



Program Coordinator Handbook

A comprehensive guide for residency and fellowship coordinators of ACGME-accredited programs, developed by the 2019-2023 ACGME Coordinator Advisory Group (Terry Bennett, Timothy Burns, Coranita Burt, Michelle Cichon, Anne Hardie, Laurie Hein, Megan Kinane Hosmer, Krista Lombardo-Klefos, Kandice McLeod, Vicky Norton, Thea Stranger-Najjar, and Joseph Stuckelman).

Updated January 2026

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Acknowledgements

Thank you to the many coordinators who have contributed decades of collective knowledge and experience that aided in the creation of this Handbook.

Thank you to Tiffany Moss and Brandon Beard for their invaluable assistance with the Osteopathic Recognition portions of the Handbook.

Originally compiled and edited by Kerri Price, former ACGME associate executive director and staff liaison to the Coordinator Advisory Group, with support from ACGME Editorial Services.

Introduction

This Handbook serves as a guide for both new and experienced program coordinators seeking to expand their knowledge of specific topics, tasks, and responsibilities associated with their role. Many will utilize this resource as a reference book, reviewing relevant topics as needed.

The Handbook aims to provide information that is applicable to all program coordinators. However, it is important to recognize the varied nature of the program coordinator position. Not all items included in the Handbook will be applicable to all programs or all program coordinators, and programs may use different terminology for the same processes. Further, it is crucial to be aware that certain specialties and subspecialties may have additional requirements. In such cases, the Handbook will explicitly highlight these exceptions.

Please note the following:

- This Handbook aligns with the free online Learning Path in Learn at ACGME, called [Program Coordinator Handbook Companion: Paving Your Path to Success](#).
- Guidance on programs with Osteopathic Recognition is integrated into the narrative where appropriate. However, three specific chapters address Osteopathic Recognition separately: Recognition Requirements, Recognition Statuses, and Recognition Letters.
- Most topics include an approximate timeframe indicating when they will be most relevant during the year. However, note that this is an estimate, and actual timing may vary across programs and specialties/subspecialties.

ACGME Resources

Below is a list of valuable ACGME resources provided to offer program coordinators additional support and guidance.

- **Coordinator Timelines:** Developed by the 2019-2023 Coordinator Advisory Group, these customizable timelines summarize the types of tasks, events, and deadlines coordinators manage in a typical academic year, and aim to help new and veteran coordinators alike organize and prioritize their daily, weekly, and monthly projects.
 - [Residency Coordinator Timeline](#)
 - [Fellowship Coordinator Timeline](#)
 - [Institutional Coordinator Timeline](#)
- **Learn at ACGME:** Learn at ACGME offers online courses, videos, webcasts, and podcasts for a range of Graduate Medical Education (GME) professionals, including coordinators. All coordinators listed in the Accreditation Data System (ADS) have free access to Learn at ACGME. Coordinators without an account can select the “Create an Account” link on the Learn at ACGME login page.
- **ACGME Policies and Related Materials:** This webpage includes the ACGME fee schedule, the ACGME Manual of Policies and Procedures, the ACGME Bylaws, and the ACGME Glossary of Terms.
- **ACGME Guide to the Common Program Requirements:** The Guide to the Common Program Requirements is a valuable resource for GME personnel, offering detailed guidance on meeting the ACGME Common Program Requirements.
- **Milestones Resources:** This section of the ACGME website provides various resources related to Milestones and GME assessment.

- [ACGME Office of the Ombudsperson/Office of Complaints](#): This section of the ACGME website outlines the processes for reporting issues or allegations of non-compliance with ACGME requirements.

Specialty Organizations for Coordinators

This disclaimer serves to clarify that the ACGME does not endorse or recommend any specific organization mentioned herein, and that the list provided may not be comprehensive of all organizations or societies available to program coordinators for professional development, association, or membership.

- **All Specialties:** [Council of Program Administrators and Coordinators \(COPAC\)](#), a council of the Association for Hospital Medical Education (AHME)
- **All Specialties:** [National Society of Academic Medical Administrators](#)
- **All Specialties, Michigan:** [Michigan Association for Medical Education \(MAME\)](#)
- **Anesthesiology:** [Association of Anesthesiology Program Administrators and Educators \(AAPAE\)](#), an association of the Society of Academic Associations of Anesthesiology and Perioperative Medicine (SAAAPM)
- **Cardiology:** [Fellowship Administrators in Cardiovascular Education and Training \(FACET\)](#), an organization of the American College of Cardiology (ACC)
- **Emergency Medicine:** [Emergency Medicine Association of Residency Coordinators \(EMARC\)](#), an association of the Council of Residency Directors in Emergency Medicine
- **Family Medicine:** [Association of Family Medicine Administration \(AFMA\)](#)
- **Internal Medicine:** [Program Administrators Advisory Council](#), a council of the Alliance for Academic Internal Medicine (AAIM)
- **Neurological Surgery:** [Association of Residency Administrators in Neurological Surgery \(ARANS\)](#), sponsored by the Society of Neurological Surgeons (SNS)
- **Neurology:** [Consortium of Neurology Education Coordinators \(CNEC\)](#), a consortium of the American Academy of Neurology (AAN)
- **Obstetrics and Gynecology:** [Association of Program Managers in Obstetrics and Gynecology \(APMOG\)](#), an association of the American College of Obstetricians and Gynecologists (ACOG)
- **Ophthalmology:** [Administrators Council](#), a council of the Association of University Professors of Ophthalmology (AUPO)
- **Orthopaedic Surgery:** [Association of Residency Coordinators in Orthopaedic Surgery \(ARCOS\)](#)
- **Otolaryngology – Head and Neck Surgery:** [Otolaryngology Program Coordinators Organization \(OPCO\)](#)
- **Pathology:** [Graduate Medical Education Administrators Section \(GMEAS\)](#), a section of the Association for Academic Pathology (AAPath)
- **Pediatrics:** [Coordinators' Section](#), a section of the Association of Pediatric Program Directors (APPD)
- **Physical Medicine and Rehabilitation:** [Program Coordinators Council](#), a council of the Association of Academic Physiatrists (AAP)
- **Plastic Surgery:** [American Council of Educators in Plastic Surgery - Program Coordinators \(ACEPS-PC\)](#)
- **Psychiatry:** [Program Administrators Caucus](#), a caucus of the American Association of Directors of Psychiatric Residency Training
- **Radiation Oncology:** [Association of Radiation Oncology Program Administrators \(AROPA\)](#)

- **Radiology:** [Association of Program Coordinators in Radiology \(APCR\)](#), an association of the Association of Program Directors in Radiology (APDR)
- **Surgery:** [Association of Residency Administrators in Surgery \(ARAS\)](#), an association of the Association of Program Directors in Surgery (APDS)
- **Thoracic Surgery:** [Thoracic Surgery Residency Administrators and Coordinators Section \(TS-RACS\)](#), a section of the Thoracic Surgery Directors Association (TSDA)
- **Urology:** [Association of Coordinators in Urologic Residency Education \(ACURE\)](#)

Accreditation Data System (ADS)

Accredited programs and programs going through the accreditation process use ADS to communicate with the ACGME. The purpose of ADS is to collect, organize, and maintain program information in a secured environment. New coordinators and program directors are provided with a login and password to access the system.

ADS will be referenced in relation to various coordinator responsibilities throughout the Handbook.

Below are some general resources for learning more about ADS:

- The Accreditation Data System (ADS) module in the Program Coordinator Handbook Companion: Paving Your Path to Success in Learn at ACGME*
- [The ADS Help Center](#)

*All coordinators listed in ADS have free access to [Learn at ACGME](#). Coordinators without an account can select the “Create an Account” link on the Learn at ACGME homepage.

Review and Recognition Committees

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- It is important for program coordinators to be familiar with the structure and responsibilities of Review and Recognition Committees, as they play an important role in the accreditation and recognition processes.

Review Committees

A Review Committee exists for each [specialty](#) (and that specialty’s related subspecialties, if applicable) accredited by the ACGME. Note that several Review Committees oversee multiple specialties. These Review Committees are made up of volunteer physician members (plus at least one resident/fellow member and one public member) who develop and revise Program Requirements that programs must follow to achieve and maintain ACGME accreditation. The responsibilities of Review Committees include:

- Preparing, revising, and/or recommending specialty-/subspecialty-specific Program Requirements to reflect current educational and clinical practice. [See [Program Requirements](#) chapter.]
- Participating in the preparation and revision of the Common Program Requirements. [See [Program Requirements](#) chapter.]
- Conferring an accreditation status following review of a program application. In addition, programs that have achieved the status of Continued Accreditation are reviewed annually and are conferred an accreditation status following that review. [See [Accreditation Statuses](#) chapter and [Program Applications](#) chapter.]
- Issuing decisions regarding a change in a program’s permanent complement (the number of residents/fellows approved for a program). Some Review Committees also issue decisions on other program changes, such as new program directors and/or new or deleted participating sites. [See [Complement Change Requests](#) chapter, [New Program Director Change Requests](#) chapter, and [Primary Clinical Site/Participating Sites](#) chapter.]
- Initiating discussion in matters of policy, best practice, and innovation relating to graduate medical education.

Each Review Committee meets two to four times a year to conduct its business.

More information on the Review Committees, including their composition and the appointment process, can be found on the [Committees and Members Selection Process](#) page of the ACGME website.

Recognition Committee

The Osteopathic Recognition Committee is made up of volunteer physician members appointed by the American Osteopathic Association (AOA) (plus one resident/fellow member and one public member) who develop and revise the Osteopathic Recognition Requirements and grant recognition to ACGME-accredited programs seeking to incorporate Osteopathic Principles and Practice (OPP) into their programs.

The Recognition Committee typically meets four times a year to conduct its business.

More information on Osteopathic Recognition can be found on the [Osteopathic Recognition page](#) of the ACGME website.

More information on the Recognition Committee, including its composition and the appointment process, can be found on the [Committees and Members Selection Process page](#) of the ACGME website.

Agenda Closing Dates

All Review and Recognition Committees meet two or more times each year, and the ACGME strives to review all programs in a timely fashion. When preparing to submit materials for review, such as applications for new programs or requests for permanent complement increases, it is important to be mindful of the agenda closing date for the respective meeting. [See [Program Applications](#) chapter and [Complement Change Requests](#) chapter.]

On the ACGME website, the meeting and agenda closing dates are located on the Overview tab of each respective specialty page under the section titled “Review Committee Agenda Closing and Meeting Dates,” and on the Osteopathic Recognition page under the section titled “Recognition Committee Meeting Dates.” It is important to note that certain specialty and subspecialty applications require a site visit. In such instances, the site visit must be conducted, and the resulting site visit report prepared by the Accreditation Field Representative must be received by Review Committee staff members, by the agenda closing date.

Coordinators should contact Review/Recognition Committee staff members to confirm when an application would need to be submitted to be reviewed by the Review or Recognition Committee at a specific meeting. Staff contact information is posted on the Overview tab of each specialty page of the ACGME website.

Program Requirements

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- Because program coordinators play an important role in monitoring program quality, it is important for them to be familiar with the structure and purpose of their specialty’s/subspecialty’s Program Requirements.

Specialties, Subspecialties, and Sub-Subspecialties

The ACGME develops Program Requirements for and accredits specialty, subspecialty, and sub-subspecialty programs. Brief descriptions of each follow, but more detailed information is available in section 15.00 of the [ACGME Manual of Policies and Procedures](#).

- **Specialties (also called primary specialties)** refer to residency programs (also called core programs). For example, family medicine is a specialty, and a family medicine program is a residency program. Most residency programs accept physicians following graduation from medical school, but some require completion of additional prerequisite education following medical school.
- **Subspecialties** refer to fellowship programs. Fellowship programs provide advanced education and training following completion of an applicable residency program and sometimes also a related subspecialty program. There are two types of fellowship programs:
 1. **Residency-dependent subspecialty program:** A fellowship program required to function with an ACGME-accredited residency program in its related specialty and within the same Sponsoring Institution. For example, obstetric anesthesiology is a residency-dependent subspecialty program, and its related specialty/residency program is anesthesiology.
 2. **Residency-independent subspecialty program:** A fellowship program that is not required to function with an ACGME-accredited residency program in its related specialty but is dependent on an ACGME-accredited Sponsoring Institution. For example, orthopaedic sports medicine is a residency-independent subspecialty program, meaning it can function in a Sponsoring Institution that does not also sponsor an orthopaedic surgery program.
- **Sub-subspecialties** refer to fellowship programs that require prior completion of both a residency program and a related subspecialty program. For example, pediatric cardiac anesthesiology is a sub-subspecialty program; either pediatric anesthesiology or adult cardiothoracic anesthesiology are the prerequisite subspecialty programs, and anesthesiology is the prerequisite specialty/residency program.

Types of Program Requirements

Program Requirements outline the criteria that programs must meet to achieve and maintain accreditation. The three categorizations of ACGME Program Requirements are:

1. **Core Requirements:** Statements that define structure, resource, and process elements essential to every graduate medical educational program. Programs not in compliance with the criteria outlined in the Core requirements may receive citations.
2. **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. [See [Accreditation Statuses](#) chapter.]

3. **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.

The Use of “Must” Versus “Should” Within Program Requirements

- “Must” is a term used to identify a requirement that is mandatory or done without fail when the requirement is categorized as “Core” or “Outcome.” When a “must” requirement is categorized as “Detail,” a program holding a status of Continued Accreditation may use alternative or innovative approaches in meeting the associated “Core” requirement(s), where applicable.
- “Should” is a term used to designate requirements so important that non-substantial compliance must be justified. When a “should” requirement is categorized as “Detail,” a program holding a status of Continued Accreditation may use alternative or innovative approaches in complying substantially with the associated “Core” requirement(s), where applicable.

Specialty-/Subspecialty-Specific vs. Common Program Requirements

Specialty-/subspecialty-specific Program Requirements are unique to a particular specialty or subspecialty. Common Program Requirements apply to all specialties and subspecialties and are incorporated into the specialty and subspecialty Program Requirements.

An overview of the Common Program Requirements and FAQs are available on the [Common Program Requirements page](#) of the ACGME website. The Common Program Requirements exist in four versions: Residency, Fellowship, One-Year Fellowship, and Post-Doctoral Education Program. The Post-Doctoral Education Program version is only used for two subspecialties of medical genetics and genomics.

Specialty-/subspecialty-specific Program Requirements (which include the Common Program Requirements) and FAQs are found on the Program Requirements and FAQs and Applications tab of each [specialty page](#).

When viewing specialty-/subspecialty-specific Program Requirements, the Common Program Requirements are indicated by bold font, and the specialty-/subspecialty-specific Program Requirements are indicated by non-bold font. In this example, 4.11. is a Common Program Requirement while 4.11.a. and 4.11.b. are specialty-specific Program Requirements.

4.11. Didactic and Clinical Experiences

Residents must be provided with protected time to participate in core didactic activities. (Core)

4.11.a. The program must have a written policy and an educational program regarding substance use disorders as related to physician well-being that specifically addresses the needs of anesthesiology. (Core)

4.11.b. Twelve months of the resident's educational program must provide broad education in fundamental clinical skills of medicine relevant to the practice of anesthesiology. (Core)

Program Requirement Sections (1 through 6)

ACGME Program Requirements are organized into six sections, each addressing different aspects of graduate medical education (GME). As noted above, specialty- and subspecialty-specific Program Requirements will include both the ACGME Common Program Requirements and program requirements specific to a particular specialty or subspecialty. The following is a brief overview of some of the requirement topics found in each section:

- **Section 1: Oversight**

- The program's relationship to the Sponsoring Institution
- Participating sites, which are organizations providing educational experiences or educational assignments/rotations for residents/fellows. Examples include hospitals, nursing homes, public health agencies, and physician group practices. [See [Primary Clinical Site/Participating Sites](#) chapter.]
- Program letters of agreement (PLAs), which are written documents that address GME responsibilities between an individual accredited program and a site other than the Sponsoring Institution at which residents or fellows have required educational experiences [See [Primary Clinical Site/Participating Sites](#) chapter.]
- Required program resources, including resident/fellow access to food, sleep/rest facilities, lactation facilities, security, disability accommodations, and reference materials [See [Required Program Resources](#) chapter.]
- The presence of other learners and health care professionals

- **Section 2: Personnel**

- Program director protected time, qualifications, and responsibilities
- Faculty member responsibilities and qualifications
- Program coordinator protected time
- Other program personnel

- **Section 3: Resident Appointments**

- Resident/fellow eligibility requirements
- Resident/fellow complement (the maximum number of residents/fellows a program may have, approved by the Review Committee)
- Resident transfers

- **Section 4: Educational Program**

- Curriculum components covering the ACGME Core Competencies, which are 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 Skills; Medical Knowledge; Practice-Based Learning and Improvement; Interpersonal and

Communication Skills; Professionalism; and Systems-Based Practice. Programs are required to provide educational experiences covering the six domains.

