retaliation.
- f. Ensures that residents, fellows, and faculty members engage in timely, direct, and respectful communication in the development of patient care plans among primary and consulting teams.

Professionalism CONTINUED

PR Pathway 3: Conflicts of interest

The clinical learning environment:

- a. Educates residents and fellows on its conflict of interest policies and potential issues related to patient care, including the clinical site's conflicts of interest.
- b. Educates residents and fellows on how the clinical site supports residents and fellows in managing conflicts of interests that they encounter.
- c. Ensures that residents, fellows, and faculty members disclose potential conflicts of interest throughout resident and fellow education and patient care.
- d. Maintains databases on resident, fellow, and faculty member potential conflicts of interest (e.g., research funding, commercial interests) that are accessible to the clinical care team.
- e. Assesses patient safety events for issues related to resident, fellow, and faculty member conflicts of interest.

PR Pathway 4: Patient* perceptions of professional care

The clinical learning environment:

- a. Educates residents, fellows, and faculty members on how patient experience data on professionalism are used to improve patient care.
- b. Routinely provides residents, fellows, and faculty members with patient experience data on professionalism at the clinical site.

PR Pathway 5: Clinical site monitoring of professionalism

The clinical learning environment:

- a. Routinely assesses the culture of professionalism and uses that information to continuously improve the clinical site.
- b. Monitors documentation practices related to resident, fellow, and faculty member use of the electronic medical record and other sources of patient health information.
- c. Monitors for the appropriate use of copyrighted material available to the public as part of education efforts around in-service and board examinations.
- d. Monitors for accurate reporting of resident and fellow work hours.
- e. Effectively addresses reported behaviors of unprofessionalism and ensures that the clinical site is absent of chronic, persistent unprofessional behavior.

* "Patient" can include family members, caregivers, patient legal representatives, and others.

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ISBN 978-1-945365-32-4



Medical schools outside the United States and Canada vary in educational standards, curricula, and evaluation methods. The Educational Commission for Foreign Medical Graduates (ECFMG), through its program of certification, assesses whether physicians graduating from these schools are ready to enter programs of graduate medical education in the United States.

This Fact Sheet is intended to provide international medical school students and graduates (IMGs) interested in graduate medical education in the United States with basic information on ECFMG Certification, as well as next steps and additional resources for those who are ready to begin the certification process.

The definitive resource on ECFMG Certification is the ECFMG *Information Booklet*. The definitive resource on the United States Medical Licensing Examination® (USMLE®) is the USMLE *Bulletin of Information*. Before applying for examination, you must read the applicable editions of these publications. In the event that information in this Fact Sheet differs from the corresponding information in the ECFMG *Information Booklet*/USMLE *Bulletin of Information*, the latter publications will contain the most current and accurate information.

The purpose of ECFMG Certification is to assess whether IMGs are ready to enter U.S. residency and fellowship programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). If you wish to enter such a program, ACGME requires you to be certified by ECFMG before you can start the program. ECFMG Certification is also required before applying to take Step 3 of the USMLE. In the United States, to obtain a license to practice medicine, physicians must apply directly to the jurisdiction where they plan to practice medicine. Licensing jurisdictions in the United States require that IMGs applying for unrestricted licensure be certified by ECFMG.

To be eligible for certification by ECFMG, international medical graduates must meet the following requirements.

Medical School Requirements

The physician's medical school must meet requirements established by ECFMG. Schools that meet all requirements will be listed in the *World Directory of Medical Schools (World Directory)* as meeting eligibility requirements for their students and graduates to apply to ECFMG for ECFMG Certification and examination. To confirm that your medical school meets ECFMG's requirements, access the *World Directory* at www.wdoms.org. Medical schools that meet ECFMG's requirements will have an ECFMG note stating this in the schools' *World Directory* listing. The ECFMG note also will include the graduation years for which the school meets these requirements. Since ECFMG is a sponsor of the *World Directory*, the ECFMG note is located on the "Sponsor Notes" tab of the medical school listing. If there is no ECFMG note on the Sponsor Notes tab of your medical school's listing, you are not eligible to apply to ECFMG for ECFMG Certification and examination.

Important Note: Beginning in 2024 (previously 2023), individuals will be eligible to apply for ECFMG Certification—the first step in the certification process—and take the required examinations if, at the time of application, their medical school is accredited by an accrediting agency recognized by the World Federation for Medical Education (WFME). Further details regarding the 2024 Medical School Accreditation Requirement, including eligibility guidelines, are available on the ECFMG website at www.ecfm.org/accreditation. International medical students and graduates interested in ECFMG Certification should monitor this website section for the latest information.

ECFMG CERTIFICATION 2021

Visit www.ecfm.org to:

- **Get updates** on ECFMG Certification and related policies and services.
- **Subscribe** to *The ECFMG® Reporter* for important updates on ECFMG Certification and entry into graduate medical education in the United States.

Complete the Application for ECFMG Certification using the Interactive Web Applications (IWA).

- **Apply** for Step 1 and Step 2 Clinical Knowledge (CK) of the United States Medical Licensing Examination® (USMLE®) using IWA.
- **Apply** to Pathways for ECFMG Certification for 2021 Match using the pathways application.

Access your information:

- Using the On-line Applicant Status and Information System (OASIS), or
- Download the mobile app.



Follow us on social media!



INFORMATION BOOKLET

Educational Commission for
Foreign Medical Graduates

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Philadelphia, PA 19104-2685 USA
www.ecfm.org

Accessed from www.ecfm.org 12/2020

Form 100s.
September 30, 2020

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About the ECFMG Information Booklet and Application Materials

The ECFMG *Information Booklet* contains detailed information on ECFMG's program of certification. The information contained in this booklet pertains only to the ECFMG certification process and related applications and services.

Applicants for examination must use the applicable edition of the *Information Booklet*. The 2021 *Information Booklet* pertains to eligibility periods in 2021. If your eligibility period extends into 2022 and you test in 2022, you must become familiar with and will be subject to the policies and procedures detailed in the 2022 *Information Booklet*. The 2022 *Information Booklet* is expected to be available in September 2021. See the information on eligibility periods under [Applying for Examination](#) in *The United States Medical Licensing Examination (USMLE)* section of this booklet.

The [USMLE Bulletin of Information](#) provides information about the USMLE, a three-step examination for medical licensure in the United States. In the event that information about the USMLE in the ECFMG *Information Booklet* differs from the corresponding information in the USMLE *Bulletin of Information*, the information in the USMLE *Bulletin of Information* controls.

IMPORTANT

Applicants for examination are required to read and become familiar with the information contained in and referenced in both the ECFMG *Information Booklet* and the USMLE *Bulletin of Information*. The USMLE *Bulletin of Information* is available on the [USMLE website](#). Exam applicants should also carefully read the exam application [overview](#) and [instructions](#) available in ECFMG's Interactive Web Applications (IWA). Applicants should also review and be familiar with the [Policies and Procedures Regarding Irregular Behavior](#).

Although current at the time of publication, the information contained in the 2021 *Information Booklet* is subject to change. If changes occur, information will be posted on the ECFMG website. **You are responsible for checking the ECFMG website for updates and changes to the certification program.**

ECFMG provides important updates on ECFMG Certification and entry into graduate medical education in the United States via an e-mail newsletter called *The ECFMG® Reporter* and via Facebook and Twitter. ECFMG encourages applicants to [subscribe](#) to *The ECFMG® Reporter* and follow ECFMG on [Facebook](#) and [Twitter](#).

The *Information Booklet* describes deadlines related to exam applications, scheduling, and other services. Unless otherwise indicated, deadlines are calculated using Eastern Time in the United States.

Consistent with ECFMG's Privacy Notice, ECFMG may share the information contained in your application, or that otherwise may become available to ECFMG, with any federal, state or local governmental department or agency, with any hospital, training program or any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information. This may include reporting determinations of irregular behavior to the USMLE Committee for Individualized Review, Federation of State Medical Boards of the United States, U.S. state and international medical licensing authorities, graduate medical education programs, and to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information. For further information regarding ECFMG's data collection and privacy practices, please refer to our [Privacy Notice](#).

ECFMG strives to ensure proper processing of applications for ECFMG Certification and examination, other service requests related to ECFMG Certification and examination, and the information contained in such applications and requests. In the unlikely event that an error occurs in the processing of applications, requests, or associated materials, ECFMG will make reasonable efforts to correct the error, if possible, or permit you either to reapply at no additional fee or to receive a refund. These are the exclusive remedies available to applicants for errors in processing applications and other service requests related to ECFMG Certification, examination, and the other programs described in this booklet.

Please note that ECFMG will not provide services of any kind if doing so would be considered violative of any applicable international, federal, state, or local laws or regulations. Additionally,

ECFMG may delay or suspend provision of services while investigating whether the services or surrounding circumstances violate such laws, regulations, or ECFMG's policies and procedures.

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Important Notices

Requirements for ECFMG Certification for 2021 Match

To be certified by ECFMG, applicants have been required to pass USMLE Step 1, Step 2 Clinical Knowledge (CK), and Step 2 Clinical Skills (CS). The USMLE program has suspended the Step 2 CS examination until at least June 2021. In response to the suspension of Step 2 CS by the USMLE program, ECFMG has identified pathways that will allow qualified applicants who have not passed Step 2 CS to meet the requirements for ECFMG Certification. These pathways are directed toward individuals who intend to enter the 2021 Match. Applicants who apply to a pathway will be required to attain a satisfactory score on an English language proficiency assessment. Pathway applicants also must meet all other requirements for ECFMG Certification. For detailed information, visit the [Requirements for ECFMG Certification for 2021 Match](#) section of the ECFMG website.

Important Note: Applicants who have a passing performance on USMLE Step 2 CS that is valid for ECFMG Certification and/or are certified by ECFMG are ineligible for the pathways. These individuals do not need to pursue the pathways to meet the requirements for ECFMG Certification or to participate in the 2021 Match.

Special Notes for 2021 in USMLE *Bulletin of Information*

Applicants for examination should read the Special Notes for 2021 in the USMLE *Bulletin of Information* on upcoming policy changes, COVID-19 information, and USMLE Step 2 CS. The USMLE program recommends that applicants routinely monitor the [USMLE Announcements page](#) and the [COVID-19 Resource Center](#) available on the USMLE website.

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ECFMG Certification

About ECFMG Certification | [Requirements for ECFMG Certification](#) | [Standard ECFMG Certificate](#)

About ECFMG Certification

The Educational Commission for Foreign Medical Graduates (ECFMG), through its program of certification, assesses whether international medical graduates are ready to enter residency or fellowship programs in the United States that are accredited by the [Accreditation Council for Graduate Medical Education \(ACGME\)](#). ACGME requires international medical graduates who enter ACGME-accredited programs to be certified by ECFMG.

ECFMG Certification assures directors of ACGME-accredited residency and fellowship programs, and the people of the United States, that international medical graduates have met minimum standards of eligibility to enter such programs. ECFMG Certification does not, however, guarantee that these graduates will be accepted into programs; the number of applicants each year exceeds the number of available positions.

ECFMG Certification is also one of the eligibility requirements for international medical graduates to take Step 3 of the three-step [USMLE](#). Medical licensing authorities in the United States require that international medical graduates be certified by ECFMG, among other requirements, to obtain an unrestricted license to practice medicine.

ECFMG defines an international medical graduate as a physician who received his/her basic medical degree from a medical school located outside the United States and Canada*. Citizens of the United States who have completed their medical education in schools outside the United States and Canada are considered international medical graduates; non-U.S. citizens who have graduated from medical schools in the United States and Canada are not considered international medical graduates.

* The United States and Canada refer to the geographic locations where citizens are issued passports by the governments of either the United States or Canada.

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ECFMG Certification

[About ECFMG Certification](#) | [Requirements for ECFMG Certification](#) | [Standard ECFMG Certificate](#)

Requirements for ECFMG Certification

To be eligible for certification by ECFMG, international medical graduates must meet the following requirements.

Medical School Requirements

The physician's medical school must meet requirements established by ECFMG. Schools that meet all requirements will be listed in the *World Directory of Medical Schools (World Directory)* as meeting eligibility requirements for their students and graduates to apply to ECFMG for ECFMG Certification and examination. To confirm that your medical school meets ECFMG's requirements, access the *World Directory* at www.wdoms.org. Medical schools that meet ECFMG's requirements will have an ECFMG note stating this in the schools' *World Directory* listing. The ECFMG note also will include the graduation years for which the school meets these requirements. Since ECFMG is a sponsor of the *World Directory*, the ECFMG note is located on the "Sponsor Notes" tab of the medical school listing. If there is no ECFMG note on the Sponsor Notes tab of your medical school's listing, you are not eligible to apply to ECFMG for ECFMG Certification and examination. For tips, see the quick guide on [how to confirm that a medical school meets eligibility requirements](#).

Important Note: Beginning in 2024 (previously 2023), individuals will be eligible to apply for ECFMG Certification—the first step in the certification process—and take the required examinations if, at the time of application, their medical school is accredited by an accrediting agency recognized by the World Federation for Medical Education (WFME). Further details regarding the 2024 Medical School Accreditation Requirement, including eligibility guidelines, are available on the ECFMG website at www.ecfm.org/accreditation. International medical students and graduates interested in ECFMG Certification should monitor this website section for the latest information.

Application for ECFMG Certification

International medical students/graduates who wish to pursue ECFMG Certification must submit an Application for ECFMG Certification. The Application for ECFMG Certification consists of an on-line application and the Certification of Identification Form (Form 186) available through ECFMG's Interactive Web Applications (IWA). The Application for ECFMG Certification requires applicants to confirm their identity, contact information, and graduation from or enrollment in a medical school that is listed in the *World Directory* as meeting ECFMG eligibility requirements. See [Medical School Requirements](#). See [Application for ECFMG Certification](#).

Examination Requirements

Important Note: The USMLE program has suspended the Step 2 Clinical Skills (CS) examination until at least June 2021. Please see the [Important Notices](#) in this booklet for information on the Requirements for ECFMG Certification for 2021 Match.

The examination requirements for ECFMG Certification include passing Step 1 and Step 2 of the USMLE.

To meet the examination requirements for ECFMG Certification, applicants must:

1. Satisfy the medical science examination requirement.

Step 1 and Step 2 Clinical Knowledge (CK) of the USMLE are the exams currently administered that satisfy this requirement.

2. Satisfy the clinical skills requirement.

A passing performance on Step 2 CS of the USMLE satisfies this requirement. For qualified applicants who have not passed Step 2 CS and intend to enter the 2021 Match, ECFMG has developed pathways to satisfy this requirement. See [Requirements for ECFMG Certification for 2021 Match](#) on the ECFMG

website. Longer-term plans are in process for applicants pursuing Certification who plan to participate in future Matches.

ECFMG has established time limits for completing the examinations required for ECFMG Certification. For detailed information, including information on time limits and using a passing performance on former exams to satisfy these requirements, see [Examinations for ECFMG Certification](#).

Medical Education Credential Requirements

The physician's graduation year must be included in the ECFMG note in the medical school's *World Directory* listing. See [Medical School Requirements](#). International medical graduates must have been awarded credit for at least four credit years (academic years for which credit has been given toward completion of the medical curriculum) by a medical school that is listed in the *World Directory* as meeting ECFMG eligibility requirements. There are restrictions on credits transferred to the medical school that awards an applicant's medical degree that can be used to meet this requirement. See [ECFMG Policy on Transfer Credits](#) in *Medical Education Credentials*.

Applicants must document the completion of all requirements for, and receipt of, the **final medical diploma**. See the [Reference Guide for Medical Education Credentials](#) on the ECFMG website for the exact title of the final medical diploma you must have earned (and must provide). ECFMG verifies every applicant's medical school diploma with the appropriate officials of the medical school that issued the diploma and requests that the medical school provide the **final medical school transcript**. Verification by ECFMG with the issuing school may also be required for transcripts that are submitted to document transferred credits. See [Medical Education Credentials](#).

Important Note: Submitting falsified or altered documents may result in a finding of irregular behavior and permanent annotation of your ECFMG record. For more information and potential consequences, see [Policies and Procedures Regarding Irregular Behavior](#).

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ECFMG Certification

[About ECFMG Certification](#) | [Requirements for ECFMG Certification](#) | Standard ECFMG Certificate

Standard ECFMG Certificate

The Accreditation Council for Graduate Medical Education (ACGME) requires international medical graduates who enter ACGME-accredited programs of graduate medical education in the United States to be certified by ECFMG.

ECFMG issues the Standard ECFMG Certificate to applicants who meet all of the requirements for certification. International medical graduates must also pay any outstanding charges on their ECFMG financial accounts before their certificates are issued. Standard ECFMG Certificates are issued to applicants approximately two weeks after all of these requirements have been met. The date that the Standard ECFMG Certificate is issued is the date an international medical graduate is considered certified by ECFMG. Currently, ECFMG sends the Standard ECFMG Certificate to the applicant's address of record by Federal Express. For tips, see the quick guide on [how to ensure you receive your ECFMG Certificate](#) as soon as possible.

The Standard ECFMG Certificate includes:

- The name of the applicant;
- The certificate number;
- The dates that the examination requirements were met; and
- The date that the certificate was issued.

Confirming ECFMG Certification to Third Parties

ECFMG offers the Certification Verification Service (CVS) to provide primary-source confirmation of the ECFMG certification status of international medical graduates. ECFMG will confirm your certification status when a request is received from a U.S. medical licensing authority, residency program director, hospital, or other organization that, in the judgment of ECFMG, has a legitimate interest in such information. For status reports sent to medical licensing authorities, the request can also be made by you. For more information, see *Confirming ECFMG Certification to Third Parties* in *Related ECFMG Services*.

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Your ECFMG Record

USMLE/ECFMG Identification Number | [Your Name](#) | [Changing Your Name](#) | [Contact Information](#)

USMLE/ECFMG Identification Number

Before you can submit an Application for ECFMG Certification or apply to ECFMG for an exam, you must obtain a USMLE/ECFMG Identification Number. You can obtain a USMLE/ECFMG Identification Number by accessing [Interactive Web Applications \(IWA\)](#). Please allow approximately five business days to receive your Identification Number.

The information you provide during the process of obtaining a USMLE/ECFMG Identification Number will become a part of your permanent ECFMG record. If you fail to provide your name exactly as it appears on your current, unexpired passport, you will be required to submit acceptable documentation, as described in [Changing Your Name](#) in *Your ECFMG Record*, to change the name in your ECFMG record. If ECFMG determines that the biographic information you submit is inaccurate, not complete, or insufficient to assign a USMLE/ECFMG Identification Number to you, your request for the USMLE/ECFMG Identification Number will not be processed.

Once ECFMG informs you of your number, you must include it on all communications, applications, medical education credentials, request forms, and payments that you send to ECFMG. You will also need your USMLE/ECFMG Identification Number to use ECFMG's [on-line services](#).

You will only be assigned one USMLE/ECFMG Identification Number. Your USMLE/ECFMG Identification Number cannot be changed. Obtaining or attempting to obtain a USMLE/ECFMG Identification Number after one has been assigned to you may result in a finding of irregular behavior. If you forget or lose your USMLE/ECFMG Identification Number, you can obtain it by accessing [IWA](#) or by [contacting ECFMG](#). Use the contact information for General Inquiries on the Contact ECFMG page of the ECFMG website. To protect the privacy of applicants, ECFMG will not provide USMLE/ECFMG Identification Numbers by telephone.

Important Note: As part of the process of obtaining an Identification Number, you will be asked if you previously submitted an Application for ECFMG Certification and/or an application for examination to ECFMG. You also will be asked if you were previously assigned a USMLE Identification Number. If you were previously assigned a USMLE Identification Number or have submitted a prior application to ECFMG, you must answer “Yes” to the applicable question(s), even if you submitted the prior application under a different name or did not take the exam for which you applied. You must answer “Yes” regardless of whether you submitted an on-line application or a paper application. If you were previously assigned a USMLE Identification Number or have submitted an application to ECFMG but indicate that you were not previously assigned a number or have not applied previously, this may result in a finding of irregular behavior and permanent annotation of your ECFMG record. See [Policies and Procedures Regarding Irregular Behavior](#).

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Your ECFMG Record

[USMLE/ECFMG Identification Number](#) | Your Name | [Changing Your Name](#) | [Contact Information](#)

Your Name

You must ensure that the name in your ECFMG record matches your name exactly as it appears on your current, unexpired passport. This name will appear on your Standard ECFMG Certificate once you have met all requirements for certification. You must use this name consistently in all communications you send to ECFMG, including applications and requests for other services. Failure to use the name in your ECFMG record consistently in all communications with ECFMG may delay exam registration. It may also prevent you from taking an exam for which you are registered and scheduled.

You can check the name in your ECFMG record on-line using [OASIS](#) or the MyECFMG mobile app. If the name in your ECFMG record does not match your name exactly as it appears on your passport, you must submit acceptable documentation to ECFMG to change the name in your ECFMG record. See [Changing Your Name](#) in *Your ECFMG Record*.

- The name you submit on your exam **application** will appear on your exam **scheduling permit**. Your name, as it appears on your scheduling permit, must exactly match the name on the form(s) of **identification** you present at the test center. Please review your scheduling permit for details and limited exceptions. See information on required identification under [Taking the Examination](#) in *The United States Medical Licensing Examination (USMLE)*.
- If the name on your **scheduling permit** has been misspelled, [contact ECFMG](#) immediately by e-mail, telephone, or fax. Use the contact information for General Inquiries on the Contact ECFMG page of the ECFMG website.
- If you change the name in your ECFMG record while you are registered for an exam, a revised scheduling permit reflecting this change will be issued. ECFMG will send your revised scheduling permit via e-mail. You must present the revised scheduling permit at the test center on your exam date. Name changes must be received **and processed** by ECFMG no later than seven business days before your testing appointment, or you will not be able to test.
- If you have a valid *Certification of Identification Form* (Form 186) on file with ECFMG, it will be invalidated when the name in your ECFMG record is changed, and you will be required to complete a new *Certification of Identification Form* (Form 186) before you may apply for examination.
- If the name on your **medical diploma, transcript, or other credential** does not match **exactly** the name in your **ECFMG record**, you must submit documentation, as described in [Verifying Your Name](#) in *Medical Education Credentials* that **verifies** the name on your medical diploma, transcript, or other credential is (or was) your name.

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Your ECFMG Record

[USMLE/ECFMG Identification Number](#) | [Your Name](#) | Changing Your Name | [Contact Information](#)

Changing Your Name

If the name in your ECFMG record does not match your name exactly as it appears on your current, unexpired passport and you want to request a **change** of name in your ECFMG record, send a completed [Request to Change Applicant Biographic Information \(Form 182\)](#) to ECFMG. Form 182 is available in the Resources section of the ECFMG website and from ECFMG, upon request. Form 182 requires you to provide a reason for the name change and must be accompanied by a copy of the appropriate document(s), as defined on Form 182. ECFMG must be able to determine from the document(s) you submit that your name has legally changed from the name currently in your ECFMG record to the name you are requesting to appear in your record and that you are using this new name consistently. This means that it may be necessary for you to submit more than one document to support your name change request. **For the purpose of changing your name, you must submit your current, unexpired passport (including the pages with your photograph and the expiration date).** If additional supporting documentation is required, examples of acceptable documentation include:

- Birth Certificate
- Marriage Certificate/License (if your name change is due to marriage)
- Official Court Order/Name Change Documentation
- Official Immigration Document, including
 - U.S. Resident Alien Card
 - U.S. Naturalization Certificate
 - Permanent Residence Card
- Driver's License

See additional information on documents in Important Notes below.

Important Notes: If you change the name in your ECFMG record while you are registered for an exam, a revised scheduling permit reflecting this change will be issued. ECFMG will send your revised scheduling permit via e-mail. You must present the revised scheduling permit at the test center on your exam date. Name changes must be received **and processed** by ECFMG no later than seven business days before your testing appointment, or you will not be able to test.

If you have a valid *Certification of Identification Form* (Form 186) on file with ECFMG, it will be invalidated when the name in your ECFMG record is changed, and you will be required to complete a new *Certification of Identification Form* (Form 186) before you may apply for examination.

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Your ECFMG Record

[USMLE/ECFMG Identification Number](#) | [Your Name](#) | [Changing Your Name](#) | Contact Information

Contact Information

The contact information in your ECFMG record consists of your e-mail address, your address of residence, your telephone number, and your fax number (if applicable). ECFMG will send information on the status of your applications by e-mail. You will also need an e-mail address to use ECFMG's [on-line services](#). Be sure to include a full and complete address for your residence. ECFMG will use your address of residence as your mailing address. Certain ECFMG correspondence, including your Standard ECFMG Certificate, requires a full mailing address.

You should ensure that the contact information in your ECFMG record is current. You can check and update your contact information on-line using [OASIS](#) or the [MyECFMG mobile app](#). You cannot submit changes to your contact information to ECFMG by e-mail. ECFMG will not process changes to contact information received from any person other than the applicant.

Changing your e-mail address using OASIS or MyECFMG does not update your e-mail address in your e-newsletter subscription(s). If you are subscribed to one or more of ECFMG's [e-mail newsletters](#), such as *The ECFMG® Reporter* or *ECHO News*, and your e-mail address changes, you must update your e-mail address for **each** e-newsletter. To update your e-mail address in your e-newsletter subscription(s), visit the E-Newsletters page in the Resources section of the ECFMG website, click on the newsletter(s) you receive, unsubscribe your old e-mail address, and subscribe your new e-mail address.

To protect the privacy of applicants, ECFMG will e-mail applicant-specific information only to the e-mail address in the applicant's ECFMG record. If your e-mail inquiry requires a specific response, you must send your inquiry from the e-mail address in your ECFMG record.

All correspondence with ECFMG, including e-mails, will become a part of your permanent ECFMG record.

For further information regarding ECFMG's data collection and privacy practices, please refer to our [Privacy Notice](#).

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Your ECFMG Financial Account

You can access your ECFMG financial account on-line using OASIS or the MyECFMG mobile app.

For a list of fees for ECFMG services that applicants encounter most frequently while pursuing ECFMG Certification and entry into U.S. programs of graduate medical education, see the [Fees and Payment](#) section of the ECFMG website. You should also read and become familiar with the information on payment, acceptable methods of payment, refunds, and forfeiture of funds in that section.

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Irregular Behavior**Policies and Procedures Regarding Irregular Behavior****A. Policies Regarding Irregular Behavior**

1. *Irregular behavior* includes all actions or attempted actions on the part of applicants, examinees, potential applicants, others when solicited by an applicant and/or examinee, or any other person that would or could subvert the examination, certification or other processes, programs, or services of ECFMG, including, but not limited to, the ECFMG Exchange Visitor Sponsorship Program, ECFMG International Credentials Services (EICS), the Electronic Portfolio of International Credentials (EPIC), and Electronic Residency Application Service (ERAS) Support Services at ECFMG. Such actions or attempted actions are considered irregular behavior, regardless of when the irregular behavior occurs, and regardless of whether the individual is certified by ECFMG. Examples of irregular behavior include, but are not limited to, submission of any falsified or altered document to ECFMG, whether submitted by the individual or by a third party, such as a medical school, on behalf of the individual; failing to comply with United States Medical Licensing Examination® (USMLE®) or ECFMG policies, procedures, and/or rules; falsification of information on applications, submissions, or other materials to ECFMG; taking an examination when not eligible to do so, or submission of any falsified or altered ECFMG document to other entities or individuals.

2. The Medical Education Credentials Committee's determination of irregular behavior is sufficient cause for ECFMG to bar an individual from future examinations, to bar an individual from other ECFMG programs and services, to withhold and/or invalidate the results of an examination, to withhold an ECFMG Certificate, to revoke an ECFMG Certificate, or to take other appropriate actions for a specified period of time or permanently. ECFMG may report the Medical Education Credentials Committee's determination of irregular behavior to the USMLE Committee for Individualized Review, Federation of State Medical Boards of the United States, U.S. state and international medical licensing authorities, graduate medical education programs, and to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

3. If the Medical Education Credentials Committee determines that an individual engaged in irregular behavior, a permanent annotation to that effect will be included in the individual's ECFMG record. This annotation will appear on the ECFMG Certification Verification Service (CVS) and ECFMG Status Reports for the individual. If the individual has an EPIC Portfolio, a permanent annotation will be included on all EPIC Reports with respect to that individual. Additional information explaining the basis for the determination of irregular behavior and the resulting action(s) will accompany every ECFMG Status Report, CVS Report, and EPIC Report, and may also be provided to legitimately-interested entities; this additional information may be provided, regardless of the date of the conduct or activity that comprises the irregular behavior. Notice of the Medical Education Credentials Committee's determination of irregular behavior is periodically reported to the ECFMG Board of Trustees.

B. Procedures Regarding Irregular Behavior

1. After receipt of a report or other information suggesting irregular behavior on the part of an individual, ECFMG staff will review the information and will assess whether there is sufficient evidence of irregular behavior. When indicated and feasible, staff will conduct a follow-up investigation to gather additional information.

2. If the individual is an examinee and the review referenced above will not be concluded until after the typical period for the reporting of exam scores, the examinee will be notified that the reporting of the exam scores in question is being delayed.

3. If ECFMG staff finds that there exists a reasonable basis to conclude that an individual may have engaged in irregular behavior, the matter will be referred to the Medical Education Credentials Committee. ECFMG may withhold services from the individual pending a determination from the Medical Education Credentials Committee. If the individual is an examinee, the examinee's exam scores will be withheld, if not already released, and the examinee may not be permitted to sit for subsequent examinations, nor will applications for examination be processed.

4. Using the individual's last known address, the individual will be advised in writing of the nature of the alleged irregular behavior and will be provided with a copy of the *Policies and Procedures Regarding Irregular Behavior*. If the alleged irregular behavior is related to a shared ECFMG and USMLE policy, the USMLE Program will also be advised of the allegation. The individual will be given an opportunity to provide written explanation and to present other relevant information. Any such written explanation or other relevant information must be received by ECFMG by the deadline set forth in ECFMG's writing to the individual. Submissions received after the deadline will be considered by the Medical Education Credentials Committee at its discretion. The individual may also request the opportunity to appear personally before the Medical Education Credentials Committee, and may be represented by legal counsel, if the individual so wishes. In instances in which the individual appears personally before the Medical Education Credentials Committee, a stenographic or audio recording will be made of that portion of the proceedings during which the individual is in attendance. Any statements made by the individual during a personal appearance before the Medical Education Credentials Committee will be under oath.

5. Individuals who have been charged with irregular behavior who wish to request a deferral of the ECFMG Committee's review of the allegation must (1) submit the request in writing and (2) provide the reason for the request. If ECFMG staff determine that the granting of the request could have a material impact on the individual's opportunity to refute the allegation then staff, at its discretion, can grant the request and defer an ECFMG action for up to six (6) months. Unless the individual can demonstrate compelling circumstances, ECFMG staff should not grant more than two deferral requests. Notwithstanding the foregoing, if the individual charged with irregular behavior is ECFMG Certified, a candidate for residency, or practicing medicine, ECFMG staff will only grant the request for deferral if, in its sole discretion, ECFMG believes that public health and safety is not at risk. If the deferral request is granted, ECFMG will notify appropriate institutions and authorities of the individual's pending irregular behavior charge.

6. All pertinent information regarding the irregular behavior, including any explanation or other information that the individual may provide, will be provided to the Medical Education Credentials Committee. The Medical Education Credentials Committee, based on the information available to it, will determine whether the preponderance of the evidence indicates that the individual engaged in irregular behavior. If the Medical Education Credentials Committee determines that the individual engaged in irregular behavior, the Medical Education Credentials Committee will determine what action(s) will be taken as a result of the irregular behavior. ECFMG will notify the individual whether the Medical Education Credentials Committee determined the individual engaged in irregular behavior and of any action(s) taken pursuant thereto.

7. The Medical Education Credentials Committee's determination of irregular behavior and any action(s) taken pursuant thereto (a "decision" of the Medical Education Credentials Committee) may be appealed to the Review Committee for Appeals if the individual has a reasonable basis to believe the Medical Education Credentials Committee did not act in compliance with the Medical Education Credentials Committee Policies and Procedures or that the Medical Education Credentials Committee's decision was clearly contrary to the weight of the evidence before it. The notice of appeal must be received by ECFMG within thirty (30) days of the date on which the notification advising the individual of the Medical Education Credentials Committee's decision was mailed to the individual. The appeal of a decision of the Medical Education Credentials Committee is governed by the Rules of Appellate Procedure.

8. Petitions for reconsideration of a decision of the Medical Education Credentials Committee will be reviewed by the Medical Education Credentials Committee only in extraordinary cases. Any such petition must first be considered by ECFMG staff, who, after discussion with the Medical Education Credentials Committee Chair, may deny the request or place it on the agenda for consideration by the full Medical Education Credentials Committee at a regularly scheduled meeting. Absent the submission of newly discovered material evidence not previously available to the petitioner and, therefore, not available to the Medical Education Credentials Committee, petitions for reconsideration typically will be denied.