- Specialty-specific required rotations and experiences
- Specialty-specific required procedures/Case Log numbers, if applicable (not all specialties/subspecialties have Case Log requirements). Note: Some programs outline the Case Log requirements within the Program Requirements, while others outline the Case Log requirements in a separate document found on the Documents and Resources page of the specialty's section of the ACGME website. [See [Case Logs](#) chapter.]
- Scholarly activity requirements for faculty members and residents/fellows
- **Section 5: Evaluations** [See [Evaluations](#) chapter.]
 - Evaluations of residents/fellows and faculty members
 - Make-up and responsibilities of the Clinical Competency Committee
 - Program evaluation and improvement
 - Board certification requirements
- **Section 6: The Learning and Working Environment**
 - Patient safety and quality improvement
 - Levels of supervision of residents/fellows
 - Professionalism
 - Well-being, which includes residents'/fellows' ability to attend medical, mental health, and dental appointments; and allowing an appropriate length of time off for fatigue, illness, family emergencies, etc. Note: Requirements related to policies for vacation and leaves of absence are found in section 4.8. of the ACGME [Institutional Requirements](#).
 - Fatigue mitigation
 - Teamwork
 - Transitions of care
 - Requirements related to the maximum hours of clinical and educational work, moonlighting, in-house night float, and at-home call [See [Resident/Fellow Clinical and Educational Work Hours](#) chapter.]

Recognition Requirements

Relevance for Program Coordinator Role:

- Because program coordinators play an important role in monitoring program quality, it is important for them to be familiar with the structure and purpose of the Recognition Requirements.

Types of Recognition Requirements

Recognition Requirements outline the criteria that programs must meet to achieve and maintain recognition. The three types of ACGME Recognition Requirements are:

1. **Core Requirements:** Statements that define structure, resource, and process elements essential to every graduate medical educational program. Programs not in compliance with the criteria outlined in the Core Requirements may receive citations.
2. **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. [See [Recognition Statuses](#) chapter.]
3. **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.

The Use of “Must” Versus “Should” Within Recognition Requirements

- “Must” is a term used to identify a requirement that is mandatory or done without fail when the requirement is categorized as “Core” or “Outcome.” When a “must” requirement is categorized as “Detail,” a program holding a status of Continued Recognition may use alternative or innovative approaches in meeting the associated “Core” requirement(s), where applicable.
- “Should” is a term used to designate requirements so important that non-substantial compliance must be justified. When a “should” requirement is categorized as “Detail,” a program holding a status of Continued Recognition may use alternative or innovative approaches in complying substantially with the associated “Core” requirement(s), where applicable.

Osteopathic Recognition Requirement Sections (1 through 5)

ACGME Osteopathic Recognition Requirements are organized into five sections, each addressing different aspects of graduate medical education (GME). The following is a brief overview of some of the requirement topics found in each section:

- **Section 1: Osteopathic Program Personnel**
 - Director of Osteopathic Education responsibilities and qualifications
 - Osteopathic faculty member responsibilities and qualifications
 - Core osteopathic faculty member responsibilities and qualifications
- **Section 2: Designated Osteopathic Resident Appointments**
 - Resident/fellow eligibility requirements
- **Section 3: Osteopathic Educational Program**

- Curriculum components incorporating Osteopathic Principles and Practice (OPP) into the ACGME Core Competencies, which are 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 Skills; Medical Knowledge; Practice-Based Learning and Improvement; Interpersonal and Communication Skills; Professionalism; and Systems-Based Practice. Programs are required to provide educational experiences covering the six domains.
- **Section 4: Osteopathic Learning Environment**
 - Required program resources, including protected time for didactics, learning activities to advance procedural skills, broad experiences in a variety of clinical settings, faculty development, and shared faculty planning (if applicable).
 - Scholarly activity requirements for faculty members and residents/fellows
- **Section 5: Evaluations** [See [Evaluations](#) chapter.]
 - Evaluations of residents/fellows and faculty members
 - Make-up and responsibilities of the Clinical Competency Committee or sub-committee
 - Program evaluation and improvement

Accreditation Statuses

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- Because program coordinators play an important role in monitoring program quality, it is important for them to be aware of their program’s accreditation status (found on the “Program Profile” page in the Accreditation Data System (ADS)) and be familiar with the characteristics of and the requirements related to each status outlined in this chapter.

A program’s accreditation status is the official decision made by a Review Committee that is based on its review and assessment of that program’s compliance with the applicable Program Requirements. The following list defines the most common accreditation statuses. A more detailed and comprehensive list is available in section 17.00 of the [ACGME Manual of Policies and Procedures](#).

Note that the Common Program Requirements are incorporated into each set of specialty-/subspecialty-specific Program Requirements. When the phrase “applicable Program Requirements” is used in this chapter, it is referring to the Common Program Requirements and specialty-/subspecialty-specific Program Requirements combined. Also note that references to “specialty/subspecialty” are inclusive of transitional year programs.

Initial Accreditation

- This status may be conferred following review of a program application. Specialty (residency) program applications require a site visit prior to a Review Committee decision. Subspecialty and sub-subspecialty (fellowship) program applications may require a site visit at the discretion of the applicable Review Committee.
- This status indicates that the program is in a developmental period of accreditation and has demonstrated substantial compliance with the Program Requirements.
- Programs with this status are accredited.
- Programs with this status must be in compliance with all Detail, Core, and Outcome requirements. *[See [Program Requirements](#) chapter.]*
- Programs with this status may not request a permanent increase in resident or fellow complement or an exception to requirements addressing clinical work and education hours.
- A site visit occurs approximately two years from the effective date of Initial Accreditation. Following the site visit, the Review Committee may confer one of the following statuses: Initial Accreditation with Warning, Continued Accreditation without Outcomes, Continued Accreditation, or Withdrawal of Accreditation.

Accreditation Withheld

- This status may be conferred following review of a program application.
- This status indicates that the program has not demonstrated substantial compliance with the applicable Program Requirements.
- Programs with this status are not accredited.
- Accreditation Withheld is considered an adverse accreditation decision and programs with this status may appeal the decision.

- Programs with this status may reapply for ACGME accreditation. If the reapplication occurs within two years of the Accreditation Withheld effective date, the accreditation history of the previous accreditation action will be included as part of the materials reviewed by the Review Committee. The program is also required to respond to any citations that were issued at the time of the previous accreditation action.

Initial Accreditation with Warning

- This status may be conferred following review of a program with Initial Accreditation status and following an accreditation site visit.
- This status indicates that the program has failed to demonstrate substantial compliance with the applicable Program Requirements.
- Programs with this status are accredited.
- Programs with this status must be in compliance with all Detail, Core, and Outcome requirements. [See [Program Requirements](#) chapter.]
- Programs with this status may not request a permanent increase in resident or fellow complement or an exception to requirements addressing clinical work and education hours.
- This status is conferred for one year, at which point a site visit is conducted. If, after the site visit, the Review Committee determines that the program demonstrates substantial compliance with the applicable Program Requirements, the Review Committee may confer a status of Continued Accreditation or Continued Accreditation without Outcomes. If, after the site visit, the Review Committee determines that the program still fails to demonstrate substantial compliance with the applicable Program Requirements, the Review Committee may confer one additional period of Initial Accreditation with Warning, or it may confer Withdrawal of Accreditation.
- Following a second period with this status and an additional site visit, the Review Committee must confer one of the following statuses: Continued Accreditation without Outcomes, Continued Accreditation, or Withdrawal of Accreditation.

Continued Accreditation without Outcomes

- This status may be conferred following review of a program with Initial Accreditation or Initial Accreditation with Warning status and following an accreditation site visit.
- This status indicates that the program has insufficient data to be conferred the status of Continued Accreditation (no Case Log data, no graduated residents or fellows, and/or no board pass rate data).
- Programs with this status are accredited.
- Programs with this status must be in compliance with all Detail, Core, and Outcome requirements, except those related to Case Logs, graduates, and board pass rates. [See [Program Requirements](#) chapter.]
- Programs may have this status for the length of the educational program, plus one year.
- Programs with this status are reviewed annually and conferred an accreditation status annually. Following the review of Annual Data, the Review Committee may confer one of the following statuses: Continued Accreditation without Outcomes (if within the timeframe outlined in the previous bullet point), Continued Accreditation, Continued Accreditation with Warning, Probationary Accreditation (if a site visit has been conducted prior to conferring this status), or Withdrawal of Accreditation (if a site visit has been conducted prior to conferring this status).

- Programs with this status may be site visited at the discretion of the Review Committee following review of Annual Data or a resident or fellow complaint. [See [Accreditation Data System \(ADS\) Annual Update](#) chapter and [Program Site Visits](#) chapter.]

Continued Accreditation

- This status may be conferred following review of a program with one of the following statuses: Initial Accreditation, Initial Accreditation with Warning, Continued Accreditation without Outcomes, Continued Accreditation, Continued Accreditation with Warning, or Probationary Accreditation.
- This status indicates that the program has demonstrated substantial compliance with the Program Requirements.
- Programs with this status are accredited.
- Programs with this status must be in compliance with all Core and Outcome requirements. Regarding Detail requirements, programs with this status may utilize alternative or innovative approaches to comply with the associated Core requirements. [See [Program Requirements](#) chapter.]
- Programs with this status may request a permanent increase in resident or fellow complement and/or an exception to requirements addressing clinical work and education hours.
- Programs with this status are reviewed annually and conferred an accreditation status annually. Following the review of Annual Data, the Review Committee may confer one of the following statuses: Continued Accreditation, Continued Accreditation with Warning, Probationary Accreditation (if a site visit has been conducted prior to conferring this status), or Withdrawal of Accreditation (if a site visit has been conducted prior to conferring this status).
- Programs with this status may be site visited at the discretion of the Review Committee following review of Annual Data or a resident or fellow complaint. [See [Accreditation Data System \(ADS\) Annual Update](#) chapter and [Program Site Visits](#) chapter.]

Continued Accreditation with Warning

- This status may be conferred following review of a program with one of the following statuses: Continued Accreditation without Outcomes, Continued Accreditation, Continued Accreditation with Warning, or Probationary Accreditation.
- This status indicates that the program has areas of non-compliance with the applicable Program Requirements that may eventually jeopardize its accreditation status.
- Programs with this status are accredited.
- Programs with this status must be in compliance with all Detail, Core, and Outcome requirements. [See [Program Requirements](#) chapter.]
- Programs with this status may not request a permanent increase in resident or fellow complement or an exception to requirements addressing clinical work and education hours.
- Programs with this status are reviewed annually and conferred an accreditation status annually. Following the review of Annual Data, the Review Committee may confer one of the following statuses: Continued Accreditation, Continued Accreditation with Warning, Probationary Accreditation (if a site visit has been conducted prior to conferring this status), or Withdrawal of Accreditation (if a site visit has been conducted prior to conferring this status).

- Programs with this status may be site visited at the discretion of the Review Committee following review of Annual Data or a resident or fellow complaint. [See [Accreditation Data System \(ADS\) Annual Update](#) chapter and [Program Site Visits](#) chapter.]

Probationary Accreditation

- This status may be conferred following review of a program with one of the following statuses: Continued Accreditation without Outcomes, Continued Accreditation, Continued Accreditation with Warning, or Probationary Accreditation.
- This status indicates that the program has failed to demonstrate substantial compliance with the applicable Program Requirements, confirmed by the findings of an accreditation site visit.
- Programs with this status are accredited.
- Programs with this status must be in compliance with all Detail, Core, and Outcome requirements. [See [Program Requirements](#) chapter.]
- Programs with this status may not request a permanent increase in resident or fellow complement or an exception to requirements addressing clinical work and education hours.
- Programs with this status are reviewed and site visited annually and may not exceed two consecutive annual reviews on the status. Following the first year with this status, the Review Committee may confer one of the following statuses: Continued Accreditation, Continued Accreditation with Warning, Probationary Accreditation, or Withdrawal of Accreditation. Following the second year with this status, the Review Committee may confer one of the following statuses: Continued Accreditation, Continued Accreditation with Warning, or Withdrawal of Accreditation.
- All applicants invited to interview and residents/fellows accepted into or enrolled in a program with Probationary Accreditation must be notified in writing of the probationary status. A copy of this notification must be uploaded in ADS following the instructions provided in the Letter of Notification. [See [Accreditation Letters](#) chapter.]
- Probationary Accreditation is considered an adverse accreditation decision and programs with this status may appeal the decision.

Withdrawal of Accreditation

- This status may be conferred following review of a program with one of the following statuses: Initial Accreditation, Initial Accreditation with Warning, Continued Accreditation without Outcomes, Continued Accreditation, Continued Accreditation with Warning, or Probationary Accreditation.
- This status indicates that the program has failed to demonstrate substantial compliance with the applicable Program Requirements, confirmed by the findings of an accreditation site visit.
- Programs with this status are not accredited.
- Programs with this status may not accept new residents or fellows.
- All applicants invited to interview and residents/fellows accepted into or enrolled in a program with a status of Withdrawal of Accreditation must be notified in writing of the status and its effective date. A copy of this notification must be uploaded in ADS following the instructions provided in the Letter of Notification. [See [Accreditation Letters](#) chapter.]

- All the program's dependent subspecialty and sub-subspecialty programs will be administratively withdrawn.
- Withdrawal of Accreditation is considered an adverse accreditation decision, and programs with this status may appeal the decision.
- Programs with this status may reapply for ACGME accreditation. If the reapplication occurs within two years of the Withdrawal of Accreditation effective date, the accreditation history of the previous accreditation action will be included as part of the materials reviewed by the Review Committee. The program must respond to any citations issued when the previous action was conferred.

Recognition Statuses

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- Because program coordinators play an important role in monitoring program quality, it is important for them to be aware of their program’s recognition status (found on the “Program Profile” page in the Accreditation Data System) and be familiar with the characteristics of and the requirements related to each status outlined in this chapter.

A program’s recognition status is the official decision made by a Recognition Committee that is based on its review and assessment of that program’s compliance with the applicable Recognition Requirements. The following list defines the most common recognition statuses. A more detailed and comprehensive list is available in section 20.00 of the [ACGME Manual of Policies and Procedures](#).

Initial Recognition

- This status may be conferred following review of a program application. Specialty (residency) program applications, and subspecialty and sub-subspecialty (fellowship) program applications do not require a site visit prior to an initial Recognition Committee decision.
- This status indicates that the program is in a developmental period of recognition and has demonstrated substantial compliance with the Recognition Requirements.
- Programs with this status are recognized.
- Programs with this status must be in compliance with all Detail, Core, and Outcome requirements. *[See the [Recognition Requirements](#) chapter.]*
- A site visit occurs approximately two years from the effective date of Initial Recognition. Following the site visit, the Recognition Committee may confer one of the following statuses: Initial Recognition with Warning, Continued Recognition, or Withdrawal of Recognition.

Recognition Withheld

- This status may be conferred following review of a program application.
- This status indicates that the program has not demonstrated substantial compliance with the applicable Recognition Requirements.
- Programs with this status are not recognized.
- Recognition Withheld is considered an adverse recognition decision and programs with this status may appeal the decision.
- Programs with this status may reapply for ACGME recognition. If the reapplication occurs within two years of the Recognition Withheld effective date, the recognition history of the previous recognition action will be included as part of the materials reviewed by the Recognition Committee. The program is also required to respond to any citations that were issued at the time of the previous recognition action.

Initial Recognition with Warning

- This status may be conferred following review of a program with Initial Recognition status and following a recognition site visit.
- This status indicates that the program has failed to demonstrate substantial compliance with the applicable Recognition Requirements.
- Programs with this status are recognized.
- Programs with this status must be in compliance with all Detail, Core, and Outcome requirements. [See the [Recognition Requirements](#) chapter.]
- This status is conferred for one year, at which point a site visit is conducted. If after the site visit, the Recognition Committee determines that the program demonstrates substantial compliance with the applicable Recognition Requirements, the Recognition Committee may confer a status of Continued Recognition. If, after the site visit, the Recognition Committee determines that the program still fails to demonstrate substantial compliance with the applicable Recognition Requirements, the Recognition Committee may confer one additional period of Initial Recognition with Warning, or it may confer Withdrawal of Recognition.
- Following a second period with this status and an additional site visit, the Recognition Committee must confer one of the following statuses: Continued Recognition or Withdrawal of Recognition.

Continued Recognition

- This status may be conferred following review of a program with one of the following statuses: Initial Recognition, Initial Recognition with Warning, Continued Recognition, or Continued Recognition with Warning.
- This status indicates that the program has demonstrated substantial compliance with the Recognition Requirements.
- Programs with this status are recognized.
- Programs with this status must be in compliance with all Core and Outcome requirements. Regarding Detail requirements, programs with this status may utilize alternative or innovative approaches to comply with the associated Core requirements. [See the [Recognition Requirements](#) chapter.]
- Programs with this status are reviewed annually and conferred a recognition status annually. Following the review of Annual Data, the Recognition Committee may confer one of the following statuses: Continued Recognition, Continued Recognition with Warning, or Withdrawal of Recognition (if a site visit has been conducted prior to conferring this status).
- Programs with this status may be site visited at the discretion of the Recognition Committee following review of Annual Data or a resident or fellow complaint. [See [Accreditation Data System \(ADS\) Annual Update](#) chapter and [Program Site Visits](#) chapter.]

Continued Recognition with Warning

- This status may be conferred following review of a program with one of the following statuses: Continued Recognition or Continued Recognition with Warning.
- This status indicates that the program has areas of non-compliance with the applicable Recognition Requirements that may eventually jeopardize its recognition status.

- Programs with this status are recognized.
- Programs with this status must be in compliance with all Detail, Core, and Outcome requirements. *[See [Recognition Requirements](#) chapter.]*
- Programs with this status are reviewed annually and conferred a recognition status annually. Following the review of Annual Data, the Recognition Committee may confer one of the following statuses: Continued Recognition, Continued Recognition with Warning, or Withdrawal of Recognition (if a site visit has been conducted prior to conferring this status).
- Programs with this status may be site visited at the discretion of the Recognition Committee following review of Annual Data or a resident or fellow complaint. *[See [Accreditation Data System \(ADS\) Annual Update](#) chapter and [Program Site Visits](#) chapter.]*

Withdrawal of Recognition

- This status may be conferred following review of a program with one of the following statuses: Initial Recognition, Initial Recognition with Warning, Continued Recognition, or Continued Recognition with Warning.
- This status indicates that the program has failed to demonstrate substantial compliance with the applicable Recognition Requirements, confirmed by the findings of a recognition site visit.
- Programs with this status are not recognized.
- Programs with this status may not accept new residents or fellows.
- All applicants invited to interview, and residents/fellows accepted into or enrolled in a program with a status of Withdrawal of Recognition, must be notified in writing of the status and its effective date. A copy of this notification must be uploaded in ADS following the instructions provided in the Letter of Notification. *[See [Recognition Letters](#) chapter.]*
- Programs with an accreditation status of Withdrawal of Accreditation will have their recognition administratively withdrawn.
- Withdrawal of Recognition is considered an adverse recognition decision, and programs with this status may appeal the decision.
- Programs with this status may reapply for ACGME recognition. If the reapplication occurs within two years of the Withdrawal of Recognition effective date, the recognition history of the previous recognition action will be included as part of the materials reviewed by the Recognition Committee. The program must respond to any citations issued when the previous action was conferred.

Accreditation Letters

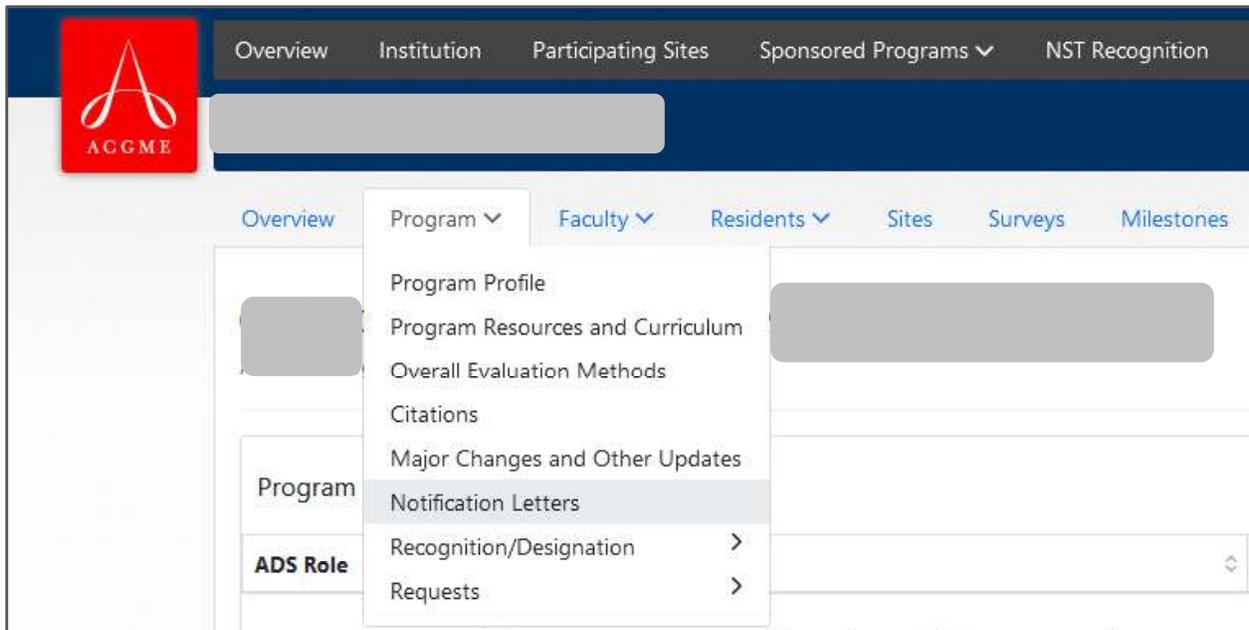
Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- It is important for program coordinators to be familiar with the different types of Review Committee correspondence, as well as its location in the Accreditation Data System (ADS). This correspondence provides crucial information pertaining to a program's accreditation status.

There are two ways to access your program’s letters in ADS:

1. Select Notification Letters from the Program menu.



2. Click on the Notification Letters button found on the right-hand side, about halfway down the main program page:



Next, select the blue Letters button next to your program (all residency and fellowship programs related to your specialty will be listed here).

Specialty		
Anesthesiology	Citations	Letters
Adult cardiothoracic anesthesiology	Citations	Letters
Pediatric anesthesiology	Citations	Letters
Obstetric anesthesiology	Citations	Letters
Critical care medicine (Anesthesiology)	Citations	Letters
Pain medicine (multidisciplinary)	Citations	Letters

You will be taken to a list of letters from the ACGME to your program, including program notification letters, site visit announcements, and other Review and Recognition Committee correspondence.

Accreditation Letters			
Letters			
All Letter Options			
Filter Results			
Letter Date	Meeting Date	Letter Type	
03/29/2024	01/29/2024	Program Notification	
11/27/2023	09/11/2023	Other RC Correspondence	
03/31/2023	03/31/2023	Other RC Correspondence	
03/14/2023	01/17/2023	Program Notification	
03/16/2022	01/24/2022	Program Notification	
03/19/2021	01/25/2021	Program Notification	
03/31/2020	04/01/2022	Site Visit Announcement	

Letters of Notification (LONs)

These letters communicate an action taken by the Review Committee and are referred to as Program Notification Letters within ADS.

Some of the actions that may be communicated via an LON:

- Accreditation decisions following review of a program application for accreditation or review of a program with a status of Initial Accreditation or Initial Accreditation with Warning. [See [Accreditation Statuses](#) chapter.]
- The annual accreditation decision that follows the ADS Annual Update for programs that have achieved Continued Accreditation. Note: If a program requests a permanent complement increase that is reviewed at the meeting in which annual accreditation decisions are made (typically held in December, January, or February), the Review Committee's decision on the complement increase (approve or deny) will also be included in this letter. [See [Accreditation Statuses](#) chapter, [Accreditation Data System \(ADS\) Annual Update](#) chapter, and [Complement Change Requests](#) chapter.]

LONs are addressed to the program director and include applicable program information, such as program name and address, accreditation status and effective date, maximum number of residents or fellows, and subspecialty programs associated with the program. They may also include the following:

- New citations
- Extended citations (past citations that the Review or Recognition Committee determined are unresolved and require an additional program response)
- Citations that have been resolved by the Review or Recognition Committee. Resolved citations indicate that the program has sufficiently addressed the Review or Recognition Committee's concerns related to the citation and are now compliant with the related requirement. No additional response is required by the program.
- Areas for Improvement
- The Review Committee's response to a permanent complement increase request (approve or deny). If the complement increase was denied, a rationale will be provided.
- Recognition for exemplary performance or innovations

[See [Citations and Areas for Improvement](#) chapter.]

Site Visit Announcement

These are letters from ACGME Field Activities staff members announcing that a site visit has been scheduled and providing the scheduled date of the site visit, the type of site visit (accreditation or recognition), the name of the Accreditation Field Representative(s), and general planning information. [See [Program Site Visits](#) chapter.]

Other RC Correspondence

These vary by specialty, but some examples of the types of Review and Recognition Committee correspondence that might be included in this section are:

- Approval or denial of a temporary complement increase request [see [Complement Change Requests](#) chapter.]

- Approval or denial of permanent complement increase requests that are reviewed at Review Committee meetings other than the meeting in which annual accreditation decisions are made [See [Complement Change Requests](#) chapter.]
- Approval or denial of new program directors [see [New Program Director Change Requests](#) chapter.]
- Approval or denial of international rotations [see [International Rotations](#) chapter.]
- Announcement that a site visit is required due to annual data review or as the result of a complaint [See [Accreditation Data System \(ADS\) Annual Update](#) chapter and [Program Site Visits](#) chapter.]

Recognition Letters

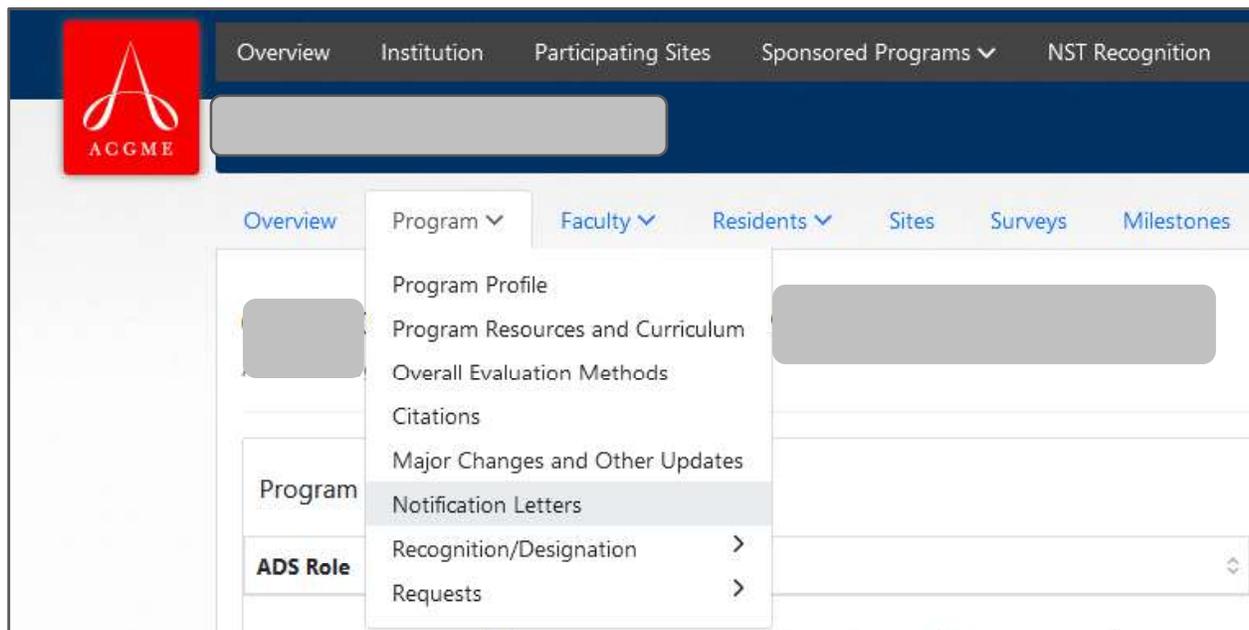
Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- It is important for program coordinators to be familiar with the different types of Recognition Committee correspondence, as well as its location in the Accreditation Data System (ADS). This correspondence provides crucial information pertaining to a program’s recognition status.

There are two ways to access your program’s letters in ADS:

1. Select Notification Letters from the Program menu.



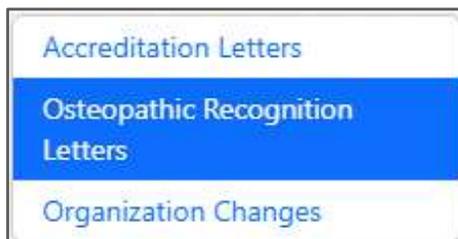
2. Click on the Notification Letters button found on the right-hand side, about halfway down the main program page:



Next, select the blue Letters button next to your program (all residency and fellowship programs related to your specialty will be listed here).

Specialty		
Anesthesiology	Citations	Letters
Adult cardiothoracic anesthesiology	Citations	Letters
Pediatric anesthesiology	Citations	Letters
Obstetric anesthesiology	Citations	Letters
Critical care medicine (Anesthesiology)	Citations	Letters
Pain medicine (multidisciplinary)	Citations	Letters

You will be taken to a list of letters from the ACGME to your program, including program notification letters, site visit announcements, name change approval letters, and other Review and Recognition Committee correspondence. There is also a navigation menu on the right side of the page that separates letters into the following categories: Accreditation Letters, Osteopathic Recognition Letters, and Organization Changes.



Note that the latter two categories will only appear if the program has or is applying for Osteopathic Recognition and/or if the program's Sponsoring Institution has undergone changes (e.g., a name change).

Letters of Notification (LONs)

These letters communicate an action taken by the Recognition Committee and are referred to as Program Notification Letters within ADS.

Some of the actions that may be communicated via an LON:

- Recognition decisions following review of a recognition application or review of a program with a status of Initial Recognition or Initial Recognition with Warning. [See [Recognition Statuses](#) chapter.]
- The annual recognition decision that follows the ADS Annual Update for programs that have achieved Continued Recognition. Note: Annual recognition decisions are typically made in January-April). [See [Recognition Statuses](#) chapter and [Accreditation Data System \(ADS\) Annual Update](#) chapter.]

LONs are addressed to the program director, with a copy to the Director of Osteopathic Education, and include applicable program information, such as program name and address, recognition status, and effective date. They may also include the following:

- New citations
- Extended citations (past citations that the Recognition Committee determined are unresolved and require an additional program response)
- Citations that have been resolved by the Recognition Committee. Resolved citations indicate that the program has sufficiently addressed the Recognition Committee's concerns related to the citation and are now compliant with the related requirement. No additional response is required by the program.
- Areas for Improvement

[See [Citations and Areas for Improvement](#) chapter.]

Site Visit Announcement

These are letters from ACGME Field Activities staff members announcing that a site visit has been scheduled and providing the scheduled date of the site visit, the type of site visit (accreditation or recognition), the name of the Accreditation Field Representative(s), and general planning information. [See [Program Site Visits](#) chapter.]

Other RC Correspondence

These may vary, but some examples of the types of Recognition Committee correspondence that might be included in this section are:

- Requests for additional information to accompany new applications for recognition
- Approval or denial of new Directors of Osteopathic Education
- Announcement that a site visit is required due to annual data review or as the result of a complaint [see [Accreditation Data System \(ADS\) Annual Update](#) chapter]

Citations and Areas for Improvement

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- Because program coordinators are responsible for ensuring program compliance with accreditation and recognition requirements, it is essential that they understand the definition and purpose of citations and Areas for Improvement. These elements convey Review and Recognition Committee findings, highlighting specific deficiencies or opportunities for enhancement within the program.

Citations

A citation is a finding of a Review or Recognition Committee that a program has failed to comply substantially with a particular program or recognition requirement.

A Review or Recognition Committee may issue citations following review of a program or recognition application or review of an accredited program or a program with Osteopathic Recognition. Citations may also be issued to a program that has had its accreditation or recognition withdrawn. [See [Accreditation Statuses](#) chapter and [Recognition Statuses](#) chapter.]

Review and Recognition Committees communicate citations to programs via Letters of Notification (LONs). Citations may be new or extended. [See [Accreditation Letters](#) chapter and [Recognition Letters](#) chapter.]

Below is an example of a citation issued by a Review Committee as it would appear in an LON. The program requirement is listed first, followed by the Review Committee’s rationale for issuing the citation.

Evaluation/Resident Evaluation/Feedback [Common Program Requirement 5.1.]
Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)

Rationale

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. The 2023-2024 Resident Survey results indicate resident dissatisfaction with faculty members’ feedback. The program must review its evaluation processes to ensure that residents receive frequent and timely performance feedback.

As noted above, a citation must be linked to a program or recognition requirement (or sometimes multiple program or recognition requirements). When a Review or Recognition Committee issues a citation, it is typically pointing out one of the following:

- **What a program does not have**, such as patients (required number or types), required certified faculty members, required educational experiences, required facilities or equipment, or required time and support for specific program personnel (e.g., program directors or program coordinators).
- **What a program does not do**, such as offer a required educational experience, or perform a required activity (e.g., evaluations, work hours monitoring, or supervision).

- **What a program did not describe (or did not clearly and/or accurately describe)** to demonstrate compliance with a program requirement in an application, during the Accreditation Data System (ADS) Annual Update process, or in response to a citation.

All accredited programs and programs with Osteopathic Recognition must respond to each citation issued as part of the ADS Annual Update process. [See [Accreditation Data System \(ADS\) Annual Update](#) chapter.]