C. Representative Examples of Irregular Behavior

Representative examples of allegations of irregular behavior and actions taken by the ECFMG Medical Education Credentials Committee include, but are not limited to, the following:

- **Providing false information on an application submitted to ECFMG**

The ECFMG Medical Education Credentials Committee reviewed an allegation of irregular behavior in connection with an individual who provided false information on an application submitted to ECFMG as part of the certification process. In that application, the individual certified he was a student enrolled in medical school when, in fact, he previously had been dismissed from medical school and, therefore, was no longer a student.

Following review, the ECFMG Medical Education Credentials Committee determined the individual had engaged in irregular behavior and **took action to bar the individual from ECFMG Certification, thereby rendering the individual ineligible to apply for USMLE examinations leading to ECFMG Certification. A permanent annotation was added to the individual's ECFMG record.**

- **Providing false information to ECFMG as part of the ECFMG On-line Authentication Process, which is a prerequisite to submitting an application for examination**

The ECFMG Medical Education Credentials Committee reviewed an allegation of irregular behavior in connection with an individual who provided false information to ECFMG as part of the ECFMG On-line Authentication Process, which is used to obtain a USMLE/ECFMG Identification Number and is a prerequisite to submitting an application for examination. During the on-line authentication process, the individual certified he had not previously submitted an application for examination to ECFMG when he had not only previously applied for, but had taken examinations.

Following review, the ECFMG Medical Education Credentials Committee determined the individual had engaged in irregular behavior and **took action to bar the individual from ECFMG Certification, thereby rendering the individual ineligible to apply for USMLE examinations leading to ECFMG Certification. A permanent annotation was added to the individual's ECFMG record.**

- **Submitting a fraudulent medical diploma and providing false information on an application submitted to ECFMG**

The ECFMG Medical Education Credentials Committee reviewed an allegation of irregular behavior in connection with an individual who submitted a fraudulent medical diploma and provided false information on an application submitted to ECFMG.

Following review, the ECFMG Medical Education Credentials Committee determined the individual had engaged in irregular behavior and **took action to bar the individual from ECFMG Certification, thereby rendering the individual ineligible to apply for USMLE examinations leading to ECFMG Certification. A permanent annotation was added to the individual's ECFMG record.**

- **Submitting a falsified medical school transcript and providing false information to ECFMG**

The ECFMG Medical Education Credentials Committee reviewed an allegation of irregular behavior in connection with an authorized medical school official who submitted a fraudulent medical school transcript and provided false information to ECFMG.

Following review, the ECFMG Medical Education Credentials Committee determined the authorized medical school official had engaged in irregular behavior and **determined that ECFMG will not accept any documents signed and/or certified by the medical school official for ECFMG on behalf of the medical school, or any other medical school, for a minimum of five years. A permanent annotation was added to the medical school official's ECFMG record.**

- **Submitting a falsified passport and providing false information on an application submitted to ECFMG**

The ECFMG Medical Education Credentials Committee reviewed an allegation of irregular behavior in connection with an individual who submitted a falsified passport and provided false information on an application submitted to ECFMG.

Following review, the ECFMG Medical Education Credentials Committee determined that the individual had engaged in irregular behavior. **A permanent annotation was added to the individual's ECFMG record.**

Application for ECFMG Certification

To be eligible for ECFMG Certification, you must complete an Application for ECFMG Certification. The Application for ECFMG Certification consists of an on-line application available through ECFMG's Interactive Web Applications (IWA) and the Certification of Identification Form (Form 186) that must be completed and notarized via NotaryCam. Instructions on how to complete Form 186 using NotaryCam are included with the form. You must have your [USMLE/ECFMG Identification Number](#) before you can begin the Application for ECFMG Certification. For the current fee for submitting an Application for ECFMG Certification, see the [Fees](#) page of the ECFMG website.

As part of the Application for ECFMG Certification, you will be asked to confirm the name, date of birth, and gender in your ECFMG record. If this information does not match exactly the information on your current, unexpired passport, you must have the information in your ECFMG record changed to reflect the information as it appears on your passport before you can complete the Application for ECFMG Certification. Instructions for how to correct this information will be provided at the time of application.

If you are a medical school **student**, you will be asked to confirm that you are officially enrolled in a medical school located outside the United States and Canada that is listed in the [World Directory](#) as meeting ECFMG eligibility requirements, and that the "Graduation Years" in the ECFMG note in your medical school's *World Directory* listing are listed as "Current." If you are a medical school **graduate**, you will be asked to confirm that you are a graduate of a medical school located outside the United States and Canada that is listed in the *World Directory* as meeting ECFMG eligibility requirements, and that your graduation year is included in the ECFMG note in your school's *World Directory* listing. See [Medical School Requirements](#).

The information submitted in your Application for ECFMG Certification will become a part of your permanent ECFMG record.

An Application for ECFMG Certification will not be considered complete until ECFMG receives and processes both the on-line part of the application and the notarized Form 186 from NotaryCam. A notification will be sent to the e-mail address in your ECFMG record confirming receipt of the on-line part of your Application for ECFMG Certification. Once your Application for ECFMG Certification, including Form 186, has been accepted by ECFMG, it typically remains valid throughout the certification process. If you are a student when you submit your Application for ECFMG Certification, you do not need to submit another one when you graduate. You can use [OASIS](#) or the MyECFMG mobile app to confirm that you have submitted an Application for ECFMG Certification and have a valid Form 186 on file.

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Examinations for ECFMG Certification

Examination Requirements | [Time Limit for Completing Examination Requirements](#)

Examination Requirements

Important Note: The USMLE program has suspended the Step 2 Clinical Skills (CS) examination until at least June 2021. Please see the [Important Notices](#) in this booklet for information on the Requirements for ECFMG Certification for 2021 Match.

To be eligible for ECFMG Certification, you must satisfy both the medical science examination and clinical skills requirements. To satisfy these requirements, you must pass Step 1 and Step 2 of the United States Medical Licensing Examination (USMLE). Refer to the [USMLE Bulletin of Information](#) for more information. ECFMG has established time limits for completing the examination requirements for ECFMG Certification. See [Time Limit for Completing Examination Requirements](#) in *Examinations for ECFMG Certification*.

Passing performance on certain formerly administered examinations can be used to meet these requirements as described below.

Medical Science Examination Requirement

Step 1 and Step 2 Clinical Knowledge (CK) of the USMLE are the exams currently administered that satisfy the medical science examination requirement. There are time limits for completing these examinations for ECFMG Certification. See [Time Limit for Completing Examination Requirements](#) in *Examinations for ECFMG Certification*.

ECFMG also accepts a passing performance on the following **former** examinations to satisfy the medical science examination requirement for ECFMG Certification: ECFMG Examination, Visa Qualifying Examination (VQE), Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), and the Part I and Part II Examinations of the National Board of Medical Examiners (NBME).

Combinations of exams are also acceptable. Specifically, if you have passed only part of the former VQE, FMGEMS, or the NBME Part I or Part II, you may combine a passing performance on the basic medical science component of one of these exams or USMLE Step 1 with a passing performance on the clinical science component of one of the other exams or USMLE Step 2 CK, provided that the components are passed within the period specified for the exam program.

Additionally, ECFMG accepts a score of 75 or higher on each of the three days of a single administration of the former Federation Licensing Examination (FLEX), if taken prior to June 1985, to satisfy this requirement.

Clinical Skills Requirement

A passing performance on Step 2 CS of the USMLE satisfies this requirement. For qualified applicants who have not passed Step 2 CS and intend to enter the 2021 Match, ECFMG has developed pathways to satisfy this requirement. See [Requirements for ECFMG Certification for 2021 Match](#) on the ECFMG website. Longer-term plans are in process for applicants pursuing Certification who plan to participate in future Matches.

International medical students/graduates who have **both** passed the former ECFMG Clinical Skills Assessment (CSA®) **and** achieved a score acceptable to ECFMG on an English language proficiency test (such as the TOEFL exam or the former ECFMG English Test) can use these passing performances to satisfy the clinical skills requirement for ECFMG Certification.

Examinations for ECFMG Certification

[Examination Requirements](#) | Time Limit for Completing Examination Requirements

Time Limit for Completing Examination Requirements

ECFMG requires that international medical students/graduates pass the USMLE Steps and Step Components required for ECFMG Certification within a seven-year period. This means that once you pass a Step or Step Component, you will have seven years to pass all of the other Step(s) or Step Component(s) required for ECFMG Certification. This seven-year period begins on the exam date of the first Step or Step Component passed and ends **exactly seven years from that exam date**.

If you do not pass all required Steps and Step Components within a maximum of seven years, your earliest USMLE passing performance will no longer be valid for ECFMG Certification. **It is your responsibility to track your progress toward meeting the exam requirements for ECFMG Certification. ECFMG will not notify you of upcoming deadlines to meet the seven-year requirement and will not notify you if one (or more) of your passing performances becomes invalid for ECFMG Certification because you failed to meet the seven-year requirement.**

Example: An international medical graduate passed Step 1 on January 20, 2014 and Step 2 CS on February 20, 2020. He has through January 20, 2021 to take and pass Step 2 CK to satisfy the remaining exam requirements for ECFMG Certification. If he does not take and pass Step 2 CK on or before January 20, 2021, his passing performance on Step 1 would no longer be valid for ECFMG Certification.

Under this ECFMG requirement, more than one USMLE passing performance can become invalid for ECFMG Certification.

Example: An international medical graduate passed Step 1 on April 1, 2013, and passed Step 2 CS on May 1, 2014. She had through April 1, 2020 (seven years from her Step 1 passing performance) to pass Step 2 CK, satisfying the remaining exam requirements for ECFMG Certification. She did not pass Step 2 CK by April 1, 2020, so her passing performance on Step 1 is no longer valid for ECFMG Certification. Her earliest USMLE passing performance that is valid for ECFMG Certification is now the Step 2 CS passing performance on May 1, 2014. She now has through May 1, 2021 (seven years from her Step 2 CS passing performance) to pass Step 1 and Step 2 CK, satisfying the remaining exam requirements for ECFMG Certification. If she does not pass Step 1 and Step 2 CK by May 1, 2021, her passing performance on Step 2 CS will no longer be valid for ECFMG Certification.

There are exceptions to this ECFMG requirement:

- This seven-year limit does **not** apply to the former ECFMG CSA because the CSA was not a USMLE Step or Step Component. International medical students/graduates who satisfied the clinical skills requirement for ECFMG Certification by passing the CSA are required to pass only Step 1 and Step 2 CK within seven years of each other for ECFMG Certification. For these individuals, the seven-year period begins on the exam date of the first USMLE Step or Step Component passed, regardless of when the CSA was passed.
- If your earliest USMLE passing performance that is valid for ECFMG Certification took place before June 14, 2004, you are required to pass only Step 1 and Step 2 CK within seven years of each other for ECFMG Certification; if required for ECFMG Certification, Step 2 CS can be passed outside the seven-year period.

If you have passed a Step or Step Component but this passing performance is no longer valid for ECFMG Certification, you may request an exception to retake the previously passed exam that is no longer valid. The USMLE program limits to six the total number of times an examinee can take the same Step or Step Component. See [Reexamination and Reapplication](#) in *The United States Medical Licensing Examination (USMLE)*.

Important Notes: Time limits to complete the USMLE for the purpose of U.S. medical licensure are established by state medical licensing authorities and may require completion of all Steps or Step Components (including Step 3, which is not required for ECFMG Certification) within a certain number of

years. Information regarding specific state requirements can be obtained on the [Federation of State Medical Boards website](#).

Applicants who retake a previously passed Step or Step Component to comply with a time limit should understand the implications of a failing retake performance on their Step 3 eligibility. See *Retaking Previously Passed Steps* in the [USMLE Bulletin of Information](#).

A passing performance that is no longer valid for ECFMG Certification will still appear on a USMLE transcript.

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Eligibility for Examination

Medical School Students | [Medical School Graduates](#) | [Reverification of Eligibility](#)

The eligibility requirements for examination differ depending on whether you are a medical school **student** or a medical school **graduate**.

Medical School Students

To be eligible for Step 1 and Step 2 Clinical Knowledge (CK), you must be officially enrolled in a medical school located outside the United States and Canada that is listed in the [World Directory](#) as meeting ECFMG eligibility requirements, both at the time that you apply for examination and on your test day. In addition, the “Graduation Years” in the ECFMG note in your medical school's *World Directory* listing must be “Current” at the time you apply and on your test day. See [Medical School Requirements](#). An authorized official of your medical school must certify your current enrollment status; instructions will be provided at the time of application for examination.

As soon as you graduate and receive your medical diploma, you must submit a copy of your medical diploma to ECFMG. See [Final Medical Diploma and Transcript](#) in *Medical Education Credentials*.

In addition to being currently enrolled as described above, to be eligible for Step 1 and Step 2 CK, you must have completed at least two years of medical school. This eligibility requirement means that you must have completed the basic medical science component of the medical school curriculum by the beginning of your eligibility period. Although you may apply for and take the examinations after completing the basic medical science component of your medical school curriculum, it is recommended that you complete your core clinical clerkships, including actual patient contact, before taking Step 2 CK.

Important Notes: If your eligibility for an exam changes after you apply but before you take the exam, you are required to inform ECFMG immediately in writing of this change in your status. Such notification must be sent to ECFMG’s Applicant Information Services. Use the contact information for General Inquiries on the [Contact ECFMG](#) page of the ECFMG website. Such changes in your eligibility status include, but are not limited to, the following:

- Medical school students who transfer to another medical school after submitting an application for examination must inform ECFMG immediately in writing of this transfer.
- Medical school students who have been dismissed or withdraw(n) from medical school are not eligible for USMLE, even if they are appealing the school's decision to dismiss them or are otherwise contesting their status. Medical school students who have been dismissed or withdraw(n) from medical school must inform ECFMG immediately in writing of their dismissal or withdrawal.
- Medical school students who take a leave of absence should consult with their medical schools about whether they will be considered officially enrolled in medical school during leave. Your medical school may consider a student on leave of absence to be withdrawn from medical school. Medical school students who are not officially enrolled in medical school are not eligible to apply for or take USMLE. Applicants who take a leave of absence after submitting an application for examination to ECFMG must inform ECFMG immediately in writing of this leave.

Failure to inform ECFMG that you may no longer be eligible to take the examination may result in a finding of irregular behavior and permanent annotation of your ECFMG record. See [Policies and Procedures Regarding Irregular Behavior](#).

If you take a Step or Step Component for which you are not eligible, results for that exam may not be reported or, if previously reported, may be canceled.

Eligibility for Examination

[Medical School Students](#) | [Medical School Graduates](#) | [Reverification of Eligibility](#)

The eligibility requirements for examination differ depending on whether you are a medical school **student** or a medical school **graduate**.

Medical School Graduates

To be eligible for Step 1 and Step 2 CK, you must be a graduate of a medical school located outside the United States and Canada that is listed in the [World Directory](#) as meeting ECFMG eligibility requirements. Your graduation year must be included in the "Graduation Years" listed in the ECFMG note in your medical school's *World Directory* listing. See [Medical School Requirements](#). You must have been awarded credit for at least four credit years (academic years for which credit has been given toward completion of the medical curriculum) by a medical school that is listed in the *World Directory* as meeting ECFMG eligibility requirements. An authorized official of your medical school must certify your status as a graduate of the school; instructions will be provided at the time of application for examination.

You must submit a copy of your medical diploma at the time of exam application if your diploma has not been sent to ECFMG previously. The exact degree title of the final medical diploma you must have earned (and must provide) in order to be eligible for ECFMG Certification and the examinations required for Certification is listed in the [Reference Guide for Medical Education Credentials](#) on the ECFMG website. If you have graduated and met all requirements for your medical diploma but your medical diploma has not yet been issued, a letter signed by an authorized official of your medical school must be submitted with your exam application. The letter you submit must be the original document and must be written on your medical school's letterhead. The letter must include the following statement:

This is to confirm that [applicant name] has graduated and completed all requirements to receive the [degree title] degree from [medical school/university name]. The degree will be issued [month and year].

You must then submit a copy of your medical diploma to ECFMG as soon as your diploma is issued. See [Medical Education Credentials](#).

All documents that are not in English must be accompanied by an official English translation that meets ECFMG's translation requirements. See [English Translations](#) in *Medical Education Credentials*.

Important Notes: If your eligibility for an exam changes after you apply but before you take the exam, you are required to inform ECFMG immediately in writing of this change in your status. Such notification must be sent to ECFMG's Applicant Information Services. Use the contact information for General Inquiries on the [Contact ECFMG](#) page of the ECFMG website. **Failure to inform ECFMG that you may no longer be eligible to take the examination may result in a finding of irregular behavior and permanent annotation of your ECFMG record. See [Policies and Procedures Regarding Irregular Behavior](#).**

If you take a Step or Step Component for which you are not eligible, results for that exam may not be reported or, if previously reported, may be canceled.

If you have already been granted a physician license by a U.S. medical licensing authority based on other licensure examinations, such as the Federation Licensing Examination (FLEX), the NBME certifying examinations, or the National Board of Osteopathic Medical Examiners COMLEX-USA, you may not be eligible to take the USMLE. Please contact ECFMG if you have questions about your eligibility.

The American Medical Association's Council on Medical Education no longer supports the Fifth Pathway as a mechanism for eligibility to enter ACGME-accredited graduate medical education programs. Additionally, the USMLE Program no longer accepts Fifth Pathway Certificates to meet eligibility requirements to take Step 3. Individuals who hold Fifth Pathway Certificates and wish to apply to

ECFMG for examination must apply for ECFMG Certification and meet the requirements for ECFMG Certification established for all medical school graduates.

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Eligibility for Examination

[Medical School Students](#) | [Medical School Graduates](#) | Reverification of Eligibility

Reverification of Eligibility

ECFMG reserves the right to reverify your eligibility for examination at any time during the application and registration process. If your medical school informs ECFMG that your status has changed, and ECFMG determines you are no longer eligible for examination, your registration will be canceled. **If you have failed to inform ECFMG of this change in your status, it may result in a finding of irregular behavior and permanent annotation of your ECFMG record. See [Policies and Procedures Regarding Irregular Behavior](#).**

For medical school students, ECFMG may reverify your status as a student officially enrolled in medical school. When a medical school does not participate in [ECFMG Medical School Web Portal \(EMSWP\)](#), Status Verification, ECFMG's reverification of the status of the school's students may include ECFMG sending a written request for reverification by postal mail to the medical school. If reverification is requested by ECFMG, ECFMG may cancel your registration or withhold your score report until ECFMG has received reverification of your status directly from the medical school. If your registration is canceled, you may be required to reapply.

For medical school graduates, ECFMG may reverify your medical education credentials with the issuing medical school. If such reverification is requested by ECFMG, you will be registered for examination only after ECFMG has received reverification of your credentials directly from the medical school. If reverification is requested by ECFMG after you have been registered for examination, ECFMG may cancel your registration or withhold your score report until ECFMG has received reverification of your medical education credentials directly from the issuing school. If your registration is canceled, you may be required to reapply.

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The United States Medical Licensing Examination (USMLE)

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About USMLE

The USMLE is a three-step examination for medical licensure in the United States. The USMLE provides a common system to evaluate applicants for medical licensure. The USMLE is sponsored by the [Federation of State Medical Boards \(FSMB\)](#) and the [National Board of Medical Examiners \(NBME\)](#). The USMLE is governed by a committee consisting of representatives of FSMB, NBME, ECFMG, and the American public. If you apply for examination, you are **required** to read the [USMLE Bulletin of Information](#) for detailed information on the USMLE.

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Registration and Test Delivery Entities**Step 1 and Step 2**

ECFMG is the organization that registers international medical students/graduates for Step 1 and Step 2. This means that ECFMG processes your exam application and payment, verifies your eligibility, and notifies you of the outcome of your application. The NBME serves as the registration entity for students/graduates of U.S. and Canadian medical school programs accredited by the [Liaison Committee on Medical Education \(LCME\)](#) and U.S. medical schools accredited by the [Commission on Osteopathic College Accreditation \(COCA\)](#).

For eligible international medical students/graduates applying for Step 1/Step 2 Clinical Knowledge (CK), ECFMG forwards registration information to NBME, and NBME issues the exam scheduling permits. ECFMG sends these applicants their scheduling permits via e-mail. Scheduling and test centers for USMLE Step 1 and Step 2 CK are provided by [Prometric](#). Prometric serves as the test delivery entity for all examinees taking Step 1/Step 2 CK. Step 1 and Step 2 CK are delivered at Prometric test centers worldwide.

For all applicants, NBME is responsible for determining the results of USMLE exams and for issuing the score reports. ECFMG sends an e-mail notification to international medical students/graduates when their Step 1 and Step 2 CK score reports are available.

Step 3

The FSMB is the organization that registers all Step 3 applicants. To be eligible for Step 3, international medical graduates must be certified by ECFMG, among other requirements. See *Eligibility for the USMLE* in the [USMLE Bulletin of Information](#). If you have not met all eligibility requirements, your application for Step 3 will not be accepted. For detailed information and application procedures for Step 3, contact the [FSMB](#). Scheduling and test centers for Step 3 are provided by [Prometric](#), which serves as the test delivery entity for all Step 3 examinees. USMLE Step 3 is delivered at Prometric test centers in the United States.

For all applicants, NBME is responsible for determining the results of USMLE exams and for issuing the score reports. FSMB notifies examinees when their Step 3 score reports are available.

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Applying for Examination

Before applying to ECFMG for examination:

- International medical students/graduates must complete an Application for ECFMG Certification, including the notarized Certification of Identification Form (Form 186). See [Application for ECFMG Certification](#).
- ECFMG must accept the Application for ECFMG Certification, including the notarized Form 186.
- International medical students/graduates must read the applicable editions of the [ECFMG Information Booklet](#) and the [USMLE Bulletin of Information](#).

To apply for USMLE Step 1 and/or Step 2 CK, use ECFMG's [Interactive Web Applications \(IWA\)](#). A complete application consists of the on-line part, which you complete using IWA; verification of your student or graduate status by your medical school; and any other required documents. You should read the detailed [overview](#) and [instructions](#) that accompany the application for examination in IWA before you begin working on the application; these resources will help you plan the timing of your application and outline any necessary items (such as official signatures) that require advance planning.

Important Note: You should also consider deadlines imposed by the [National Resident Matching Program \(NRMP\)](#) and graduate medical education (GME) programs. It is solely the responsibility of the applicant to complete the required exams in time to meet deadlines imposed by the NRMP and/or GME programs. Since the number of applicants seeking to complete these exams may exceed the spaces available in time to meet those deadlines, there is no guarantee that sufficient spaces will be available for all applicants to meet deadlines imposed by the NRMP and/or GME programs. ECFMG assumes no liability of any kind if an applicant does not complete the exams in time to have results available to meet NRMP and/or GME program deadlines. See [Examination Results](#) for information on scoring turnaround times.

Exam Fees

For all exams, there is an examination fee. For Step 1 or Step 2 CK, there is an additional international test delivery surcharge, if you choose a testing region other than the United States/Canada. You must pay all applicable fees at the time you apply for examination. For the current exam fees and international test delivery surcharges, see the [Fees](#) page on the ECFMG website.

Eligibility Periods

When you apply for Step 1 or Step 2 CK, you must select an eligibility period during which you would prefer to take the exam. The eligibility period you are assigned will be listed on your scheduling permit. You must take the exam during the eligibility period assigned to you.

If you are unable to take Step 1/Step 2 CK during the eligibility period assigned to you, you may request a one-time, contiguous eligibility period extension (EPEX) using ECFMG's IWA. Refer to the [EPEX Overview](#) in IWA for more information and instructions.

If you do not take Step 1/Step 2 CK during your original or extended eligibility period or if you are unable to extend your eligibility period, you must reapply by submitting a new application and fee(s), if you wish to take the exam.

Testing Locations

Step 1 and Step 2 CK are delivered at Prometric test centers worldwide. Prometric's test centers are grouped into defined testing regions. When you apply for Step 1 or Step 2 CK, you must choose the

testing region where you want to take the exam. A [list of Prometric testing regions](#) is available on the ECFMG website.

You can take the exam at any test center in your testing region that offers USMLE, provided there is space available on the date you choose. **The test centers available for USMLE Step 1 and Step 2 CK are subject to change.** To obtain current information on specific test centers, visit the [Prometric website](#) or follow instructions on the scheduling permit for contacting Prometric.

If you are unable to keep your Step 1 or Step 2 CK testing appointment at the test center you select, you can reschedule for a different test center within your testing region, subject to availability. To avoid a rescheduling fee, you must reschedule more than 30 calendar days before your scheduled testing appointment. Refer to your scheduling permit for details.

If you are unable to take Step 1 or Step 2 CK in the testing region you selected, you may request a change to your testing region. For more information, see the [Request to Change USMLE® Step 1/Step 2 CK Testing Region \(Form 312\)](#), available in the Resources section of the ECFMG website and from ECFMG, upon request.

Examinees with Disabilities Requesting Test Accommodations

The USMLE program provides reasonable accommodations for examinees with disabilities under the Americans with Disabilities Act (ADA). If you are an individual with such a disability and require test accommodations, visit the [USMLE website](#) before you apply for each Step or Step Component for information regarding test accommodations, including procedures and documentation requirements.

Examinees Who Require Additional Break Time

Examinees with physical or health conditions, such as lactation (to express breast milk) and diabetes (to monitor/treat blood glucose), may apply for additional break time. See the [USMLE Bulletin of Information](#) for more information.

Personal Item Exceptions (PIE)

Unauthorized possession of personal items while you are in the secure areas of the test center is prohibited. Exceptions to this policy may be made in certain limited circumstances. See the [USMLE Bulletin of Information](#) for more information.

Important Note: Please note that ECFMG will not provide services of any kind if doing so would be considered violative of any applicable international, federal, state, or local laws or regulations. Additionally, ECFMG may delay or suspend provision of services while investigating whether the services or surrounding circumstances violate such laws, regulations, or ECFMG's policies and procedures.

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Scheduling the Examination

Once ECFMG verifies that you are eligible and your registration is complete, your scheduling permit will be issued. If you apply for more than one exam at the same time, you will be issued separate scheduling permits for each exam. ECFMG will send your scheduling permit to the e-mail address in your ECFMG record. **You will not receive the scheduling permit or notification by postal mail.**

Important Note: For Step 1 and Step 2 CK, if the beginning of your assigned eligibility period is more than six months in the future, your scheduling permit will not be available or sent via e-mail until approximately six months before the beginning of the assigned eligibility period.

The scheduling permit is a very important document; it includes your assigned eligibility period, a description of the form(s) of identification you must bring to the test center on your exam date, and instructions for scheduling your testing appointment. You must bring your scheduling permit to the test center on your exam date. Your name, as it appears on your scheduling permit, must exactly match the name on your form(s) of identification. Please review your scheduling permit for details and limited exceptions. **If you do not bring a copy of your scheduling permit (electronic or paper) and required identification on each day of your exam, you will not be allowed to take the exam.** If you are not allowed to take the exam, you must pay a fee to reschedule your exam. Your rescheduled testing appointment must fall within your assigned eligibility period.

If the name listed on your scheduling permit is not correct, [contact ECFMG](#) immediately by e-mail, telephone, or fax. Use the contact information for General Inquiries on the Contact ECFMG page of the ECFMG website.

If the name in your ECFMG record is changed while you are registered for an exam, a revised scheduling permit reflecting this change will be issued. ECFMG will send your revised scheduling permit via e-mail. You must bring the revised scheduling permit to the test center. Name changes must be received **and processed** by ECFMG no later than seven business days before your testing appointment, or you will not be able to test. For Step 1 or Step 2 CK, if your eligibility period is extended or your testing region is changed while you are registered, a revised scheduling permit reflecting this change will be issued. You must bring the revised scheduling permit to the test center.

If you lose your scheduling permit, you can access it through [IWA](#).

Scheduling

You can schedule your testing appointment as soon as you obtain your exam scheduling permit. Please refer to your scheduling permit for instructions on reviewing available test dates and centers and scheduling a testing appointment. If you do not schedule and take the exam within your eligibility period, you must reapply by submitting a new application and exam fee(s), if you wish to take the exam.

Rescheduling

If you are unable to keep your Step 1 or Step 2 CK testing appointment, you are permitted to reschedule your appointment within your eligibility period. A fee is charged if a change is made during the 30 calendar days before your scheduled testing appointment. A fee schedule is posted on the [USMLE website](#). Refer to your scheduling permit for details on contacting Prometric to change your appointment.

If you cannot take the Step 1 or Step 2 CK exam during your assigned eligibility period, you may request a one-time, contiguous eligibility period extension (EPEX) using ECFMG's IWA. Refer to the [EPEX Overview](#) in IWA for more information and instructions.

If you cannot take the Step 1 or Step 2 CK exam in the testing region you selected, you may request to change your testing region. Refer to the [Request to Change USMLE® Step 1/Step 2 CK Testing Region](#)

([Form 312](#)), for details. This form is available in the Resources section of the ECFMG website and from ECFMG, upon request.

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Preparing for Examination

For detailed information on test lengths and formats see *The USMLE: Purpose, Test Format, and Test Lengths* in the [USMLE Bulletin of Information](#). See also *What Do I Need To Do: USMLE Checklist* in the *USMLE Bulletin of Information*.

Practice materials for all Steps and Step Components are available in the [Practice Materials](#) section of the USMLE website.

The NBME offers web-based self-assessments to help medical students and graduates evaluate their readiness for computer-based Steps and Step Components (Step 1, Step 2 CK, and Step 3). For complete information, see [Taking an NBME Self-Assessment](#) on the NBME website.

Practice Sessions for USMLE Step 1, Step 2 CK, and Step 3 are available at Prometric test centers to registered applicants for a fee. These sessions are provided primarily to give examinees the opportunity to become familiar with the Prometric test center environment. For more information, see [USMLE Computer-based Testing Practice Session](#) on the USMLE website.

Important Note: Test preparation courses and materials are available from individuals and companies not associated with the USMLE. It is unlawful for any test preparation service or program to use, disclose, distribute, or solicit content from recent test takers, or to otherwise provide access to questions or answers from actual USMLE exams. If there is evidence that you enrolled in, participated in, or used any test preparation program or service that distributes, provides access to, or uses USMLE content (questions or answers), or provides a forum for others to share such information, your registration and/or testing may be canceled, your scores on the USMLE may be withheld or canceled, and you may be subject to further sanctions. See *Irregular Behavior* in the [USMLE Bulletin of Information](#). ECFMG also regularly reviews allegations of irregular behavior in conjunction with its programs and services. See [Policies and Procedures Regarding Irregular Behavior](#), which may apply.

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Taking the Examination

For detailed information on arrival times, and procedures upon arrival and throughout the testing day, see *Examination Day and Testing* in the [USMLE Bulletin of Information](#). You should also refer to your scheduling permit for important information.

Important Note: After you start taking an examination, you cannot cancel or reschedule that examination. If you start the examination but do not complete it, the attempt may appear as "incomplete" on your USMLE transcript.

When you arrive at the test center, you must present your **scheduling permit** and the **required identification** as described on your scheduling permit. **If you do not bring a copy of your scheduling permit (electronic or paper) and required identification on each day of your exam, you will not be admitted to the test** and will be required to pay a fee to reschedule your test.

Your name, as it appears on your scheduling permit, must match the name on your form(s) of identification exactly. Please review your scheduling permit for details and limited exceptions. If the name listed on your scheduling permit is not correct, [contact ECFMG](#) immediately by e-mail, telephone, or fax. Use the contact information for General Inquiries on the Contact ECFMG page of the ECFMG website.

If the name in your ECFMG record is changed while you are registered for an exam, a revised scheduling permit reflecting this change will be issued. ECFMG will send your revised scheduling permit via e-mail. You must bring this revised scheduling permit to the test center. Name changes must be received **and processed** by ECFMG no later than seven business days before your testing appointment, or you will not be able to test. For Step 1 or Step 2 CK, if your eligibility period is extended or your testing region is changed while you are registered, a revised scheduling permit reflecting this change will be issued. You must bring the revised scheduling permit to the test center.

Required Identification

Your name, as it appears on your scheduling permit, must exactly match the name on your form(s) of identification. Please review your scheduling permit for details and limited exceptions. Since your name on the scheduling permit appears in the Latin alphabet (in "English language letters"), the name on your identification must also appear in the Latin alphabet. The spelling of the name on your scheduling permit must match **exactly** the spelling of the name on the form(s) of identification you present at the test center. If the names do not match as described above, you will not be allowed to take the exam. See [Your Name](#) in *Your ECFMG Record*.

The form of identification you present must be one of the forms of **unexpired**, government-issued identification listed below that contains your **name in the Latin alphabet**, your **signature**, and your recent **photograph**. The following forms of identification are acceptable, only if they meet all of these requirements:

- Passport
- Driver's license with photograph
- National identity card
- Other form of unexpired, government-issued identification

Travel Status

Applicants traveling to the United States to take an exam are responsible for making the necessary travel and accommodation arrangements. If you are neither a U.S. citizen nor a U.S. lawful permanent resident, you are responsible for obtaining required travel documents. These documents may include a

visa to enter the United States. The requirements of the U.S. Department of Homeland Security (DHS) and U.S. embassies and consulates regarding issuance of visas and travel to and from the United States are subject to change. You should review current requirements before applying for a visa. For additional information, visit the [DHS website](#) and the [U.S. Department of State website](#).