Areas for Improvement (AFIs)

Review and Recognition Committees issue AFIs to communicate a concern. While it is not required, AFIs are often related to a particular program or recognition requirement and may indicate a downward trend that could eventually turn into a citation if not addressed by the program (for example, a downward trend in Resident/Fellow Survey results). AFIs are considered less serious than a citation and do not require a response from the program; however, programs are welcome and encouraged to address them in the Major Changes section of the ADS Annual Update. [See [Accreditation Data System \(ADS\) Annual Update](#) chapter.]

A Review or Recognition Committee may issue AFIs following review of a program application that has resulted in Initial Accreditation or Initial Recognition or review of an accredited program or a program with Osteopathic Recognition. Review and Recognition Committees may not issue AFIs to programs that have been issued an adverse action (Accreditation or Recognition Withheld, Probation, or Withdrawal of Accreditation or Recognition). [See [Accreditation Statures.](#)]

Review and Recognition Committees communicate AFIs to programs via LONs.

Below is an example of an AFI issued by a Review Committee as it would appear in an LON. Note that AFIs do not necessarily refer to particular program or recognition requirements, but fall under various categories, such as board pass rate, clinical experience, and educational content.

Leadership Turnover

At the time of the program review, there had been five program directors over the past seven years. The Review Committee is concerned that this turnover rate may impact the program's ability to maintain a stable learning environment for the residents.

Resident/Fellow and Faculty Surveys

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Time of year: January to May.

Relevance for Program Coordinator Role:

- It is important for program coordinators to be familiar with the purpose of the ACGME Resident/Fellow and Faculty Surveys, as well as where to locate the survey results within the Accreditation Data System (ADS). Program coordinators are typically responsible for distributing the survey results to program personnel, such as the program director and the faculty members.

The ACGME surveys residents/fellows and faculty members annually. The surveys contain questions about the clinical and educational experiences within a program and are distributed to all programs that have achieved accreditation (including those with Initial or Initial with Warning status). The Resident/Fellow Survey questions are aligned with the Common Program Requirements. [See [Program Requirements](#) chapter.]

Pre-Survey Tasks

Coordinators are typically responsible for ensuring that the program’s resident/fellow and faculty rosters are current prior to release of the survey. Once the survey is published, residents/fellows and faculty members cannot be added or deleted from the list of survey takers, and all residents/fellows and faculty members with an active status in ADS will be scheduled to take the survey. Those residents or fellows who started the program off-cycle (after August 31 of the current academic year) and who have a status of “Off-Cycle” in ADS will not be scheduled to participate; however, they should not be removed from the roster.

While not required, prior to release of the surveys, programs often meet with residents/fellows and faculty members to discuss the importance of completing the survey, to review survey deadlines, and to remind survey-takers (particularly residents and fellows) where and how they can access the resources and policies addressed in the survey questions, e.g., access to confidential mental health counseling, the program’s and/or institution’s mechanism for reporting problems and concerns, the program’s evaluation processes, and the program’s supervision policy. Coordinators may be responsible for coordinating and/or participating in this meeting.

Administering the Surveys

The surveys are conducted between February and April each year. Programs receive an email from the ACGME indicating the opening and closing dates of the survey, as well as instructions on how to initiate the surveys and send reminders in ADS.

The ACGME does not notify or remind individual residents/fellows and faculty members to complete the survey. The program is responsible for ensuring that all active residents/fellows and faculty members complete the survey, and coordinators may be responsible for sending reminders to survey-takers. During the survey window, instructions on how to send reminders are available in ADS. To view lists of all residents/fellows and faculty members scheduled to complete the survey, log into your ADS account, select the “Surveys” tab, then “View/Remind

Takers” under the “Resident/Fellow Survey” heading, and follow the instructions provided to email residents/fellows and faculty members directly.

A 70 percent response rate is required for all programs with four or more residents or fellows scheduled to participate. Programs with fewer than four residents or fellows scheduled should reach a 100 percent response rate. A survey must be complete and submitted to count toward the program’s response rate. Review Committees monitor these response rates and may issue citations or Areas for Improvement to programs that fail to meet this requirement.

Viewing the Survey Results

The program director receives an email when the latest survey results are ready to view in ADS. Programs may review the survey results if at least 70 percent of the program’s scheduled residents/fellows or faculty members completed the survey and there were at least four residents/fellows or faculty members scheduled to take the survey. If a program fails to achieve a 70 percent response rate, survey results will not be available for that academic year. If a program has fewer than four residents/fellows or faculty members scheduled to participate in the surveys, but it meets the 70 percent response rate, multi-year reports will be available on an aggregated basis after at least three years of survey data have been collected.

Past survey results can be viewed in ADS via the Surveys tab. On the Surveys page, scroll toward the bottom of the page and select the appropriate Academic Year and Program, and then select “View Reports”:

Academic Year	Program	
2022-2023	0400121010 - Anesthesiology	View Reports

Then select either the Resident/Fellow Survey or the Faculty Survey:

Report Type - Aggregated by Program	Resident/Fellow	Faculty
Resident/Fellow and Faculty Survey	Reports	Reports
Well-being Survey	Reports	Reports

The following three reports are available for both the Resident/Fellow and Faculty Surveys:

1. **Program:** This report contains the program’s percent compliance and mean, the percent compliance and mean for the specialty (e.g., all family medicine residencies or all anesthesiology residencies), and the national percent compliance and mean (all specialties and subspecialties combined). Note: A program will never receive individual resident/fellow or faculty member results.
2. **Specialty:** This contains the specialty percent compliance and mean and the national percent compliance and mean. Note that this information is also included in the program and national survey reports.

3. **National:** This contains the national percent compliance for all ACGME-accredited residency and fellowship programs. Note that this information is also included in the specialty and program survey reports.

Programs can download the program and specialty survey reports in either PDF or Excel format, and the national report in PDF format.

Report Type - Aggregated by Program	Resident/Fellow	Faculty
Resident/Fellow and Faculty Survey	Reports ▾	Reports ▾
Well-being Survey	Program [PDF] Program [Excel] Specialty [PDF] Specialty [Excel] National	Reports ▾

Program Use of Survey Results

Programs use the survey results to determine areas of concern to residents/fellows and faculty members and to continuously improve the program. Programs may:

- Review the survey results with the Program Evaluation Committee (PEC) when completing the Annual Program Evaluation. [See [Evaluations](#) chapter.]
- Review areas of concern on the surveys with residents/fellows and faculty members to get clarification on specific survey responses.
- In Major Changes, programs may communicate to the Review Committee what improvements are being made as a result of concerning survey results. [See [Accreditation Data System \(ADS\) Annual Update](#) chapter.]

ACGME Use of Survey Data

The Resident/Fellow and Faculty Survey results are used by Review Committees to determine compliance with applicable program requirements. When non-compliance is detected, Areas for Improvement or citations may be issued, or a site visit may be scheduled. [See [Citations and Areas for Improvement](#) chapter and [Program Site Visits](#) chapter.]

Review Committees look for correlation with other data indicators (e.g., board pass rates, faculty attrition) when determining non-compliance. They also look at survey trends, rather than just one academic year of survey data, to determine if survey results have declined or fluctuated over the past few years.

Osteopathic Recognition Survey

If a program has Osteopathic Recognition, designated osteopathic residents/fellows will complete the standard Resident/Fellow Survey questions, followed by a set of questions specific to Osteopathic Recognition. The program will receive the results of the Osteopathic Recognition survey in a separate report. The results of the Osteopathic Recognition survey questions are

only available to the program and to the Osteopathic Recognition Committee; they are not provided to the specialty Review Committees.

Well-Being Questions

Results of the well-being survey questions on the Resident/Fellow Survey are not used by the ACGME and are not shared with Review and Recognition Committees. The results of the well-being section are intended to be used by the program to develop and improve program well-being efforts and to help the program comply with the ACGME requirements.

Accreditation Data System (ADS) Annual Update

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Time of year: July to September, depending on the specialty/subspecialty.

Relevance for Program Coordinator Role:

- It is important that program coordinators are familiar with the ADS Annual Update process, as it is the primary means by which the ACGME determines program compliance with the applicable specialty/subspecialty-specific Program Requirements. Further, together with the program director, the program coordinator plays an important role in compiling and updating much of the program information that is collected during the ADS Annual Update.

The following document, located on the Osteopathic Recognition page of the ACGME website under the Documents header, provides additional ADS Annual Update instructions for programs with Osteopathic Recognition: [Accreditation Data System \(ADS\) Annual Update Guide for Osteopathic Recognition](#).

The following is adapted from the [ACGME Guide to the Common Program Requirements](#).

The ACGME conducts an annual review of all programs that have achieved a status of Initial or Continued Accreditation, resulting in an annual accreditation decision. The purpose of this review is to ensure that programs are in compliance with the applicable specialty/subspecialty-specific Program Requirements. As part of this annual review, programs must complete the ADS Annual Update each academic year between July and September. The deadline for completion varies by specialty/subspecialty. Program directors are responsible for ensuring that all program information is updated in ADS, that the Annual Update is submitted by the program’s due date, and that it is approved by the designated institutional official (DIO). However, the program director and program coordinator work together to complete this important process.

Note that prior to the ADS Annual Update, ADS is shut down for a brief period (known as the “ADS rollover”) to archive existing data and transition the system to the next academic year. Once ADS is back online, before or by July 1, program directors and coordinators will receive an email notifying them that programs can start completing their ADS Annual Update.

Important notes:

- There will typically be changes to the ADS Annual Update each year. See the Help section of ADS to keep up with these changes.
- The resident/fellow and faculty scholarly activity is reset every year. For all other Annual Update items, data from the last academic year carries over to the new academic year. Programs are strongly encouraged to review and update this information as necessary.

Program Information

The following program information must be reviewed and updated (if necessary) during the ADS Annual Update:

- Enter Program Profile information (e.g., address, program mission).
- Provide or update responses to current citations, if applicable (provided by the program director).
- Update the Major Changes and Other Program Updates section (provided by the program director).
- Update the evaluation methods (includes the Clinical Competency Committee and Program Evaluation Committee rosters).
- Update the program resources and curriculum questions (includes full-time equivalent (FTE) support for program coordinator(s); program director; and associate program director(s), if applicable).
- Ensure that the program has labeled the primary clinical site. [See [Primary Clinical Site/Participating Sites](#) chapter.]
- Update the Sites tab and add, delete, or update information for each participating site. [See [Primary Clinical Site/Participating Sites](#) chapter.]
- Upload current block diagram, if necessary. [See [Block Diagrams](#) section of this chapter.]
- Programs with Initial Accreditation or Initial Accreditation with Warning status have an additional set of questions related to clinical experience, patient safety, and the learning environment.

ADS Screenshot: Program Annual Update Checklist

When logging into ADS, on the Program Overview tab, the program coordinator can see a checklist of all information that should be reviewed and updated during the Annual Update. The green circle with a checkmark indicates that the section is complete. The red triangle with an exclamation point indicates that a section is missing data.

The screenshot shows the 'Annual Update' checklist interface. At the top, it displays 'Annual Update' with a 'Complete' dropdown menu. Below this, it lists key dates: 'Date Required by: August 25, 2023', 'Complete: Yes', 'Completion Date: August 25, 2023', and 'DIO Approved: August 25, 2023'. A message states: 'All required sections of the annual update are listed below and are available throughout the academic year by accessing the tabs at the top of the screen.' The checklist items are as follows:

- Program Information** (view >)
- ✓ You must have a primary clinical site. (view >)
- ⚠ Update responses for all current citations. (view >)
- ✓ Update the major changes and other updates section. (view >)
- ✓ Update the overall evaluation methods section. (view >)
- ✓ Update responses for program resources and curriculum questions. (view >)
- ✓ Update program profile. (view >)
- ✓ Update the sites tab for each participating site and review all requested information. (view >)
- ✓ Upload current block diagram. (view >)

Block Diagrams

The block diagram is a representation of the resident/fellow rotation schedule for a graduate medical education program. Organized by post-graduate year (PGY), it provides information on the type, location, length, and variety of rotations, but does not represent the order in which they occur. It is important to note that block diagrams are *not* a depiction of the rotation schedule of an individual resident/fellow.

The block diagram should be reviewed and updated (if necessary) as part of the ADS Annual Update. A program's current block diagram is found on the Sites tab, which can also be accessed through the Annual Update checklist (see screenshot above).

Some specialties/subspecialties use the [Common Block Diagram Instructions](#), while others use specialty-specific instructions. In addition, programs with Osteopathic Recognition are encouraged to also use the Block Diagram Guide for Osteopathic Recognition located under the Application for Recognition section of the [Osteopathic Recognition webpage](#).

ADS Screenshot: Common Block Diagram Instructions

If a program uses the common instructions, the expanded current block diagram section will look like this (see the Instructions/Sample hyperlink, which links to the Common Block Diagram Instructions):

Current Block Diagram Complete

The last diagram that the ACGME has on file for your program is from August 09, 2023. You can view the file by clicking the uploaded file below, or you can upload a new PDF block diagram using the upload tool below.

Instructions/Sample >

Common Instructions: Provide a block diagram for each year of training in the program. The sites listed on the block diagram should match the list of participating sites in ADS. Specialty-specific instructions may also be available. If there are specialty-specific instructions available for your specialty, click the "Specialty Instructions" link and follow the steps accordingly. Block Diagram should represent the current academic year.

Osteopathic Recognition Instructions (if applicable): Update the block diagram to include where Osteopathic Principles and Practice (OPP) is integrated into the curriculum. The block diagram should specifically identify where and when the following experiences are integrated, if applicable: osteopathic education/experience in the clinical setting; osteopathic clinic (either osteopathic manipulative treatment (OMT) clinic or integrated specialty clinic); and osteopathic didactics/labs. It may be best to indicate osteopathic experiences on the block diagram with symbols and an associated legend. This will become the new block diagram for the program, so ensure that it continues to reflect the experience of all residents in the program, not just designated osteopathic residents. Programs are encouraged to use the [Block Diagram Guide for Osteopathic Recognition](#) when updating their block diagram to identify when and where osteopathic experiences occur in the curriculum.

Uploaded File:
Date Uploaded: August 9, 2023

Select a file to upload
Allowed File Type(s): .pdf Max Size: 10 MB

Note: Some Review Committees have created specialty-specific block diagrams and do not accept the common block diagram. For these specialties, the program will not see the sample block diagram in ADS, but rather a link to the specialty-specific instructions on the specialty's section of the ACGME website. The specialty-specific instructions are also found in the Documents and Resources section of the [applicable specialty page](#).

Review Committees use block diagrams:

1. To review rotation length(s)
2. To get a summary of time spent at each participating site
3. To get a summary of time spent on each rotation type

The block diagram must clearly illustrate the length of rotations in a program. Rotation length has educational implications since longer rotations provide more opportunities for the educators on that rotation to observe and assess the residents, providing more accurate evaluations and increased opportunities to provide feedback. Rotation length also has clinical implications in that short rotations increase the number of team turnovers. The block diagram also provides a summary of the types of clinical experiences and the time spent at each participating site. An accurate block diagram therefore illustrates how much cumulative time a resident spends in a particular clinical experience or subspecialty area at all of the participating sites used by the program.

Programs may use the block diagram:

1. To ensure that Program Requirements are met. (By documenting the participating site and the program year during which required experiences take place, the block diagram helps programs ensure that the Program Requirements are being met.)
2. To ensure that certifying board requirements are met. (Many certifying boards require that candidates fulfill certain chronological educational requirements.)
3. In recruitment of residents/fellows. (An accurate and complete block diagram may provide potential applicants with a quick yet detailed snapshot of what they can expect each year in the program.)
4. When a program is contemplating or requesting a permanent increase of its resident/fellow complement. (Block diagrams for each of the years anticipated for the transition to the new full complement are extremely useful to, and required by, the Review Committee. This will allow the program to ensure that each rotation and participating site will have an appropriate number of residents/fellows at any time during the transition.)

A block diagram:

1. Depicts the rotations assigned in each program year. (A block diagram shows each of the rotations a resident/fellow will typically be assigned in each year of the program, the amount of time that a resident/fellow spends on each of these rotations, and the participating sites at which the rotations occur.)
2. Is flexible in defining rotation lengths. (A block diagram can show rotations as short as one week or as long as several months.)
3. Provides other important information, such as:
 - a. inpatient time on a rotation;
 - b. outpatient time on a rotation;
 - c. research time on a rotation;
 - d. rotation(s) offering particular required experience(s).

Tips for completing the block diagram:

- Show program name and number
- Clearly identify each clinical site
- Use participating site numbers from ADS
- Clearly explain any abbreviations
- Clearly explain any local jargon
- Differentiate rotations with the same name
- Identify rotations for key clinical experience

Resident/Fellow Profiles

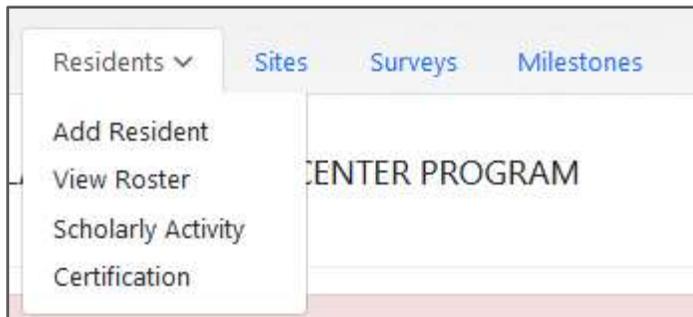
The ACGME collects information on each resident/fellow during the ADS Annual Update. At this time, programs input new residents/fellows into ADS and confirm the status and program year of continuing residents/fellows (if applicable).

When adding new residents/fellows to ADS, examples of the required information include name, date of birth, medical school attended, prior residency program information (if applicable), expected completion date, and the Educational Commission for Foreign Medical Graduates (ECFMG) certificate where applicable. If a resident/fellow transferred from another program, programs are asked to answer several questions regarding that resident/fellow and confirm that documentation of prior training and education has been obtained.

Programs should not update their resident/fellow roster before the rollover. As part of the rollover process, residents/fellows will automatically be moved to the next PGY or to a graduated status and programs can confirm or edit that information during the ADS Annual Update.

ADS Screenshot: Accessing the Resident/Fellow Tab

The resident/fellow roster and the resident/fellow add screen are accessed either through the Residents/Fellows tab or the Resident Information section of the Program Annual Update Checklist.



Resident/Fellow Ultimate Certification Status

Programs must confirm the resident/fellow ultimate certification status for graduates from seven years prior. The entry screen is accessed either through the Certification section of the Resident/Fellow tab or the Resident Information section of the Program Annual Update Checklist.

ADS Screenshot: Instructions for Entering the Resident/Fellow Ultimate Certification Status

Instructions

Below are the names of graduates who were marked with a completed status on your program's resident/fellow roster in the 2015-2016 academic year **only** (not every graduate from the past seven years). Certification data was provided by the ABMS and AOA for these trainees and the data has been pre-populated if available. You may not make changes to the list of graduate names, but you may review them on your program's resident/fellow roster by selecting the corresponding academic year from the drop-down menu.

For each graduate listed below, confirm the certification **for only the specialty/subspecialty of this program**, and not any other specialties/subspecialties.

- If their certification is unknown or no certification was issued, leave it blank.
- If the certification listed is incorrect, select "Edit" and provide a comment.
- If a certification (related to this program's specialty/subspecialty) is not displayed, select "Add" to manually add an AOA, ABMS or Other certification.
- If a certification was manually added, select the "Delete" option if the entry needs to be deleted.

If this page has no names populated because your program was not accredited by the ACGME seven years ago or because there were no graduates in that specific academic year, click the 'Confirm' button to complete this step.

Adjust the dropdown below to view data collected from past reporting years. Previous years of certification are not editable.

Resident/Fellow Scholarly Activity

Resident/fellow scholarly activity demonstrates to the Review Committee that the program can teach scholarship skills to residents/fellows and that an environment of scholarship exists in the program.

While there is undeniable value in formal scholarly activity, such as the publication of peer-reviewed journal articles and presentation of basic science research at national conferences, other activities are equally valuable. Scholarship also serves as a proxy for the creation of a clinical learning environment that encourages an environment of inquiry and an evidence-based, scholarly approach to patient care.

There is wide variability in programs and the communities they serve, and the Review Committees consider this difference when evaluating programs. For example, a program in a remote, rural community might focus on primary care education and training and may not want or have the resources to put together a million-dollar laboratory to study some characteristics of a murine model of disease. Instead, it may emphasize improving vaccination rates, increasing compliance with diabetes care, or determining how to deal with an opioid epidemic in the community.

The scholarly activity entry screen is accessed either through the Scholarly Activity section of the Residents/Fellows tab or the Resident Information section of the Program Annual Update Checklist.

ADS Screenshot: Resident/Fellow Scholarly Activity Instructions

Resident Scholarly Activity
Print

For reporting year 2023-2024, scholarly activity that occurred during the previous year 2022-2023

You must confirm all residents/fellows with an "unconfirmed" status before completing this section. For each person listed, enter **only one year of scholarly activity** that occurred **during the previous academic year only**. First year residents/fellows in the program will not appear on the list below.

To add scholarly activity, click the "Add" or "Quick Add" button, under the "Options" dropdown. If there was no scholarly activity for that person during the previous academic year, click the "No Activity" button under the "Options" dropdown.

Change the academic year to view past scholarly activity. **Previous years of scholarly activity are not editable.**

Download Scholarly Activity Template

The "Download Scholarly Activity Template" button in the screenshot above will open an Excel spreadsheet to enter information. The purpose of the spreadsheet is for programs to disseminate it to program residents/fellows to aid in the collection of accurate scholarly activity data. The spreadsheet includes definitions of the different types of scholarly activities.

The resident/fellow scholarly activity summary provides a list of all residents/fellows in the program and allows programs to update scholarly activity information for each individual resident. NOTE: The information requested is for the previous academic year only. For residency programs, first-year residents in the program will not appear on the list.

Resident	PMID	Other Publications	Conference Presentations	Chapters Textbooks	Participated in Research	Teaching Presentations	
	1 2 3	0	1	0	Y	Y	Options
	1 2 3	0	0	0	N	N	Options
	1 2 3	0	0	0	Y	N	Options
	1 2 3	0	0	0	Y	Y	Options

The columns on the resident/fellow scholarly activity data entry screen have an "information" button that expands to provide a more specific definition of each type of scholarly activity (the blue circle containing an "i"). Those definitions are also provided in the downloadable Excel template and are included below.

- PubMed IDs (PMIDs):**

- [PMID Lookup](#)

- Enter up to three PMIDs (assigned by PubMed) for articles published during the previous academic year. The PMID is a unique number assigned to each PubMed record. This is generally an eight-digit number. The PubMed Central reference number (PMCID) is

different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts. If this resident is a designated osteopathic resident, use the checkboxes (if applicable) to indicate if an article integrated the application of Osteopathic Principles and Practice (OPP).

- **Other Publications:** Number of articles without PMIDs, non-peer-reviewed publications, peer-reviewed publications which are not recognized by the National Library of Medicine, and activities related to item-writing (e.g., board examination questions) during the previous academic year.
- **Conference Presentations:** Number of abstracts, posters, and presentations given at international, national, or regional meetings during the previous academic year.
- **Chapters/Textbooks:** Number of chapters or textbooks published during the previous academic year.
- **Participated in Research:** Participated in funded or non-funded basic science or clinical outcomes research project during the previous academic year.
- **Teaching Presentations:** Lecture or presentation (such as grand rounds or case presentations) of at least 30-minute duration within the Sponsoring Institution or program during the previous academic year.

ADS Screenshots: Individual Resident/Fellow Scholarly Activity Data Entry

Edit Scholarly Info for [redacted] ✕ Cancel

Did [redacted] have Scholarly Activity for academic year 2022 - 2023:

Yes
 No

Pub Med IDs
[Pub Med ID lookup >](#)

Pub Med IDs (assigned by PubMed) for articles published between 7/1/2022 and 6/30/2023. List up to 3. Pub Med ID (PMID) is a unique number assigned to each PubMed record. This is generally an 8-digit number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts. If this resident is a designated osteopathic resident, use the checkboxes (if applicable) to indicate if an article integrated the application of Osteopathic Principles and Practice (OPP).

PMID 1 **PMID 2** **PMID 3**

Other Publications
Number of articles without PMIDs, non-peer reviewed publications, peer-reviewed publications which are not recognized by the National Library of Medicine, and activities related to item-writing between 7/1/2022 and 6/30/2023

Conference Presentations
Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2022 and 6/30/2023

Chapters / Textbooks
Number of chapters or textbooks published between 7/1/2022 and 6/30/2023

Participated in Research
Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2022 and 6/30/2023

Yes
 No

Teaching / Presentations
Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2022 and 6/30/2023

Yes
 No

Note: If a program sends its residents/fellows to a one-month rotation at a participating site where faculty members produce a large amount of scholarly activity, it would be inappropriate for the program to list all the scholarly activities at that participating site. Doing so does not meet substantial compliance with the requirement to create an environment of scholarship. The idea behind this requirement is that residents/fellows be immersed in an environment of scholarship and inquiry throughout their educational programs.

Resources:

The following presentation is available on the ACGME website and provides helpful tips for entering scholarly activity in ADS as part of the ADS Annual Update and avoiding common citations.

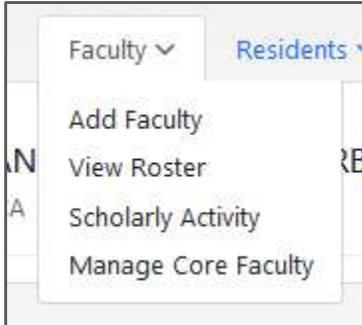
- [Video: Entering Scholarly Activity into ADS](#)

Faculty Profiles

Faculty information is captured in the faculty profile section of ADS. During the ADS Annual Update, it is important to carefully review and update (if necessary) the profile information for each of the program's faculty members.

ADS Screenshot: Accessing the Faculty Tab

The faculty roster screen is accessed either through the Faculty tab or the Faculty Information section of the Program Annual Update Checklist.



Faculty Information	view >
<input checked="" type="checkbox"/> Enter profile information for all physician and non-physician faculty and identify core faculty.	view >
<input checked="" type="checkbox"/> Update scholarly activity for all physician and non-physician faculty members.	view >
<input checked="" type="checkbox"/> Enter all required CV information for your program director.	view >

ADS Screenshot: Faculty Roster Instructions

Faculty roster instructions are included on the faculty roster screen. The minimum requirements and core faculty instructions will vary by specialty/subspecialty. The following example is from an anesthesiology program.

Faculty Roster Key Terms ∨ Faculty Instructions ∧

Qualifications

List all faculty who have a role in the education of residents/fellows with competence to instruct and supervise. All faculty must:

- Be role models of professionalism
- Demonstrate commitment to the delivery of safe, quality, cost effective, patient-centered care
- Demonstrate a strong interest in the education of residents
- Devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities
- Administer and maintain an educational environment conducive to educating residents
- Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences
- Pursue faculty development designed to enhance their skills at least annually
- Establish and maintain an environment of inquiry and scholarship

*The program is required to report scholarly activity for **all** faculty members listed here.*

Minimum Requirements

The faculty roster must include members with specialized expertise in the following specialties and subspecialties, including:

- Critical care
- Obstetric anesthesia
- Pediatric anesthesia
- Neuroanesthesia
- Cardiothoracic anesthesia
- Pain medicine
- Research

Core Faculty

Faculty may be designated as **core** faculty at the discretion of the program director. Core faculty must have a significant role in the education and supervision of residents/fellows and must devote a significant portion of their entire effort to resident/fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents/fellows.

There must be a minimum of **six** physician core faculty members, which does not include the program director.

*Note that all **core** faculty members listed on this roster are required to complete the annual ACGME Faculty Survey.*

[Download Faculty CV Template](#)

ADS Screenshot: Faculty Roster

The list of a program's faculty members is found below the instructions. To review an individual faculty member's profile, hover the mouse over a faculty line and click the "View Profile" button.

The screenshot shows a web interface for a Faculty Roster. At the top right is a blue button labeled "Reorder Physicians". Below this is a "Faculty Status:" dropdown menu set to "Active" and a "Find in Results:" search box with the placeholder text "Name or Title...". The main content is a table with columns for "Last", "First", "Degrees", and "Title". The first row shows a faculty member with a greyed-out name, "MD", and the title "Program Director", with a green "PD" badge. The second row shows a faculty member with a greyed-out name, "MD", and the title "Associate Program Director", with a greyed-out badge. A blue "View Profile" button is circled in red at the end of the second row.

Last	First	Degrees	Title	
		MD	Program Director	PD
		MD	Associate Program Director	

Each faculty member profile should be reviewed during the ADS Annual Update, following the specialty-specific instructions if applicable. This includes information such as titles, primary institution, and specialty certification information.

ADS Screenshot: Faculty Specialty Certification

During the ADS Annual Update, it is important to review the specialty certification information found in the faculty profile for accuracy. The ACGME automatically populates data received from the American Board of Medical Specialties (ABMS) member boards and the American Osteopathic Association (AOA) certifying boards for all faculty members on their individual ADS faculty profile pages. Physician faculty members' board certification data will be matched to the ABMS and AOA datasets based on National Provider Identifier (NPI) number, as well as name, date of birth, and medical school graduation year. Programs should refer to the specialty-/ subspecialty-specific Program Requirements for information on the certification requirements. If ABMS/AOA data is not populating or is incorrect, programs should use the manual entry available to provide current board certification information.

The following information was imported from ABMS and is read only.

Board Name	Certification Name	Status	Duration Type	Initial Date	End Date
Anesthesiology	Anesthesiology	Active	Time-Limited	6/8/2017	12/31/2027

- Data imported monthly from ABMS. Date of last import listed above.
- Data is matched to each faculty using name, National Provider ID (NPI), date of birth and medical school graduation year.
- If the information provided by the program is entered incorrectly, no ABMS match will occur or the match may be inaccurate.
- If faculty recently obtained new certification or updated their certification status, the ABMS information may not appear until the next monthly import.
- If a faculty member is new to the ACGME database, ABMS certification data will appear here within 24 hours.

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AOA Certification
Last updated: No Date Available

The following information was imported from AOA and is read only.

Board Name	Certification Name	Status	Duration Type	Initial Date	End Date
------------	--------------------	--------	---------------	--------------	----------

- Data is matched to each faculty using name, National Provider ID (NPI).
- If the information provided by the program is entered incorrectly, no AOA match will occur or the match may be inaccurate.
- If a faculty member is new to the ACGME database, AOA certification data will appear here within 24 hours.
- If a faculty member recently updated their certification status (recertified or expired), the AOA information may not appear for up to 7 days.

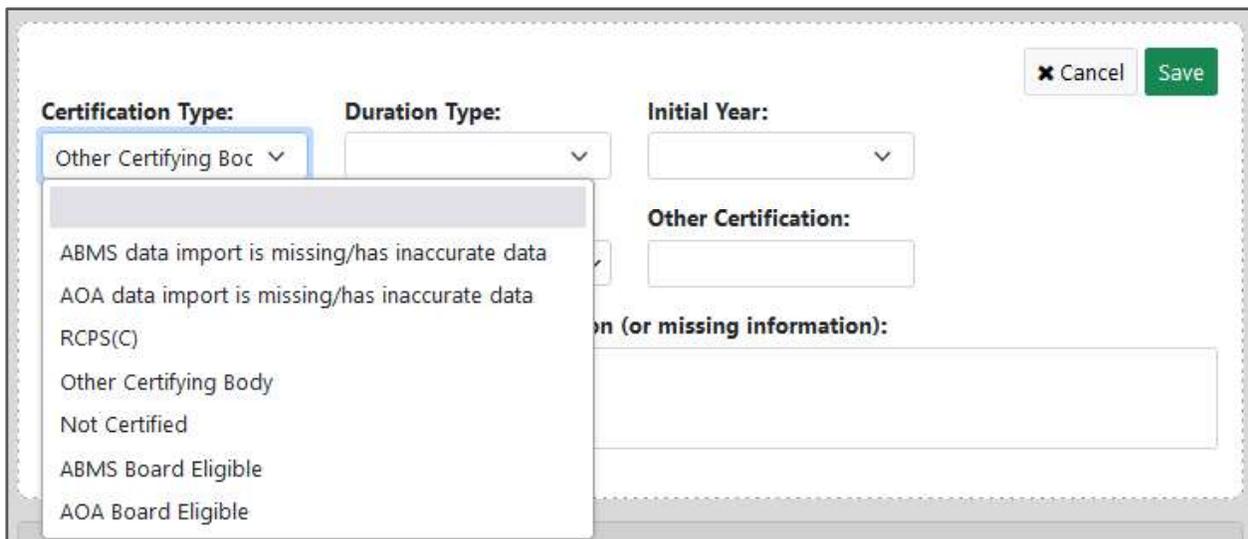
This information is proprietary data maintained in a copyrighted database compilation owned by the American Osteopathic Association.
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ADS Screenshot: Specialty Certification – Manual Entries

If it is necessary to manually add specialty certification information, go to the “Specialty Certification – Manual Entries” screen within the faculty profile and click the “Add” button.



Then select the appropriate certification type and enter the required information.



Programs are only required to provide a manual entry for faculty members’ specialty certification if:

- No ABMS/AOA board certification data is displayed in ADS or it is incorrect. In this case, a manual entry for “ABMS data import is missing/has inaccurate data” or “AOA data import is missing/has inaccurate data” should be added on the faculty member’s profile with a duration type, initial certification year, certification name, and an explanation for Review Committee consideration.
- The faculty member is not certified by the ABMS/AOA. Add a manual entry of “Not Certified” and an explanation.
- The faculty member is board eligible but has not yet achieved board certification. Add a manual entry of “ABMS Board Eligible” or “AOA Board Eligible” and provide an explanation.
- The faculty member is certified by another certifying body. Some Review Committees allow other acceptable specialty qualifications and therefore a manual entry of “Other Certifying Body” can provide that information.