If you are traveling from a distant location, you should consider arriving a day or two before the examination in order to be rested.

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USMLE Program and Irregular Behavior

The USMLE program defines irregular behavior as including, "any action by applicants, examinees, potential applicants, or others that could compromise the validity, integrity, or security of the USMLE process." Test center staff monitor, in person and via video/audio recording, administration of the USMLE Steps and are required to report any violations of the USMLE or test center rules. You must follow instructions from test center staff throughout the examinations; failure to do so may result in a finding that you have engaged in irregular behavior and permanent annotation of your USMLE transcript. See *Testing Regulations and Rules of Conduct* and *Irregular Behavior* in the [USMLE Bulletin of Information](#). See ECFMG's [Policies and Procedures Regarding Irregular Behavior](#), which also may apply.

Important Notes: Seeking, providing, and/or obtaining information relating to examination content that may give or attempt to give unfair advantage to anyone who may be taking the examination, which includes postings regarding examination content and/or answers on the Internet, is a violation of the USMLE Rules of Conduct.

Evidence of violation of any test administration rule, including the USMLE Rules of Conduct, will result in actions being taken under *USMLE Policies and Procedures Regarding Irregular Behavior*. If you are found to have engaged in irregular behavior, your score report and transcripts will include this finding, you may be barred from taking the USMLE in the future, and your score may be canceled.

Anomalous performance and/or unusual testing history may impact your access to the USMLE. If your performance raises concerns about your readiness to test or your motivation to pass, the USMLE program reserves the right to restrict your future access to its examinations and/or to impose conditions upon future access. Do not test if you are not able or not ready on your scheduled test date. Taking a Step examination to familiarize yourself with the examination format, or for any reason other than to pass, is prohibited and may result in restrictions on your future access to the USMLE.

The above-described conduct may also be considered irregular behavior under ECFMG's [Policies and Procedures Regarding Irregular Behavior](#).

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Examination Results

The USMLE program provides a recommended pass or fail outcome on all Step examinations. For ECFMG Certification, you must obtain at least the USMLE-recommended pass outcome for each required Step or Step Component. See [Examination Requirements](#) in *Examinations for ECFMG Certification*.

Score Reporting

Results for Step 1 and 2 CK are typically available three to four weeks after your test date. However, a number of factors may delay score reporting. When selecting your test date and inquiring about results, you should allow at least eight weeks to receive notification that your score report is available. For more specific information about potential scoring delays, visit the Announcements section on the home page of the [USMLE website](#).

ECFMG reserves the right to reverify with the medical school the eligibility of medical school students and graduates who are registered for examination. If ECFMG requests reverification of your student/graduate status with your medical school, your score report will be issued only after reverification of your status has been received by ECFMG.

Score reports are issued in electronic format only and can be accessed using ECFMG's [OASIS](#); **you will not receive a paper score report by postal mail**. Once your score report has been issued, ECFMG will send a notification to the e-mail address in your ECFMG record.

Score reports are available for approximately 365 days from the date of e-mail notification. Once the score report is removed from OASIS, your results will be provided to you only in the form of an official USMLE transcript. To obtain a transcript, you will be required to submit a request and pay a fee through the organization that registered you for the examination. Therefore, it is strongly recommended that you print and/or save your score report while it is available.

Important Note: ECFMG may provide your medical school with data on your performance on administrations of USMLE Step 1 and Step 2. Data provided include whether you passed or failed the exam administration, and, for Step 1 and Step 2 CK, your numerical score. You have the option to withhold your exam results from your medical school. See ECFMG's Provision of Performance Data to Medical Schools in [IWA](#) for more information.

See *Score Reporting* in the [USMLE Bulletin of Information](#) for additional information. For up-to-date information on minimum passing scores, examination performance data, and general scoring methodology, please visit the [USMLE website](#).

Score Validity

The USMLE program reserves the right to cancel scores that are at or above the passing level if the USMLE program has a good faith basis for questioning whether they represent a valid measure of knowledge or competence as sampled by the examination. If there are questions related to the validity of your score, your score report may be delayed or withheld pending completion of further review and/or investigation. See *Score Validity* in the [USMLE Bulletin of Information](#).

USMLE Transcripts

To request an official USMLE transcript, you must contact the organization that registered you for the examination. You must contact the Federation of State Medical Boards (FSMB) if you are registered for or have taken Step 3 and/or you want to send your transcript to a U.S. medical licensing authority. In all other cases, submit your transcript fee using OASIS and send a completed [Request for Official USMLE®](#)

[Transcript \(Form 172\)](#) to ECFMG to process your transcript request. Form 172 and additional information are available in the Resources section of the ECFMG website and from ECFMG, upon request. You can use [OASIS](#) to check whether your USMLE transcript has been sent.

If you apply to residency programs through the Electronic Residency Application Service (ERAS), you may request electronic transmittal of your USMLE transcript to these programs. For additional information, refer to the [ERAS applicant information](#) available in the ERAS Support Services section of the ECFMG website. Information on the status of requests for electronic transmittal of USMLE transcripts via ERAS is not available through OASIS. If the program does not participate in ERAS, you must submit a transcript request using Form 172 and pay the required fee.

Important Note: If you took the former ECFMG CSA, your USMLE transcript will indicate only that you have CSA examination history. It will not provide any additional information on your attempt(s) on the CSA. To request official copies of your CSA performance history, you must complete a [Request for an Official ECFMG® CSA® History Chart \(Form 297\)](#) and submit it to ECFMG with the appropriate fee. Form 297 is available in the Resources section of the ECFMG website and from ECFMG, upon request. For each attempt on the ECFMG CSA, the Official ECFMG CSA History Chart includes the month and year of the administration and the result of your performance. For additional information, refer to the instructions that accompany Form 297.

Score Rechecks

For all Steps and Step Components, a rigorous process is used to ensure the accuracy of scores, including a double scoring method involving independent scoring systems. Therefore, a change in your score or in your pass/fail outcome based on a recheck is an extremely remote possibility. To date, the score recheck process has not resulted in a score change. However, a recheck will be performed if you submit a [Request for Recheck of USMLE® Step 1 or Step 2 CK Score \(Form 265\)](#) and the fee for this service to ECFMG. Form 265 is available in the Resources section of the ECFMG website and from ECFMG, upon request. Your request must be received by ECFMG no later than 90 days after your result was released to you. See *Score Rechecks* in the [USMLE Bulletin of Information](#) for more information.

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Reexamination and Reapplication

USMLE policy generally does not allow applicants to retake a Step or Step Component if they have already passed that Step or Step Component. However, there are exceptions for the purpose of complying with a time limit imposed by a U.S. physician licensing authority or another authority recognized by the USMLE program. See 'Time Limit for Completing Examination Requirements' below.

If you fail a Step or Step Component, you must reapply, including payment of the appropriate fee(s), to retake the exam. If you do not take an exam during your assigned eligibility period, you must reapply, including payment of the appropriate fee(s), if you wish to take the exam; **in this event, you may reapply at any time, however, ECFMG cannot begin to process a subsequent application for this exam until at least four weeks after the end of the eligibility period for the exam you did not take.**

Number of Attempts Allowed

The USMLE program limits to six the total number of times an examinee can take the same Step or Step Component. An examinee is ineligible to take a Step or Step Component after **six or more prior attempts** to pass that Step or Step Component, including incomplete attempts. All attempts at a Step or Step Component are counted toward the limit, regardless of when the exams were taken.

For the purpose of U.S. medical licensure, state medical licensing authorities may limit the number of attempts allowed to pass each Step or Step Component. Information regarding specific state requirements can be obtained on the [Federation of State Medical Boards \(FSMB\) website](#).

Time Between Examination Attempts

The USMLE program has established rules on how quickly you can retake the same Step or Step Component. You may not take the same examination more than three times within a 12-month period. Your fourth and subsequent attempts must be at least 12 months after your first attempt at that exam **and** at least six months after your most recent attempt at that exam. This includes incomplete attempts.

Example: An examinee took and failed her first attempt at Step 1 on January 15, 2019, her second attempt at Step 1 on April 15, 2019, and her third attempt at Step 1 on September 15, 2019. In January 2020, the examinee applied for a fourth attempt at Step 1 and wanted the March-April-May eligibility period. The earliest date that was both 12 months after her first attempt on January 15, 2019 and six months after her most recent attempt on September 15, 2019 was March 15, 2020. Since the March-April-May eligibility period began before this date, the earliest eligibility period that the applicant could request was April-May-June.

When you reapply, your eligibility period will be adjusted, if necessary, to comply with these rules. You must read the editions of the ECFMG *Information Booklet* and the USMLE *Bulletin of Information* that pertain to the eligibility period in which you take the exam.

Time Limit for Completing Examination Requirements

For the purpose of ECFMG Certification, you must pass the USMLE Steps and Step Components required for ECFMG Certification within a seven-year period. If you do not pass all Steps and Step Components required for ECFMG Certification within a maximum of seven years, your earliest USMLE passing performance will no longer be valid for ECFMG Certification. See [Time Limit for Completing Examination Requirements](#) in *Examinations for ECFMG Certification*.

If you have passed a Step or Step Component but this passing performance is no longer valid for ECFMG Certification, you may request an exception to retake the previously passed exam that is no longer valid.

For the purpose of U.S. medical licensure, time limits to complete the USMLE are established by state medical licensing authorities and may require completion of all Steps or Step Components (including Step 3, which is not required for ECFMG Certification) within a certain number of years from the date the first Step is passed. Information regarding specific state requirements can be obtained on the [FSMB website](#). You may request an exception to retake a previously passed exam to comply with the time limit of a U.S. physician licensing authority. Visit the [USMLE website](#) for more information.

Important Notes: You may only request an exception at the time that you apply for the previously passed exam. Complete requirements and instructions will be provided at the time of exam application. Exceptions to the reexamination requirements are not approved prior to your submitting the exam application.

Applicants who retake a previously passed Step or Step Component to comply with a time limit should understand the implications of a failing retake performance on their Step 3 eligibility. See *Retaking Previously Passed Steps* in the [USMLE Bulletin of Information](#).

If an applicant's earliest USMLE passing performance that is valid for ECFMG Certification took place before June 14, 2004, the applicant is required to pass only Step 1 and Step 2 CK within seven years of each other for ECFMG Certification; if required for ECFMG Certification, Step 2 Clinical Skills (CS) can be passed outside the seven-year period. See [Time Limit for Completing Examination Requirements in Examinations for ECFMG Certification](#). If this applicant passes Step 1 and Step 2 CK within a seven-year period, these passing performances will remain valid for ECFMG Certification, regardless of when Step 2 CS is taken and passed. **This applicant will not be eligible to retake Step 1 or Step 2 CK for the purpose of meeting a time limit imposed by a U.S. physician licensing authority until after he or she is certified by ECFMG.**

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Medical Education Credentials

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Medical Education Credential Requirements

To be eligible for ECFMG Certification, you must have been awarded credit for at least four credit years (academic years for which credit has been given toward completion of the medical curriculum) by a medical school that is listed in the *World Directory* as meeting ECFMG eligibility requirements. Your graduation year must be included in the ECFMG note in your medical school's *World Directory* listing. See [Medical School Requirements](#). There are restrictions on credits transferred to the medical school that awards your medical degree that can be used to meet ECFMG's medical education credential requirements.

Important Notes: Graduates not eligible for admission to the exams or for ECFMG Certification include, but are not limited to: Graduates with degrees only in stomatology, ayurvedic or homeopathic medicine; graduates awarded only the diploma of Physician-Epidemiologist-Hygienist, Physician-Biochemist, Physician-Cyberneticist, Physician-Biophysicist, Licensed Medical Practitioner, or Assistant Medical Practitioner; and graduates awarded degrees in specialties other than Clinical Medicine (such as in Traditional Chinese Medicine).

Beginning in 2024 (previously 2023), individuals will be eligible to apply for ECFMG Certification—the first step in the certification process—and take the required examinations if, at the time of application, their medical school is accredited by an accrediting agency recognized by the World Federation for Medical Education (WFME). Further details regarding the 2024 Medical School Accreditation Requirement, including eligibility guidelines, are available on the ECFMG website at www.ecfm.org/accreditation. International medical students and graduates interested in ECFMG Certification should monitor this website section for the latest information.

International medical graduates must document the completion of all requirements for, and receipt of, the **final medical diploma**. ECFMG verifies every international medical graduate's final medical diploma with the appropriate officials of the medical school that issued the diploma. When ECFMG requests verification of your medical diploma from your medical school, ECFMG will request the medical school to provide your **final medical school transcript**. Verification by ECFMG with the issuing school may also be required for transcripts that are submitted to document transferred credits. An international medical graduate's credentials are not considered complete until ECFMG receives and accepts verification of the final medical diploma, final medical school transcript, and, if required, transfer credit transcript(s) directly from the issuing school(s).

Please do not send original documents; copies of documents are sufficient. All documents submitted to ECFMG as part of the certification process, including translations, will become part of your permanent ECFMG record and will not be returned to you. Please do not send any credentials not required by ECFMG (such as licenses, certificates of full registration, high school diplomas, academic awards, etc.). Submission of unnecessary documents can delay the processing of your exam application.

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ECFMG Policy on Transfer Credits

Transfer credits are credits earned for a course taken at one institution (such as a medical school) that are accepted by a medical school toward meeting its degree requirements. For example, a student attends a medical school for one year and earns credits for 12 courses. The student transfers to another medical school, which accepts the credits for those 12 courses toward meeting its degree requirements. The credits for those 12 courses are then referred to as transfer credits.

If you transferred credits to the medical school that awarded or will award your medical degree, you must disclose and document these credits when you apply to ECFMG for examination, **regardless of when the credits were earned**. See [Credentials for ECFMG Certification](#) in *Medical Education Credentials*. Failure to disclose and document these credits may have a number of negative consequences, including delaying exam registration and certification by ECFMG, and may result in a finding of irregular behavior and permanent annotation of your ECFMG record. See [Policies and Procedures Regarding Irregular Behavior](#).

Additionally, for the purpose of ECFMG Certification, credits that are transferred to the medical school that awarded or will award your medical degree must meet **all** of the following criteria:

- All credits must have been transferred from a medical school that is either:
 - located in the United States or Canada and listed in the *World Directory*, or
 - listed in the *World Directory* as meeting ECFMG eligibility requirements.
- Credits must be for courses that were passed at the medical school at which the course was taken.
- Credits may only be transferred from **one** medical school to the medical school which awards the final degree.

If your transferred credits do not comply with all the criteria listed above, you will not meet the requirements to be registered by ECFMG for examination or the requirements to be certified by ECFMG. If your transferred credits do not meet **all** the criteria listed above, you may request an exception from the ECFMG Medical Education Credentials Committee.

Important Note: The requirement that credits must be transferred from a medical school that meets the criteria above does not apply to credits transferred **only to the pre-medical portion of the curriculum** of the medical school that awarded or will award the medical degree. If you transferred credits to the pre-medical portion of the curriculum at the medical school that awarded or will award your medical degree from an institution that does not meet the criteria listed above, you must provide ECFMG with a letter from the medical school that awarded or will award your medical degree confirming that the credits were transferred to the pre-medical portion of the curriculum only. This letter must be on the letterhead of the medical school and be signed by an authorized official of your medical school. This letter must be submitted in conjunction with the application for examination. Applications received without this letter may be rejected. **This letter is in addition to disclosing and documenting all transferred credits as described above.**

The intent of this policy on transfer credits is to preserve the appropriate education of medical school graduates applying to ECFMG for Certification. The provisions of this policy will be applied by ECFMG in its sole discretion in order to effectuate the intent of this policy.

Important Note: Transfer credits that ECFMG reviewed and deemed to have met requirements for ECFMG Certification prior to August 27, 2019, will remain acceptable, and these applicants will be allowed to proceed with Certification and the examinations leading to Certification. All future transfer activity will be subject to the policy as stated here.

Medical Education Credentials

[Medical Education Credential Requirements](#) | [ECFMG Policy on Transfer Credits](#) | Credentials for ECFMG Certification | [Final Medical Diploma and Transcript](#) | [Transcript\(s\) to Document Transferred Credits](#) | [Name on Medical Diploma and Transcript\(s\)](#) | [English Translations](#) | [Verification of Credentials](#)

Credentials for ECFMG Certification

The credentials required for ECFMG Certification are:

- [Final Medical Diploma and Transcript](#)
- [Transcript\(s\) to Document Transferred Credits](#), if applicable

All documents that are not in English must be accompanied by an official [English translation](#) that meets ECFMG's translation requirements. See [Final Medical Diploma and Transcript](#), [Transcript\(s\) to Document Transferred Credits](#), and [English Translations](#) for complete information on required items.

Important Note: You must include your full name and USMLE/ECFMG Identification Number on the **front** of all credentials before sending them to ECFMG.

If you are a medical school graduate when you submit your first exam application, your diploma and transcript(s) to document transferred credits (if applicable) must be submitted with this initial exam application. If you have graduated and met all requirements for your medical diploma but your medical diploma has not yet been issued, a letter completed and signed by an authorized official of your medical school must be submitted with your exam application. Each medical school has been requested to provide ECFMG with a list of authorized officials. The letter you submit must be completed and signed by an official on this list. The official must provide his/her name, official title, and the institution name. The official must affix the institution's seal to the letter. The letter also must include the following statement:

This is to confirm that [applicant name] has graduated and completed all requirements to receive the [degree title] degree from [medical school/university name]. The degree will be issued [month and year].

You must then submit a copy of your diploma to ECFMG as soon as the diploma is issued.

If you graduated from medical school and do not submit a copy of your medical diploma or a letter from your medical school, as described above, and these documents have not been received previously by ECFMG, your exam application will be rejected.

If you are a medical school student when you submit your first exam application, submit copies of your medical education credentials as soon as you graduate and receive them.

You may not submit the credentials required for ECFMG Certification to ECFMG until you apply for an exam. If you send credentials to ECFMG before you apply for an exam, they will not be processed. To submit your credentials at the time of application, follow the instructions for additional documents in the exam application in ECFMG's IWA.

After you have applied for an exam, if you need to send credentials to ECFMG separately from an exam application, you must submit the credentials to ECFMG via the MyECFMG mobile app or via mail at the address below.

Educational Commission for Foreign Medical Graduates (ECFMG)
Attn: Certification Credentials Services
3624 Market St., 4th Floor
Philadelphia, PA 19104-2685
USA

If your credentials are complete, you are generally not required to resend these documents when you apply for subsequent exams.

ECFMG will not accept letters or other deliveries that arrive with postage or other fees due.

When your credentials have been processed, ECFMG will notify you. You can also check the status of your credentials by accessing [OASIS](#) or the [MyECFMG mobile app](#). If you have questions or concerns about your credentials, you can [contact ECFMG](#) using the contact information for General Inquiries on the Contact ECFMG page of the ECFMG website.

Documents submitted to ECFMG as part of the exam application and certification processes, including translations, will not be returned.

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Medical Education Credentials

[Medical Education Credential Requirements](#) | [ECFMG Policy on Transfer Credits](#) | [Credentials for ECFMG Certification](#) | [Final Medical Diploma and Transcript](#) | [Transcript\(s\) to Document Transferred Credits](#) | [Name on Medical Diploma and Transcript\(s\)](#) | [English Translations](#) | [Verification of Credentials](#)

Final Medical Diploma and Transcript

Final Medical Diploma

ECFMG requires all medical school graduates to submit a copy of their final medical diploma to ECFMG. Do not send an original diploma. You must submit the copy of your diploma to ECFMG via the [MyECFMG mobile app](#) or via mail or courier service. The exact degree title of the final medical diploma you must have earned (and must provide) in order to be eligible for ECFMG Certification and the examinations required for Certification is listed in the [Reference Guide for Medical Education Credentials](#) on the ECFMG website. The *Reference Guide* lists these medical credential qualifications by country of medical school. Although this *Reference Guide* is based upon information that was current at the time of publication, this information is subject to change.

If you are mailing a copy of your medical diploma, the photocopy **must be 216 mm x 279 mm (8½ in x 11 in)**. If the document is larger than 216 mm x 279 mm (8½ in x 11 in), you must send a reduced photocopy that is 216 mm x 279 mm (8½ in x 11 in).

You must submit the copy of the final medical diploma in the original language, containing the issue date and all of the appropriate signatures of the medical school and/or university officials. Documents that are not in English must be accompanied by an official English translation. ECFMG will not accept a copy of a medical diploma that is not in English without an official English translation. Likewise, ECFMG will not accept an English translation of a diploma without a copy of the original language document from which the English translation was prepared. See [English Translations](#) in *Medical Education Credentials*.

Do not submit professional evaluations of your final medical diploma. ECFMG does not accept such evaluations in lieu of your final medical diploma.

If you are submitting the copy of your medical diploma with an exam application, follow the instructions for additional documents in the exam application in ECFMG's IWA.

The name on your medical diploma should match **exactly** the name in your ECFMG record. If the name on your diploma does not match the name in your ECFMG record, you must submit documentation that **verifies** the name on your diploma is (or was) your name. See [Name on Medical Diploma and Transcript\(s\)](#) in *Medical Education Credentials*.

Final Medical School Transcript

When ECFMG requests verification of your medical diploma from your medical school, ECFMG will request the medical school to provide your final medical school transcript. If ECFMG is unable to obtain your final medical school transcript directly from your medical school, ECFMG will contact you and provide detailed instructions.

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Transcript(s) to Document Transferred Credits

If you have transferred credits to the medical school that awarded or will award your medical degree, you must document these credits when you apply for examination, regardless of when the credits were earned. You must send to ECFMG a copy of an official transcript issued by the school or institution at which the course was taken. You must submit the copy of your transcript to ECFMG via the MyECFMG mobile app or via mail or courier service.

If you are mailing a copy of the transcript, the photocopy **must be 216 mm x 279 mm (8½ in x 11 in)**. **If the document is larger than 216 mm x 279 mm (8½ in x 11 in), you must send a reduced photocopy that is 216 mm x 279 mm (8½ in x 11 in).**

You must submit the copy of the transcript in the original language. Documents that are not in English must be accompanied by an official English translation. ECFMG will not accept a copy of a transcript that is not in English without an official English translation. Likewise, ECFMG will not accept an English translation of a transcript without a copy of the original language document from which the English translation was prepared. See [English Translations](#) in *Medical Education Credentials*.

Do not submit professional evaluations of your transcript. ECFMG does not accept such evaluations in lieu of your transcript.

To submit the transcript to ECFMG, follow the instructions for additional documents in the exam application in ECFMG's IWA.

The name on your transcript(s) to document transferred credits should match **exactly** the name in your ECFMG record. If the name on your transcript does not match the name in your ECFMG record, you must submit documentation that **verifies** the name on your transcript is (or was) your name. See [Name on Medical Diploma and Transcript\(s\)](#) in *Medical Education Credentials*.

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Name on Medical Diploma and Transcript(s)

Your name as it appears on **all** credentials sent to ECFMG should be consistent and should match **exactly** the name in your ECFMG record. If the names do not match exactly, you must submit documentation that **verifies** the name on your medical diploma/transcript(s) is (or was) your name. The documentation must show your name exactly as it appears on your medical diploma/transcript(s). See [Your Name](#) in *Your ECFMG Record* and [Verifying Your Name](#).

If the name on your credentials does not match the name in your ECFMG record and you do not submit acceptable documentation that verifies the name on your credentials is (or was) your name, your exam application will be rejected. If your exam application is rejected due to a name discrepancy, ECFMG will contact you to request additional information.

An example of a discrepancy that requires such verification would be if your ECFMG record lists your married name, but your medical diploma/transcript(s) lists your maiden name.

Verifying Your Name

If the name in your ECFMG record does not match **exactly** your name as listed on your medical diploma, transcript, or other credential, you must **verify** that the name on these documents is (or was) your name. To verify your name, submit to ECFMG a copy of one of the documents listed below that verifies the name on your medical diploma, transcript, or other credential. The name in your ECFMG record will not be changed if you are verifying your name.

For the purpose of verifying your name, examples of the document(s) you may submit include:

- Expired Passport (including the pages with your photograph and the expiration date)
- Birth Certificate
- Marriage Certificate/License (if name discrepancy is due to name change after marriage)
- Official Court Order/Name Change Documentation
- Official Immigration Document, including
 - U.S. Resident Alien Card
 - U.S. Naturalization Certificate
 - Permanent Residence Card
- Driver's License

If additional documentation is required for the purposes of verifying your name, and you cannot provide one of the documents listed above, ECFMG will consider accepting a letter from an authorized official of your medical school that verifies that the name on your medical diploma, transcript, or other credential is (or was) your name. If you choose to submit a letter from your medical school to verify the name on your credential, the letter must be completed and signed by an authorized official of your medical school. Each medical school has been requested to provide ECFMG with a list of authorized officials. The letter you submit must be completed and signed by an official on this list. The official must provide his/her name, official title, and the institution name. The official must also affix the institution's seal to the letter. The letter must be on letterhead and must include the following statement:

This certifies that the names [name on document] and [name in ECFMG record] belong to one and the same person.

See additional important information on documents below.

Important Information on Documents for Changing or Verifying Your Name

- Attestations are **not** acceptable as documentation to change or verify your name.
- Please do not submit an original document; a copy of the document is sufficient.
- All documents submitted to change or verify your name that are not in English must be accompanied by an official English translation that meets ECFMG's translation requirements. See [English Translations](#) in *Medical Education Credentials*.
- All documents submitted to change or verify your name, including translations, will become a part of your permanent ECFMG record and will not be returned to you.

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English Translations

Any document submitted to ECFMG that is not in English must be accompanied by an English translation that meets ECFMG's translation requirements.

ECFMG strongly encourages you to obtain translations from its recommended translation service. Translations from this service meet ECFMG's requirements and will not be rejected due to translation errors. See the [Translation Service](#) page in the Resources section of the ECFMG website.

Translations from other services may not meet ECFMG's requirements. If you obtain a translation from another service, the translation must:

- be a word-for-word translation of the original language document. An abstract or summary translation of the document is not acceptable.
- be prepared from the original document or a photocopy of the original document. ECFMG will not accept a translation prepared from a transcription (transcribed version) of the document.
- be prepared by a government official (for example, a Consular Officer), medical school official (for example, a Dean or Registrar), or a professional translation service.
- bear the signature and title of the government or medical school official or representative of the translation service and, if there is one, the seal of the government official, medical school, or translation service.
- appear on letterhead. If the translation service is a private company, the letterhead must identify the company as a translation service.
- **include a certification statement from the translator stating the following: I [insert name of translator] certify that the word-for-word translation is correct.**

An English language certificate issued by the medical school that is not a word-for-word English language version of the degree, transcript, or other document in the original language is not acceptable as a translation. English translations that do not meet the requirements above will not be accepted. Examples of unacceptable translations include, but are not limited to:

- translations prepared by a notary who is not a government or medical school official or representative of a professional translation service,
- a translation that was not signed by the translator or official or representative of the translation service,
- a translation that is not a word-for-word translation of the original language document, and
- a translation that does not contain the certification statement from the translator.

Additionally, applicants are not permitted to translate their own documents.

Documents submitted to ECFMG as part of the exam application and certification processes, including translations, will not be returned.

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Verification of Credentials

ECFMG verifies every international medical graduate's final medical diploma with the appropriate officials of the medical school that issued the diploma. At the same time, ECFMG requests the medical school to provide the final medical school transcript. Transcripts to document transferred credits are also subject to verification by ECFMG with the issuing school. You will not fulfill the ECFMG medical education credential requirements until verification of your final medical diploma, final medical school transcript, and, if required, transfer credit transcript(s) is received directly from the issuing school(s) and accepted by ECFMG.

ECFMG will notify you when your diploma has been sent to your medical school for verification. As part of the verification process, ECFMG also may provide the medical school with other documents, including a copy of your *Certification of Identification Form* (Form 186), to aid in identification. ECFMG will follow up with your medical school if the requested verification is not received in a timely manner. ECFMG will notify you after receiving and evaluating the verification from your medical school. You can check the status of your medical education credentials on-line using [OASIS](#).

ECFMG reserves the right to reverify with the medical school the eligibility of medical school graduates who apply for examination. This may include reverification of the graduate's medical education credentials with the issuing medical school. If such reverification is requested, the graduate will be registered for examination only after ECFMG has received reverification directly from the medical school. If reverification is requested after the graduate has been registered for examination, ECFMG may cancel the graduate's registration or withhold the graduate's score report until ECFMG has received reverification directly from the issuing school. If your registration is canceled, you may be required to reapply.

Important Notes: Applicants are responsible for any fees associated with the verification of the final medical diploma, final medical school transcript, and transcript(s) to document transferred credits. If your medical school charges a fee for the verification of your diploma and/or transcript, ECFMG will advise you to contact your medical school directly regarding the fee and the method of payment.

If the final medical school transcript provided by your medical school is not in English or if an acceptable English translation is not provided by the medical school, ECFMG will have the transcript translated into English by an independent translation service. ECFMG will charge your ECFMG financial account for the translation, and will subsequently notify you of the charge. ECFMG will not notify you before sending the document for translation. For information on the translation fee and how to make a payment to your ECFMG financial account, see [Fees and Payment](#) in the Resources section of the ECFMG website.

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Related ECFMG Services**Confirming ECFMG Certification to Third Parties**

ECFMG's Certification Verification Service (CVS) provides primary-source confirmation of the ECFMG certification status of international medical graduates. The Joint Commission, the organization that evaluates and accredits U.S. health care organizations and programs, has determined that direct verification with ECFMG of a physician's certification status satisfies The Joint Commission's requirement for primary-source verification of medical school completion for graduates of international medical schools. ECFMG will confirm your certification status when a request is received from a U.S. medical licensing authority, residency program, hospital, or other organization that, in the judgment of ECFMG, has a legitimate interest in such information. For status reports sent to medical licensing authorities, the request can also be made by you. Requesting organizations must normally secure and retain your signed authorization to obtain certification information.

For more information, visit www.ecfm.org/cvs.

Electronic Residency Application Service (ERAS®) Support Services

The Accreditation Council for Graduate Medical Education (ACGME) requires that international medical graduates who wish to enter ACGME-accredited graduate medical education programs in the United States be certified by ECFMG. ECFMG Certification does not, however, guarantee that an international medical graduate will be accepted into a graduate medical education program. The Association of American Medical Colleges (AAMC) established the Electronic Residency Application Service (ERAS) to allow medical students and graduates to apply electronically for residency positions in accredited U.S. programs of graduate medical education. Most U.S. graduate medical education programs participate in ERAS. If you apply to participating programs, you must submit your residency application using ERAS.

Since ERAS was established, ECFMG has served as the designated Dean's office for students and graduates of international medical schools, assisting these individuals with the ERAS application process for first- and second-year (PGY-1 and PGY-2) residency positions.

For detailed, up-to-date information on ERAS Support Services at ECFMG, visit www.ecfm.org/eras.

J-1 Visa Sponsorship

Foreign national physicians who seek entry into U.S. programs of graduate medical education or training must obtain an appropriate visa that permits clinical training activities. One visa commonly used by foreign national physicians is the J-1, a temporary nonimmigrant visa reserved for participants in the Exchange Visitor Program. As a public diplomacy initiative of the U.S. Department of State, the Exchange Visitor Program was established to enhance international educational and cultural exchange between the people of the United States and other nations.

The U.S. Department of State has designated ECFMG as the visa sponsor for all exchange visitor (J-1) physicians who participate in clinical training programs. ECFMG sponsorship is also available for physicians' eligible dependents. ECFMG does not sponsor physicians for other U.S. visa types.

For detailed, up-to-date information on J-1 visa sponsorship by ECFMG, visit www.ecfm.org/evsp.

ECFMG Certificate Holders Office

The ECFMG Certificate Holders Office (ECHOSM) provides career planning resources for physicians pursuing ECFMG Certification and graduate medical education (GME) in the United States.

For more information, visit www.ecfm.org/echo.

IMGs who wish to pursue ECFMG Certification must submit an Application for ECFMG Certification. The Application for ECFMG Certification consists of an on-line application and the Certification of Identification Form (Form 186) available through ECFMG's Interactive Web Applications (IWA). The Application for ECFMG Certification requires applicants to confirm their identity, contact information, and graduation from or enrollment in a medical school that is listed in the *World Directory* as meeting eligibility requirements for its students and graduates to apply to ECFMG for ECFMG Certification and examination. See *Application for ECFMG Certification* in the *ECFMG Information Booklet*.

Examination Requirements

Important Note: The USMLE program has suspended the Step 2 Clinical Skills (CS) examination until at least June 2021. Please see the [Requirements for ECFMG Certification for 2021 Match](#) for information.