Common issues related to the ABMS and AOA data not auto-populating on the faculty profile and in the faculty roster include:

- The NPI number in ADS is incorrect or does not match the NPI number in the ABMS/AOA dataset.

- A lag in when updated board certification data is received by the ACGME from the ABMS and AOA.

ADS Screenshots: Designating Core Faculty Members in ADS

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

It is the responsibility of the program director to determine if a faculty member is designated as core. The specialty-/subspecialty-specific Program Requirements indicate either the minimum number of core faculty members required and/or the core faculty-to-resident/fellow ratio.

A faculty member is designated as core by selecting “yes” within the faculty member’s profile.

Is this faculty member core?

Yes

No

ADS Screenshot: Adding a New Faculty Member

Note that programs should add new faculty members as they join the program. Unlike residents and fellows, it is not necessary (or advised) to wait until the ADS Annual Update period begins. Faculty members who are newly entered into ADS will have their certification information matched and populated within 24 hours. To add a new faculty member, click on “Add Faculty” on the “Faculty” tab. You will be taken to the following search screen:

Add Faculty Member

Search By OR And

Add an asterisk (*) for a wild card search.
Example: to search for John Smith or Jonathan Smith, enter "J*" for first name and "Smith" for last name.

When adding new faculty members:

- Use first and last name and email address OR NPI number. The NPI number is a unique ten-digit identification number issued to health care practitioners in the US by the Centers for Medicare and Medicaid Services (CMS).
- All available profiles for that faculty member will appear and can be selected.
- Note that some profile fields do not carry over from one program to the next (e.g., institution name, date appointed to program, faculty hours).

Faculty Scholarly Activity Information

- Update the program director’s profile and CV, as applicable.
- Enter or update all physician and non-physician faculty members’ profiles and CVs (if applicable).
 - Complete all information and ensure dates are accurate.

- Note the limitation of 10 items for current professional activities, selected bibliography, review articles, chapters, and/or textbooks.
- Remove any scholarly activities which occurred more than five years ago.
- For the physician and non-physician faculty rosters, provide accurate information, including board certification, identification of an individual as a core faculty member, and time spent in the program.

ADS Screenshot: Scholarly Activity Legend

Individual faculty scholarly activity is no longer reported in the Annual Update; rather, programs need to answer the questions shown below about scholarly activity for the faculty as a whole.

Program Resources and Curriculum Questions
✕ Cancel

Faculty Development

Check all domains in which your faculty members demonstrated accomplishments in scholarly activity in the past academic year:

- 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-analysis, 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
- Other

If "Other", describe:

Check all methods used to disseminate faculty scholarly activity within and external to the program in the past academic year:

- Peer reviewed publications
- 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
- Serving as a journal reviewer, journal editorial board member, or editor
- Other

If "Other", describe:

Program Applications

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Time of year: Applications are accepted throughout the academic year.

Relevance for Program Coordinator Role:

- It is important that program coordinators are familiar with the program application process. The program director and program coordinator typically work as a team to collect and enter the required program application data.

This chapter covers program accreditation applications. Application Instructions for Osteopathic Recognition can be located under the Application for Recognition section of the [Osteopathic Recognition webpage](#).

Accreditation of the Sponsoring Institution

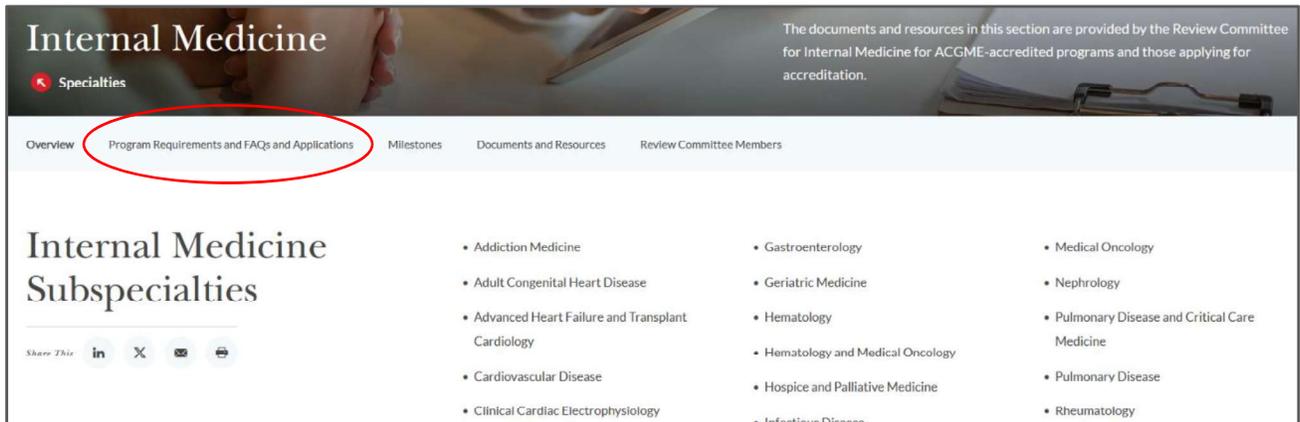
To apply for ACGME program accreditation, the program’s Sponsoring Institution must be ACGME accredited. For information on institutional accreditation, see the [Institutional Application Process](#) page of the ACGME website.

Step One: Program Requirements and Other Applicable Information

The first step in the application process involves reading the applicable specialty-/subspecialty-specific Program Requirements and frequently asked questions (FAQs). To locate your specialty-/subspecialty-specific Program Requirements, navigate to the “Specialties” tab on the ACGME website and select the relevant specialty. Note: Subspecialty Program Requirements are located under the related specialty (e.g., if completing an application for a gastroenterology fellowship program, select internal medicine, as gastroenterology is a subspecialty of internal medicine.) [See [Program Requirements chapter](#).]

The screenshot shows the ACGME website interface. At the top left is the ACGME logo and the text 'Accreditation Council for Graduate Medical Education'. A search bar is located at the top center with the placeholder text 'Enter your search'. Below the search bar is a horizontal navigation menu with several dropdown menus: 'Programs and Institutions', 'Specialties', 'Residents and Fellows', 'Milestones', 'Improvement and Initiatives', and 'Education and Resources'. The 'Specialties' menu is highlighted with a red circle. Below the navigation menu, the 'Specialties' page is displayed. On the left side, there is a sidebar with the heading 'Specialties' and a sub-heading 'Documents, resources, Review and Recognition Committee information, and committee staff contact details are provided within each specialty section for that specialty and its associated subspecialties.' Below this is a red circular icon with a white arrow pointing right, followed by the text 'Overview'. The main content area is a grid of 16 specialty links arranged in four columns and four rows: Allergy and Immunology, Anesthesiology, Colon and Rectal Surgery, Dermatology, Emergency Medicine, Family Medicine, Internal Medicine, Medical Genetics and Genomics, Neurological Surgery, Neurology, Nuclear Medicine, Obstetrics and Gynecology, Ophthalmology, Orthopaedic Surgery, Osteopathic Neuromusculoskeletal Medicine, Otolaryngology - Head and Neck Surgery, Pathology, Pediatrics, Physical Medicine and Rehabilitation, Plastic Surgery, Preventive Medicine, Psychiatry, Radiation Oncology, Radiology, Surgery, Thoracic Surgery, Transitional Year, and Urology.

Once on the specialty page, select the “Program Requirements and FAQs and Applications” tab:



This page contains the Program Requirements, FAQs, and applications for the specialty and its related subspecialties. Below is geriatric medicine as an example:



It is important to thoroughly read the Program Requirements and FAQs and to download the specialty-specific application, which is a Word document.

Other useful resources:

- [Guide to the Common Program Requirements](#): When viewing the specialty-/ subspecialty-specific Program Requirements, the Common Program Requirements are in bold type and incorporated into the specialty and subspecialty Program Requirements. The Guide to the Common Program Requirements offers valuable guidance and tools to assist programs with meeting ACGME accreditation requirements. [See [Program Requirements chapter](#).]

- [Guide to Locating Specialty-Specific Accreditation Resources](#): This document provides in-depth instructions for finding specialty-/subspecialty-specific accreditation materials on the ACGME website.

Step Two: Locate and Save the Applicable Review Committee Staff Contact Information

This information is located on the “Overview” tab of the specialty’s section of the ACGME website, under “Contact and Support.” These staff members are the best resource for answering questions about the application process.

Step Three: Gather Information Needed to Prepare and Complete the Application

There are three main parts of the program application: the common application, the specialty-specific application, and the document attachments. All information required for the program application must be entered directly or uploaded into the Accreditation Data System (ADS), the ACGME’s web-based data collection system.

Part 1: The common application is housed in ADS and must be initiated by the Sponsoring Institution’s designated institutional official (DIO) (see step four below). In this section of the application, the program must explain how it plans to comply with select Common Program Requirements.

Programs must also provide program-specific information, such as identification of the names and qualifications of the program director, associate/assistant program director(s) (if applicable), and faculty members. Programs are encouraged to begin collecting the CVs of these individuals as soon as possible. It will also be helpful to begin collecting information about the participating sites used for required program rotation experiences. [See [Primary Clinical Site/Participating Sites chapter](#).]

Part 2: The specialty-specific application is a Word document containing questions that directly relate to the specialty-/subspecialty-specific Program Requirements. This document is completed outside of ADS and then uploaded into the system along with the documents in Part 3 of the application. As noted above, you can find the specialty-specific application in the “Program Requirements, FAQs, and Applications” tab of the applicable specialty’s section of the ACGME website.

Part 3: All programs must upload the required document attachments into ADS as a part of the application. See the [Specialty Application Attached Documents Checklist](#) for an overview of the required documents. Systematically gathering the necessary application information will help expedite the completion of the application.

If a program is seeking ACGME Rural Track Program (RTP) designation, additional information must be submitted during the application process. Programs can learn more about RTP designation by visiting the [Rural Track Program Designation webpage](#).

Step Four: Initiate the Application in ADS

As noted above, in order to open the common application in ADS, the DIO of the ACGME-accredited Sponsoring Institution must initiate a new program application in ADS. The DIO is required to provide basic information about the new program, such as identification of the specialty/subspecialty and the individual who will serve as the program director. It is recommended that the graduate medical education (GME) leadership at the institution review the program director section of the specialty-/subspecialty-specific Program Requirements to ensure the individual identified as the program director meets the necessary qualifications for the role. At this point, the DIO will also indicate whether the program is seeking ACGME Rural Track Program designation.

Following entry of this information, the DIO submits the application, and the program director receives an email with ADS login information:



ACGME Program Director for program application

Dear [REDACTED]

The DIO from your sponsoring institution, [REDACTED], has initiated an application for ACGME accreditation for your Adult cardiothoracic anesthesiology program: "University of [REDACTED]". To complete this application, log into the ACGME's Accreditation Data System (ADS) - <https://apps.acgme.org/ads/> using the username and password provided below. After logging into ADS you can view the necessary steps to complete your application on the program's Application Overview tab.

Username: [REDACTED]
Password: [REDACTED]

Program Directors are strongly encouraged to seek necessary clarification from the ACGME in order to fully and completely respond to every item on the application prior to submission through the Accreditation Data System (ADS). Once an application has been submitted to the ACGME through ADS it cannot be modified by the program. That being said, it is crucial that any guidance or clarification be sought prior to submission to the ACGME so the application includes all the necessary information.

ACGME
ADS@acgme.org

Additional comments from your DIO are included below:

[REDACTED]

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Step Five: Complete and Submit the Application

Once the program director logs into ADS and accesses the application that was initiated by the DIO, there are six sections that need to be completed. Note that while the common application must be viewed and completed from the program director's ADS account, the program coordinator typically plays an important role in gathering the necessary information outlined below.

Section 1, Program Director: This section includes the information entered by the DIO in Step four as well as additional information pertaining to the program director (e.g., medical school, faculty hours).

Section 2, Program Info: This section includes program information, including the address, the mission, and aims.

This section also includes information related to the program's participating sites, including which participating site is the primary clinical site; the number of rotation blocks; resources and amenities available to residents and fellows at the site; program letter of agreement (PLA) information; and a description of how each participating site is utilized. Note that the ACGME only requires PLAs for sites providing required educational experiences. PLAs are not required for elective rotations. [See [Primary Clinical Site/Participating Sites](#) chapter.]

Section 3, Personnel: This section includes information about the program coordinator(s). At least one program coordinator, but no more than three, must be identified, based on the size of the program. Be sure to review the specialty-/subspecialty-specific Program Requirements to determine how much program coordinator support is required. Programs are encouraged to contact Review Committee staff members to confirm whether the coordinator(s) must be hired prior to submission of the application.

This section also includes information about the faculty members, with associate or assistant program director(s) listed first, if applicable. This includes education information, certification information, and CV information that includes the past five years of scholarly activity. It is recommended that programs review the Faculty Roster instructions in ADS before adding faculty members, as instructions vary by specialty/subspecialty.

Note that American Board of Medical Specialties (ABMS) and American Osteopathic Association (AOA) board certification information will be auto-populated and does not need to be entered; however, this information will not populate immediately. Programs are encouraged to review faculty member profiles 24 hours after entry to ensure that board certification data is populated for each faculty member entered. If that data is missing, then board certification information must be manually entered. Board certification other than ABMS or AOA must always be entered manually under "Specialty Certification - Manual Entries." If a faculty member lacks board certification, the program should provide equivalent qualifications for the Review Committee to consider.

Finally, this section allows programs to identify a department chair; however, this information is not required.

Section 4, Residents: In this section, the program will indicate the number of resident or fellow positions being requested. This section will look different depending on the specialty or

subspecialty. The application may require the program to enter the total number of requested resident or fellow positions across all years, or it may require the entry of the number of residents or fellows requested in each year of the program. The program should carefully consider the number of positions it is requesting and ensure it has the faculty, patient volume, and other resources to support the number of requested resident or fellow positions.

Section 5, Application Questions: The first set of questions covers clinical experience and educational work hours, as well as patient safety and the learning environment. The next set of questions focuses on evaluation methods, including the Clinical Competency Committee (CCC) and the Program Evaluation Committee (PEC). The final set of questions covers program resources, resident or fellow education and experience, and faculty development.

Section 6, Application Attachments: In this section, the program will upload the documents outlined in the [Checklist of Specialty Application Attachments](#) document. It is important to review the upload instructions in ADS. All documents must be uploaded as PDF files. If a file is in another format, such as Microsoft Word or Excel, it must be converted to a PDF prior to uploading it. Only one document can be uploaded for each requested attachment, so if you have multiple documents to upload for a single attachment, they must be combined into a single PDF prior to uploading. The first two required documents require additional explanation:

- **Specialty-specific application:** The specialty-specific application contains a set of questions developed specifically for programs in the specialty or subspecialty. Each question includes a Program Requirement reference, and programs are encouraged to have the Program Requirements and the FAQs available as a reference when completing the specialty-specific application. *[See Step Three, Part 2 above.]*
- **Block diagram:** A block diagram is a sample representation of the rotation schedule for a resident or fellow in each year of the program. It offers information on the type, location, length, and variety of rotations for that year. The block diagram must not be an actual rotation schedule that includes resident or fellow names. The program must ensure the information provided on the block diagram aligns with all other areas of the application, including the list of participating sites utilized by the program. Some specialties have created specialty-specific block diagram guides or templates, which will be located on the “Documents and Resources” tab of the relevant specialty’s section of the ACGME website.

Note: This section includes instructions for programs with Osteopathic Recognition. These instructions should be ignored when submitting an accreditation application. They are only applicable to programs applying for Osteopathic Recognition, which cannot be initiated until a program has an accreditation status of Initial Accreditation.

Once the remaining attachments are uploaded and the application documentation has been reviewed for accuracy, the program director will click the “Submit to DIO” button on the “Application Overview” tab in ADS, which forwards the application to the DIO. Applications can only be submitted to the DIO by the program director. By submitting the application to the DIO, the program director verifies that all information within the application is accurate and final.

Once the program director submits the application to the DIO in ADS, it is the DIO’s responsibility to review the application and provide verification that the application is accurate and final by submitting the application in ADS. If the DIO reviews the application and determines that additional information or changes are required, the DIO may return the application to the program director through ADS. *Once the DIO submits the program application in ADS, it cannot be altered or amended.*

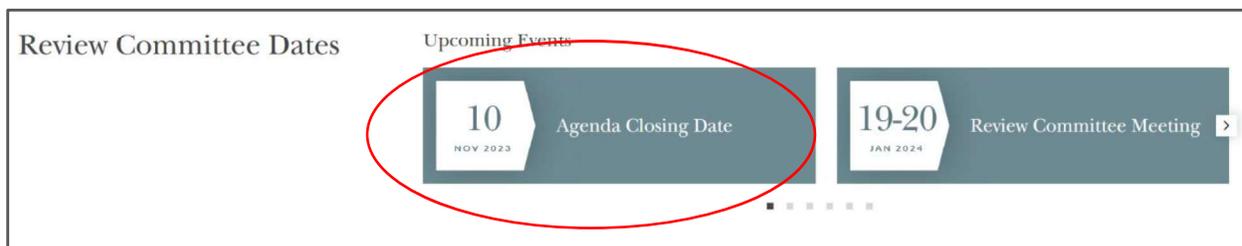
Application Timeline

It typically takes a program six to 12 months to gather the required information and to complete the program application. After the program submits the application, it can take as little as four months, or up to 12 months if a site visit is required, for the relevant Review Committee to make an accreditation decision. All residency programs and some fellowship programs must be site-visited after submission of a program application and prior to the Review Committee's review of the program. The following dates are important to keep in mind when determining the application timeline:

- **Review Committee Meeting Date:** Since all application reviews occur during regularly scheduled Review Committee meetings, identify the Review Committee meeting date the program would like to target.