The examination requirements for ECFMG Certification include passing Step 1 and Step 2 of the USMLE. To meet the examination requirements for ECFMG Certification, applicants must:

1. **Satisfy the medical science examination requirement.** Step 1 and Step 2 Clinical Knowledge (CK) of the USMLE are the exams currently administered that satisfy this requirement.
2. **Satisfy the clinical skills requirement.** A passing performance on Step 2 Clinical Skills (CS) of the USMLE satisfies this requirement. For qualified applicants who have not passed Step 2 CS and intend to enter the 2021 Match, ECFMG has developed pathways to satisfy this requirement. See [Requirements for ECFMG Certification for 2021 Match](#) on the ECFMG website. Longer-term plans are in process for applicants pursuing Certification who plan to participate in future Matches.

Step 1 and Step 2 are the same exams taken by graduates of U.S. and Canadian medical schools. Detailed information on USMLE is available on the USMLE website at www.usmle.org.

ECFMG has established time limits for completing the examinations required for ECFMG Certification. Refer to the ECFMG website and the ECFMG *Information Booklet* for information on time limits, exam eligibility, fees, application, scheduling, test centers, and practice materials.

Medical Education Credential Requirements

The physician's graduation year must be included in the ECFMG note in the medical school's *World Directory* listing. See Medical School Requirements above. International medical graduates must have been awarded credit for at least four credit years (academic years for which credit has been given toward completion of the medical curriculum) by a medical school that is listed in the *World Directory* as meeting ECFMG eligibility requirements. There are restrictions on credits transferred to the medical school that awards an applicant's medical degree that can be used to meet this requirement.

Applicants must document the completion of all requirements for, and receipt of, the final medical diploma. See the *Reference Guide for Medical Education Credentials* on the ECFMG website for the exact title of the final medical diploma you must have earned (and must provide). ECFMG verifies every applicant's medical school diploma with the appropriate officials of the medical school that issued the diploma and requests that the medical school provide the final medical school transcript. Verification by ECFMG with the issuing school may also be required for transcripts that are submitted to document transferred credits. For more information, see *Medical Education Credentials* in the *ECFMG Information Booklet*.

ECFMG issues the Standard ECFMG Certificate to applicants who meet all of the requirements for certification.

The certification process should begin by first confirming that your medical school meets ECFMG requirements. Once you have confirmed that students/graduates of your medical school are eligible to apply to ECFMG for ECFMG Certification and examination, you can apply for a USMLE/ECFMG Identification Number. Once you obtain this number, you can use it to complete the Application for ECFMG Certification. Once ECFMG accepts your Application for ECFMG Certification, including your notarized Certification of Identification Form (Form 186), you may apply for examination.

Before applying for examination, you must also read the applicable editions (those that pertain to the eligibility period in which you take the exam) of the ECFMG *Information Booklet* and the USMLE *Bulletin of Information*. Both publications are available in the Resources section of the ECFMG website at www.ecfm.org. To apply for the

required exams, use ECFMG's Interactive Web Applications (IWA), available in the On-line Services section of the ECFMG website. Detailed instructions accompany the application.

Both medical school students and graduates can begin the certification process. You can apply for the required exams as soon as you meet the exam eligibility requirements. All of the required exams are offered continuously throughout the year. However, since one of the requirements for ECFMG Certification is verification of your final medical diploma with your medical school, you cannot complete the certification process until you graduate and receive the diploma.

There is no time limit for completing the certification process. However, there are specific time requirements for completing the exams for ECFMG Certification and medical licensure. These requirements are described in the ECFMG *Information Booklet* and USMLE *Bulletin of Information*, respectively.

The academic year for U.S. graduate medical education programs typically begins in July. You must be certified by ECFMG before your program's start date, although you can apply to programs before becoming certified. In planning the timing of your exam application and scheduling, you should also consider deadlines imposed by the programs to which you plan to apply and the National Resident Matching Program® (NRMP®). See Applying to Graduate Medical Education Programs below.

Applying to Graduate Medical Education Programs

Basic information about all ACGME-accredited programs is available on the ACGME website at www.acgme.org. FREIDA™, published by the American Medical Association (AMA), provides access to information on more than 11,000 residency and fellowship programs. You can access FREIDA on the AMA website at www.ama-assn.org/go/freida. Application deadlines vary among programs. You should contact programs directly for information on their deadlines. Most programs require applicants to submit their applications using the Electronic Residency Application Service® (ERAS®), which was developed by the Association of American Medical Colleges (AAMC). ECFMG coordinates the ERAS application process for IMGs. ERAS information for IMGs is available at www.ecfm.org/eras. Programs that do not participate in ERAS require applicants to use paper application materials. You should contact programs directly for their requirements.

NRMP, also known as “the Match,” matches applicants with available residency positions in the programs to which they have applied. If you wish to participate, you must register with the NRMP. Refer to the NRMP website at www.nrmp.org for requirements and deadlines, as well as information on the numbers of IMGs who have obtained residency positions through the Match in recent years.

Obtaining a Visa

IMGs who are neither citizens nor lawful permanent residents of the United States must obtain an appropriate visa to participate in U.S. graduate medical education programs. A common visa employed for this purpose is the J-1 visa. ECFMG is authorized by the U.S. Department of State to sponsor foreign national physicians for the J-1 visa. All initial applicants for ECFMG J-1 sponsorship are advised that sponsorship eligibility should not be presumed and cannot be determined until a complete review of an individual's U.S. visa history has been conducted. More information on eligibility and deadlines is available from ECFMG's Exchange Visitor Sponsorship Program at www.ecfm.org/evsp.

Additional information is available from the U.S. Department of State Exchange Visitor Program website at <http://j1visa.state.gov>. General information on the entry of foreign nationals to the United States is available from U.S. Citizenship and Immigration Services at www.uscis.gov and the U.S. Department of Homeland Security at www.dhs.gov.

Resources

ECFMG Certification

Visit the ECFMG website at www.ecfm.org for access to important updates, application materials, and publications, including:

- ECFMG *Information Booklet*
- *Reference Guide for Medical Education Credentials*
- USMLE *Bulletin of Information*
- *World Directory of Medical Schools*
- Interactive Web Applications (IWA)
- *The ECFMG® Reporter* – ECFMG's free e-mail newsletter for IMGs interested in ECFMG Certification. Subscribe at www.ecfm.org/reporter.
- ECFMG® *Fact Card* – Summary annual data on IMGs pursuing ECFMG Certification

Applying to Graduate Medical Education Programs

- Accredited Programs and Sponsoring Institutions – www.acgme.org
- FREIDA , the AMA Residency and Fellowship Database® – www.ama-assn.org/go/freida
- AAMC ERAS website – www.aamc.org/students/medstudents/eras
- ERAS Support Services at ECFMG – www.ecfm.org/eras
- National Resident Matching Program – www.nrmp.org

Visas

- ECFMG Exchange Visitor Sponsorship Program – www.ecfm.org/evsp
- ECFMG® J-1 Visa Sponsorship Fact Sheet
- U.S. Department of State Exchange Visitor Program – <http://j1visa.state.gov>
- U.S. Citizenship and Immigration Services – www.uscis.gov
- U.S. Department of Homeland Security – www.dhs.gov

Additional Information

ECFMG representatives are available to answer your questions by e-mail at info@ecfm.org or telephone at (215) 386-5900.

ECFMG

ECFMG is a private, nonprofit organization committed to promoting excellence in medical education. ECFMG's aims and missions include providing information to IMGs regarding entry into graduate medical education and health care systems in the United States, evaluating the qualifications of IMGs, and providing international access to testing and evaluation programs.



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Published November 2002
Last updated September 30, 2020

GME Track® is a resident database and tracking system that was introduced in March 2000 to assist GME administrators and program directors in the collection and management of GME data. GME Track contains the National GME Census, which is jointly conducted by the Association of American Medical Colleges and the American Medical Association and reduces duplicative reporting by replacing the AAMC's and AMA's previously separate GME surveys. The National GME Census is completed by residency program directors and institutional officials. The Census is comprised of two components: the Resident Survey and the Program Survey. Resident data and program data are confirmed annually, and the survey cycle can be updated between May and February, while the GME Track application is open.

DATA CONTACTS

Contact GME Track Help

gmetrack@aamc.org

[202-862-6171](tel:202-862-6171)

Request AAMC Data

datarequest@aamc.org

Benefits of GME Track include:

- Immediate and on-going access to biographical and training information
- Ability to view and print resident information and program rosters
- Medical schools have access to GME Track, with the ability to view and download their graduates' GME data
- In addition, GME Track data are used by both organizations, in accordance with each organization's privacy and data use policies, to provide medical students, residents, and the academic medicine community with information about specific programs through online search tools (e.g., FREIDA™, the AMA Residency & Fellowship Database®; and AAMC's Residency Explorer). Furthermore, GME Track data are used for research and educational purposes to inform policy analyses, to conduct research studies and outcomes evaluations, and to provide data reports and ad hoc data requests to qualified third parties.

About FREIDA™, the AMA Residency & Fellowship Database®

Search for Residencies and Fellowships

All residencies and fellowships accredited by the Accreditation Council for Graduate Medical Education are searchable on FREIDA. All programs have an Overview, which includes contact information, accredited length, start dates, participating institutions, and a map of training locations. Programs with an Expanded listing include application information, USMLE/COMLEX scores, visas accepted, program faculty and trainee data, work/call schedule, and other educational and employee information that will help you determine the best program for your training.

Search, Compare & Access with User Friendly Features

- Search by specialty and state, or narrow your search with optional filters.
- Compare key program features with the Comparison list.
- View Specialty Training Statistics to understand the typical program in each specialty and subspecialty.
- Visit Graduates Career Plans to learn about recent graduates.
- Access the database for free.

AMA Members Can Personalize Their Search

AMA Members can save search results into the Comparison list and Dashboard to further organize, compare and analyze programs of interest. Using the dashboard, members can add personal notes and contact details as well as store personal ratings and opinions on programs. In addition, AMA members can download limited program data into a .csv file. Information on 100 different programs can be downloaded per year. **Join the AMA** to improve your career research.

Browse for Vacant Positions

Search for currently vacant positions posted by program directors. These positions can be those that become vacant during the year or are left unfilled after the NRMP Match.

Program Data Origins

Program data on FREIDA comes primarily from the programs themselves via the GME Track/National GME Census, an annual online survey jointly conducted by the American Medical Association and the Association of American Medical Colleges. The “Last updated” date on the Overview of each program shows how recently program information has been modified on FREIDA. The “Survey received” date shows when the program completed its survey. Hospital facilities information on institutions involved in graduate medical education is provided by Health Forum®, LLC, an affiliate of the American Hospital Association.

Contact Information

For questions, comments or suggestions, contact freida@ama-assn.org, follow us on Twitter [@MedEdFREIDA](https://twitter.com/MedEdFREIDA) or call (800) 266-3966.

Program Directors

Program directors/administrators are encouraged to update information throughout the year. Program information comes primarily from the annual National GME Census (GME Track®). The AMA understands that all institutions listed in FREIDA, are required by law to include the phrase “EEO/M/F/D/V” on any information that is used for public view.

FREIDA™, the AMA Residency & Fellowship Database® FAQs & Glossary

I. Frequently Asked Questions

Where does FREIDA data come from?

Program data on FREIDA come directly from ACGME-accredited programs themselves via the GME Track/National GME Census, an annual online survey jointly conducted by the American Medical Association and the Association of American Medical Colleges. Data are loaded onto FREIDA in mid-August for those programs that complete the National GME Census by the mid-July due date, again in October (for data received by the end of September), and a final upload in February. New programs are added to FREIDA as they become accredited, and existing programs update their information throughout the year. Clinical information on GME participating institutions is provided by Health Forum, LLC, an affiliate of the American Hospital Association.

What is the ACGME?

The Accreditation Council for Graduate Medical Education accredits most graduate medical education programs – including all residency training programs and most fellowship programs. These programs can accept qualified MDs and DOs.

Can anyone search for residency/fellowship programs on FREIDA?

Yes, anyone can use FREIDA.

Do AMA members have additional FREIDA benefits?

AMA members have additional FREIDA benefits that they can access by logging in, such as saving searches into a Compare table and creating a Dashboard to help organize their search, save programs of interest, and store personal observations. In addition, AMA members can download limited program data into a .csv file. The number of different programs that can be downloaded is 100 per year. You can learn more about AMA membership [here](#).

I'm an osteopathic medical student. Can I use FREIDA to look for programs?

Of course! ACGME-accredited programs accept qualified MDs and DOs. To find programs that have an osteopathic focus, meaning, they either have Osteopathic Recognition, or were accredited as part of the Single Accreditation System, use the Osteopathic Recognition/Focus Copyright 1995 – 2019 American Medical Association. All rights reserved.

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checkbox under the Program Type filter.

How do I save results of a program search on FREIDA?

AMA members can save results of a search into the Comparison List or into the Dashboard. Select the program you're interested in, either from the Search results or from a program's page on FREIDA, and select Add to Compare or Add to Dashboard. You can also add programs to the Dashboard from the Compare table. In addition, AMA members can download limited program data into a .csv file. The number of different programs that can be downloaded is 100 per year.

If you are not an AMA member, you can add programs to the Compare table only during the current browser session.

How do I use the filters?

Use the filter checkboxes or sliders to narrow your search. Keep in mind that not all programs answer every question – a program that does not appear in your search results could be one that did not answer the filter question.

Why is there more information for some programs than others?

An overview is provided for all ACGME-accredited programs. In addition, most programs choose to provide even more information about their programs by "leasing" supplemental space on FREIDA. Some programs do not choose to have an Expanded listing.

Can I bookmark FREIDA for future use?

The bookmark for FREIDA can be found [here](#). You can also bookmark a program's listing, but keep in mind that changes are made often to FREIDA, and you may want to refresh a bookmarked page to make sure that the information is current.

Why can't I find listings for a particular specialty?

FREIDA contains listings for 2 types of programs: (1) programs in specialties that have ACGME program requirements, and (2) combined programs that are jointly approved by two or more applicable certification boards (e.g., internal medicine/psychiatry).

If you cannot find listings for a particular specialty or combined program (for example, cutaneous oncology), check with the relevant specialty society for more information about these non-ACGME accredited specialties.

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Can I search for vacant residency and fellowship positions?

Yes! Click on the Vacant Positions Listing link from the Search Programs drop down. Program directors can post positions that have become vacant during the year, or are left unfilled after the Match. Users can search by specialty, state and program year level. You may also want to check with the specialty society of the area in which you are seeking a position.

How can programs change their data after information has been uploaded from the annual survey?

Program personnel can make changes to the Overview program information by clicking on [Program Admin](#). (Logging in is required. Please contact FREIDA for program login information). If changes need to be made to Expanded program information, they can be e-mailed to freida@ama-assn.org. Please include your 10-digit program ID number.

How can I find out about the accreditation status of a program?

All programs on FREIDA are currently ACGME-accredited, or are combined programs that are approved by their respective specialty boards. The most recent information on the accreditation status of ACGME-accredited programs, including program review dates by residency review committees, is located on the [ACGME's Web site](#).

Our ACGME-accredited residency program is not listed in FREIDA. Why not?

If your program was newly accredited within the past several months, it is possible we may not yet have received the information about your program. Notify FREIDA by e-mail (freida@ama-assn.org) with your 10-digit program ID number and basic information, and we will look into the issue.

Is FREIDA information available for data licensing?

Some limited GME information can be licensed to non-profit medical organizations and researchers. Please contact gme@ama-assn.org or freida@ama-assn.org for more information.

How can I find out if a program is part of a medical school?

Medical schools can have affiliation agreements with teaching institutions that sponsor GME programs. Select an institution either from a program page, or select an institution in the Institution Directory. Selecting an institution from the list will provide information about the

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institution, as well as a list of programs and medical schools that the institution is affiliated with.

Is there information on the various training sites that are part of a program?

Yes, the names and locations of all the training sites that have required rotations are included in the program's Overview. Select a site from the program's Overview to learn more. Or, search for all institutions by selecting Institution Directory. Information about a hospital's clinical environment and special resources is provided by Health Forum, LLC, an affiliate of the American Hospital Association.

USMLE or COMLEX... which do I need?

If you are graduating, or have graduated, with an MD degree, you will be taking the United States Medical Licensing Examination (USMLE), created by the National Board of Medical Examiners. If you are graduating, or have graduated, with a DO degree, then you can take the Comprehensive Osteopathic Medical Licensing Examination (COMLEX), created by the National Board of Osteopathic Medical Examiners. Some programs in FREIDA, however, expect ALL applicants to have taken the USMLE.

How can I find out what the typical pediatrics (or any specialty) program is like?

Select Specialty Training Statistics under Tools & Resources to find averaged or aggregate information about programs, by specialty.

What's next for graduates of residency or fellowship programs?

Program directors indicate the plans of their graduates. You can find that aggregated information by specialty by selecting Graduate Career Plans under Tools & Resources.

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II. Glossary for Program Information

Accepting applications for training that begins -

Information is provided about applications to the program for the next academic year, and for the academic year following. Academic years typically start in the summer and last for 12 months.

Accredited length

The number of years of training the program is accredited to offer by the Accreditation Council for Graduate Medical Education (ACGME).

Additional training or educational experiences

These include required additional training beyond the accredited length of the program, as well as additional experiences that the program offers, but are not required for completion of the program.

Affiliated with US government

Programs that are sponsored by or affiliated with federal agencies, i.e., Air Force, Army, Navy, Public Health Service, or sponsored by the VA.

Application dates

The deadline for applications for the next academic year, and the earliest date for which applications will be accepted by the program for the following year, as well as the deadline date.

Average Step 1 or Level 1 scores (range)

Programs can provide within a range the average scores of the current residents/fellows.

Average hours per week on duty

The average hours worked during the first program year.

Beeper call

Beeper or at-home call is on-call time spent away from the institution. Some residents and fellows only have beeper call.

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Characteristics of trainees

If resident data are made available by the program, percentages of residents who are female, male, USMD, DO and IMG are provided, averaged over 3 years of data.

COMLEX Level 1 and 2

COMLEX Level 1 and 2 scores may be required for interview consideration of DO applicants (graduates of osteopathic medical schools). Some programs post the minimum score they will accept. Some programs may require DO applicants to take the USMLE Step 1 and 2 instead of the COMLEX.

Community-based program

The majority of experience is in a community setting that is not in an academic medical center, or a hospital with a medical school affiliation.

Community-based university affiliated program

The majority of experience is in a community-based hospital that is affiliated with an academic medical center, but is not a primary affiliate of the academic medical center.

Dashboard

Feature available to AMA members that allows users to save programs and add content to programs of interest.

ERAS

Electronic Residency Application Service, by which medical students apply to residency programs through their medical schools; graduates of international medical schools apply through the ECFMG. See www.aamc.org/eras, and www.ecfm.org/eras.

GME

Graduate medical education, or medical education training taking place after graduation from medical school.

Graduate year

The year of training in accredited graduate medical education, which may or may not correspond with program year. A resident in the first year of training after medical school is a GY1 resident. For example, if a resident has completed training in Internal Medicine, and now is in the first year of a Nephrology programs, the resident would be in his/her 4th Graduate Year, and 1st Program Year.

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Hospitalist track

Track or fellowship that provides special training for a career devoted largely to inpatient care.

Visa information

Some programs do not wish to manage visa issues, and are only interested in applicants that have US citizenship or permanent residency. Other programs and institutions are able to accommodate residents on visas. It is always recommended to contact the program for clarification.

Institution

Residency and subspecialty programs must be sponsored by an institution. The sponsoring institution assumes the ultimate responsibility for the program and is accredited by the Accreditation Council for Graduate Medical Education. A participating institution is an institution in which residents rotate for a required experience.

Interview via video conferencing

Some programs may interview applicants remotely.

Last updated

The date for which all or part of the information appearing for the program was last loaded onto FREIDA.

Maximum consecutive hours on duty

The maximum number of consecutive hours a resident/fellow is allowed to be on duty by the program during the first program year.

Military-based program

The majority of experience takes place in Army, Air Force, Navy, and Uniformed Services institutions.

Moonlighting allowed

Moonlighting is allowed by the program, beyond GY1.

Most taxing call schedule and frequency

This is the call schedule that places the resident/fellow in the hospital the most nights for the year. This particular schedule may be maintained for a short period of time, or could be for the entire year. Night float is not part of this call schedule.

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My notes

Part of the Dashboard – in the My Notes section, users have several opportunities to add personal content to programs of interest, such as: ratings of programs based on research or personal observation, like cultural/personality fit, faculty teaching availability, community type; completing items regarding applying, being offered an interview, interview dates; rating a program overall; intentions to rank a program; and adding comments.

National Resident Matching Program

The NRMP matches medical students and residency programs to optimize the rank ordered choices of students and program directors. The NRMP also conducts matches for fellowship positions in more than 60 subspecialties, through its Specialties Matching Services. See www.nrmp.org.

Night float system

A rotation where residents only work during the nights (eg, 10pm-8am), with minimal or no daytime duties.

OSCEs

Objective Structured Clinical Examinations (OSCEs) are patient or computer simulations that are used to provide standardized assessments of residents' clinical skills.

Osteopathic Recognition and/or is accredited by the ACGME and the AOA

The program has received Osteopathic Recognition from the ACGME, or is a program formerly accredited by the American Osteopathic Association and is now ACGME-accredited.

Other matching program

Programs using another matching program are primarily using the military match, the urological match or the Match for osteopathic programs.

Other program setting

The majority of experience takes place in settings that are not university, community, or military based, such as in foundations, blood banks, research institutions, cancer centers, or private practices.

Participant institution

See Institution.

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Part-time/shared positions

Some programs will allow two residents to "share" one position in the program, or allow the resident to progress through the program at a slower pace, or part-time.

Portfolio system

A portfolio is a collection of selected resident/fellow work packaged and organized for easy review and evaluation.

Preliminary positions

Positions for residents who are obtaining training required to enter another program or specialty. Preliminary positions are usually 1 year in length, and usually offered for Graduate Year 1. Internal medicine, surgery, and transitional year programs commonly offer preliminary positions.

Primary care track

Track or separate path solely devoted to primary care medicine.

Primary teaching site

The site that provides the single largest amount of clinical experience for the program.

Program faculty

Provides a breakdown of physician, non-physician, full-time and part-time faculty, the percent full-time female physician faculty, and a ratio of faculty to number of resident positions.

Program size

The number of resident/fellow positions the program is approved to have.

Program year

The year of training in the specialty.

Ratio of FTE faculty to positions

This ratio is calculated by adding the number of full-time paid physicians to one-half the number of part-time paid physicians, and dividing this sum by the number of positions in the program.

Required length

The accredited length of the program, plus any additional training that is required (not optional) by the program.

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Requires previous GME

The program requires training in another specialty or in a preliminary position prior to entry. Some programs require all residents to have had previous GME, some programs never require previous GME, some programs in special cases will require previous GME for some residents, and some programs may exempt a resident from the requirement.

Research rotation

A research rotation occurring while training in the program, not to be confused with a research track/non-accredited fellowship. Some programs require a research rotation, for others the rotation is optional, or not available.

Research track/non-accredited fellowship

A non-accredited research or fellowship year beyond the accredited program length.

Rural track

Track or separate path solely devoted to rural primary care medicine.

San Francisco match

The San Francisco match provides a matching service for some residency programs and fellowships, primarily surgical. See www.sfmitch.org.

Specialty in-service/in-training examination

This examination parallels the specialty's board certification examination, and is typically used to provide feedback to the program on the resident's progress.

Sponsor

See Institution.

Survey received

The date the AMA received the program survey which supplies much of the information about the program on FREIDA.

360-degree evaluation

An evaluation of the resident/fellow that is completed by attending faculty, peer residents/fellows, nurses and others that have worked with the trainee.

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Twenty-four-hour off duty period

A full 24-hours released from program duties, including beeper or at-home call.

University-based program

The majority of experience takes place in a hospital that serves as a primary affiliate of the medical school.

USMLE Step 1 and Step 2

USMLE Step 1 and Step 2 scores may be required by some programs for interview consideration. Some programs post the minimum score they will accept.

Women's health track

Track or fellowship that provides special training in the area of women's health.



Match Participation Agreement For Applicants and Programs 2021 Main Residency Match®

Terms and Conditions of the Match Participation Agreement Among Applicants, the NRMP, and Participating Programs

These are the terms and conditions of the Match Participation Agreement that each applicant and program desiring to participate in the **Main Residency Match** enters into by clicking on the “*I Accept*” button on the Registration screen of the **Registration, Ranking, and Results® (R3®)** system. Upon the NRMP's acceptance of such party's registration, these terms and conditions will be a binding agreement between such party and the NRMP, as well as between such party and any other party who executes this Match Participation Agreement and whose registration is accepted by the NRMP.

If the NRMP accepts the registration of the applicant or program in question, the NRMP will register the applicant or program, as the case may be, in the **Main Residency Match**, as described briefly in Section 1.0 below. In consideration of this registration, each applicant and program agrees to comply with all of the terms and conditions of this Match Participation Agreement (also referred to as "this Agreement").

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1.0 Introduction to the Main Residency Match

The **Main Residency Match** (“the Match”) provides a system for the confidential selection of applicants to graduate medical education programs by establishing a uniform time for applicants and programs to submit rank order lists that express their respective preferences. The system is intended to provide applicants the opportunity to make informed decisions about the medical specialty or specific training program they seek to enter and to provide training programs the opportunity to make informed assessments about applicants in an orderly manner and without pressure. The Match processes the certified rank order lists using a mathematical algorithm to match the preferences of applicants to the preferences of programs. If a match does not occur, applicants may seek to obtain positions during the Match Week **Supplemental Offer and Acceptance Program® (SOAP®)**. Only applicants and programs who have registered with the NRMP and agreed to abide by the terms of this Agreement may participate in the **Main Residency Match**.

The Match is managed through the NRMP's **Registration, Ranking, and Results (R3)** system. Match Week is the period of time when applicants and programs learn the results of the **Main Residency Match**, beginning at 11:00 a.m. eastern time on Monday and ending at 1:00 p.m. eastern time on Friday. A match between an applicant and a program or a position offered and accepted during **SOAP** constitutes a binding commitment between the two parties in accordance with the terms of this Agreement. Any breach of that commitment may result in adverse consequences to the breaching applicant or program, as described in Section 8.0.

The NRMP seeks to maintain the highest professional standards in the conduct of the **Main Residency Match** and in its interactions with all participants: applicants, program directors, institutional officials, and student affairs deans.

All parties to this Agreement acknowledge that they have read, understand, and agree to its terms. In addition, each of the parties acknowledges and confirms their understanding that (a) the NRMP is not an employment service for either applicants seeking residency positions or programs offering residency training positions; (b) applicants must apply directly to the programs in which they desire to obtain positions in addition to registering for the **Main Residency Match** and listing such programs on their certified rank order lists; (c) the NRMP is not involved in establishing the requirements for any residency or fellowship position or the terms of any contract between a resident or fellow and a training program; and (d) once a Match is made between a program and an applicant, there is a binding commitment for the program to offer a training position to the applicant and for the applicant to accept such position absent a waiver from the NRMP.

2.0 Applicants

2.1 Eligibility

To participate in the **Main Residency Match**, prior to the scheduled start date of the position(s) for which the applicant is applying, the applicant must meet all of the requirements for entry into graduate medical education as prescribed by the Accreditation Council for Graduate Medical Education ("ACGME") in Section IV of the ACGME Institutional Requirements, Residents, which are incorporated into this Agreement by reference. Each applicant executing this Agreement hereby affirms that he or she will meet those requirements prior to the applicable program start date.

Each sponsoring institution (e.g., a teaching hospital) may have additional requirements for eligibility for its programs. The NRMP is not responsible for ensuring that any or all of the requirements have or will have been met by an applicant prior to the scheduled beginning of the term of the position to which the applicant has matched or which the applicant has accepted through the **Supplemental Offer and Acceptance Program** or for communicating such requirements to applicants.

2.2 Categories of Applicants

Applicants in the **Main Residency Match** are either sponsored or independent and may register as a couple, as described below.

2.2.1 Sponsored Applicants

The term "sponsored applicant" means an applicant who: i) is a student enrolled in a medical school accredited by the Liaison Committee on Medical Education (LCME); or ii) is a student enrolled in an osteopathic medical school accredited by the American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA); or iii) graduated from a LCME or AOA COCA-accredited medical school during the period beginning June 30 of the year registration for the Match opens and ending at 9:00 pm eastern time on the Rank Order List Certification Deadline in the year of the Match. A sponsored applicant's eligibility to participate in the **Main Residency Match** and to enter graduate medical education training on July 1 in the year of the Match shall be based on the graduation requirements of the applicant's medical school and shall be verified by the applicant's medical school no later than the Rank Order List Certification Deadline.

If any of an institution's graduate medical education programs participates in the Main Residency Match, all the institution's programs, regardless of Match participation status, must offer positions to sponsored applicants through the Main Residency Match or another national matching plan.

2.2.2 Independent Applicants

The term "independent applicant" means an applicant who is:

- (a) A physician who graduated from a LCME-accredited medical school before June 30, 2020;
- (b) A physician who graduated from an AOA COCA-accredited medical school before June 30, 2020;
- (c) A student enrolled in, or a graduate of, a medical school accredited by the Committee on Accreditation of Canadian Medical Schools;
- (d) A student enrolled in, or a graduate of, a medical school outside the United States and Canada that is not accredited by the LCME, the AOA COCA, or the Committee on Accreditation of Canadian Medical Schools; or

- (e) A student who is a graduate of a Fifth Pathway program.

Independent applicants who registered for the **Main Residency Match** in a prior year may not reactivate their prior registrations. They must register again in the current Match year in order to participate in the **Main Residency Match**.

2.2.3 Couples

Any two applicants may participate in the **Main Residency Match** as a couple. If two applicants who registered as a couple do not obtain a match as a couple, the **Main Residency Match** will not try to find a separate match for either of them individually. A U.S. medical school that is not the home school of a partner also enrolled in a U.S. medical school may receive and notify that partner of Match results for the purpose of Match Day ceremonies, provided the applicants and medical schools approve.

2.3 Verification of Credentials of Independent Applicants

The credentials of independent applicants will be verified by the NRMP as summarized below.

The NRMP will verify the credentials of independent applicants described in Sections 2.2.2 (a), (b), and (c) with their respective schools. The NRMP will verify Fifth Pathway program enrollment with the respective LCME-accredited medical school for applicants described in 2.2.2 (e) who have completed such a program.

Independent applicants described in Section 2.2.2(d) must submit either:

- A notarized copy of a full and unrestricted license to practice medicine in a U.S. jurisdiction; or
- An Educational Commission for Foreign Medical Graduates ("ECFMG") candidate number. Prior to the Rank Order List Certification Deadline, the NRMP will verify that the applicant has completed the necessary examination requirements for ECFMG certification; however, it is the responsibility of ECFMG to determine whether the applicant is granted ECFMG certification.

The NRMP will notify all independent applicants whose credentials cannot be verified and will provide them an opportunity to substantiate their credentials. All verifications must be completed before the Rank Order List Certification Deadline.

2.4 Withdrawals

2.4.1 Withdrawal of Sponsored Applicants

A sponsored applicant may withdraw from the **Main Residency Match** only through the applicant's medical school official.

Medical school officials shall determine the eligibility of their sponsored applicants to enter graduate medical education prior to the Rank Order List Certification Deadline. If the medical school official determines that a sponsored applicant is ineligible to enter graduate medical education on July 1 in the year of the Match, the medical school shall withdraw the applicant from the Match and notify the NRMP prior to the Rank Order List Certification Deadline. If the medical school official determines after the Rank Order List Certification Deadline or after the Match results have been released that a sponsored applicant is ineligible to enter graduate medical education by July 1 in the year of the Match, the school shall immediately notify the NRMP in writing.

A sponsored applicant who is withdrawn from the **Main Residency Match** by the medical school official as a result of ineligibility may accept a position outside the Match no earlier than 12:00 p.m. eastern time on Wednesday of Match Week as long as training will begin on or after July 1, 2021 and before February 1, 2022. Students who are withdrawn due to ineligibility and who elect to participate in the Match the following year will be sponsored applicants.

Sponsored applicants who are withdrawn from the **Main Residency Match** for reasons other than ineligibility may accept a position outside the Match provided training begins before February 1, 2022.

Sponsored applicants who obtain positions in U.S. military graduate medical education programs are obligated to notify their medical schools. Sponsored applicants with military positions shall be withdrawn from the Match by their medical schools prior to the Rank Order List Certification Deadline. Such applicants will be ineligible to participate in **SOAP** for concurrent year NRMP positions.

2.4.2 Withdrawal of Independent Applicants

Independent applicants may withdraw from the **Main Residency Match** on their own initiative for any reason, but only if the NRMP receives their withdrawal request prior to the Rank Order List Certification Deadline. Applicants who

accept a concurrent year residency position outside the **Main Residency Match** or through any other national matching plan shall withdraw from the **Main Residency Match** and shall do so prior to the Rank Order List Certification Deadline through the **R3** system. Failure to withdraw from the **Main Residency Match** prior to the Rank Order List Certification Deadline shall be a breach of this Agreement and may subject the applicant to the penalties described in Section 8.0.

Independent applicants who obtain positions in U.S. military graduate medical education programs shall withdraw from the **Main Residency Match** prior to the Rank Order List Certification Deadline. Such applicants will be ineligible to participate in **SOAP** for concurrent year NRMP positions.