- **Agenda Closing Date:** The agenda closing date is typically eight to 12 weeks in advance of the Review Committee meeting. It is also the deadline by which the program's application, and, if applicable, the Site Visit Report, must be received by the Review Committee to be considered at that meeting. [See [Program Site Visits](#) chapter.]



The Review Committee meeting dates and agenda closing dates are found under the "Review Committee Dates" heading on the "Overview" tab of the applicable specialty's section of the ACGME website.

- **DIO Review and Approval:** As noted above, once the application is complete, it must be submitted in ADS to the Sponsoring Institution's DIO for review and approval. Therefore, time should be factored into a program's timeline for this review and approval, which will vary by Sponsoring Institution depending on its internal processes.

Example Application Timeline:

A program is submitting an application for accreditation of an internal medicine residency program. The target Review Committee meeting is January 19-20, and the agenda closing date is November 10. Since this is an internal medicine residency program application, it will require an accreditation site visit (all residency applications and some fellowship applications require a site visit). To allow enough time for scheduling and completion of the site visit, the program should consider submitting the application approximately six months

prior to the agenda closing date (i.e., by May 10). See the [Specialty and Subspecialty Information Table](#) to determine if a particular subspecialty application requires a site visit.

Program Site Visits

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Time of year: Site visits occur throughout the academic year.

Relevance for Program Coordinator Role:

- It is important that program coordinators are familiar with the site visit process as they play a pivotal role in site visit preparations and logistics.

Overview

The accreditation and recognition process for programs includes site visits to assess compliance with the applicable Program and Recognition Requirements. All accreditation and recognition site visits for programs are performed by Accreditation Field Representatives who are employed by the ACGME. During the site visit, Field Representatives carefully review documentation, observe various processes, and interview both program personnel and residents/fellows.

It is important to note that the Field Representative(s) involved in the site visit do not possess the authority to make accreditation or recognition decisions. Instead, their observations and findings are documented in a comprehensive Site Visit Report. The Site Visit Report is subsequently shared with the relevant Review or Recognition Committee. Integrated with additional data sources such as the Resident/Fellow and Faculty Survey data, as well as board pass rate information, the Site Visit Report plays a pivotal role in the holistic assessment and decision-making process concerning the accreditation or recognition status of the program undergoing review.

Types of Site Visits

There are several different types of accreditation/recognition site visits that may occur within the life cycle of a program.

- **Application Site Visit:** All specialty programs (residencies) and some subspecialty programs (fellowships) must be site-visited after submission of a program application and prior to the Review Committee’s review of the program. This type of site visit seeks to verify and clarify the application documents submitted by the program under review. Applications for some subspecialties and Osteopathic Recognition are typically reviewed without a site visit. [See [Program Applications](#) chapter.]
- **Initial Accreditation or Initial Recognition Status Site Visit:** All programs undergo an accreditation or recognition site visit at the end of the Initial Accreditation or Recognition period (including Initial Accreditation/Recognition with Warning) and prior to a committee’s decision to confer the status of Continued Accreditation or Continued Recognition. [See [Accreditation Statuses](#) chapter.]
- **Continued Accreditation Status Site Visits**
 - **Annual Data-Prompted Site Visit:** Programs with a status of Continued Accreditation, Continued Accreditation with Warning, and Continued Accreditation without Outcomes are subject to annual review of data submitted as part of the Accreditation Data System (ADS) Annual Update process. [See

[Accreditation Data System \(ADS\) Annual Update](#) chapter.] This includes ACGME Resident/Fellow and Faculty Survey reports; Case Log data (if applicable); certifying board pass rate data for program graduates; scholarly activity data for residents/fellows and faculty members; resident/fellow and personnel attrition; program changes; and any additional information requested by the Review or Recognition Committee. If the applicable Review or Recognition Committee has concerns about any of these data elements (e.g., low board pass rates, low survey scores), a site visit may be scheduled.

- **Random Sampling Site Visit:** The ACGME will select a small number of programs on Continued Accreditation statuses for site visits on an annual basis. These site visits will be identified through a random sampling process and will support the ACGME's assurance responsibility to the public.
- **Continued Recognition Status Site Visits**
 - **Annual Data-Prompted Site Visit:** Programs with a status of Continued Recognition and Continued Recognition with warning are subject to annual review of data submitted as part of the ADS Annual Update process.
 - **10-Year Site Visit:** Programs with Continued Recognition statuses undergo a 10-Year Recognition Site Visit.
- **Probationary Accreditation or Recognition:** A site visit is required for a program with a status of Probationary Accreditation or Recognition prior to the next review and accreditation or recognition status decision. [See [Accreditation Statuses](#) chapter.]
- **Complaint-Prompted Site Visit:** Review or Recognition Committees may request a site visit to review complaint allegations and determine the disposition of a complaint. Such site visits often require a team of Field Representatives.
- **Review and Recognition Committees can request a site visit at their discretion.**

Prior to the Site Visit

Program coordinators and program directors collaborate closely to ensure thorough preparation for a site visit, with the program coordinator typically responsible for organizing logistics, updating ADS, and gathering requested documents.

The following is an overview of the pre-site visit process:

1. The program director, program coordinator, and institutional staff members receive an email from the ACGME Department of Accreditation, Recognition, and Field Activities asking the program to select blackout dates (dates during which the program is unavailable). The number of blackout dates depends on the timeframe of the request. The larger the timeframe, the more blackout dates may be provided. The blackout date email request also contains the modality of the site visit (remote or in person).
2. The Field Activities staff members schedule the site visit on an available date and send a Site Visit Announcement letter through ADS. This letter will include the site visit date (programs typically have at least 30 days between receipt of the Site Visit Announcement letter and the site visit date). The letter resides in ADS and programs receive a notification email when it has been released. The letter includes the following information:
 - a. The site visit date
 - b. The site visit modality (in person or remote) – note that the site visit modality is determined by the ACGME
 - c. The name and contact information for the assigned Field Representative(s)
 - d. Instructions for accepting the assigned date

- e. Instructions for updating ADS and uploading documents to ADS as well as deadlines for updates/uploads
 - f. Links to site visit information on the ACGME website
3. Following receipt of the Site Visit Announcement letter, the assigned Field Representative sends a Letter of Instruction (LOI) that includes specifics for the site visit. It may take up to two weeks to receive this letter from the date of receiving the Site Visit Announcement letter. The LOI focuses on activities during the site visit. It is sent via email and there is no copy in ADS. It includes confirmation of the site visit format, site visit logistics, a proposed site visit schedule, request for consensus lists, instructions for document review, additional document requests (if applicable), and refers to the Site Visit Announcement letter for updates/uploads and deadlines.
 4. During the weeks prior to the site visit, the program coordinator works with the program director to provide the following information:
 - a. Update program information and upload documents in ADS that are listed in the Site Visit Announcement letter (may be up to 14 documents, depending on the type of site visit). Examples of ADS updates/uploads include: attestation statement, site descriptions, resident/fellow roster, program director CV, faculty roster and certifications, faculty and resident/fellow scholarly activity, responses to citations, accurate and up-to-date block diagram, major changes and other updates, program letters of agreement, policies, and evaluation forms. The [“Updating ADS for Upcoming Accreditation or Recognition Site Visits”](#) document provides more detailed guidance regarding the types of information required for the different types of site visits.
 - b. Provide other required documents as outlined on the last page of the Site Visit Announcement letter (if applicable). Examples of other possible required documents include: completed evaluations of residents/fellows and faculty members, conference schedule, work hours data, and quality improvement policies.
 5. The program coordinator is typically responsible for the following logistical preparations for an in-person site visit:
 - a. Send calendar invitations to interview participants (residents/fellows, faculty members, designated institutional official (DIO), etc.).
 - b. Reserve a private, quiet room (or rooms) in which the Field Representative(s) may conduct interviews with program personal and residents/fellows.
 - c. Order catering for the room (e.g., coffee, water, beverages, light snacks) and ask the Field Representative(s) if they have any dietary restrictions.
 - d. Order audio/visual equipment, such as a screen and projector if sharing documents electronically.
 6. The program coordinator is typically responsible for the following logistical preparations for a virtual site visit:
 - a. Send calendar invitations to interview participants (residents/fellows, faculty members, DIO, etc.), ensuring they are aware of the following:
 - i. The ACGME prefers that interviewees call into the remote interviews individually through their device from a private office or other location.
 - ii. Zoom is the preferred platform. Interviewees should make sure that Zoom is installed on their devices and that their devices have working microphones and cameras. Field Representatives will provide the Zoom link; participants do not need to have a Zoom account.
 - iii. Interviewees should have access to high-speed, reliable internet. A laptop or desktop computer with an ethernet connection is preferred for the DIO/program director and program coordinator meetings.

- b. If participants are meeting as a group (not preferred), reserve a private, quiet room with good lighting in which to conduct the interviews and any necessary audio/visual equipment. Note that the camera needs to show all participants and the microphone should be placed so all participants can be heard by the Field Representative(s).
 - c. [“Tips for a Successful Remote Site Visit with the ACGME”](#) provides additional guidance on preparing for a virtual site visit.
7. The program director may meet with the residents/fellows and faculty members before the site visit to ensure they are aware of why the site visit is taking place and to review any citations and the actions taken by the program to resolve them.

During the Site Visit

Whether in person or virtual, the following typically happens during a site visit. It is important to follow the Field Representatives’ agenda and let them know if anything needs to be adjusted.

1. The site visit begins with a meeting between the Field Representative(s) and the program director. The program coordinator may also be present during this interview.
2. The Field Representative(s) meet with residents/fellows individually or in small groups.
3. The Field Representative(s) meet with faculty members.
4. The Field Representative(s) meet with institutional leadership. The DIO and department chair are the most common institutional leaders interviewed, but if they are not available sometimes a designee will be permitted to interview as a proxy for the DIO.
5. For some visits, the 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.
6. For some specialties, or if there were prior citations related to facilities, the Field Representative(s) may tour selected clinical facilities or request a video tour.
7. Toward the end of the site visit, the Field Representative(s) hold a wrap-up meeting with the program director to discuss any issues that arose during the site visit. This is the program’s opportunity to ask questions, receive some preliminary feedback, and clarify any concerns that the Field Representative(s) may have regarding the program. The feedback is based on the Field Representatives’ understanding of the accreditation standards and familiarity with relevant best practices. The Field Representative(s) will not offer predictions regarding accreditation outcomes, nor will they assess when the program will be reviewed by the Committee; these decisions are the sole purview of the Review or Recognition Committee.
8. The last site visit agenda item is typically the document review. The program coordinator is typically present during this portion of the site visit and may be asked questions about the documents by the Field Representative(s).

After the Site Visit

1. The Field Representative(s) may request additional information after the site visit. It is important to only send information that is requested.
2. The Field Representative(s) writes a detailed narrative Site Visit Report.
3. The Site Visit Report is used, together with information in ADS, by the Review or Recognition Committee to confer its decision. Review and Recognition Committees meet two to three times per year, so, depending on the meeting schedule, it may take several weeks or months for a program to be reviewed. See the applicable [specialty section](#) of the ACGME website to find the Review or Recognition Committee meeting schedule.

Note that the program will not receive the Site Visit Report unless the Review or Recognition Committee confers one of the following statuses: Application Withheld, Probation, or Withdrawal. [See [Accreditation Statuses](#) chapter.]

Evaluations

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- Program coordinators are typically responsible for monitoring the various evaluation processes outlined in this chapter, including dissemination and collection of evaluation forms, logistical preparations, and data collection.

Evaluation refers to the process of examining the performance, quality, or effectiveness of a subject. It involves the collection and analysis of relevant data and information to make informed judgments or decisions about the strengths, weaknesses, and overall value of the subject being assessed. The subjects being assessed in this case are residents/fellows, faculty members, and the program. This chapter provides an overview of the required evaluations in a graduate medical education (GME) context, and the role that a program coordinator plays in the process.

Below are some useful definitions for this chapter:

- **Clinical Competency Committee (CCC):** A required body comprising three or more members of the active teaching faculty, including at least one core faculty member, that is advisory to the program director and reviews the progress of all residents or fellows in the program. The CCC must meet at least semiannually, but may meet quarterly or even monthly. See [Common Program Requirements](#), Section 5.3., for additional requirements related to the CCC.
- **Competency-based medical education (CBME):** An educational approach that focuses on demonstration of specific competencies as the basis for progressing through a residency/fellowship program, rather than focusing solely on time-based education and training.
- **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 Skills; Medical Knowledge; Practice-Based Learning and Improvement; Interpersonal and Communication Skills; Professionalism; and Systems-Based Practice.
- **Program Evaluation Committee (PEC):** A group appointed by the program director to conduct program review, as needed, and the Annual Program Evaluation. See [Common Program Requirements](#), Section 5.5., for additional requirements related to the PEC.

Milestones

Time of year: There are two Milestones reporting windows per academic year. The first is between November and mid-January, and the second is between April and mid-June. The exact dates of each window are posted on the [Milestones](#) section of the ACGME website and the Milestones section of the Accreditation Data System (ADS). In addition, programs will receive an email when the Milestones evaluations have been scheduled.

Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents/fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.

Each specialty and subspecialty has its own Milestones that are based on the six Core Competencies of Patient Care and Procedural Skills; Medical Knowledge; Practice-Based

Learning and Improvement; Interpersonal and Communication Skills; Professionalism; and Systems-Based Practice. All specialty and subspecialty Milestones can be found on the Milestones section of the ACGME website under [Milestones by Specialty](#) and on the Milestones tab of the applicable [specialty section](#) of the ACGME website.

The program director, with input from the CCC, is required to assess each resident's/fellow's Milestones progress twice yearly. [See *Semi-Annual, Annual, and Final Evaluation of Residents/Fellows sections of this chapter.*] The program coordinator is typically responsible for reporting the Milestones data in ADS for each resident/fellow in the program twice yearly during the established reporting windows.

Additional Milestones resources are located in [the Milestones section](#) of the ACGME website. Program coordinators may find the following particularly useful:

- The Milestones Guidebook includes an overview of the Milestones, how they are used by the ACGME, and what Milestones reports are available in ADS.
- Milestones FAQs includes common questions related to the Milestones.

End-of-Rotation Evaluation of Residents/Fellows

Time of year: Throughout the academic year.

A rotation is a specific period of education and training during a residency or fellowship program when a resident/fellow is assigned to work in a specific area of the program's specialty or subspecialty, typically ranging from one week to three months. Residents/fellows often rotate through different hospitals, clinics, or health care facilities to gain varied clinical experiences and enhance their skills in various areas pertinent to their specialty/subspecialty.

During a rotation, the resident/fellow is supervised and observed by a faculty member who is responsible for providing verbal feedback throughout the rotation and completing a written evaluation at the end of the rotation. These written evaluations are then used (as one piece of data among several) during the semiannual and final evaluation process (more on this below). Note that if a rotation is longer than three months in duration, an evaluation must be documented at least every three months. Rotational evaluations must be accessible for review by the resident/fellow.

Program coordinators are typically responsible for monitoring the rotational evaluation process. They should be familiar with the type of rotation evaluation form used within their program. If the form is housed in a residency management system, there is likely a setting that pushes out the evaluation forms to the relevant faculty members at the appropriate time and sends reminder emails to faculty members that do not turn in their evaluation forms in a timely manner. Other programs may use a form created in house. In this case, the coordinator is typically responsible for sending the forms to the applicable faculty members (most likely via email) and ensuring that the evaluation forms are completed in a timely manner.

While program coordinators are not typically involved in the creation of assessment forms, it is important to note that it is never a good idea to use the Milestones in their entirety for a rotational evaluation. However, it *is* appropriate to use those portions of the Milestones applicable to a particular rotation within a rotational evaluation form. Another approach to rotational evaluation forms is to simply include these two questions: (1) What did the

resident/fellow do well? (2) What areas need improvement? When it comes to rotational evaluation forms, making them short and easy to complete is the best option.

Multisource Evaluations of Residents/Fellows

Time of year: Throughout the academic year.

Programs are also required to use multisource evaluators to assess resident/fellow performance. These evaluations are meant to be completed by people who interact and work with the resident/fellow on a regular basis, including coordinators, nurses, therapists, pharmacists, social workers, peers, and patients. These evaluations typically assess the resident/fellow in the areas of professionalism, interpersonal and communication skills, and systems-based practice.