Applicants who register for the **Main Residency Match** but who do not withdraw from the Match before the Rank Order List Certification Deadline are prohibited during the period between the Rank Order List Certification Deadline and 3:00 p.m. eastern time on Monday of Match Week from applying for, discussing, interviewing for, or accepting a position that would run concurrent with positions offered in the **Main Residency Match**. Communications during Match Week between unmatched applicants and programs with unfilled positions shall be governed by Section 7.0 of this Agreement. Matched applicants and programs are bound to the results of the Match, per Section 5.0 of this Agreement.

2.4.3 Withdrawal of Applicants by the NRMP

At any time before the Match results are released, the NRMP may withdraw from the **Main Residency Match** any applicant who falls into one or more of the following categories:

(a) Independent applicants whose credentials cannot be verified by the NRMP, as described in Section 2.3.

If an independent applicant is withdrawn because the applicant is ineligible to enter graduate medical education on July 1 in the year of the Match, (a) the applicant's rank order list shall not be used when the matching algorithm is processed, and (b) the applicant will not be eligible to participate in the Match Week **Supplemental Offer and Acceptance Program (SOAP)**. An independent applicant who is not eligible to enter graduate medical education on July 1 in the year of the Match (a) may submit applications to non-NRMP-Match-participating programs no earlier than 3:00 p.m. eastern time on Monday of Match Week; (b) may accept a position in a non-NRMP-Match participating

program no earlier than 12:00 p.m. eastern time on Wednesday of Match Week; and/or (c) may seek a position in a NRMP Match-participating program no earlier than the published conclusion of the **Supplemental Offer and Acceptance Program** on Thursday of Match Week, provided training begins on or after July 1 in the year of the Match and before February 1 in the year immediately following the Match.

(b) Sponsored applicants whose graduation from a LCME- or an AOA COCA-accredited medical school is not verified by the applicant's medical school.

If a medical school withdraws a sponsored applicant because the applicant is ineligible to enter graduate medical education on July 1 in the year of the Match, (a) the applicant's rank order list shall not be used when the matching algorithm is processed, and (b) the applicant will not be eligible to participate in **SOAP**. If a medical school withdraws a sponsored applicant because the applicant is ineligible to enter graduate medical education on July 1 in the year of the Match, the applicant (a) may submit applications to non-NRMP-Match participating programs no earlier than 3:00 p.m. eastern time on Monday of Match Week; (b) may accept a position in a non-NRMP-Match participating program no earlier than 12:00 p.m. eastern time on Wednesday of Match Week; and/or (c) may seek a position in a NRMP Match-participating program no earlier than the published conclusion of the **Supplemental Offer and Acceptance Program** on Thursday of Match Week, provided training begins on or after July 1 in the year of the Match and before February 1 in the year immediately following the Match.

(c) Applicants registered in both the Canadian Resident Matching Service (CaRMS) and the **Main Residency Match** who match through CaRMS to a concurrent year position.

In those years in which CaRMS has an earlier schedule, individuals who match through CaRMS will automatically be ineligible to match to and participate in **SOAP** for concurrent year NRMP positions. In those years when CaRMS has a later schedule, applicants registered for CaRMS who match in the NRMP Match for 2021 will be withdrawn from the CaRMS Match.

(d) Applicants who obtained advanced positions to begin in the current Match year, either through the NRMP [Specialties Matching Service](#)® or the prior NRMP

Main Residency Match, who have not received a waiver of the match commitment to the advanced position.

These applicants will be eligible for the **Main Residency Match** only if the appropriate waiver request is received and approved by the NRMP prior to the Rank Order List Certification Deadline.

(e) Applicants with unpaid NRMP fees.

The applicant registration procedure requires that all fees be paid in U.S. dollars by credit card through the **R3** system. The applicant will be allowed to register for and participate in the **Main Residency Match** only after a credit card payment is entered through the **R3** system and processed successfully.

(f) Applicants for whom the NRMP believes it has credible evidence that they have violated the terms of this Agreement.

Upon withdrawing an applicant from the **Main Residency Match**, the NRMP shall note in the **R3** system that the applicant is the subject of “pending action.” The designation shall remain in place until the applicant has waived or exhausted the opportunity to contest the action pursuant to the Violations Policy.

The NRMP's authority to withdraw an applicant from the **Main Residency Match** under this section is in addition to its authority to impose sanctions for violations of this Agreement. Therefore, any decision by the NRMP to withdraw an applicant under this section shall remain in place and shall not be subject to any suspension in the event the applicant chooses to contest the withdrawal or other action by the NRMP under the dispute resolution process set forth in Section 15.0.

2.4.4 Withdrawal Deadlines and Restrictions

Applicants may not withdraw from the **Main Residency Match** after the Rank Order List Certification Deadline. In addition, applicants shall not apply for, discuss, interview for, or accept a position that would run concurrent with positions offered through any other national matching plan or by agreement outside the **Main Residency Match** after the Rank Order List Certification Deadline and before release of Match Results.

2.5 Waiver of the Match Results: Applicants

Applicants and programs are not authorized to release each other from their binding commitment. **Once a party has matched or a position has been offered and accepted during the Match Week Supplemental Offer and Acceptance Program (SOAP), a waiver of the binding commitment may be obtained only from the NRMP.** The NRMP's decision to grant or deny the waiver is at the sole discretion of the NRMP, is final, and is not subject to challenge in arbitration, by judicial review, or by review of any kind by any third party. The NRMP recommends that each applicant read carefully the Policies and Procedures for Waiver Requests ("Waiver Policy") that govern the NRMP's handling of waivers. The Waiver Policy is incorporated by reference in and constitutes an integral part of this Agreement.

Any participant in the **Main Residency Match** shall promptly notify the NRMP of any waiver requests received directly from any other participant. Programs are not authorized to recruit another candidate for the position until so notified by the NRMP.

Upon receiving an applicant's request for waiver of the binding commitment, the NRMP shall examine the request and determine whether grounds exist to allow a waiver of the binding commitment. The grounds for waiver are i) the NRMP determines the applicant is ineligible for the position or ii) in the reasonable judgment of the NRMP, fulfillment of the commitment to the results of the **Main Residency Match** would cause unanticipated serious and extreme hardship to the applicant. The burden is on the applicant to demonstrate to the reasonable satisfaction of the NRMP that the criteria necessary for approval and issuance of a waiver are present.

Upon examining the applicant's request for a waiver, including whether the applicant has demonstrated the grounds necessary for a waiver, the NRMP, in its sole discretion, may issue a waiver releasing the applicant from the commitment to the program or deny the waiver request.

An applicant who matched to or accepted an advanced position also may request a waiver if the applicant has elected to change specialties, provided the waiver is requested **no later than January 15** prior to the start of training. The waiver request must be submitted in writing by the applicant using the appropriate Waiver Request Form with a copy to the program to which the applicant matched or in which the applicant accepted a position. The NRMP will review the waiver request to determine whether or not the waiver shall be granted.

2.5.1 Waiver Approvals: Applicants

If the NRMP grants the applicant's request for a waiver, the applicant may accept a position in another graduate medical education program or re-enter the Match and the program may offer the vacant position to another qualified applicant.

2.5.2 Waiver Denials: Applicants

If the waiver is not granted to the applicant by the NRMP, the applicant will be expected to accept the position.

2.5.3 Refusal to Accept the Matched Position Before a Final Waiver Determination is Made

If following initiation of the waiver process by the NRMP, the applicant notifies the NRMP in writing that the applicant will not accept the position even if the waiver is denied, the NRMP will release the program from its match commitment so that the program can recruit another qualified applicant for the position.

2.5.4 Refusal to Honor the Match Commitment After NRMP Makes A Final Determination to Deny a Request for Waiver

If the NRMP makes a final determination to deny an applicant's request for waiver and the applicant still refuses to honor the Match commitment and enter the program, the NRMP will bar the applicant from accepting or starting a position (or renewing a training contract for a position at a different level or for a subsequent year), regardless of the start date, in any residency training program sponsored by a Match-participating institution that would commence training within one year from the date of the NRMP's final decision to deny the waiver. Such bar shall not be considered a sanction and shall not be subject to arbitration or judicial review.

In addition, the NRMP will initiate an investigation to determine whether the applicant has violated the terms of the Match Participation Agreement. If following such investigation, the NRMP determines that a violation has occurred, the NRMP may impose sanctions as provided in Section 8.0 of this Agreement.

In lieu of an investigation and the potential imposition of sanctions, the applicant may instead agree to the following remedy: i) to be barred from accepting or starting a position (or renewing a training contract for a position at a different level or for a subsequent year), regardless of the start date, in any residency training program sponsored by a Match-participating institution that would commence training within one year from the date of the NRMP's final decision to deny the waiver; ii) to be barred from the Match for one year; and iii) agree to be flagged in the R3 system for one year, all effective immediately upon acceptance of such agreement by the NRMP. Such remedy shall be deemed to constitute a

final determination by consent and is not subject to arbitration or judicial review. The remedy will be reflected in the **R3** system and the Applicant Match History for the length of time the remedy is in effect.

2.5.5 Prohibited Activity During the Waiver Process: Applicants and Programs

Applicants who have matched to a program or have accepted a position during SOAP shall not apply for, discuss, interview for, or accept a concurrent year position in another program prior to the NRMP granting the waiver. If the NRMP receives information that an applicant has applied for, discussed, interviewed for, or accepted a concurrent year position in another program before receiving a waiver from the NRMP, the NRMP will initiate an investigation to determine whether the applicant or program has violated the terms of this Agreement.

If any program at a Match-participating institution interviews for or offers a concurrent year position to an applicant who has not been granted a waiver by the NRMP, or if the applicant accepts or starts such a position, the NRMP will initiate an investigation to determine whether the applicant, the program, and/or the institution has violated the terms of this Agreement.

If the NRMP initiates a violation investigation of the applicant or program, it will follow the procedures set forth in Section 8.0 of this Agreement.

2.6 Deferral of the Match Commitment

The NRMP, in its sole discretion, may grant to an applicant and a program a one-year deferral of a Match commitment if: (1) both parties agree to the deferral and provide written documentation; and (2) failure to obtain a deferral would cause unanticipated serious and extreme hardship. Additionally, at the request of either an applicant or a program, NRMP may grant a deferral of up to one year if arbitration proceedings have been initiated and the outcome is pending. If for any reason a deferred Match commitment cannot or will not be honored, one or both parties shall submit to the NRMP a request for a waiver according to the procedures set forth in Sections 2.5 and 3.6 of this Agreement.

3.0 Programs

3.1 Eligibility

To be eligible to offer positions through the **Main Residency Match**, as of the Rank Order List Certification Deadline a program must be either (a) accredited by the ACGME; or (b) a combined program that is approved or recognized by the American Board of Medical Specialties or by the

respective specialty board that is responsible for board certification of residents who successfully complete the combined program; and (c) have funding to train matched residents. Each program executing this Agreement hereby affirms that it will meet these requirements by the Rank Order List Certification Deadline. Sponsoring institutions that register any program in the **Main Residency Match** agree to select senior students of U.S. MD-granting and DO-granting medical schools for all of their programs, regardless of Match participation status, **only** through the **Main Residency Match** or another national matching plan. In addition, programs participating in the **Main Residency Match** agree to register and attempt to fill all of their positions through the **Main Residency Match** or another national matching plan. A program cannot enroll in the **Main Residency Match** until the official designated by the institution that sponsors the program has registered with the NRMP through the **R3** system.

3.2 Categories of Program Positions

The following categories of positions are included in the **Main Residency Match**:

3.2.1 Categorical (C) PGY-1 positions in programs that provide the training required for board certification in the specialties

3.2.2 Categorical primary care positions in medicine and pediatrics (M)

3.2.3 One-year preliminary (P) positions in transitional or specialty programs

3.2.4 Advanced (A) positions in specialty programs that begin the year after the **Main Residency Match** and subsequent to one or more years of preliminary training (PGY-2)

3.2.5 Physician (R) positions in specialty programs that begin in the year of the **Main Residency Match** for physicians with prior graduate medical education

3.3 Participation

3.3.1 Quota Changes

Program directors may increase, decrease, and make other changes to their quota, or the number of positions they desire to fill through the **Main Residency Match**. Such changes must be made in the **R3** system by the Quota Change Deadline and must be approved by the NRMP institutional official responsible for the program making the change. **Programs cannot reduce their quotas to zero.**

Exceptions to the Quota Change Deadline, including the reduction of program quotas, may be requested by the institutional official for cases of extreme emergency, such as loss of funding or accreditation, or to accommodate the results of earlier matching programs. In such cases, a written request for relief shall be made to the NRMP. The ability of institutional officials and program directors to change program quotas for the **Main Residency Match** does not relieve them of their responsibility to register and attempt to fill all positions through the Match or another national matching plan. The NRMP shall regularly monitor the compliance of Match-participating programs in registering and attempting to fill all of their positions through the **Main Residency Match** or another national matching plan.

3.3.2 Withdrawals

Any registered program that will not offer positions through the **Main Residency Match** must withdraw from the Match through the **R3** system. The program's withdrawal must be confirmed by the NRMP institutional official in the **R3** system by 11:59 p.m. eastern time on the Quota Change Deadline to ensure that the program is not listed in the **R3** system as a participant in the Match. Programs may not withdraw from the **Main Residency Match** after the Quota Change Deadline except for situations beyond the control of the institution or program such as loss of funding or loss of accreditation. In such cases, a written request for relief shall be made to and determined by the NRMP.

At any time before the Match results are released, the NRMP may withdraw from the **Main Residency Match** any program for which the NRMP believes it has credible evidence that the program has violated the terms of the Agreement. Upon withdrawing a program from the **Main Residency Match**, the NRMP shall note in the **R3** system that the program is the subject of a “pending action.” The designation shall remain in place until the program has waived or exhausted the opportunity to contest the action pursuant to the Violations Policy. The NRMP's authority to withdraw a program from the **Main Residency Match** under this section is in addition to its authority to impose sanctions for violations of this Agreement. Therefore, any decision by the NRMP to withdraw a program under this section shall remain in place and shall not be subject to any suspension in the event the program chooses to contest the withdrawal or other action by the NRMP under the dispute resolution process set forth in Section 15.0.

3.3.3 Vacant Positions

Categorical and Preliminary Positions

If a PGY-1 position becomes vacant due to applicant dismissal, resignation, transfer, or as the result of an approved waiver from the NRMP, the position

may be filled outside of the 2021 Main Residency Match provided training commences before February 1, 2021. If training will not commence before February 1, 2021, the position shall be placed in the Match. PGY-1 positions that become vacant any time after the conclusion of **SOAP** on Thursday of Match Week can be filled outside the Match prior to the day registration opens for the next **Main Residency Match**.

Advanced Positions

If a PGY-2 position becomes vacant before the Quota Change Deadline due to an applicant dismissal, resignation, or transfer or as the result of an approved waiver from the NRMP and the position is in a specialty that may require a prerequisite PGY-1 year, the position may be filled outside the Match provided training begins before February 1, 2021. If training will not begin before February 1, 2021 or if the position becomes vacant before the Rank Order List Certification Deadline, the position shall be placed in the Match as a Reserved (physician) track for a July start date. If the position becomes vacant after the Rank Order List Certification Deadline, the position may be filled outside the Match at any time after the conclusion of **SOAP** on Thursday of Match Week and prior to the day registration opens for the next **Main Residency Match**. After registration opens for the next Match, the vacant position must be placed in the Match.

3.4 Institutional Official and Program Directors

3.4.1 Designation of Institutional Official

Each institution with programs participating in the Match shall designate an institutional official to be responsible for overseeing the Match process and to be the institution's official spokesperson to the NRMP on all matters regarding the institution's registered programs. All changes made by a program concerning its positions must be approved by the NRMP institutional official responsible for that program. The institutional official has the authority to modify and certify program rank order lists; however, such modifications and certifications must be done in collaboration and with the approval of the program director. The NRMP may rely on written communications from the institutional official for all matters affecting the institution or its programs.

3.4.2 Program Directors

Each program participating in the Match shall designate a director who is responsible for ensuring the accuracy of the program's information and adherence to all policies governing the Match. All changes made by a program director concerning Match participation and positions must be approved by the institutional official on or before published Match deadlines.

3.4.3 Duties of Program Directors

The program director shall:

- 3.4.3.1. Provide accurate program information including, but not limited to, the number and type of positions offered;
- 3.4.3.2. Execute the Match Participation Agreement prior to the Rank Order List Certification Deadline;
- 3.4.3.3 Submit and certify a rank order list prior to the Rank Order List Certification Deadline;
- 3.4.3.4. Ensure that representatives of the program do not discuss, interview for, or offer a position to a Match applicant between the Rank Order List Certification Deadline and the release of Match results on Monday of Match Week;
- 3.4.3.5. Ensure representatives of the program do not discuss, interview for, or offer a position to an applicant who is ineligible because of a denied waiver and/or sanctions levied as the result of a violation investigation;
- 3.4.3.6. Ensure that representatives of the program do not initiate contact on behalf of an unmatched applicant during **SOAP** prior to an unfilled program initiating contact;
- 3.4.3.6. Appoint a program coordinator, if so desired, to assist in the matching process.

3.5 Program Coordinators

3.5.1 Designation

The program director may designate a program coordinator to assist with the matching process for the program. The program coordinator shall have a username and password separate and distinct from the program director to access the **R3** system.

3.5.2 Duties of Program Coordinators

The program coordinator may view all program data available through the **R3** system, enter or change program data except quotas, and enter rank order lists and **SOAP** preference lists. Program coordinators are prohibited from certifying rank order lists

and **SOAP** preference lists. Program coordinators shall use their designated username and password to log in to the **R3** system. Use of the program director's username and password by the program coordinator to access the **R3** system shall be a breach of this Agreement and may subject the program to penalties described in Section 8.0.

3.6 Waiver of the Match Results: Programs

Programs and applicants are not authorized to release each other from their respective binding commitment. **Once a party has matched or a position has been offered and accepted during the Match Week Supplemental Offer and Acceptance Program (SOAP), a waiver of the binding commitment may be obtained only from the NRMP.** The NRMP's decision to grant or deny the waiver is at the sole discretion of the NRMP, is final, and is not subject to challenge in arbitration, by judicial review, or by review of any kind by any third party. The NRMP recommends that each program director read carefully the Policies and Procedures for Waiver Requests ("Waiver Policy") that govern the NRMP's handling of waivers. The Waiver Policy is incorporated by reference in and constitutes an integral part of this Agreement.

Any participant in the **Main Residency Match** shall promptly notify the NRMP of any waiver requests received directly from any other participant.

Programs shall use the Applicant Match History in the **R3** system to determine the appointment status of any applicant considered for appointment to the program.

The NRMP, in its sole discretion, may grant to a program a waiver of its binding commitment to an applicant if the NRMP determines that fulfillment of a program's commitment to the results of the **Main Residency Match** would cause unanticipated serious and extreme hardship for the program or if the NRMP determines that the applicant is ineligible to begin training. The burden is on the program to demonstrate to the reasonable satisfaction of the NRMP that the criteria necessary for approval and issuance of a waiver are present.

The waiver request must be submitted in writing by the program director or the NRMP institutional official using the appropriate Waiver Request Form with a copy to each applicant whose position is included in the waiver request and specify each such applicant. The program also shall specify the method it will employ to assist each such applicant to secure another residency position if the waiver request is the result of program closure or a change in program complement. The NRMP will review the waiver request to determine whether or not the waiver shall be granted.

Once a program has matched to an applicant or a position has been offered and accepted during SOAP, the program shall not discuss, interview for, or offer the position to another candidate prior to the

NRMP granting the waiver. If the NRMP receives information that a Match-participating program has discussed, interviewed for, or offered the position to another applicant before receiving a waiver from the NRMP, or if the program has encouraged or supported an applicant seeking a concurrent year position absent a waiver, the NRMP will initiate an investigation to determine whether the program or applicant has violated the terms of this Agreement.

Upon completing its investigation, the NRMP, in its sole discretion, may grant a waiver to the program releasing it from the commitment to one or more of the applicants whose positions were included in the waiver request, or it may deny the request. Programs are not authorized to recruit another candidate for the position until so notified by the NRMP.

3.6.1 Waiver Approvals: Programs

If the waiver is granted to the program by the NRMP, the applicant may accept a position in another graduate medical education program and the program may offer the vacant position to another qualified applicant, unless the waiver request was based on financial hardship, a reduction in resident complement, or loss of accreditation.

3.6.2 Waiver Denials: Programs

If the waiver is not granted to the program by the NRMP, the program will be expected to offer the position(s) to the applicant(s) included in the program's waiver request. If the program does not offer the position(s), the NRMP will initiate an investigation to determine whether the program has violated the terms of this Agreement.

If an applicant requests a waiver from the NRMP and/or informs the program of the desire for a waiver, the program shall not discuss the position with any other candidate or the applicant's eligibility with any other program or offer the position to any other candidate until either (a) the applicant has informed the NRMP in writing that he/she will not accept the position if his/her waiver request is denied by the NRMP and the program has been notified by the NRMP that it has been granted a waiver, or (b) the waiver is granted by the NRMP. If the NRMP receives information that the program has discussed, interviewed for, or offered the position to another candidate before it has been notified by the NRMP that either of the foregoing conditions has occurred, the NRMP will initiate an investigation to determine whether the program has violated the terms of this Agreement.

All programs sponsored by a Match-participating institution are prohibited from offering a position or a new training year,

regardless of the start date, to an applicant who is ineligible to accept a position or a new training year because a waiver request was denied by the NRMP. If any program at a Match-participating institution, regardless of the program's Match participation status, offers a position or a new training year at any time during the one-year period to an applicant whose waiver was denied, or if the applicant accepts or starts such a position, the NRMP will initiate an investigation to determine whether the applicant, the program, and/or the institution has violated the terms of this Agreement.

If the NRMP initiates an investigation to determine whether a program or applicant has violated the terms of this Agreement, the NRMP will follow the procedures set forth in Section 8.0 of this Agreement.

3.7 Deferral of the Match Commitment

The NRMP, in its sole discretion, may grant to an applicant and a program a one-year deferral of a Match commitment if: (1) both parties agreeing to the deferral provide written documentation; and (2) failure to obtain a deferral would cause unanticipated serious and extreme hardship. Additionally, NRMP may grant a deferral of up to one year at the request of either an applicant or a program if arbitration proceedings have been initiated and the outcome is pending. If for any reason a deferred Match commitment cannot or will not be honored, one or both parties shall submit to the NRMP a request for a waiver according to the procedures set forth in Sections 2.5 and 3.6 of this Agreement.

3.8 Program Closures and Reductions in Resident Complement

If a program has reason to close and/or reduce the number of residents, it must follow the procedures specified in Section IV of the ACGME's Institutional Requirements, as amended from time to time, or any successor requirements. The program must notify the NRMP of the method it will employ to assist each matched applicant in securing another graduate medical education position. Failure to adhere to those requirements will be a breach of this Agreement.

4.0 Communications

Complete, timely, and accurate exchanges of information are essential to the residency application, interview, and matching processes.

4.1 From the NRMP

Except as otherwise expressly provided in this Agreement, all communications from the NRMP to a Match participant shall be transmitted electronically to the email address designated by the participant at the time of registration in the **R3** system. The participant is responsible at all times

for providing the correct email address in the **R3** system and updating the email address, if necessary, during the matching process.

If a Match participant is involved in a waiver or violation investigation, the participant is responsible at all times for conveying any change in email address to the NRMP.

In addition to communication electronically, the NRMP shall communicate violations of this Agreement that have been confirmed in a Final Report (“confirmed violation”) as provided in Section 8.2. Paper copies of the Report will be distributed by regular mail at the last known address in the **R3** system or as provided by the subject of the violation if an email address is not available.

If the participant unsubscribes from NRMP emails or notices, the NRMP shall have no responsibility for sending NRMP information or providing for its receipt.

4.2 Between Applicants and Programs

Between the Rank Order List Certification Deadline and 3:00 p.m. eastern time on Monday of Match Week, applicants shall not apply for, discuss, interview for, or accept any position that would run concurrent with positions offered in the **Main Residency Match**. Similarly, all programs in Match-participating institutions shall refrain from discussing, interviewing for, or offering positions. If a match occurs, both applicants and programs shall abide by their respective obligations in the event of a waiver request (Sections 2.5, 3.6, 5.2) during the entirety of the Match process.

Beginning at 3:00 p.m. eastern time on Monday of Match Week, communication between unmatched applicants and programs with unfilled positions shall be governed by Section 7.0 of this Agreement. Matched applicants and programs may not contact each other during Match Week until the general announcement of **Main Residency Match** results at 1:00 p.m. eastern time on Friday of Match Week.

Applicants who are partially matched after the matching algorithm has been processed may contact the NRMP beginning at 11:00 a.m. eastern time on Monday of Match Week to obtain the city of the matched program in order to facilitate participation in the **Match Week Supplemental Offer and Acceptance Program (SOAP)**. A partially or fully unmatched applicant who is participating in the Match as couple may contact the NRMP beginning at 11:00 a.m. eastern time on Monday of Match Week to obtain the city of the matched partner’s program to facilitate participation in **SOAP**.

4.3 Schedules and Deadlines

An annual Schedule of Dates is published by the NRMP and is incorporated in this Agreement by reference. Time is of the essence in this Agreement,

and adherence to those dates is essential. All information must be received by the NRMP by the published deadlines.

Sponsoring institutions and their programs set their own application deadlines. Applicants must comply with individual program schedules.

4.4 Use of Match Information

It is a violation of this Agreement if any applicant or program shares any Match information from or maintained in the **R3** system, including but not limited to, information from the *List of Unfilled Programs* and *Regional Match Statistics by Specialty*, with any individual who is not registered for the current Match or allows any individual to use the registrant's unique username and password to access the **R3** system to obtain Match information. In addition, it is a violation of this Agreement if any Match information from or maintained in the **R3** system, including information from the *List of Unfilled Programs* and *Regional Match Statistics by Specialty*, is copied, distributed, or posted or in any other way made publicly available by any applicant or program to any website or non-NRMP-related matching plan. URLs that link to information from the **R3** system or PDFs that have been created, copied, or downloaded from the **R3** system shall not be made public or redistributed in any form even if the information already is in the public domain. If the NRMP initiates a violation investigation, it shall follow the procedures set forth in Section 8.0 of this Agreement.

4.5 Completeness, Timeliness, and Accuracy of Information

Applicants are at all times responsible for the completeness, timeliness, and accuracy of the information they provide to their medical schools and programs. Sponsored applicants who obtain positions in U.S. military graduate medical education programs are obligated to notify their medical schools prior to the Rank Order List Certification Deadline. The submission of information by an applicant to a program at any time during the matching process that is incomplete, misleading, false, or plagiarized from another source is a violation of this Agreement. For purposes of the Match Participation Agreement, the term "matching process" includes all aspects of the matching process, from the submission of information or an application through the Electronic Residency Application Service (ERAS) or other application process, interviews with program representatives (regardless of when an applicant registered for the Match), the Match Week **Supplemental Offer and Acceptance Program (SOAP)**, as well as information submitted in the course of waiver requests, violation investigations, and arbitration proceedings. The omission of information that would reasonably be considered pertinent to a program's decision whether to rank an applicant, to determine an applicant's ability to satisfy program requirements or standards, or to identify circumstances that may reasonably be expected to delay or affect adversely the applicant's medical school graduation or current training date, licensure status, visa status, or ability to start the training program, shall be considered a violation of this Agreement.

The obligation to submit complete, timely, and accurate information extends through the 45th day following the start date in the appointment contract of the program position obtained through the matching algorithm or **SOAP**. Applicants also have an obligation to provide complete, timely, and accurate information to the NRMP beginning with the submission of an electronically signed Match Participation Agreement through the 45th day following the start date of the training program to which the applicant matched or obtained through **SOAP** or through the conclusion of any NRMP-related waiver review, violation investigation, or appeal process, whichever is later.

Programs are at all times responsible for the completeness, timeliness, and accuracy of information they provide to applicants throughout the matching and SOAP processes. Programs shall provide a copy of the contract the applicant will be expected to sign if matched to the program if such contract is available, or a copy of the contract currently in use. Programs also must provide all institutional policies regarding eligibility for appointment to a residency position including visa or employment requirements. The contract and all other information must be communicated to applicants in writing prior to the Rank Order List Certification Deadline or the offering of a position during SOAP, although program information, contract elements and eligibility requirements may be subject to change as determined by the program.

Programs also have an obligation to submit complete, timely, and accurate information to the NRMP for the period beginning with submission of an electronically signed Match Participation Agreement until the 45th day following the start date of program positions processed by the matching algorithm or offered through SOAP, or the conclusion of any NRMP-related waiver review, violation investigation or appeal process, whichever is later.

The NRMP is not responsible for ensuring the accuracy of information exchanged between applicants and programs. However, if the NRMP believes it has credible evidence that an applicant or program has violated the terms of this Agreement, the NRMP is authorized to take appropriate action, as described in Section 8.0 including, but not limited to, withdrawing the applicant or program from the **Main Residency Match** and reporting the violation by the applicant or program to the American Board of Medical Specialties or the ACGME, in accordance with Section 8.0.

4.6 Confidentiality

The information submitted to the NRMP on both applicant and program rank order lists is confidential. It is the policy of the NRMP not to disclose such information in any manner that permits individual identification of either applicants or programs. The NRMP may, however, anonymize rank order list information and use or contribute such anonymized information for research purposes.

In addition, information contained in the **R3** system is confidential and available only to registered applicants and program directors and other

authorized users. Unauthorized use or disclosure of such information to persons not entitled to access it shall be considered a violation of this Agreement.

4.6.1 Applicant Rank Order Lists

Applicants have the right to keep their rank order lists and **SOAP** preferences confidential and not to share them with any other individual or entity. It is not a violation of this Agreement if 1) students choose to voluntarily share their rank order lists or **SOAP** preferences with their medical school advisors, or 2) schools offer to review rank order lists or **SOAP** preferences to support students in the Match process.

4.6.2 Program Rank Order Lists

Programs have the right to keep their rank order lists and **SOAP** preference lists confidential and not to share them with any other individual or entity.

5.0 Matching and Appointing Rules

5.1 Match Commitment

The listing of an applicant by a program on its certified rank order list or of a program by an applicant on the applicant's certified rank order list establishes a binding commitment to offer or to accept an appointment if a match results and to start training in good faith (i.e., with the intent to complete the program) on the date specified in the appointment contract. The binding commitment shall be deemed to have been honored so long as the applicant enters and remains in the training program through the first 45 days after the start date of the relevant appointment contract. The same binding commitment is established during the Match Week **Supplemental Offer and Acceptance Program (SOAP)** if a program offers a position by listing an applicant on its preference list and the applicant accepts that offer. Absent a waiver from the NRMP, failure to honor this commitment by either party shall be a breach of this Agreement and may result in penalties to the breaching program or applicant, as described in Section 8.0.

The binding commitment may be released only through the waiver procedures set forth in Sections 2.5 and 3.6 of this Agreement. Each appointment is subject to the official policies of the appointing institution in effect on the date the program submits its rank order list or its preference list and is contingent upon the matching applicant meeting all eligibility requirements imposed by those policies. Those requirements must be communicated to applicants in writing prior to the Rank Order List Certification Deadline or at the time the program interviews the applicant during **SOAP**. It is recommended that each program obtain a signed acknowledgement of such communication from each applicant.

An applicant who gives notice of resignation, resigns, or vacates a position within 45 days of the start date specified in the appointment contract shall be presumed to have breached this Agreement, unless evidence is submitted through the NRMP waiver process, sufficient to show that the applicant entered into the program in good faith and the NRMP determines the applicant has a reasonable basis to be released from the binding commitment to the program under the procedures set forth in Section 2.5 of this Agreement.

If the NRMP receives information that a program has encouraged or supported an applicant with a match commitment to seek a concurrent year position absent a waiver from the NRMP, the NRMP will initiate an investigation to determine whether the applicant or program has violated the terms of this Agreement.

A program that terminates a resident within 45 days of the start date specified in the appointment contract shall be presumed to have breached this Agreement, unless evidence is submitted through the NRMP waiver process, sufficient to show that the program entered into the contract in good faith and the NRMP determines the program has a reasonable basis to be released from the binding commitment to the applicant under the procedures set forth in Section 3.6 of this Agreement.

At the conclusion of Match Week, each program shall forward letters of appointment to all applicants who have matched with or have accepted a position through **SOAP** in that program. Applicants are expected to return one copy of the letter of acceptance to the program before the deadline stated in the letter.

5.2 Rules of Appointment

Any program that discusses, interviews for, or offers a position to an applicant who has a binding commitment to a concurrent year position in another program, or who is ineligible as a result of a denied waiver or a confirmed violation that is final, shall be in breach of this Agreement and may be subject to the penalties described in Section 8.0. Programs shall not interview for or discuss with an applicant any potential position unless the program has first determined that the applicant is eligible for appointment. **Programs shall determine the applicant's eligibility by verifying the applicant's match status in the Applicant Match History that is available in the R3 system and/or by contacting the NRMP to obtain that information.**

5.3 Rank Order List Certification

To participate in the **Main Residency Match**, programs and applicants must (a) register for the Match and (b) submit certified rank order lists electronically using the **R3** system. Use of the **R3** system requires Internet access using common browser programs. Rank order lists cannot be submitted in any way other than through the **R3** system.

Access to the **R3** system is limited to registered programs and applicants and other authorized users. Each authorized user must enter a unique username and password.

The rank order list ("ROL") can be entered in more than one session and can be modified multiple times prior to the Rank Order List Certification Deadline. Parties are encouraged to finish this process at least a week before the Rank Order List Certification Deadline, prior to the peak utilization period when the **R3** system may be less accessible. **THE NRMP DOES NOT GUARANTEE THE AVAILABILITY OF THE R3 SYSTEM AND WILL NOT MODIFY IN ANY WAY THE RANK ORDER LISTS OF APPLICANTS OR PROGRAMS.**

Applicants and programs must certify their rank order list before the Rank Order List Certification Deadline. After the Rank Order List Certification Deadline, the NRMP will certify an applicant or program rank order list on behalf of the applicant or program only upon the written request and consent of the applicant or program. Such written request and consent must be received by NRMP within 48 hours of the Rank Order List Certification Deadline. Only the rank order list displayed in the **R3** system at the time of the deadline will be certified through this courtesy certification process. The NRMP will not create or modify a rank order list at any time for any reason.

6.0 Other Obligations of Match Participants

6.1 Duty to Act in a Professional and Ethical Manner

All participants in the **Main Residency Match** shall conduct their affairs in an ethical and professionally responsible manner. The duty under this Agreement to act in an ethical and professionally responsible manner extends throughout the application, interview, matching processes, and **SOAP** and until the 45th day following the start date of training in the appointment contract or the conclusion of any NRMP-related waiver review, violation investigation, or appeal process, whichever is later, regardless of when an applicant registers for a Match.

6.2 Restrictions on Persuasion

One of the purposes of the **Main Residency Match** is to allow both applicants and programs to make selection decisions on a uniform schedule and without coercion or undue or unwarranted pressure. All participants in the Match shall respect the right of applicants to freely investigate program options prior to submission of a final rank order list. Both applicants and programs may express their interest in each other; however, they shall not solicit verbal or written statements implying a commitment. Applicants shall at all times be free to keep confidential all information pertaining to interviews, their ranking preferences, and the names or identities of programs to which they have or may apply. The NRMP recommends that each program director and applicant read carefully the Match

Communication Code of Conduct for information on acceptable methods of interaction during the interview and matching processes.

In addition, at all times it is a breach of this Agreement for:

- (a) a program to request applicants to reveal the names, specialties, geographic locations, or other identifying information about programs to which they have or may apply; or
- (b) a program to request applicants to reveal any information pertaining to interviews, including the number of applications sent, and/or the number of interviews offered, accepted, or attended; or
- (c) a program to request applicants to reveal ranking preferences; or
- (d) an applicant to suggest or inform a program that placement on a rank order list or acceptance of an offer during **SOAP** is contingent upon submission of a verbal or written statement indicating the program's preference; or
- (e) a program to suggest or inform an applicant that placement on a rank order list or a **SOAP** preference list is contingent upon submission of a verbal or written statement indicating the applicant's preference; or
- (f) a program and an applicant in the **Main Residency Match** to make any verbal or written contract for appointment to a concurrent year residency or fellowship position prior to the release of the *List of Unfilled Programs*.

Only the final preferences of programs and applicants, as expressed on their final certified rank order lists or by offers extended and accepted through SOAP, will determine the offering of positions and the placement of applicants through the *Main Residency Match*.

7.0 Match Week Supplemental Offer and Acceptance Program

This Agreement governs positions offered by unfilled programs and accepted by unmatched applicants during Match Week. During Match Week and until **SOAP** concludes, all positions offered by unfilled programs and accepted by eligible applicants shall be through the Match Week **Supplemental Offer and Acceptance Program (SOAP)**. After **SOAP** concludes, remaining unfilled positions may be filled outside the Match until registration opens in September 2021 for the following year's Match.

7.1 Participation: Applicants

To be eligible to participate in **SOAP**, applicants must be (a) registered for the **Main Residency Match**; (b) eligible to enter graduate medical education on July 1 in the year of the Match; and (c) partially matched or fully unmatched on Monday of Match Week. Applicants who meet the criteria listed above are eligible to participate in **SOAP** and are bound by the

policies described herein. Applicants who fail to meet all of the criteria listed above are deemed ineligible to participate in **SOAP** and are bound by the policies described herein.

Eligibility for sponsored applicants to enter graduate medical education on July 1 in the year of the Match shall be determined by the applicant's medical school official prior to Match Week. Eligibility for independent applicants to enter graduate medical education on July 1 in the year of the Match shall be determined by the applicant's medical school official in the case of prior year graduates of MD-granting medical schools, prior year graduates of DO-granting medical schools, and students and graduates of Canadian medical schools. Eligibility for students and graduates of international medical schools to enter graduate medical education on July 1 in the year of the Match shall be determined by the ECFMG. Any applicant determined to be ineligible to enter graduate medical education on July 1 in the year of the Match shall not be eligible to participate in **SOAP** and shall not have access to the List of Unfilled Programs. If after the matching algorithm has been processed the NRMP learns an ineligible applicant has matched to a program, the NRMP is authorized to withdraw the matched position from the applicant and to grant an immediate waiver to the program.

During **SOAP**, fully matched applicants shall not have access to the *List of Unfilled Programs*. **SOAP**-eligible partially matched and unmatched applicants shall have access only to the categorical, preliminary, or advanced unfilled positions for which they are eligible, without restriction by specialty. Until **SOAP** concludes on Thursday of Match Week, eligible unmatched and partially matched applicants shall apply only to unfilled Match-participating programs that are participating in **SOAP** and only through the Electronic Residency Application Service ("ERAS"). ERAS may inform programs if an applicant is partially matched. If a **SOAP**-eligible applicant contacts or sends applications to programs for which the applicant is ineligible, including Match-participating programs not participating in **SOAP**, or uses any method other than ERAS to initiate contact with or apply to **SOAP**-participating programs, the applicant shall be in violation of this Agreement. Applicants determined by the NRMP to be ineligible to participate in **SOAP** are prohibited from contacting or applying to any Match-participating programs, regardless of the program's **SOAP** participation status, until **SOAP** on Thursday of Match Week. **SOAP**-ineligible applicants may use ERAS or any other method to apply only to non-Match-participating programs, subject to the restrictions set forth in Section 7.3 of this Agreement.

7.2 Participation: Programs

Any program with unfilled positions shall be eligible to participate in **SOAP**, provided that prior to the Quota Change Deadline the program has elected to participate by so indicating in the **R3** system. During **SOAP**, programs that have elected to participate in **SOAP** and that have unfilled positions shall accept applications only through ERAS. Also, during **SOAP**, programs are responsible for providing complete, timely, and accurate information to

applicants about the contract they would be expected to sign and all institutional policies regarding eligibility for appointment, including visa or employment requirements. Until **SOAP** concludes on Thursday of Match Week, unfilled positions in **ALL** Match-participating programs shall be filled only through **SOAP**. Neither filled nor unfilled programs shall create positions for partially matched applicants until **SOAP** concludes.

7.2.1 Preference List Certification

To participate in **SOAP**, programs must submit their certified preference lists electronically by the published deadline using the **R3** system. Use of the **R3** system requires Internet access using common browser programs. **SOAP** preference lists cannot be submitted in any way other than through the **R3** system.

7.3 Match Week Communications

7.3.1 SOAP-Eligible Applicants

Unmatched applicants who are **SOAP**-eligible may begin applying for unfilled positions in **SOAP**-participating programs when ERAS opens at 12:00 p.m. eastern time on Monday of Match Week. **SOAP**-eligible unmatched applicants shall initiate contact with the directors of unfilled programs only through an ERAS application and shall refrain from any other contact until directors of unfilled programs initiate contact with them. Other individuals or entities shall not initiate contact on behalf of any unmatched applicant prior to directors of unfilled programs initiating contact, regardless of the individual's role in an institution or school. Directors of unfilled programs may communicate with each other but shall not initiate any contact with **SOAP**-eligible applicants prior to 3:00 p.m. eastern time on Monday of Match Week and prior to receiving an application through ERAS.

SOAP-eligible applicants shall not apply to non-match programs until **SOAP** has concluded on Thursday of Match Week.

After 3:00 p.m. eastern time on Monday and after receipt of an ERAS application, unfilled programs may initiate contact with unmatched **SOAP**-eligible applicants or an individual or entity acting on behalf of such applicants. Unmatched **SOAP**-eligible applicants and the directors of unfilled programs may not accept or offer positions prior to 12:00 p.m. eastern time on Wednesday of Match Week. Positions shall be offered and accepted only through the **R3** system.

7.3.2 SOAP-Ineligible Applicants

Unmatched applicants who are **SOAP**-ineligible and who elect to use ERAS may begin applying for positions in non-Match

participating programs when ERAS opens at 12:00 p.m. eastern time on Monday of Match Week. **SOAP**-ineligible applicants who elect not to use ERAS shall not contact or apply to non-Match participating programs prior to 3:00 p.m. eastern time on Monday of Match Week. Unmatched applicants who are **SOAP**-ineligible shall not contact Match-participating programs until after **SOAP** concludes on Thursday of Match Week. Directors of unfilled programs shall not initiate contact with any **SOAP**-ineligible applicants until after **SOAP** concludes on Thursday of Match Week.

Nothing in this Agreement shall be construed to prohibit an unmatched applicant from seeking guidance from officials at the applicant's medical school or institution.

8.0 Match Violations

8.1 NRMP Violations Policies and Procedures

All **Main Residency Match** participants shall behave in an ethical and responsible manner during the matching process and the Match Week **Supplemental Offer and Acceptance Program (SOAP)** and shall comply with the terms and conditions of this Agreement. It is the policy of the NRMP to investigate alleged breaches of this Agreement, including but not limited to: failure to provide complete, timely, and accurate information during the application, interview, matching, and **SOAP** processes; discrepancies in graduation credentials; attempts to subvert or circumvent eligibility requirements, the matching process, or **SOAP**; failure to offer or accept an appointment as required by the results of a Match outcome; and any other irregular behavior or activity that occurs in connection with registration, the submission or modification of a rank order or **SOAP** preference list, and/or the participant's commitment to honor the Match outcome. **Main Residency Match** participants shall report to the NRMP any suspected violation of the applicable Match Participation Agreement.

The NRMP Policies and Procedures for Reporting, Investigation, and Disposition of Violations of NRMP Agreements ("Violations Policy") shall govern the NRMP's handling of match violations and are incorporated by reference in and are an integral part of this Agreement. If the NRMP receives sufficient, credible information that a violation of this Agreement may have occurred, the NRMP will initiate an investigation in accordance with the Violations Policy. Following completion of its review, a Review Panel shall issue a written Review Panel Report and confirm whether or not the subject applicant or program has violated the Agreement. If the Review Panel has confirmed a violation and the applicant or program accepts the adverse decision, the decision will be considered final and the NRMP will issue a Final Report of the case. If the subject applicant or program, as the case may be, contests the adverse determination through available dispute resolution procedures described in Section 15.0 below, a Final Report will not be issued until dispute resolution procedures have been exhausted or

waived. A copy of the Final Report shall be sent to the subject applicant or program and the list of recipients as described below in section 8.2.

At any time before the Match results are released, the NRMP may summarily withdraw any applicant or program from the **Main Residency Match** and without first affording an opportunity for hearing if the NRMP believes it has credible evidence that i) the applicant or program has violated the terms of this Agreement; and ii) absent such summary withdrawal, the integrity of the Match is in jeopardy. Upon withdrawing an applicant or program from the Match, the NRMP shall note in the **R3** system that the applicant or program is the subject of “pending action” until the applicant or program has waived or exhausted the opportunity to contest the adverse action. Applicants or programs withdrawn under sections 2.4.3, 3.3.2, or 8.0 of this Agreement shall be afforded an opportunity to be heard in accordance with the Violations Policy.

The NRMP's authority to withdraw an applicant or program from the **Main Residency Match** under this section is in addition to its authority to impose sanctions for violations of this Agreement. Therefore, any decision by the NRMP to withdraw an applicant or program under this section shall remain in place and shall not be subject to any suspension in the event the applicant or program chooses to contest the withdrawal or other action by the NRMP under the dispute resolution process set forth in Section 15.0.

Upon confirmation by a Review Panel that the applicant or program has violated the terms of the Agreement, the NRMP shall note in the **R3** system that the applicant or program is the subject of “pending action” if the applicant or program elects to contest the adverse action. The designation shall remain in place until the applicant or program has waived or exhausted the opportunity to contest the adverse action pursuant to the Violations Policy.

8.2 Consequences of Confirmed Violations

The consequences of a confirmed violation of this Agreement are set forth in the Violations Policy. They include the following:

8.2.1 Applicants

If the NRMP's investigation of an alleged violation results in a finding that an applicant has committed a violation of this Agreement, the processing of the applicant's rank order list may be interrupted. The NRMP at its discretion may withdraw the applicant from the **Main Residency Match**.

If a matched applicant is the subject of a violation investigation, the program to which the applicant matched may not fill the position with another applicant until the NRMP has issued the Final Report or granted a waiver, whichever is earlier. If the violation investigation has not concluded by the

start date of training, the program shall begin training the matched applicant unless NRMP has granted a waiver or issued a deferral.

When a Final Report is issued to the applicant electronically, copies shall be issued to the following persons and entities as determined pertinent by the NRMP. Paper copies of the Report will be distributed by regular mail if email addresses are unavailable:

- (1) the applicant's medical school official, with a request that the Final Report be placed in the applicant's permanent file
- (2) the Educational Commission for Foreign Medical Graduates if the applicant is a student/graduate of an international medical school
- (3) the NRMP institutional official and director of the program to which the applicant matched or in which the applicant accepted a position during **SOAP**
- (4) the NRMP institutional official and the director of the program to which the applicant has applied or switched (if known)
- (5) the person or entity who originally reported the violation
- (6) The NRMP Executive Committee
- (7) the American Board of Medical Specialties, if appropriate
- (8) the American Osteopathic Association, if appropriate
- (9) the Federation of State Medical Boards if the applicant is to be permanently identified as a Match violator or permanently barred from future NRMP Matches
- (10) state medical licensure boards, if requested by the applicant
- 11) any parties whom the NRMP has determined are relevant to its investigation.

Sanctions for a confirmed violation by an applicant include:

- (1) being barred from subsequent NRMP Matches for one to three years or permanently, as determined by the NRMP
- (2) being identified in the R3 system as a Match violator to participating programs for one to three years or permanently, as determined by the NRMP.
- (3) being barred for one year from accepting an offer of a position or a new training year, regardless of the start date, in any program sponsored by an NRMP-Match-participating institution and/or starting a position or a new training year in any program sponsored by an NRMP-Match-participating institution if training would commence within one year from the date of issuance of the Final Report.

Any applicant who has been denied a waiver of a binding commitment and who does not accept the matched position may be barred for one year from accepting an offer of a position or a new training year, regardless of the start date, in any program sponsored by an NRMP-Match-participating institution and/or from starting a position or a new training year in any program sponsored by an NRMP-Match-participating institution if training would commence within one year from the date of the NRMP's decision on the waiver.

Applicants who violate **Supplemental Offer and Acceptance Program (SOAP)** policies may be barred for one year from participating in **SOAP**. Repeat violators of **SOAP** policies may be barred from the Match.

The NRMP has sole discretion to determine which of the sanctions described above shall be applied in the event an applicant violates this Agreement. Failure to comply with sanctions levied as a result of a confirmed violation that is final may result in a new investigation and imposition of new sanctions.

8.2.2 Programs

If the NRMP's investigation of an alleged violation results in a finding that a program has committed a violation of this Agreement, the processing of the program's rank order list may be interrupted. The NRMP at its discretion may withdraw the program from the **Main Residency Match**.

When a Final Report is issued to the program director electronically, copies also will be issued to the following persons and entities as determined pertinent by the NRMP. Paper copies of the Report will be distributed by regular mail if email addresses are unavailable:

- (1) the chief executive officer (or applicable role) of the hospital or university
- (2) the NRMP institutional official for transmittal to the institution's graduate medical education committee
- (3) the chair of the institution's graduate medical education committee
- (4) the ACGME for distribution to the respective Review Committee (RC)
- (5) the respective specialty program director association
- (6) the party who originally reported the violation
- (7) the NRMP Executive Committee
- (8) any federal or state regulatory agency or private accreditation entity that may have enforcement authority over the matter
- (9) any parties whom the NRMP has determined are relevant to its investigation.

Sanctions for a confirmed violation by a program include:

- (1) being barred from future NRMP Matches for one to three years or permanently, as determined by the NRMP
- (2) being identified in the **R3** system as a Match violator to participating applicants and medical schools for one to three years or permanently, as determined by the NRMP.

All programs at a sponsoring institution, regardless of the program's Match participation status, are prohibited from offering a position to an applicant who has been barred for one year from accepting or starting a position or a new training year because a waiver request has been denied by the NRMP or because of a confirmed violation of the Match Participation Agreement. If any program offers a position to

such applicant, or if an applicant accepts such a position, and training would commence within one year of the date of the NRMP's waiver decision or the date of issuance of the Final Report, the NRMP will initiate an investigation to determine whether the applicant or program has violated the terms of this Agreement.

The NRMP has sole discretion to determine which of the sanctions described above shall be applied in the event a program violates this Agreement. Failure to comply with sanctions levied as a result of a confirmed violation that is final may result in a new investigation and imposition of new sanctions.

9.0 Fees and Fee Refunds

Fees paid by applicants, programs, and institutions are not refundable.

9.1 Applicant Fees

Applicants with unpaid fees shall be withdrawn from the **Main Residency Match**. Applicants who are withdrawn from the Match, either by their choice or by the NRMP, will not have their fees refunded.

9.1.1 Applicant Registration Fee

The applicant must pay an applicant registration fee before the NRMP will accept the applicant's registration. Applicants are responsible for all fees and actions associated with their registration and NRMP account.

9.1.2 Rank Order List Fee

An extra rank fee is due from each single applicant who ranks more than 20 unique program codes on the applicant's primary rank order list ("ROL") or more than 20 unique program codes on all supplemental ROLs combined, and from each partner of a couple who ranks more than 20 unique program codes on the applicant's primary ROL or more than 20 unique program codes on all supplemental ROLs combined. An extra rank fee shall be charged for each program code included on a rank order list that exceeds the limits specified above.

9.1.3 Length of Rank Order List Fee

A length of rank order list fee is due from each single applicant and from each partner of a couple with a rank order

list that includes 100 or more ranks. The length of rank order list fee will increase based on the overall length of the ROL.

Extra rank fees and length of rank order list fees are due at the time the rank order list is certified and are not refundable if the applicant subsequently reduces the number of program codes on the ROL. The **R3** system will display an invoice for any additional fees due upon certification of the rank order list. The applicant must make the necessary payment by credit card through the **R3** system.

9.1.4 Couples' Fee

Each partner of a couple must pay a couple registration fee at the time each partner registers as a couple. The couples' fee is not refundable if the partners subsequently decide not to participate in the Match as a couple.

9.1.5 Unpaid Applicant Fees

Rank order lists will not be accepted from any applicant whose registration fee, or any other fees due the NRMP, has not been paid. Applicants who are withdrawn from the **Main Residency Match** due to unpaid fees will not be allowed access to the *List of Unfilled Programs*, will not be eligible to participate in the Match Week **Supplemental Offer and Acceptance Program (SOAP)**, and may be barred permanently from participation in future Matches. In addition, applicants who authorize a credit card chargeback of NRMP fees without NRMP consent may be withdrawn from the Match and/or barred permanently from participation in future Matches.

9.2 Institution and Program Fees

Fees will not be waived for institutions and programs that are activated for Match participation and subsequently withdrawn either by themselves or by the NRMP.

Each institution must pay an institution registration fee, a program registration fee for each of its registered programs, and a matched applicant fee for each applicant with whom a program matches successfully. The NRMP will invoice the institution for those fees and all incurred expenses, which must be paid within thirty (30) days of the invoice date. The invoice will be sent to the NRMP institutional official, who will be responsible for ensuring prompt payment.

Institutions with unpaid NRMP fees at thirty (30) days from the date of the invoice will be issued a reminder request for payment. A late fee of 10 percent of the outstanding balance will be assessed on any fees unpaid sixty (60) days after the invoice date. Failure to remit payment to the NRMP

after ninety (90) days from the invoice date will result in the institution being barred from registering any of its programs for the **Main Residency Match** or any Fellowship Match until all fees are remitted by the institution to the NRMP.

9.3 Fee Payment Procedures

All fees must be paid in U.S. dollars by credit card through the **R3** system by the due date for such fees. Applicant registration fees must be paid at the time of registration. By electing to pay by credit card, each applicant authorizes the NRMP to supply the bank with information it requires to resolve inquiries regarding related credit card charges. If the credit card is not approved for the amount necessary to cover the applicable fees, the applicant will not be allowed to register unless replacement credit card information is entered through the **R3** system and processed successfully prior to the scheduled opening of the **R3** system for rank order list entry.

10.0 Use of Information

Each program and applicant authorizes the NRMP to request, obtain, transmit and receive identifying information (including information in the **R3** system, individual applicant USMLE scores, COMLEX scores, Alpha Omega Alpha membership, and information regarding volunteer and work experiences) to and from authorized users, including the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, the Association of American Medical Colleges, the American Medical Association, the Educational Commission for Foreign Medical Graduates, the Canadian Resident Matching Service, the National Board of Medical Examiners, the National Board of Osteopathic Medical Examiners, U.S. allopathic medical schools, U.S. osteopathic medical schools, and other authorized users engaged in postgraduate medical education for purposes of collecting and verifying data submitted by the applicant or program, establishing postgraduate training databases, conducting a Matching Program, or effecting a Match.

For the avoidance of doubt, a rank order list submitted by an applicant or program is confidential and the NRMP will not disclose or release applicant or program ranking information that is clearly and uniquely identifiable with an applicant or program, except in response to a subpoena or an order from a court of competent jurisdiction. The NRMP may, however, anonymize rank order list information and use or contribute such anonymized information for NRMP-approved research purposes.

Each program and applicant also authorizes the NRMP to use any information provided by such program or applicant to the NRMP, including but not limited to USMLE scores, COMLEX scores, AOA membership, volunteer and work experiences, in any study approved by the NRMP, provided that no information clearly and uniquely identifiable with such program or applicant is disclosed in reports resulting from such study.

Each applicant also authorizes the NRMP to release applicant **Main Residency Match** results to each program that ranked the applicant on the program's rank order list, to the applicant's school of medicine or osteopathy, and to those program directors who request such information to verify whether the applicant was matched.

Each applicant also authorizes the NRMP to release any information provided by such applicant to other matching programs for the purpose of ensuring the applicant does not match to concurrent year positions.

Each applicant also authorizes the NRMP to post appointment information in the **R3** system Applicant Match History.

11.0 Representations and Warranties

Each program and applicant represents and warrants to the NRMP that all of the information provided, or that will be provided, by such program or applicant to the NRMP is at all times complete, timely, and accurate to the best of such program's or applicant's knowledge at the time such information was or will be provided. Each applicant further represents that he/she has authorized all institutions and individuals who may possess this information to disclose it to the NRMP for purposes of verification. Each program and applicant further represents that their unique log in information to access the **R3** system will not be shared with or used by any other individual to access the system. Moreover, each applicant represents that he/she has read, understood, and agrees to the NRMP's Privacy Statement, and each program represents that he/she and his/her personnel using and accessing NRMP information have read, understood, and will abide by the NRMP's Privacy Statement.

12.0 Disclaimers

The parties acknowledge that the fees charged by the NRMP for participation in the **Main Residency Match** include no consideration for any assumption by the NRMP of the risk of any damages that may arise in connection with any program's or applicant's participation in the **Main Residency Match** or utilization of the **R3** system.

Each party agrees that neither:

- (a) the NRMP,
- (b) any vendor providing equipment, software, or services to the NRMP ("Vendor"), nor
- (c) any director, officer, employee, affiliate, or agent of the NRMP, or any Vendor,

will be liable for any loss, damage, cost, or expense whatsoever, direct or indirect, regardless of the cause, that may arise out of, or be in any way related to, this Agreement, the use of the **Main Residency Match**, the **R3** system, or the automated systems and services utilized by the NRMP to implement the **Main Residency Match** or to send notices, including, but not limited to: (a) the suspension or termination of, or the inability to use, all or any part of the **R3** system; (b) the erroneous transmission of any data or the transmission of any erroneous data; (c) any failure or delay suffered or allegedly suffered by any party in receiving or sending any rank order list or other information or in certifying a rank order list, however caused; (d) the delivery or transmission of any virus, worm, or other disruptive device; or (e) any other cause in connection with the furnishing of services or notices by the NRMP or the performance, maintenance, or use of, or inability to use, all

or any part of the **R3** system. The foregoing will apply regardless of whether a claim arises in contract, tort, negligence, strict liability, or otherwise.

The automated systems and services utilized by the NRMP to implement the **Main Residency Match** and the **R3** system are provided "AS IS" and "AS AVAILABLE." **NONE OF THE NRMP, ANY VENDOR, OR ANY OF THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, OR AFFILIATES MAKES ANY WARRANTY OR REPRESENTATION OF ANY KIND, EXPRESS OR IMPLIED, WITH RESPECT TO SUCH SERVICES, THE R3 SYSTEM, OR THE MAIN RESIDENCY MATCH, OR TO THE ACCURACY, COMPLETENESS, SECURITY, TIMELINESS, OR RELIABILITY OF THE INFORMATION TO WHICH ANY PARTY HAS ACCESS OR TRANSMITS OR RECEIVES THROUGH THEM OR THROUGH ANY OTHER AUTOMATED SYSTEM. ALL IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE, AND NON-INFRINGEMENT ARE EXPRESSLY EXCLUDED.** No oral or written information or advice given by the NRMP, any Vendor, or any of their directors, officers, agents, affiliates, or employees will create a warranty, and no party may rely on any such information or advice. There is no assurance that the information to which the parties have access through the **R3** system will be accurate, complete, secure, timely, or reliable, or that the **R3** system or the automated services utilized by the NRMP will be error-free or operate without interruption. In particular, and without limiting the generality of the foregoing, the NRMP makes no warranty that certified rank order lists processed through use of such automated services will be properly executed. Each program and applicant is solely responsible for verifying that the certified rank order list has been duly entered and certified.

13.0 Limitation of Liability

IN NO EVENT WILL THE NRMP OR ANY VENDOR OR AFFILIATE BE LIABLE FOR ANY DAMAGES AS A RESULT OF ANY NEGLIGENT ACT OR OMISSION OF THE NRMP OR ANY VENDOR OR AFFILIATE, IRRESPECTIVE OF WHETHER THE INJURED PARTY IS A PROGRAM, AN APPLICANT, OR A THIRD PARTY.

14.0 Notices

All notices to the NRMP, other than those given in accordance with Section 8.0, must be given either by email at support@nrmp.org or through the **R3** system and are effective upon receipt. The NRMP is not responsible for delays in email or Internet service. **Any notices or documents received by the NRMP after the relevant deadline date will not be considered.**

All notices, other than those given in accordance with Section 8.0, to applicants or programs will be given either by (a) email to the email address provided by such party to the NRMP upon submission of such party's registration in the **R3** system or (b) through the **R3** system while the applicant or program is logged on to the site. Such notices to applicants or programs given by email will be deemed given twenty-four (24) hours after sending, unless the sending party is notified that the email address is invalid or that the message was not delivered, or if the receiver has voluntarily unsubscribed from NRMP emails or notices. All notices given by the NRMP during an applicant's or program's session on the **R3** system will be deemed given at the time of such session.

15.0 Dispute Resolution

Except for waiver determinations that are final when made by the NRMP and not subject to arbitration, judicial review, or review by any third party, as provided in this Agreement, all other disputes arising out of, or related to, the **Main Residency Match**, this Agreement, or the breach thereof, between or among the NRMP and any applicant or program participating, or seeking participation, in the **Main Residency Match** shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association then in effect (as modified below and excluding Procedures for Large, Complex Disputes), unless the parties to the dispute mutually agree otherwise. The arbitration hearing shall commence within six months of filing the demand for arbitration or at another time agreeable to the NRMP. Notwithstanding the foregoing, no arbitrator shall have power to adjudicate any dispute as a class arbitration or as a consolidated arbitration without the express consent of all the parties to any such dispute, and every arbitrator shall return a reasoned award in writing, setting forth the factual findings and legal conclusions that are the basis for the determination. In addition, no arbitrator shall have the power to modify any sanctions imposed by the NRMP unless: (1) the arbitrator determines there is no basis in fact for a finding of violation; or (2) the arbitrator finds that the sanctions imposed by the NRMP are either arbitrary and capricious or outside the scope of potential sanctions set forth in this Agreement and the Violations Policy.

Notice of the demand for arbitration must be filed in writing with all other parties to the arbitration and with the American Arbitration Association. A demand for arbitration in a matter that is covered by the Violations Policy must be made in accordance with the Violations Policy. The arbitrator(s) must conduct all arbitration proceedings in the Office of the NRMP in Washington, DC or at such other location in Washington, DC as mutually agreed upon by the parties. Each party will share equally in the cost of arbitration, except that the party requesting arbitration shall be solely responsible for paying the filing fee required by the AAA Standard Fee Schedule, including the Initial Filing Fee and the Case Service Fee, and the party requesting arbitration must further file the AAA form entitled "Demand for Arbitration – Commercial". The burden shall be on the applicant or program to demonstrate by clear and convincing evidence that an adverse decision by the NRMP was without basis-in-fact or in violation of this Agreement. The award by the arbitrator or arbitrators shall be final. Judgment upon the award rendered may be entered in any court having jurisdiction thereof, so long as the arbitrator(s) acted in good faith. The arbitrator(s) may construe and interpret, but may not vary or ignore, the terms of this Agreement. The arbitrator(s) shall not have the power to make an award that is inconsistent with the provisions of this Agreement or with District of Columbia substantive law.

16.0 Limitation of Action

No claim or cause of action, regardless of form, arising out of or related to the **Main Residency Match**, this Agreement, or the breach thereof, or any other dispute between the NRMP and any applicant or program participating, or seeking participation, in the **Main Residency Match**, may be brought in any forum by any party more than 30 calendar days after the cause of action has accrued, regardless of any statute, law, regulation, or rule to the contrary ("Limitation Period"). The Limitation Period shall commence the day after the day on which the cause of action accrued. Failure to institute an arbitration proceeding within the Limitation Period will constitute an absolute bar and waiver of the institution of any proceedings, whether in arbitration, court, or otherwise, with respect to such cause of

action. A cause of action that has become time-barred may not be exercised by way of counter claim or relied upon by way of exception.

In addition, any party who desires to contest a decision of a Review Panel of the NRMP must notify the NRMP in writing of its intent to seek arbitration within 10 business days from that party's receipt of the Panel's report and must file a written demand for arbitration within 30 calendar days of receipt of such report, in accordance with the terms of the Violations Policy. If notice of a party's intent to seek arbitration is not received in writing by the NRMP within 10 business days from that party's receipt of the Review Panel Report, or if the party does not file a written demand for arbitration within 30 calendar days of receipt of the Review Panel Report, that party is deemed to have waived and is barred from later filing a demand for arbitration or seeking other relief.

17.0 General

This Agreement is governed by the laws of the District of Columbia, excluding its choice of laws provisions, and the agreed upon venue for any dispute arising from this Agreement is the District of Columbia.

The headings of the Sections of this Agreement have been inserted for convenience of reference only and shall in no way restrict or otherwise affect the construction of the terms or provisions of this Agreement. Unless indicated otherwise, references in this Agreement to Sections are to Sections of this Agreement.

If any provision of this Agreement is found in any arbitration proceeding or by any court of competent jurisdiction to be invalid, illegal, or unenforceable, that provision shall be modified to the minimum extent necessary to achieve the purpose originally intended, if possible, and the validity, legality, and enforceability of the remaining provisions will not be affected or impaired and are to be enforced to the maximum extent permitted by applicable law. If any remedy set forth in this Agreement is determined to have failed of its essential purpose, then all other provisions of this Agreement will remain in full force and effect.

Failure of any party to act or exercise its rights under this Agreement upon the breach of any other terms hereof by any other party is not to be construed as a waiver of such a breach or prevent such party from later enforcing compliance with any or all of the terms hereof. This Agreement contains the entire agreement between the parties with respect to the **Main Residency Match** and its results. Any representations, promises, or conditions not incorporated in this Agreement will not be binding upon any of the parties. No modification of this Agreement shall be effective unless in writing and executed by the party against whom it is to be enforced.

18.0 Applicant Authorization for Release of Test Scores and Anonymized Data [APPLIES TO APPLICANTS ONLY]

By my electronic signature and as of the date this Agreement is submitted to NRMP, I hereby authorize my medical school, as identified in the Professional Profile section of my Match registration, to release, verify, and transmit to NRMP upon its request certain test score data, in particular my USMLE scores, COMLEX scores or other test score(s) utilized in the Match process. I also authorize the National Board of Medical Examiners and the National Board of Osteopathic Medical Examiners to

transmit to NRMP my USMLE or COMLEX score (as the case may be). I understand and agree that the test score data shall be used to verify test score information provided by me or about me by a testing service or other entity relevant to the graduate medical education matching process.

As set forth in the Professional Profile section of my Match registration, I have given my consent (or refused as the case may be) to permit my test score data to be used for research involving the Match and graduate medical education as long as no information clearly and uniquely identifying me is disclosed in studies or reports resulting from such research.

I also consent to the release of my rank order list information for approved research purposes provided such information has been anonymized and de-identified before release in accordance with NRMP procedures.

19.0 Glossary of Terms

19.1 **Applicant:** a medical student, medical school graduate, or physician-in-training who has registered or is eligible to register for the current Main Residency Match.

19.2 **Arbitrary and Capricious:** means that there is no basis in fact for a finding of a violation or that the sanction imposed is grossly disproportionate to the violation determined.

19.3 **Enters a Training Program:** an applicant has entered a training program if a contract has been signed and the applicant is actively attending or training in a program. If an applicant has signed a contract but is not actively attending or has not started training in a program, a waiver of the match commitment is required. The binding commitment shall be deemed to have been honored and a waiver is not required so long as the applicant enters and remains in the training program through the first 45 days after the start date of the relevant appointment contract.

19.4 **Independent Applicant:** an applicant who is a) A physician who is a graduate of a medical school that is accredited by the LCME at the time of graduation; (b) A student enrolled in, or a graduate of, a medical school accredited by the Committee on Accreditation of Canadian Medical Schools; (c) A physician who is a graduate of a school accredited by the American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA); (d) A student enrolled in, or a graduate of, a medical school outside the United States and Canada not accredited by the LCME, the Committee on Accreditation of Canadian Medical Schools, or the American Osteopathic Association Commission on Osteopathic College Accreditation, or (e) A student who is a graduate of a Fifth Pathway program.

19.5 **Institutional Official:** the person designated by an institution to be responsible for oversight of all Match-related activities for the institution's programs.

19.6 **Institutional Administrator:** An individual assigned by the institutional official to assist with oversight and management of the institution's programs in the Match.

19.7 Match Commitment: the listing of an applicant by a program on its certified rank order list or of a program by an applicant on the applicant's certified rank order list establishes a binding commitment to offer and to accept an appointment if a match occurs and to start training in good faith (i.e., with the intent to complete the program) on the date specified in the appointment contract. The binding commitment shall be deemed to have been honored so long as the applicant enters and remains in the training program through the first 45 days after the start date of the relevant appointment contract.

19.8 Match Process or Matching Process: the period of time from the date an applicant or program submits an electronically signed Match Participation Agreement until the 45th day following the start date of the program to which an applicant has matched, or the conclusion of any waiver, violation or appeal process, or final disposition by a court, whichever is later.

19.9 Medical School Official: an individual designated by a medical school to manage all Match-related activities for the school and to serve as primary contact to the NRMP on all matters regarding applicants from the school.

19.10 Medical School Administrator: an individual designated by the school official to assist with oversight and tasks to manage the Match activities for the school.

19.11 Program Director: the primary contact for managing Match activities for a designated program.

19.12 Program Coordinator: an individual designated by the program director to assist the program director in managing Match activities.

19.13 Representatives of the Training Program: any faculty, staff, or other individual: i) who has authority to offer a position in a program to an applicant, ii) who is involved in the interviewing and/or decision-making process that may result in an offer of a position to an applicant; or iii) who by virtue of rank, role, responsibility, or tenure can speak for the program or otherwise influence the decision to offer a position to an applicant.

19.14 Sponsored Applicant: an applicant who is a student enrolled in a medical school accredited by the Liaison Committee on Medical Education (LCME) or a student enrolled in a school accredited by the American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA) at the time of registration for the Match.

Updated September 2020



Specialties Matching Service[®]
Match Participation Agreement
For All Matches Opening After June 30, 2020

Terms and Conditions of the Specialties Matching Service
Match Participation Agreement Among Applicants, the NRMP,
and Participating Programs

These are the terms and conditions of the Match Participation Agreement for the **Specialties Matching Service (SMS[®])** that each applicant and program enters into by clicking on the “**I Accept**” button on the Registration screen of the **Registration, Ranking, and Results[®] (R3[®])** system. Upon the NRMP's acceptance of such party's registration, these terms and conditions will be a binding agreement between such party and the NRMP, as well as between such party and any other party who executes this **SMS** Match Participation Agreement in registering for the same **SMS** Match and whose registration is accepted by the NRMP.

If the NRMP accepts the registration of the applicant or program in question, the NRMP will register the applicant or program, as the case may be, in the **SMS**, as described briefly in Section 1.0 below. In consideration of this registration, each applicant and program agrees to comply with all of the terms and conditions of this **SMS** Match Participation Agreement (also referred to as "this Agreement").

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1.0 Introduction to the SMS Matching Program

The **Specialties Matching Service** (“**SMS**”) provides a system for the confidential selection of applicants to advanced residency and fellowship positions by establishing a uniform time for applicants and programs to submit rank order lists that express their respective preferences. The system is intended to provide applicants the opportunity to make informed decisions about the medical specialty or specific training program they seek to enter and to provide training programs the opportunity to make informed assessments about applicants in an orderly manner and without pressure. The Match processes the certified rank order lists using a mathematical algorithm to match the preferences of applicants to the preferences of programs. Only applicants and programs who have registered with the NRMP and agreed to abide by the terms of this Agreement may participate in the **SMS**.

The **SMS** is provided by the NRMP to program directors' groups (i.e., associations of training program directors) whose programs offer entry level positions only to applicants who have completed two or more years of graduate medical education. To qualify for participation in the **SMS**, the program directors' group representing the programs in a specialty must designate a specialty representative to be responsible for overseeing the **SMS** match process and to be the group's official representative to the NRMP on all matters regarding the group's programs that register for the **SMS**. Each group participating in the **SMS** is expected to identify eligible programs and to assist the NRMP in communicating with such programs.

The NRMP requires the program directors' group of each specialty participating in the **SMS** to execute annually an "NRMP Program Directors' Annual Participation Agreement" that commits active participation of at least 75 percent of the group's eligible programs and a minimum of 75 percent of all available positions in the specialty for that year. If a group fails to register 75 percent of its eligible programs and/or positions, the NRMP, at its discretion, may discontinue such group's participation in Matches managed by the NRMP. **Specialties Matching Service** Match sponsors may voluntarily elect to implement a policy whereby all participating programs are required to register and attempt to fill all positions in the Match. The NRMP shall monitor the compliance of programs in those specialties in registering and attempting to fill all of their positions through the Match provided the Match sponsor provides the NRMP with information about the number of positions with fellows in training for that appointment year.

SMS Matches are managed through the NRMP's **Registration, Ranking, and Results (R3)** system. A match between an applicant and a program constitutes a binding commitment between the two parties in accordance with the terms of this Agreement. Any breach of that commitment may result in penalties to the breaching applicant or program, as described in Section 7.0.

The NRMP seeks to maintain the highest professional standards in the conduct of the **SMS** and in its interactions with all participants: applicants, program directors, and institutional officials.

All parties to this Agreement acknowledge that they have each read, understand, and agree to its terms. In addition, each of the parties acknowledges and confirms their understanding that (a) the NRMP is not an employment service for either applicants seeking advanced residency or fellowship positions or programs offering training positions; (b) applicants must apply directly to the programs in which they desire to obtain positions in addition to registering for the **Specialties Matching Service** and listing such programs on their certified rank order lists; (c) the NRMP is not involved in establishing the requirements for any residency or fellowship position or the terms of any contract between a resident or fellow and a training program; and (d) once a Match is made between a program and an applicant, there is a binding commitment for the program to offer a training position to the applicant and for the applicant to accept such position absent a waiver from the NRMP.

2.0 Applicants

2.1 Eligibility

To participate in the **SMS**, prior to the scheduled start date of the position for which the applicant is applying, the applicant must have completed all of the training required for such position and must meet all of the requirements for entry into graduate medical education as prescribed by the Accreditation Council for Graduate Medical Education ("ACGME") in Section IV of the ACGME Institutional Requirements, Residents, which are incorporated into this Agreement by reference. Each applicant executing this Agreement hereby affirms that he or she will meet those requirements prior to the applicable program start date.

Each sponsoring institution (e.g., a teaching hospital) may have additional requirements for eligibility for its programs. The NRMP is not responsible for ensuring that any or all of the requirements have or will have been met by an applicant prior to the scheduled beginning of the term of the position to which the applicant matched or for communicating such requirements to applicants.

2.2 Couples

Any two applicants who are registered for the same **SMS** Match may participate in that **SMS** Match as a couple. If two applicants who registered as a couple do not obtain a match as a couple, the **SMS** will not try to find a separate match for either of them individually.

2.3 Withdrawals

2.3.1 Withdrawal by the Applicant

Applicants may withdraw from the **SMS** on their own initiative for any reason, but only if the NRMP receives the withdrawal request prior to the applicable Rank Order List Certification Deadline. Applicants who accept a concurrent year position outside the **SMS** or through any other national matching plan shall withdraw from the **SMS** and shall do so prior to the Rank Order List Certification Deadline through the **R3** system. Failure to withdraw from the **SMS** prior to the Rank Order List Certification Deadline shall be a

breach of this Agreement and may subject the applicant to the penalties described in Section 7.0 of this Agreement.

2.3.2 Withdrawal of Applicants by the NRMP

At any time before the Match results are released, the NRMP may withdraw from the **SMS** any applicant who falls into one or more of the following categories:

(a) Applicants registered in both the Canadian Resident Matching Service ("CaRMS") and the **Specialties Matching Service** whose CaRMS Match has a Match Day before the **SMS** Match Day and by mutual agreement between the two matching organizations. In those years in which a CaRMS Match has an earlier schedule, individuals who match through CaRMS will be ineligible to match to and participate in the **SMS** for concurrent year NRMP positions.

(b) Applicants with unpaid NRMP fees. The applicant registration procedure requires that all fees be paid in U.S. dollars by credit card through the **R3** system at the time of registration. The applicant will be allowed to register for and participate in the **SMS** only after a credit card payment is entered through the **R3** system and processed successfully.

(c) Applicants for whom the NRMP believes it has credible evidence that they have violated the terms of this Agreement. Upon withdrawing an applicant from the Matching Program, the NRMP shall note in the **R3** system that the applicant is the subject of a "pending action." The designation shall remain in place until the applicant has waived or exhausted the opportunity to contest the action pursuant to the Violations Policy.

The NRMP's authority to withdraw an applicant from the **SMS** under this section is in addition to its authority to impose sanctions for violations of this Agreement. Therefore, any decision by the NRMP to withdraw an applicant under this section shall remain in place and shall not be subject to any suspension in the event the applicant chooses to contest the withdrawal or other action by the NRMP under the dispute resolution process set forth in Section 14.0.

2.3.3 Withdrawal Deadlines and Restrictions

Applicants may not withdraw from the **SMS** after the applicable Rank Order List Certification Deadline. In addition, applicants shall not apply for, discuss, interview for, or accept a position that would run concurrent with positions offered in the **SMS** Match between the Rank Order List Certification Deadline and the release of Match Results.

2.4 Waiver of the Match Results: Applicants

Applicants and programs are not authorized to release each other from their binding match commitment. **Once a party has matched, a waiver of the binding match commitment may be obtained only from the NRMP.** The NRMP's decision to grant or deny the waiver is at the sole discretion of the NRMP, is final, and is not subject to challenge in arbitration, by judicial review, or by review of any kind by any third party. The NRMP recommends that each applicant and program read carefully the Policies and Procedures for Waiver Requests ("Waiver Policy") that govern the NRMP's handling of waivers. The Waiver Policy is incorporated by reference in and constitutes an integral part of this Agreement.

Any participant in the **SMS** shall promptly notify the NRMP of any waiver requests received directly from any other participant. Programs are not authorized to recruit another candidate for the position until so notified by the NRMP.

Upon receiving an applicant's request for waiver of the binding commitment, the NRMP shall examine the request and determine whether grounds exist to allow a waiver of the binding commitment. The grounds for waiver are i) the NRMP determines the applicant is ineligible for the position or ii) in the reasonable judgment of the NRMP, fulfillment of the commitment to the results of the **SMS** Match would cause unanticipated serious and extreme hardship for the applicant. The burden is on the applicant to demonstrate to the reasonable satisfaction of the NRMP that the criteria necessary for approval and issuance of a waiver are present.

Upon examining the applicant's request for waiver, including whether the applicant has demonstrated the grounds necessary for a waiver, the NRMP, in its sole discretion, may grant a waiver releasing the applicant from the commitment to the program or deny the waiver request.

An applicant who matched to a fellowship position also may request a waiver if the applicant has elected to change specialties or subspecialties, provided the waiver is requested **no later than the January 15** prior to the start of training. The applicant must submit the request for a waiver in writing using the Waiver Request Form and must send the request to the NRMP with a copy to the program to which the applicant matched or in which the applicant obtained a position. The NRMP will review the waiver request to determine whether or not the waiver shall be granted.

2.4.1 Waiver Approvals: Applicants

If the NRMP grants the applicant's request for a waiver, the applicant may accept a position in another graduate medical education program or re-enter the Match and the matched program may offer the vacant position to another qualified applicant.

2.4.2 Waiver Denials: Applicants

If the waiver is not granted to the applicant by the NRMP, the applicant will be expected to accept the matched position.

2.4.3 Refusal to Accept the Matched Position Before a Final Waiver Determination is Made

If following initiation of the waiver process by the NRMP, the applicant notifies the NRMP in writing that the applicant will not accept the matched position even if the waiver is denied, the NRMP will release the program from its match commitment so that the program can recruit another qualified applicant for the matched position.

2.4.4 Refusal to Honor the Match Commitment After NRMP Makes A Final Determination to Deny a Request for Waiver

If the NRMP makes a final determination to deny an applicant's request for waiver and the applicant still refuses to honor the Match commitment and enter the program, the NRMP will bar the applicant from accepting or starting a position (or renewing a training contract for a position at a different level or for a subsequent year), regardless of the start date, in any residency training program sponsored by a Match-participating institution that would commence training within one year from the date of the NRMP's final decision to deny the waiver. Such bar shall not be considered a sanction and shall not be subject to arbitration or judicial review.

In addition, the NRMP will initiate an investigation to determine whether the applicant has violated the terms of the Match Participation Agreement. If following such investigation, the NRMP determines that a violation has occurred, the NRMP may impose sanctions as provided in Section 7.0 of this Agreement.

In lieu of an investigation and the potential imposition of sanctions, the applicant may instead agree to the following remedy: i) to be barred from accepting or starting a position (or renewing a training contract for a position at a different level or for a subsequent year), regardless of the start date, in any residency training program sponsored by a Match-participating institution that would commence training within one year from the date of the NRMP's final decision to deny the waiver, ii) to be barred

from the Match for one year, and iii) agree to be flagged in the R3 system for one year, all effective immediately upon acceptance of such agreement by the NRMP. Such remedy shall be deemed to constitute a final determination by consent and is not subject to arbitration or judicial review. The remedy will be reflected in the **R3** system and the Applicant Match History for the length of time the remedy is in effect.

2.4.5 Prohibited Activity During the Waiver Process: Applicants and Programs

Applicants who have matched to a program shall not apply for, discuss, interview for, or accept a concurrent year position in another program prior to the NRMP granting the waiver. If the NRMP receives information that an applicant has applied for, discussed, interviewed for, or accepted a concurrent year position in another program before receiving a waiver from the NRMP, the NRMP will initiate an investigation to determine whether the applicant or program has violated the terms of this Agreement.

If any program at a Match-participating institution interviews for or offers a concurrent year position to an applicant who has not been granted a waiver by the NRMP, or if the applicant accepts or starts such a position, the NRMP will initiate an investigation to determine whether the applicant, the program, and/or the institution has violated the terms of this Agreement.

If the NRMP initiates a violation investigation of the applicant or program, it will follow the procedures set forth in Section 7.0 of this Agreement.

2.5 Deferral of the Match Commitment

The NRMP, in its sole discretion, may grant to an applicant and a program a one-year deferral of a binding commitment if: (1) both parties agree to the deferral and provide written documentation; and (2) failure to obtain a deferral would cause unanticipated serious and extreme hardship. Additionally, at the request of either an applicant or a program, NRMP may grant a deferral of up to one year if arbitration proceedings have been initiated and the outcome is pending. If for any reason a deferred commitment cannot or will not be honored, one or both parties shall submit to the NRMP a request for a waiver according to the procedures set forth in Sections 2.4 and 3.6 of this Agreement.

3.0 Programs

3.1 Eligibility

The NRMP may, in accordance with the policies and advice of the sponsoring program directors' group, be selective in determining which programs are eligible to participate in the **SMS** for that specialty. Only programs in a specialty for

which an **SMS** Match is being conducted may offer positions through the **SMS**. Positions are titled "residency" or "fellowship" depending upon the specialty for which the **SMS** Match is being conducted.

To be eligible to offer positions through an **SMS** Match, as of the applicable Rank Order List Certification Deadline for such **SMS** Match, a program must be either (a) accredited by the ACGME, or another entity acceptable to NRMP; (b) affiliated with an ACGME-accredited program in the primary discipline; (c) lead to certification or endorsement and oversight by a board recognized by the American Board of Medical Specialties; and (d) have funding to train matched applicants. Each program executing this Agreement hereby affirms that it will meet one of these requirements by the Rank Order List Certification Deadline.

3.2 Categories of Program Positions

The following categories of positions are included in the **SMS**:

3.2.1 Fellowship (F) positions in programs that begin training subsequent to the completion of a core residency training program

3.2.2 Fellowship subspecialty (S) positions in programs that begin training subsequent to the completion of a fellowship training program

3.3 Participation

3.3.1 Quota Changes

Programs directors may increase, decrease, and make other changes to their quota, or the number of positions they desire to fill through the **SMS** Match. Such changes must be made in the **R3** system by the Quota Change Deadline and must be approved by the NRMP institutional official responsible for the program making the changes. **Programs cannot reduce their quotas to zero.**

Exceptions to the Quota Change Deadline, including the reduction of program quotas or situations beyond the control of the institution or program such as loss of funding or accreditation, or to accommodate the results of earlier matching programs, may be requested by the NRMP institutional official. In such cases, a written request for relief shall be made to and determined by the NRMP.

3.3.2 Withdrawals

Any registered program that will not offer positions through a **SMS** Match must officially withdraw from that Match through the **R3** system. The program's withdrawal must be confirmed by the NRMP institutional official in the **R3** system by 11:59 p.m. eastern time on the applicable Quota Change Deadline to ensure that the program is not listed in the **R3** system as a participant in the Match. Programs may not withdraw from

the **SMS** Match after the Quota Change Deadline except for situations beyond the control of the institution or program, such as loss of funding or loss of accreditation. In such cases, a written request for relief shall be made to and determined by the NRMP.

At any time before the Match results are released, the NRMP may withdraw from the **SMS** Match any program for which the NRMP believes it has credible evidence that the program has violated the terms of the Agreement. Upon withdrawing a program from the **SMS** Match, the NRMP shall note in the **R3** system that the program is the subject of a “pending action.” The designation shall remain in place until the program has waived or exhausted the opportunity to contest the action pursuant to the Violations Policy. The NRMP's authority to withdraw a program from the **SMS** Match under this section is in addition to its authority to impose sanctions for violations of this Agreement. Therefore, any decision by the NRMP to withdraw a program under this section shall remain in place and shall not be subject to any suspension in the event the program chooses to contest the withdrawal or other action by the NRMP under the dispute resolution process set forth in Section 14.0.

3.3.3 Vacant Positions

If a position becomes vacant after the Rank Order List Certification Deadline and the program is participating in a **Specialties Matching Service** Match that has implemented the All In Policy, the position may be filled outside the Match at any time after 12:00 p.m. eastern time on Match Day, provided training begins prior to the day registration opens for the next Match in which the program participates. After registration opens for the next Match, the vacant position must be placed in the Match.

3.4 Institutional Official and Fellowship Program Director

3.4.1 Designation of Institutional Official

Each institution with programs participating in the **SMS** shall designate an institutional official to be responsible for overseeing the **SMS** Match process and to be the institution's official spokesperson to the NRMP on all matters regarding the institution's registered programs. All changes made by a program concerning positions must be approved by the NRMP institutional official responsible for that program. The institutional official has the authority to modify and certify program rank order lists; however, such modifications and certifications should be done in concert with and approved by program directors. The NRMP may rely on written communications from the institutional official for all matters affecting the institution or its programs.

3.4.2 Designation of Fellowship Program Director

Each program participating in an **SMS** Match shall designate a director who is responsible for ensuring the accuracy of the program's information

and adherence to all policies governing the Match. All changes made by a fellowship program director concerning Match participation and positions must be approved by the institutional official on or before published Match deadlines.

3.4.3 Duties of Fellowship Program Directors

The fellowship program director shall:

- 3.4.3.1. Provide accurate program information including, but not limited to, the number and type of positions offered;
- 3.4.3.2. Execute the Match Participation Agreement prior to the applicable Rank Order List Certification Deadline;
- 3.4.3.3 Submit and certify a rank order list prior to the applicable Rank Order List Certification Deadline;
- 3.4.3.4. Ensure that representatives of the program do not discuss, interview for, or offer a position to a Match applicant between the applicable Rank Order List Certification Deadline and the release of Match results;
- 3.4.3.5 Ensure that representatives of the program do not discuss, interview for, or offer a position to an applicant who is ineligible because of a denied waiver and/or sanctions levied as the result of a violation investigation;
- 3.4.3.6. Appoint a program coordinator, if so desired, to assist in the matching process.

3.5 Fellowship Program Coordinator

3.5.1 Designation of Fellowship Program Coordinator

The fellowship program director may designate a program coordinator to assist with the matching process. The fellowship program coordinator shall access the **R3** system only with a username and password separate and distinct from the fellowship program director.

3.5.2 Duties of Fellowship Program Coordinators

The fellowship program coordinator may view all program information available through the **R3** system; enter or change program information except quotas; and enter rank order lists. Fellowship program coordinators are prohibited from certifying rank order lists. Fellowship program coordinators shall use only their designated username and password to log in to the **R3** system. Use of the fellowship program director's username and password by the fellowship program coordinator to access the **R3** system shall be a breach of this Agreement and may subject the program to penalties described in Section 7.0.

3.6 Waiver of the Match Results: Programs

Programs and applicants are not authorized to release each other from their respective binding commitment. **Once a party has matched, a waiver of the binding match commitment may be obtained only from the NRMP.** The NRMP's decision to grant or deny the waiver is at the sole discretion of the NRMP, is final, and is not subject to challenge in arbitration, by judicial review, or by review of any kind by any third party. The NRMP recommends that each program and applicant read carefully the Policies and Procedures for Waiver Requests ("Waiver Policy") that govern the NRMP's handling of waivers. The Waiver Policy is incorporated by reference in and constitutes an integral part of this Agreement.

Any participant in the **SMS** shall promptly notify the NRMP of any waiver requests received directly from any other participant.

Programs shall use the Applicant Match History in the **R3** system to determine the appointment status of any applicant considered for appointment to the program.

The NRMP, in its sole discretion, may grant to a program a waiver of its binding commitment to an applicant if the NRMP determines that fulfillment of a program's commitment to the results of the **SMS** Match would cause unanticipated serious and extreme hardship for the program or if the NRMP determined that the applicant is ineligible to begin training. The burden is on the program to demonstrate to the reasonable satisfaction of the NRMP that the criteria necessary for approval and issuance of a waiver are present.

The waiver request must be submitted in writing by the program director or the NRMP institutional official using the Waiver Request Form with a copy to each applicant whose position is included in the waiver request and specify each such applicant. The program shall specify the method the program will employ to assist each such applicant to secure another residency position in the event the waiver request is the result of program closure or a change in program complement. The NRMP will review the waiver request to determine whether or not the waiver is appropriate.

Once a program has matched to an applicant, the program shall not discuss, interview for, or offer the matched position to another candidate prior to the NRMP granting the waiver. If the NRMP receives information that a Match-participating program has discussed, interviewed for, or offered the matched position to another applicant before receiving a waiver from the NRMP, or if the program has encouraged or supported an applicant seeking a concurrent year position absent a waiver, the NRMP will initiate an investigation to determine whether the program or applicant has violated the terms of this Agreement.

Upon completing its investigation, the NRMP, in its sole discretion, may grant a waiver to the program releasing it from the commitment to one or more of the applicants whose positions were included in the waiver request, or it may deny the request. Programs are not authorized to recruit another candidate for the matched position until so notified by the NRMP.

3.6.1 Waiver Approvals: Programs

If the waiver is granted to the program by the NRMP, the applicant may accept a position in another graduate medical education program and the matched program may offer the vacant position to another qualified applicant, unless the waiver request was based on financial hardship, a reduction in resident complement, or loss of accreditation.

3.6.2 Waiver Denials: Programs

If the waiver is not granted to the program by the NRMP, the program will be expected to offer the matched position(s) to the applicant(s) included in the program's waiver request. If the program does not offer the matched position(s), the NRMP will initiate an investigation to determine whether the program has violated the terms of this Agreement.

If an applicant requests a waiver from the NRMP and/or informs the matched program of the desire for a waiver, the program shall not discuss the matched position with any other candidate or the applicant's eligibility with any other program or offer the matched position to any other candidate until either (a) the matched applicant has informed the NRMP in writing that he/she will not accept the matched position if his/her waiver request is denied by the NRMP and the program has been notified by the NRMP that it has been granted a waiver, or (b) the waiver is granted by the NRMP. If the NRMP receives information that the program has discussed, interviewed for, or offered the position to another candidate before it has been notified by the NRMP that either of the foregoing conditions has occurred, the NRMP will initiate an investigation to determine whether the program has violated the terms of this Agreement.

All programs sponsored by a Match-participating institution are prohibited from offering a position or a new training year, regardless of the start date, to an applicant who is ineligible to accept or start a position or a new training year because a waiver request was denied by the NRMP. Such prohibition applies to all positions and new training years that have a start date within one year from the date of the NRMP's decision. If any program at a Match-participating institution, regardless of the program's Match participation status, offers a position or a new training year at any time during the one-year period to an applicant whose waiver was denied or if the applicant accepts or starts such a position, the NRMP will initiate an investigation to determine whether the applicant, the program, and/or the institution has violated the terms of this Agreement.

If the NRMP initiates an investigation to determine whether a program or applicant has violated the terms of this Agreement, the NRMP will follow the procedures set forth in Section 7.0 of this Agreement.

3.7 Program Closures and Reductions in Resident Complement

If a program has reason to close and/or reduce the number of fellows, it must follow the procedures specified in Section IV of the ACGME Institutional Requirements, as amended from time to time, or any successor requirements. The program must notify the NRMP of the method it will employ to assist each matched applicant in securing another graduate medical education position. Failure to adhere to those requirements will be a breach of this Agreement.

3.8 Deferral of the Match Commitment

The NRMP, in its sole discretion, may grant to an applicant and a program a one-year deferral of a binding commitment if: (1) both parties agree to the deferral and provide written documentation; and (2) the NRMP determines that failure to obtain a deferral would cause unanticipated serious and extreme hardship. Additionally, NRMP may grant a deferral of up to one year at the request of either an applicant or a program if arbitration proceedings have been initiated and the outcome is pending. If for any reason a deferred commitment cannot or will not be honored, one or both parties shall submit to the NRMP a request for a waiver according to the procedures set forth in Sections 2.4 and 3.6 of this Agreement.

4.0 Communications

Complete, timely, and accurate exchanges of information are essential to the residency application, interview, and matching processes.

4.1 From the NRMP

Except as otherwise expressly provided in this Agreement, all communications from the NRMP to a Match participant shall be transmitted electronically to the email address designated by the participant at the time of registration in the **R3** system. The participant is responsible for providing the correct email address in the **R3** system at the time of registration and for updating the email address, if necessary, during the matching process.

If a Match participant is involved in a waiver or violation investigation, the participant is responsible for conveying any change in email address to the NRMP after the Match has concluded.

In addition to communication via electronic transmission, the NRMP shall continue to communicate violations of this Agreement that have been confirmed in a Final Report ("confirmed violation") as provided in Section 7.2. Paper copies of the Report will be distributed by regular mail at the last known address in the **R3** system or as provided by the subject of the violation if an email address is not available.

If any participant unsubscribes from NRMP emails or notices, the NRMP shall have no responsibility for sending NRMP information or providing for its receipt.

4.2 Between Applicants and Programs

Between the Rank Order List Certification Deadline and Match Day, applicants shall not apply for, discuss, interview for, or accept any position that would run concurrent with positions offered in the **Specialties Matching Service**.

Similarly, all programs in Match-participating institutions shall refrain from discussing, interviewing for, or offering positions between the Rank Order List Certification Deadline and Match Day. If a match occurs, both applicants and programs shall abide by their respective obligations in the event of a waiver request (Sections 2.4, 3.6, 5.1) during the entirety of the Match process.

4.3 Between Program Director Groups and NRMP

The program directors' group representing the programs in a specialty desiring to participate in the **SMS** must designate a "specialty representative" to be responsible for overseeing the Match process and to be the group's official representative to the NRMP on all matters regarding the group's programs that register for the **SMS** Match. The specialty representative will be responsible for negotiating the terms of the services to be provided for the specialty by the NRMP, and must have the authority to execute the "NRMP Program Directors' Annual Participation Agreement" on behalf of the group and to commit to the NRMP the active participation in the **SMS** Match of 75 percent of the programs in such specialty and 75 percent of the available positions in a given year.

4.4 Schedules and Deadlines

An annual Schedule of Dates is published by the NRMP and is incorporated in this Agreement by reference. Time is of the essence in this Agreement and adherence to those dates is essential. All information must be received by the NRMP by the published deadlines.

Sponsoring institutions and their programs set their own application deadlines. Applicants must comply with individual program schedules.

4.5 Use of Match Information

It is a violation of this Agreement if any applicant or program shares any Match information from or maintained in the **R3** system, including but not limited to, information from the List of Unfilled Programs, with any individual who is not registered for the **Specialties Matching Service** or allows an individual who is not registered for the **Specialties Matching Service** to use the registrant's unique username and password to access the **R3** system to obtain match information. In addition, it is a violation of this Agreement if any Match information from or maintained in the **R3** system, including but not limited to, information from the List of Unfilled Programs, is copied, distributed, or posted by any applicant or program to any website or non-NRMP-related matching plan. URLs that link to information from the **R3** system or PDFs that have been created, copied, or downloaded from the **R3** system shall not be made public or redistributed in any form even if the Match information from the **R3** system already is in the public domain. If the NRMP initiates a violation investigation, the NRMP shall follow the procedures set forth in Section 7.0 of this Agreement.

4.6 Completeness, Timeliness, and Accuracy of Information

Applicants are at all times responsible for the completeness, timeliness, and accuracy of the information they provide to programs. The submission of information by an applicant to a program at any time during the matching process that is incomplete, misleading, false, or plagiarized from another source is a violation of this Agreement. For purposes of the Match Participation Agreement, the term “matching process” includes all aspects of the matching process, from the submission of information or an application through the Electronic Residency Application Service (ERAS) or other application process, interviews with program representatives (regardless of when an applicant registered for the Match), as well as information submitted in the course of waiver requests, violation investigations, and arbitration proceedings. The omission of information that would reasonably be considered pertinent to a program’s decision whether to rank an applicant, to determine an applicant’s ability to satisfy program requirements or standards, or to identify circumstances that may reasonably be expected to delay or affect adversely the applicant’s medical school graduation or current training date, licensure status, visa status, or ability to start the training program, shall be considered a violation of this Agreement.

The obligation to submit complete, timely and accurate information extends through the 45th day following the start date in the appointment contract of the program position obtained through the matching algorithm. Applicants also have an obligation to provide complete, timely, and accurate information to the NRMP beginning with the submission of an electronically signed Match Participation Agreement through the 45th day following the start date of the training program to which the applicant matched, or through the conclusion of any NRMP-related waiver review, violation investigation, or appeal process, whichever is later.

Programs are at all times responsible for the completeness, timeliness, and accuracy of information they provide to applicants throughout the matching process. Programs shall provide a copy of the contract the applicant will be expected to sign if matched to the program if such contract is available, or a copy of the contract currently in use. Programs also must provide all institutional policies regarding eligibility for appointment to a residency or fellowship position including visa or employment requirements. The contract and all other information must be communicated to applicants in writing prior to the applicable Rank Order List Certification Deadline although program information, contract elements, and eligibility requirements may be subject to change as determined by the program.

Programs also have an obligation to submit complete, timely, and accurate information to the NRMP for the period beginning with submission of an electronically signed Match Participation Agreement until the 45th day following the start date of program positions processed by the matching algorithm or the conclusion of any NRMP-related waiver review, violation investigation, or appeal process, whichever is later.

The NRMP is not responsible for ensuring the accuracy of information exchanged between applicants and programs. However, if the NRMP believes it

has credible evidence that an applicant or program has violated the terms of this Agreement, the NRMP is authorized to take appropriate action, as described in Section 7.0 including, but not limited to, withdrawing the applicant or program from the **SMS** and reporting the violation by the applicant or program to the ABMS, the ACGME, and/or the program directors' group, in accordance with Section 7.0.

4.7 Confidentiality

The information submitted to the NRMP on both applicant and program rank order lists is confidential. It is the policy of the NRMP not to disclose such information in any manner that permits individual identification of either applicants or programs. The NRMP may, however, anonymize rank order list information and use or contribute such anonymized information for research purposes.

In addition, information contained in the NRMP's **R3** system is confidential and available only to registered applicants and program directors and other authorized users. Unauthorized use or disclosure of such information to persons not entitled to access it shall be considered a violation of this Agreement.

4.7.1 Applicant Rank Order Lists

Applicants have the right to keep their rank order lists confidential and not to share them with any other individual or entity.

4.7.2 Program Rank Order Lists

Programs have the right to keep their rank order lists confidential and not to share them with any other individual or entity.

5.0 Matching and Appointing Rules

5.1 Match Commitment

The listing of an applicant by a program on its certified rank order list or of a program by an applicant on the applicant's certified rank order list establishes a binding commitment to offer or to accept an appointment if a match results and to start training in good faith (i.e., with the intent to complete the program) on the date specified in the appointment contract. The binding commitment shall be deemed to have been honored so long as the applicant enters and remains in the training program through the first 45 days after the start date of the relevant appointment contract. Absent a waiver from the NRMP, failure to honor this commitment by either party shall be a breach of this Agreement and may result in penalties to the breaching program or applicant, as described in Section 7.0.

The binding commitment may be released only through the waiver procedures set forth in Sections 2.4 and 3.6 of this Agreement. Each such appointment is subject to the official policies of the appointing institution in effect on the date the program submits its rank order list and is contingent upon the matching applicant

meeting all eligibility requirements imposed by those policies. Those requirements must be communicated to applicants in writing prior to the applicable Rank Order List Certification Deadline. It is recommended that each program obtain a signed acknowledgment of such communication from each applicant who interviews with such program.

An applicant who gives notice of resignation, resigns, or vacates a matched position within 45 days of the start date specified in the appointment contract shall be presumed to have breached this Agreement unless evidence is submitted, through the NRMP waiver process, sufficient to show that the applicant entered into the program in good faith and the NRMP determines that applicant has a reasonable basis to be released from the binding commitment to the program under procedures set forth in Section 2.4 of this Agreement.

If the NRMP receives information that a program has encouraged or supported an applicant with a match commitment to seek a concurrent year position absent a waiver from the NRMP, the NRMP will initiate an investigation to determine whether the applicant or program has violated the terms of this Agreement.

A program that terminates a resident within 45 days of the start date specified in the appointment contract shall be presumed to have breached this Agreement unless evidence is submitted through the NRMP waiver process sufficient to show that the program entered into the contract in good faith and the NRMP determines the program has a reasonable basis to be released from the binding commitment to the applicant under the procedures set forth in Section 3.6 of this Agreement.

After the general announcement of Match results, each program shall forward letters of appointment to all applicants who have matched with that program. Applicants are expected to return one copy of the letter of acceptance to the program before the deadline stated in the letter.

5.2 Rules of Appointment

Any program that discusses, interviews for, or offers a position to an applicant who has a binding commitment to a concurrent year position in another program or who is ineligible as a result of a denied waiver or a confirmed violation that is final, shall be in breach of this Agreement and may be subject to the penalties described in Section 7.0. Programs shall not interview for or discuss with an applicant any potential position unless the program has first determined that the applicant is eligible for appointment. **Programs shall determine the applicant's eligibility by verifying the applicant's appointment status in the Applicant Match History that is available in the R3 system and/or by contacting the NRMP to obtain that information.**

5.3 Rank Order List Certification

To participate in the **SMS**, programs and applicants must (a) register with the **SMS** and (b) submit certified rank order lists electronically using the **R3** system. Use of the **R3** system requires Internet access using common browser programs.

Rank order lists cannot be submitted by mail or in any way other than through the **R3** system.

Access to the **R3** system is limited to registered programs and applicants and other authorized users. Each authorized user must enter a unique username and password.

The rank order list ("ROL") can be entered in more than one session and can be modified multiple times prior to the applicable Rank Order List Certification Deadline. Parties are encouraged to finish this process at least a week before the ROL certification deadline, prior to the peak utilization period when the Match Site may be less accessible. **THE NRMP DOES NOT GUARANTEE THE AVAILABILITY OF THE R3 SYSTEM AND WILL NOT MODIFY IN ANY WAY THE RANK ORDER LISTS OF APPLICANTS OR PROGRAMS.**

Applicants and programs must certify their rank order list before the applicable Rank Order List Certification Deadline. After the Rank Order List Certification Deadline, the NRMP will certify an applicant or program rank order list on behalf of the applicant or program only upon the written request and consent of the applicant or program. Such written request and consent must be received by NRMP within 48 hours of the applicable Rank Order List Certification Deadline. Only the rank order list displayed in the **R3** system at the time of the deadline will be certified through this courtesy certification process. The NRMP will not create or modify a rank order list at any time for any reason.

5.4 Program Changes

Programs may make quota changes, additions, withdrawals, and other changes in the positions they desire to fill through the **SMS**. Such changes must be approved by the institutional official responsible for the program making the change as described in Section 3.4.1, and must be made in the **R3** system by the applicable Quota Change Deadline for the **SMS** Match in question. Exceptions to this deadline may be requested by the program director or institutional official for cases of extreme emergency, such as loss of funding or accreditation. In such cases, a written request for relief should be made to the NRMP.

6.0 Other Obligations of Match Participants

6.1 Duty to Act in a Professional and Ethical Manner

All participants in the **Specialties Matching Service** shall conduct their affairs in an ethical and professionally responsible manner. The duty under this Agreement to act in an ethical and professionally responsible manner extends throughout the application, interview, and matching processes and until the 45th day following the start date of training in the appointment contract or the conclusion of any NRMP-related waiver review, violation investigation, or appeal process, whichever is later, regardless of when an applicant registers for a Match.

6.2 Restrictions on Persuasion

One of the purposes of the **Specialties Matching Service** is to allow both applicants and programs to make selection decisions on a uniform schedule and without coercion or undue or unwarranted pressure. All participants in the Match shall respect the right of applicants to freely investigate program options prior to submission of a final rank order list. Both applicants and programs may express their interest in each other; however, they shall not solicit verbal or written statements implying a commitment. Applicants shall at all times be free to keep confidential all information pertaining to interviews, their ranking preferences, and the names or identities of programs to which they have or may apply. The NRMP recommends that each program director and applicant read carefully the Match Communication Code of Conduct for information on acceptable methods of interaction during the interview and matching processes.

In addition, at all times it is a breach of this Agreement for:

- (a) a program to request applicants to reveal the names, specialties, geographic locations, or other identifying information about programs to which they have or may apply; or
- (b) a program to request applicants to reveal any information pertaining to interviews, including the number of applications sent, and/or the number of interviews offered, accepted, or attended; or
- (c) a program to request applicants to reveal ranking preferences; or
- (d) an applicant to suggest or inform a program that placement on a rank order list is contingent upon submission of a verbal or written statement indicating the program's preference; or
- (e) a program to suggest or inform an applicant that placement on a rank order list is contingent upon submission of a verbal or written statement indicating the applicant's preference; or
- (f) a program and an applicant in the **SMS** to make any verbal or written contract for appointment to a concurrent year residency or fellowship position prior to the release of the List of Unfilled Programs.

Only the final preferences of programs and applicants, as expressed on their final certified rank order lists, will determine the offering of positions and the placement of applicants through the SMS.

7.0 Match Violations

7.1 NRMP Violations Policies and Procedures

All **SMS** participants shall behave in an ethical and responsible manner during the matching process and shall comply with the terms and conditions of this Agreement. It is the policy of the NRMP to investigate alleged breaches of this Agreement, including but not limited to: failure to provide complete, timely, and accurate information during the application, interview, and matching process; discrepancies in graduation credentials; attempts to subvert or circumvent

eligibility requirements or the matching process itself; failures to offer or accept an appointment as required by the results of a Match; and any other irregular behavior or activities that occur in connection with registration, the submission or modification of a rank order list, and/or the participant's commitment to honor the Match outcome. **SMS** participants shall report to the NRMP any suspected violation of the applicable Match Participation Agreement.

The NRMP Policies and Procedures for Reporting, Investigation, and Disposition of Violations of NRMP Agreements ("Violations Policy") govern the NRMP's handling of Match violations. The Violations Policy is incorporated by reference in and constitutes an integral part of this Agreement. If the NRMP receives sufficient, credible information that a violation of this Agreement may have occurred, the NRMP will initiate an investigation in accordance with the Violations Policy. Following completion of its review, a Review Panel shall issue a written Review Panel Report and confirm whether or not the subject applicant or program has violated the Agreement. If the Review Panel has confirmed a violation and the applicant or program accepts the adverse decision, the decision will be considered final and the NRMP will issue a Final Report of the case. If the subject applicant or program, as the case may be, contests the adverse determination through available dispute resolution procedures described in Section 14.0 below, a Final Report will not be issued until dispute resolution procedures are exhausted or waived. A copy of the Final Report shall be sent to the subject applicant or program and the list of recipients as described below in Section 7.2.

At any time before the Match results are released, the NRMP may summarily withdraw any applicant or program from the **SMS** and without first affording an opportunity for hearing if the NRMP believes it has credible evidence that i) the applicant or program has violated the terms of this Agreement and ii) absent such summary withdrawal, the integrity of the Match is in jeopardy. Upon withdrawing an applicant or program from the **SMS**, the NRMP shall note in the **R3** system that the applicant or program is the subject of "pending action" until the applicant or program has waived or exhausted the opportunity to contest the adverse action. Applicants or programs withdrawn under sections 2.3.2 (c), 3.3.2, or 7.0 of this Agreement shall be afforded an opportunity to be heard in accordance with the Violations Policy.

The NRMP's authority to withdraw an applicant or program from the **SMS** under this section is in addition to its authority to impose sanctions for violations of this Agreement. Therefore, any decision by the NRMP to withdraw an applicant or program under this section shall remain in place and shall not be subject to any suspension in the event the applicant or program chooses to contest the withdrawal or other action by the NRMP under the dispute resolution process set forth in Section 14.0.

Upon confirmation by a Review Panel that the applicant or program has violated the terms of this Agreement, the NRMP shall note in the **R3** system that the applicant or program is the subject of "pending action" if the applicant or program elects to contest the adverse action. The designation shall remain in place until

the applicant or program has waived or exhausted the opportunity to contest the adverse action pursuant to the Violations Policy.

7.2 Consequences of Confirmed Violations

The consequences of a confirmed violation of this Agreement are set forth in the Violations Policy. They include the following:

7.2.1 Applicants

If the NRMP's investigation of an alleged Match violation by an applicant results in a finding that an applicant has committed a violation of this Agreement, the processing of the applicant's rank order list may be interrupted. The NRMP at its discretion may withdraw the applicant from the **SMS** Match.

If a matched applicant is the subject of a violation investigation, the program to which the applicant matched may not fill the position with another applicant until the NRMP has issued the Final Report or granted a waiver, whichever is earlier. If the violation investigation has not concluded by the start date of training, the program shall begin training the matched applicant unless NRMP has granted a waiver or issued a deferral.

When a Final Report is issued to the applicant electronically, copies shall be issued to the following persons and entities as determined pertinent by the NRMP. Paper copies of the Report will be distributed by regular mail if email addresses are unavailable:

- (1) the applicant's medical school official, with a request that the Final Report be placed in the applicant's permanent file
- (2) the Educational Commission for Foreign Medical Graduates if the applicant is a graduate of an international medical school
- (3) the NRMP institutional official and the director of the program to which the applicant has applied or switched (if known)
- (4) the person or entity who originally reported the violation
- (5) the NRMP Executive Committee
- (6) the American Board of Medical Specialties, if appropriate

- (7) the American Osteopathic Association, if appropriate
- (8) the applicant's residency program director
- (9) the Federation of State Medical Boards if the applicant is to be permanently identified as a Match violator or permanently barred from future NRMP Matches
- (10) state medical licensure boards, if requested by the applicant
- (11) any parties whom the NRMP has determined are relevant to its investigation

Sanctions for a confirmed violation by an applicant include:

- (1) being barred from subsequent NRMP Matches for one to three years or permanently, as determined by the NRMP
- (2) being identified in the R3 system as a Match violator to participating programs for one to three years or permanently, as determined by the NRMP.
- (3) being barred for one year from accepting an offer of a position or a new training year, regardless of the start date, in any program sponsored by a Match-participating institution and/or starting a position or a new training year in any program sponsored by a Match-participating institution if training would commence within one year from the date of issuance of the Final Report.

Any applicant who has been denied a waiver of a binding commitment and who does not accept the matched position may be barred for one year from accepting an offer of a position or a new training year, regardless of the start date, in any program sponsored by a Match-participating institution and/or from starting a position or a new training year in any program sponsored by a Match-participating institution if training would commence within one year from the date of the NRMP's decision on the waiver.

The NRMP has sole discretion to determine which of the sanctions described above shall be applied in the event an applicant violates this Agreement. Failure to comply with sanctions levied as a result of a confirmed violation that is final may result in a new investigation and additional sanctions.

7.2.2 Programs

If the NRMP's investigation of an alleged Match violation by a program results in a finding that a program has committed a violation of this Agreement, the processing of the program's rank order list may be interrupted. The NRMP at its discretion may withdraw the program from the **SMS** Match.

When a Final Report is issued to the program director electronically, copies shall be issued to the following persons and entities as determined pertinent by the NRMP. Paper copies of the Report will be distributed by regular mail if email addresses are unavailable:

- (1) the chief executive officer (or applicable role) of the hospital or university
- (2) the NRMP institutional official for transmittal to the institution's graduate medical education committee
- (3) the chair of the institution's graduate medical education committee
- (4) the ACGME for distribution to the respective Residency Review Committee (RRC)
- (5) the respective specialty program director association
- (6) the person or entity who originally reported the violation
- (7) the NRMP Executive Committee
- (8) any federal or state regulatory agency or private accreditation entity that may have enforcement authority over the matter
- (9) any parties whom the NRMP has determined are relevant to its investigation

Sanctions for a confirmed violation by a program include:

- (1) being barred from future NRMP Matches for one to three years or permanently, as determined by the NRMP

- (2) being identified in the **R3** system as a Match violator to participating applicants and medical schools for one to three years or permanently, as determined by the NRMP.

All programs at a sponsoring institution, regardless of the program's Match participation status, are prohibited from offering a position to an applicant who has been barred for one year from accepting or starting a position or a new training year because a waiver request has been denied by the NRMP or because of a confirmed violation of the Match Participation Agreement. If a program offers a position to such applicant, or if an applicant accepts such a position, and training would commence within one year of the date of the NRMP's waiver decision or the date of issuance of the Final Report, the NRMP will initiate an investigation to determine whether the applicant or program has violated the terms of the Agreement.

The NRMP has sole discretion to determine which of the sanctions described above shall be applied in the event a program violates this Agreement. Failure to comply with sanctions levied as a result of a confirmed violation that is final may result in a new investigation and imposition of new sanctions.

8.0 Fees and Fee Refunds

Fees paid by applicants, programs and institutions are not refundable.

8.1 Applicant Fees

Applicants with unpaid fees shall be withdrawn from an **SMS** Match. Applicants who are withdrawn from the **SMS**, either by their choice or by the NRMP, will not have their fees refunded.

8.1.1 Applicant Registration Fee

The applicant must pay an applicant registration fee before the NRMP will accept the applicant's registration. Applicants are responsible for all fees and actions associated with their registration and NRMP account.

8.1.2 Rank Order List Fee

An extra rank fee is due from each single applicant who ranks more than 20 unique program codes on the applicant's rank order list ("ROL") and from each partner of a couple who ranks more than 20 unique program codes on the applicant's ROL. An extra rank fee shall be charged for each program code included on a rank order list that exceeds the limits specified above.

8.1.3 Length of Rank Order List Fee

A length of rank order list fee is due from each single applicant and from each partner of a couple with a rank order list that includes 100 or more ranks. The length of rank order list fee will increase based on the overall length of the ROL.

Extra rank fees and length of rank order list fees are due at the time the rank order list is certified and are not refundable if the applicant subsequently reduces the number of program codes on the ROL. The **R3** system will display an invoice for any fees due upon certification of the rank order list. The applicant must make the necessary payment by credit card through the **R3** system.

8.1.4 Couples' Fee

Each partner of a couple must pay a couple registration fee at the time each partner registers as a couple. The couples' fee is not refundable if the partners subsequently decide not to participate in the **SMS** Match as a couple.

8.1.5 Unpaid Applicant Fees

Rank order lists will not be accepted from any applicant whose registration fee, or any other fees due the NRMP, has not been paid. Applicants who are withdrawn from the **SMS** due to unpaid fees will not be allowed access to the List of Unfilled Programs and may be barred permanently from participation in future Matches. In addition, applicants who authorize a credit card chargeback of NRMP fees without NRMP consent may be withdrawn from the Match and/or barred permanently from participation in future Matches.

8.2 Institution and Program Fees

Fees will not be waived for institutions and programs that are activated for Match participation and subsequently withdrawn either by themselves or by the NRMP.

Each institution must pay an institution registration fee, a program registration fee for each of its registered programs, and a matched applicant fee for each applicant with whom a program matches successfully. The NRMP will invoice the institution for those fees and all incurred expenses, which must be paid within thirty (30) calendar days of the invoice date. The invoice will be sent to the institutional official, who will be responsible for ensuring prompt payment.

Institutions with unpaid NRMP fees at thirty (30) days from the date of the invoice will be issued a reminder request for payment. A late fee of 10 percent of the outstanding balance will be assessed on any fees unpaid sixty (60) days after the invoice date. Failure to remit payment to the NRMP after ninety (90) days from the invoice date will result in the institution being barred from registering any of

its programs for the **Main Residency Match** or any Fellowship Match until all fees are remitted by the institution to the NRMP.

8.3 Fee Payment Procedures

All fees must be paid in U.S. dollars by credit card through the **R3** system by the due date for such fees. Applicant registration fees must be paid at the time of registration. By electing to pay by credit card, each applicant authorizes the NRMP to supply the bank with information it requires in order to resolve inquiries regarding related credit card charges. If the credit card is not approved for the amount necessary to cover the applicable fees, the applicant will not be allowed to register unless replacement credit card information is entered through the **R3** system and processed successfully prior to the scheduled opening of the **R3** system for rank order list entry.

9.0 Use of Information

Each program and applicant authorizes the NRMP to request, obtain, transmit, and receive identifying information, including information in the **R3** system, to and from authorized users, including the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, the Association of American Medical Colleges, the American Medical Association, the Educational Commission for Foreign Medical Graduates, the Canadian Resident Matching Service, the National Board of Medical Examiners, the National Board of Osteopathic Medical Examiners, U.S. allopathic medical schools, U.S. osteopathic medical schools, and other authorized users engaged in postgraduate medical education for purposes of collecting and verifying data submitted by the applicant or program, establishing postgraduate training data bases, conducting a Matching Program, or effecting a match.

For the avoidance of doubt, a rank order list submitted by an applicant or program is confidential and the NRMP will not disclose or release applicant or program ranking information that is clearly and uniquely identifiable with an applicant or program, except in response to a subpoena or an order from a court of competent jurisdiction. The NRMP may, however, anonymize rank order list information and use or contribute such anonymized information for NRMP-approved research purposes.

Each program and applicant also authorizes the NRMP to use any information provided by such program or applicant to the NRMP, including but not limited to USMLE scores, COMLEX scores, AOA membership, volunteer and work experiences, in any study approved by the NRMP, provided that no information clearly and uniquely identifiable with such program or applicant is disclosed in reports resulting from such study.

Each applicant also authorizes the NRMP to release applicant **SMS** Match results to each program that ranked the applicant on the program's rank order list, to the specialty representative to the NRMP, and to those program directors who request such information to verify whether the applicant was matched.

Each applicant also authorizes the NRMP to release the location of current or prior residency training, as provided to the NRMP by the applicant, in a report to the applicant's **Main Residency Match**[®] program director for the purpose of verifying where the applicant matched for a fellowship position.

Each applicant also authorizes the NRMP to post Match information in the **R3** system Applicant Match History.

10.0 Representations and Warranties

Each program and applicant represents and warrants to the NRMP that all of the information provided, or that will be provided, by such program or applicant to the NRMP is at all times complete, timely, and accurate to the best of such program's or applicant's knowledge at the time such information was or will be provided. Each applicant further represents that he/she has authorized all institutions and individuals who may possess this information to disclose it to the NRMP for purposes of verification. Each program and applicant further represents that their unique log in information to access the **R3** system will not be shared with or used by any other individual to access the system. Moreover, each applicant represents that he/she has read, understood, and agrees to the NRMP's Privacy Policy, and each program represents that he/she and his/her personnel using and accessing NRMP information have read, understood, and will abide by the NRMP's Privacy Statement.

11.0 Disclaimers

The parties acknowledge that the fees charged by the NRMP for participation in the **SMS** include no consideration for any assumption by the NRMP of the risk of any damages that may arise in connection with any program's or applicant's participation in the **SMS** or utilization of the **R3** system.

Each party agrees that neither:

- (a) the NRMP,
- (b) any vendor providing equipment, software, or services to the NRMP, nor
- (c) any director, officer, employee, affiliate, or agent of the NRMP, or any Vendor,

will be liable for any loss, damage, cost, or expense whatsoever, direct or indirect, regardless of the cause, that may arise out of, or be in any way related to this Agreement, the **SMS**, the use of the **R3** system, or the automated systems and services utilized by the NRMP to implement the **SMS** or to send notices, including, but not limited to: (a) the suspension or termination of, or the inability to use, all or any part of the **R3** system; (b) the erroneous transmission of any data or the transmission of any erroneous data; (c) any failure or delay suffered or allegedly suffered by any party in receiving or sending any rank order list or other information or in certifying a rank order list, however caused; (d) the delivery or transmission of any virus, worm, or other disruptive device; or (e) any other cause in connection with the furnishing of services or notices by the NRMP or the performance, maintenance, or use of, or inability to use, all or any part of the **R3** system. The foregoing will apply regardless of whether a claim arises in contract, tort, negligence, strict liability, or otherwise.

The automated systems and services utilized by the NRMP to implement the **SMS** and the **R3** system are provided "AS IS" and "AS AVAILABLE." **NONE OF THE NRMP, ANY VENDOR, OR ANY OF THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, OR AFFILIATES MAKES ANY WARRANTY OR REPRESENTATION OF ANY KIND, EXPRESS OR IMPLIED,**

WITH RESPECT TO SUCH SERVICES, THE R3 SYSTEM, OR THE SMS, OR TO THE ACCURACY, COMPLETENESS, SECURITY, TIMELINESS, OR RELIABILITY OF THE INFORMATION TO WHICH ANY PARTY HAS ACCESS OR TRANSMITS OR RECEIVES THROUGH THEM OR THROUGH ANY OTHER AUTOMATED SYSTEM. ALL IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE, AND NON-INFRINGEMENT ARE EXPRESSLY EXCLUDED. No oral or written information or advice given by the NRMP, any Vendor, or any of their directors, officers, agents, affiliates, or employees will create a warranty, and no party may rely on any such information or advice. There is no assurance that the information to which the parties have access through the **R3** system will be accurate, complete, secure, timely, or reliable, or that the **R3** system or the automated services utilized by the NRMP will be error-free or operate without interruption. In particular, and without limiting the generality of the foregoing, the NRMP makes no warranty that certified rank order lists processed through use of such automated services will be properly executed. Each program and applicant is solely responsible for verifying that the certified rank order list has been duly entered and certified.

12.0 Limitation of Liability

IN NO EVENT WILL THE NRMP OR ANY VENDOR OR AFFILIATE BE LIABLE FOR ANY DAMAGES AS A RESULT OF ANY NEGLIGENT ACT OR OMISSION OF THE NRMP OR ANY VENDOR OR AFFILIATE, IRRESPECTIVE OF WHETHER THE INJURED PARTY IS A PROGRAM, AN APPLICANT, OR A THIRD PARTY.

13.0 Notices

All notices to the NRMP, other than those given in accordance with Section 7.0, must be given either by email at support@nrmp.org or through the **R3** system and are effective upon receipt. The NRMP is not responsible for delays in email or Internet service. **Any notices or documents received by the NRMP after the relevant deadline date will not be considered.**

All notices, other than those given in accordance with Section 7.0, to applicants or programs will be given either by (a) email to the email address provided by such party to the NRMP upon submission of such party's registration in the **R3** system or (b) through the **R3** system while the applicant or program is logged on to the site. Such notices to applicants or programs given by email will be deemed given twenty-four (24) hours after sending, unless the sending party is notified that the email address is invalid or that the message was not delivered, or the receiver has unsubscribed from NRMP emails or notices. All notices given by the NRMP during an applicant's or program's session on the **R3** system will be deemed given at the time of such session.

14.0 Dispute Resolution

Except for waiver determinations that are final when made by the NRMP and not subject to arbitration, judicial review, or review by any third party, as provided in this Agreement, all disputes arising out of, or related to, the **Specialties Matching Service**, this Agreement, or the breach thereof, between or among the NRMP and any applicant or program participating, or seeking participation, in the **SMS** shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association then in effect (as modified below and excluding Procedures for Large Complex Disputes), unless the parties to the dispute mutually agree otherwise. The arbitration hearing shall commence within six months of filing the

demand for arbitration or at another time agreeable to the NRMP. Notwithstanding the foregoing, no arbitrator shall have power to adjudicate any dispute as a class arbitration or as a consolidated arbitration without the express consent of all the parties to any such dispute, and every arbitrator shall return a reasoned award in writing, setting forth the factual findings and legal conclusions that are the basis for the determination. In addition, no arbitrator shall have the power to modify any sanctions imposed by the NRMP unless (1) the arbitrator determines there is no basis in fact for a finding of violation; or (2) the arbitrator finds that the sanction(s) imposed by the NRMP are either arbitrary and capricious or outside the scope of potential sanctions set forth in this Agreement and the Violations Policy.

Notice of the demand for arbitration must be filed in writing with all other parties to the arbitration and with the American Arbitration Association. A demand for arbitration in a matter that is covered by the Violations Policy must be made in accordance with the Violations Policy. The arbitrators must conduct all arbitration proceedings in the Office of the NRMP in Washington, DC or at such other location in Washington, DC as mutually agreed upon by the parties. Each party will share equally in the cost of arbitration, except that the party requesting arbitration shall be solely responsible for paying the filing fee required by the AAA Standard Fee Schedule, including the Initial Filing Fee and the Case Service Fee, and the party requesting arbitration must further file the AAA form entitled "Demand for Arbitration – Commercial." The burden shall be on the applicant or program to demonstrate by clear and convincing evidence that an adverse decision by the NRMP was without basis-in-fact or in violation of the Agreement. The award by the arbitrator or arbitrators shall be final. Judgment upon the award rendered may be entered in any court having jurisdiction thereof, so long as the arbitrator(s) acted in good faith. The arbitrator(s) may construe and interpret, but may not vary or ignore, the terms of the Agreement. The arbitrator(s) shall not have the power to make an award that is inconsistent with the provisions of this Agreement or with District of Columbia substantive law.

15.0 Limitation of Action

No claim or cause of action, regardless of form, arising out of or related to the **Specialties Matching Service**, this Agreement, or the breach thereof, or any other dispute between the NRMP and any applicant or program participating, or seeking participation, in the **SMS**, may be brought in any forum by any party more than 30 calendar days after the cause of action has accrued, regardless of any statute, law, regulation, or rule to the contrary ("Limitation Period"). The Limitation Period shall commence the day after the day on which the cause of action accrued. Failure to institute an arbitration proceeding within the Limitation Period will constitute an absolute bar and waiver of the institution of any proceedings, whether in arbitration, court, or otherwise, with respect to such cause of action. A cause of action that has become time-barred may not be exercised by way of counter claim or relied upon by way of exception.

In addition, any party who desires to contest a decision of a Review Panel of the NRMP must notify the NRMP in writing of its intent to seek arbitration within 10 business days from that party's receipt of the Panel's report and must file a written demand for arbitration within 30 calendar days of receipt of such report, in accordance with the terms of the Violations Policy. If notice of a party's intent to seek arbitration is not received in writing by the NRMP in accordance with the Violations Policy, or if the party does not file a written demand for arbitration in accordance with the Violations Policy, that party is deemed to have waived and is barred from later filing a demand for arbitration or seeking other relief.

16.0 General

This Agreement is governed by the laws of the District of Columbia, excluding its choice of law provisions, and the agreed upon venue for any dispute arising from this Agreement is the District of Columbia.

The headings of the Sections of this Agreement have been inserted for convenience of reference only and shall in no way restrict or otherwise affect the construction of the terms or provisions of this Agreement. Unless indicated otherwise, references in this Agreement to Sections are to Sections of this Agreement.

If any provision of this Agreement is found in any arbitration proceeding or by any court of competent jurisdiction to be invalid, illegal, or unenforceable, that provision shall be modified to the minimum extent necessary to achieve the purpose originally intended, if possible, and the validity, legality, and enforceability of the remaining provisions will not be affected or impaired and are to be enforced to the maximum extent permitted by applicable law. If any remedy set forth in this Agreement is determined to have failed of its essential purpose, then all other provisions of this Agreement will remain in full force and effect.

Failure of any party to act or exercise its rights under this Agreement upon the breach of any other terms hereof by any other party is not to be construed as a waiver of such a breach or prevent such party from later enforcing compliance with any or all of the terms hereof. This Agreement contains the entire agreement between the parties with respect to the **SMS** and its results. Any representations, promises, or conditions not incorporated in this Agreement will not be binding upon any of the parties. No modification of this Agreement shall be effective unless in writing and executed by the party against whom it is to be enforced.

17.0 Applicant Authorization for Release of Test Scores and Anonymized Data (APPLIES TO APPLICANTS ONLY)

By my electronic signature and as of the date this Agreement is submitted to NRMP, I hereby authorize National Board of Medical Examiners and the National Board of Osteopathic Medical Examiners, to release, verify, and transmit to NRMP upon its request certain test score data, in particular my USMLE scores, COMLEX scores, or other test score(s) utilized in the Match process. I understand and agree that the test score data shall be used to verify test score information provided by me or about me by a testing service or other entity relevant to the graduate medical education matching process.

As set forth in the physician profile section of my Match registration, I have given my consent (or refused as the case may be) to permit my test score data to be used for research involving the Match and graduate medical education as long as no information clearly and uniquely identifying me is disclosed in studies or reports resulting from such research.

I also consent to the release of my rank order list information for approved research purposes provided such information has been anonymized and de-identified before release in accordance with NRMP procedures.

18.0 Glossary of Terms

18.1 Applicant: a medical school graduate, or physician-in-training, or physician who has registered or is eligible to register for the current Match.

18.2 Arbitrary and Capricious: means that there is no basis in fact for a finding of a violation or that the sanction imposed is grossly disproportionate to the violation determined.

18.3 Enters a training program: an applicant has entered a training program if a contract has been signed and the applicant is actively attending or training in a program. If an applicant has signed a contract but is not actively attending or has not started training in a program, a waiver of the match commitment is required. The binding commitment shall be deemed to have been honored and a waiver is not required so long as the applicant enters and remains in the training program through the first 45 days after the start date of the relevant appointment contract.

18.4 Institutional Official: the person designated by an institution to be responsible for oversight of all Match-related activities for the institution's programs.

18.5 Institutional Administrator: an individual assigned by the institutional official to assist with oversight and management of the institution's programs in the Match.

18.6 Match commitment: the listing of an applicant by a program on its certified rank order list or of a program by an applicant on the applicant's certified rank order list establishes a binding commitment to offer and to accept an appointment if a match occurs and to start training in good faith (i.e., with the intent to complete the program) on the date specified in the appointment contract. The binding commitment shall be deemed to have been honored so long as the applicant enters and remains in the training program through the first 45 days after the start date of the relevant appointment contract.

18.7 Match process or matching process: the period of time from the date an applicant or program submits an electronically signed Match Participation Agreement until the 45th day following the start date of the program to which an applicant has matched, or the conclusion of any waiver, violation or appeal process, or final disposition by a court, whichever is later.

18.8 Program Director: the primary contact for managing Match activities for a designated program.

18.9 Program Coordinator: an individual designated by the program director to assist the program director in managing Match activities.

18.10 Representatives of the training program: any faculty, staff, or other individual: i) who has authority to offer a position in a program to an applicant, ii) who is involved in the interviewing and/or decision-making process that may result in an offer of a position to an applicant; or iii) who by virtue of his/her rank, role, responsibility, or tenure can speak for the program or otherwise influence the decision to offer a position to an applicant.