Resident/fellow self-evaluations are also included in this category. A common approach involves residents/fellows completing a self-assessment of the Milestones that they can compare and contrast, with a trusted advisor, to the Milestone judgments of the CCC every six months.

Program coordinators are typically responsible for monitoring the multisource evaluation process. They should be familiar with the type of multisource evaluation forms used within their program and which groups complete them. If the form is housed in a residency management system, there is likely a setting that pushes out the evaluation forms to the relevant employee groups at the appropriate time and sends reminder emails to those who do not turn in their evaluation forms in a timely manner. Other programs may use a form created in house. In this case, the coordinator is typically responsible for sending the forms to the applicable employee groups (most likely via email) and ensuring that the evaluation forms are completed in a timely manner.

For programs that use patient evaluations of residents/fellows, the distribution of the evaluation form varies by program/institution.

Semi-Annual Evaluation of Residents/Fellows

Time of year for residency programs:

- Logistical preparations (scheduling, reserving rooms) and data gathering may begin as early as **August**.
- The CCC typically meets in **November** to conduct the semi-annual evaluations.
- Residents meet individually with the program director (or a designated faculty member) to review their semi-annual evaluation in **December**.

Time of year for fellowship programs: Varies by subspecialty.

The ACGME requires programs to conduct semi-annual evaluations of resident/fellow progress. In addition, programs are required to help residents in developing individualized learning plans (ILPs) to capitalize on their strengths and identify any areas that need additional support or effort. It is recommended that ILPs are created every six months. The semi-annual evaluation must be accessible for review by the resident/fellow.

From the coordinator perspective, the timeline of the semi-annual evaluation process is as follows:

1. **Scheduling meetings and reserving rooms** for both the CCC meeting and the individual resident/fellow evaluation meetings.
2. **Compiling, organizing, and distributing data for the CCC meeting.** This may include rotational evaluations, multi-source evaluations, Milestones data, in-training exam scores, resident/fellow conference attendance, performance improvement plans, case log data, etc.
3. **Attending the CCC meeting(s).** Coordinators may attend CCC meetings in an administrative role but cannot be a CCC member. If in attendance, the coordinator will typically take minutes.
4. **Submitting Milestones data** following the individual resident/fellow evaluation meetings. *[See Milestones section of this chapter.]*

Annual Evaluation of Residents/Fellows

Time of year for residency programs:

- Logistical preparations (scheduling, reserving rooms) and data gathering may begin as early as **March**.
- The CCC typically meets in **May** to conduct the annual evaluations.
- Residents meet individually with the program director (or a designated faculty member) to review their semi-annual evaluation in **June**.

Time of year for fellowship programs: Varies by subspecialty.

The annual evaluation is a summative evaluation of a resident/fellow performed at the end of the academic year and used to determine resident/fellow readiness to progress to the next year of the program. Note that one-year programs will not have an annual evaluation. Instead, they will have a final evaluation. *[See [Final Evaluation of Residents/Fellows section](#) of this chapter.]* The annual evaluation must be accessible for review by the resident/fellow.

The annual evaluation process is very similar to the semi-annual evaluation process, but with the following important differences:

- As part of the annual evaluation process the program director, with input from the CCC, must address whether the resident/fellow is ready to progress to the next year of the program. In addition, the annual evaluation form must include a specific statement about the resident's readiness to progress to the next year of the program.
- Programs must develop remediation plans for those residents/fellows who fail to progress to the next year of the program.

From the coordinator perspective, the timeline of the annual evaluation process is the same as the semi-annual evaluation process and is as follows:

1. **Scheduling meetings and reserving rooms** for both the CCC meeting and the individual resident/fellow evaluation meetings.
2. **Compiling, organizing, and distributing data for the CCC meeting.** This may include rotational evaluations, multi-source evaluations, Milestones data, in-training exam scores, resident/fellow conference attendance, performance improvement plans, case log data, etc.
3. **Attending the CCC meeting(s).** Coordinators may attend CCC meetings in an administrative role but cannot be a CCC member. If in attendance, the coordinator will typically take minutes.

4. **Submitting Milestones data** following the individual resident/fellow evaluation meetings. [See [Milestones](#) section of this chapter.]

Final Evaluation of Residents/Fellows

Time of year for residency programs:

- Logistical preparations (scheduling, reserving rooms) and data gathering may begin as early as **August**.
- The CCC typically meets in **November** to conduct the semi-annual evaluations.
- Residents meet individually with the program director (or a designated faculty member) to review their semi-annual evaluation in **December**.

Time of year for fellowship programs: Varies by subspecialty.

Programs are required to conduct an overall evaluation for every resident/fellow upon completion of a program. The evaluation must be accessible for review by the resident/fellow.

The final evaluation process is very similar to the semi-annual and annual evaluation processes, but with the following important differences:

- The final evaluation must become part of the resident's/fellow's permanent record maintained by the institution and must be accessible for review by the resident/fellow in accordance with institutional policy.
- The final evaluation form must include a statement that verifies that the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.

From the coordinator perspective, the timeline of the final evaluation process is the same as the semi-annual and annual evaluation processes and is as follows:

1. **Scheduling meetings and reserving rooms** for both the CCC meeting and the individual resident/fellow evaluation meetings.
2. **Compiling, organizing, and distributing data for the CCC meeting.** This may include rotational evaluations, multi-source evaluations, Milestones data, in-training exam scores, resident/fellow conference attendance, performance improvement plans, case log data, etc.
3. **Attending the CCC meeting(s).** Coordinators may attend CCC meetings in an administrative role but cannot be a CCC member. If in attendance, the coordinator will typically take minutes.
4. **Submitting Milestones data** following the individual resident/fellow evaluation meetings. [See [Milestones](#) section of this chapter.]

Resident/Fellow Evaluation of Faculty Members

Time of year: Throughout the academic year.

The ACGME requires that residents/fellows evaluate faculty members. These evaluations must be anonymous and confidential.

Program coordinators are typically responsible for monitoring the resident/fellow evaluation of faculty member process. They should be familiar with the type of evaluation form used within their program. If the form is housed in a residency management system, there is likely a setting that pushes out the evaluation forms to the relevant residents/fellows at the appropriate time

and sends reminder emails to residents/fellows who do not turn in their evaluation forms in a timely manner. Other programs may use a form created in house. In this case, the coordinator is typically responsible for sending the forms to the applicable residents/fellows (most likely via email) and ensuring that the evaluation forms are completed in a timely manner.

Program Evaluation of Faculty Members

Time of year: Varies by program, but typically toward the end of the academic year.

At least annually, program leadership must evaluate all faculty members who have significant interactions with residents/fellows. Faculty members should be evaluated based on their role in resident/fellow education, including clinical care, teaching, and research in aspects such as clinical productivity, review of patient outcomes, or peer review of scholarly activity. In addition, programs are required to incorporate the resident/fellow evaluations of faculty members into this evaluation.

Program coordinators may be responsible for logistical aspects of this process, such as scheduling faculty evaluation meetings and reserving rooms. They typically also compile the data used by program leadership to evaluate faculty members. This includes the anonymous resident/fellow evaluations of faculty members, faculty scholarly activity, faculty development information, etc.

Annual Program Evaluation

Time of year for residency programs:

- Logistical preparations (scheduling, reserving rooms) and data gathering may begin as early as **May**.
- The PEC typically meets in **June** to conduct the Annual Program Evaluation.
- The Annual Program Evaluation is shared with the designated institutional official (DIO) in **July**.

Time of year for fellowship programs: Varies by subspecialty.

The following is adapted from the [ACGME Guide to the Common Program Requirements](#).

The ACGME requires programs to evaluate their performance and plan for improvement in the Annual Program Evaluation. Programs must have a PEC appointed by the program director to advise the program director through program oversight and conduct and document the Annual Program Evaluation.

Program Evaluation Committee Responsibilities

The PEC has three key responsibilities and they include:

- review of the program's goals and progress toward meeting them;
- guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
- review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

Data to be considered for the Annual Program Evaluation (Common Program Requirement 5.5.e. and the related Background and Intent)

This requirement outlines three key elements the PEC must consider for the Annual Program Evaluation:

- outcomes from prior Annual Program Evaluation(s);
- aggregate resident/fellow and faculty written evaluations of the program; and,
- other relevant data.

Other relevant data the PEC can consider:

- Curriculum
- ACGME letters of notification, including citations, Areas for Improvement, and comments
- Quality and safety of patient care
- Aggregate resident/fellow and faculty well-being
- Recruitment and retention
- Workforce composition, including graduate medical education staff and other relevant academic community members
- Engagement in quality improvement and patient safety
- Scholarly activity
- ACGME Resident/Fellow and Faculty Survey results
- Aggregate resident/fellow Milestones evaluations, and achievement on in-training examinations (where applicable), board pass and certification rates, and graduate performance
- Aggregate faculty evaluation and professional development

Common Program Requirement 5.5.e. permits flexibility to identify data and indicators that are feasible to measure and relevant to an individual program's aims. Some Sponsoring Institutions have standardized elements of Annual Program Evaluations and programs should consult with their DIO.

Dissemination of the Annual Program Evaluation and Submission to the DIO (Common Program Requirement 5.5.g.)

While it is important that programs conduct and document an Annual Program Evaluation, this requirement emphasizes the need to review and discuss the Annual Program Evaluation with faculty members and residents/fellows and also share it with the DIO. The Sponsoring Institution's DIO and Graduate Medical Education Committee (GMEC) are responsible for overseeing Annual Program Evaluations. The DIO and GMEC may expect programs to submit Annual Program Evaluation information in a specific format. The DIO should be contacted with any questions about how to submit an annual review and action plan.

From the coordinator perspective, the timeline of the Annual Program Evaluation process is as follows:

1. **Scheduling meetings and reserving rooms** for the PEC meeting.
2. **Compiling, organizing, and distributing data for the PEC meeting.** This includes the data outlined above.
3. **Attending the PEC meeting(s).** Coordinators may attend the PEC meeting and will typically take minutes.
4. **Disseminating the Annual Program Evaluation** to faculty members and residents/fellows.
5. **Submitting the Annual Program Evaluation** to the DIO.

See the [ACGME Guide to the Common Program Requirements](#) for a suggested template for internal program use in the Annual Program Evaluation. It is included in Section 5.5. in both the residency and fellowship versions.

Case Logs

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

This chapter is applicable to coordinators whose programs use the ACGME Case Log System.

Relevance for Program Coordinator Role:

- It is important for program coordinators to know what a Case Log is and where to locate their specialty’s/subspecialty’s Case Log minimums. Program coordinators also need to be aware of the reports available in the Case Log System, as they may be responsible for tracking resident/fellow progress toward meeting the minimum case/patient/procedure requirements, and verifying that graduates have met the minimums.

Overview

A Case Log is a record that documents specific clinical cases and procedures performed by (or in some cases observed by) residents and fellows during their education and training. They include details such as patient diagnoses, procedures performed, and outcomes, but they do not contain identifiable patient information.

Several specialties/subspecialties define the minimum number of specific case, patient, or procedure types that residents/fellows are required to log by graduation. Among these specialties/subspecialties, some include the minimums in Section 4 of the specialty/subspecialty-specific Program Requirements. Examples include:

4.11.t.	Each resident must perform at least 200 intra-operative consultations. (Core)
4.11.u.	Each resident must examine at least 1,500 cytologic specimens, including a variety of both exfoliative and aspiration specimens. (Core)

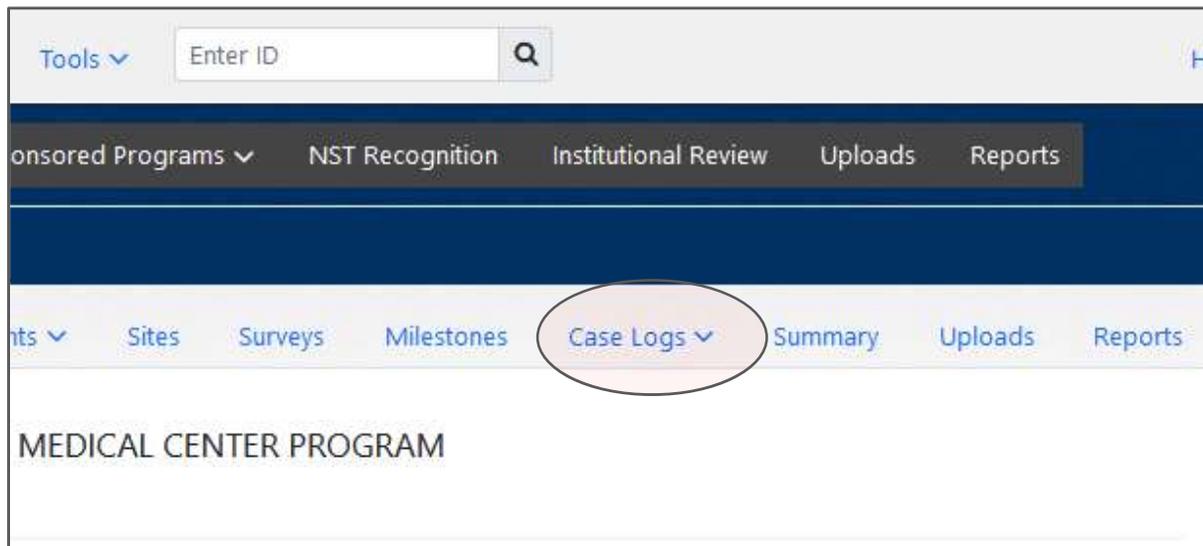
4.11.d.	Each resident must perform at least seven interstitial and 15 intracavitary brachytherapy procedures. (Core)
4.11.d.1.	Of the required intracavitary brachytherapy procedures, a minimum of five must be tandem-based insertions for at least two patients. (Core)
4.11.d.2.	Of the required intracavitary brachytherapy procedures, no more than five should be cylinder insertions. (Core)

Other specialties/subspecialties outline the minimum number of specific case, patient, or procedure types that residents/fellows are required to log by graduation in a separate document posted on the specialty/subspecialty Documents and Resources page. Examples include:

- [Dermatology](#)
- [General Surgery](#)
- [Urology](#)

The ACGME Case Log System

The Case Log System is a web application within the Accreditation Data System (ADS) where residents and fellows log the clinical experiences specific to their specialty/subspecialty on a case-by-case basis or in aggregate, depending on the specialty/subspecialty. For specialties/subspecialties that use the Case Log System, it can be accessed via the navigation bar toward the top of the program page once logged into ADS:



Residents and fellows may also enter their case logs through the ACGME Case Logs mobile app. To locate the app, search for “ACGME Case Logs” in the Google Play store for Android users and the App Store for iPhone users.

Be aware that some specialties/subspecialties outline minimum case/patient/procedure requirements, but do not use the ACGME Case Log System. In these cases, individual programs may use an internal system to track case/patient/procedure numbers.

Resident/Fellow Access to the Case Log System

Once a resident/fellow is added in ADS to a program that uses the ACGME Case Log System, they will receive an ACGME-generated username/password automatically via email.

When a resident/fellow leaves the program and their data is archived, they can still access reports and download their cases, but they can no longer add or edit cases.

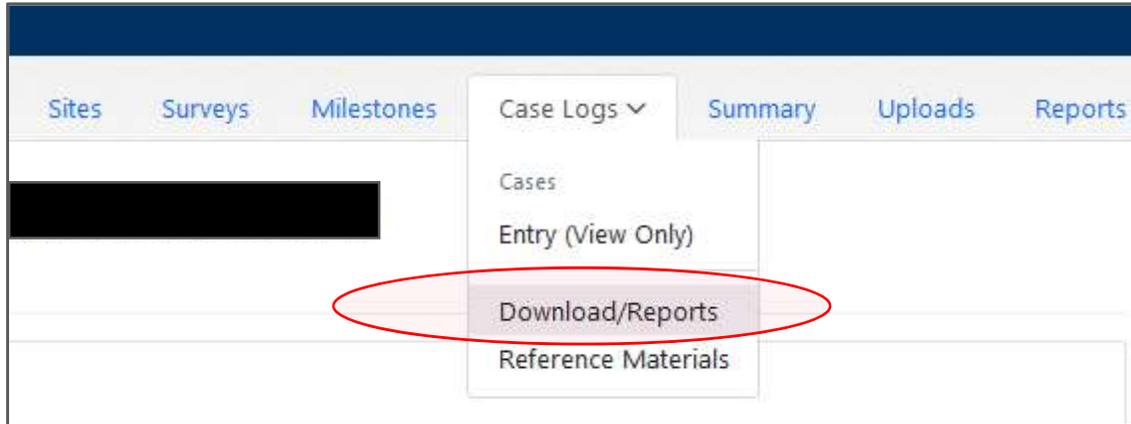
If a former resident/fellow has forgotten their username/password, they can use the Forgot Username/Password feature on the ADS login page. If they are unable to retrieve their account information, they can email ads@acgme.org for further assistance.

Case Log Reports

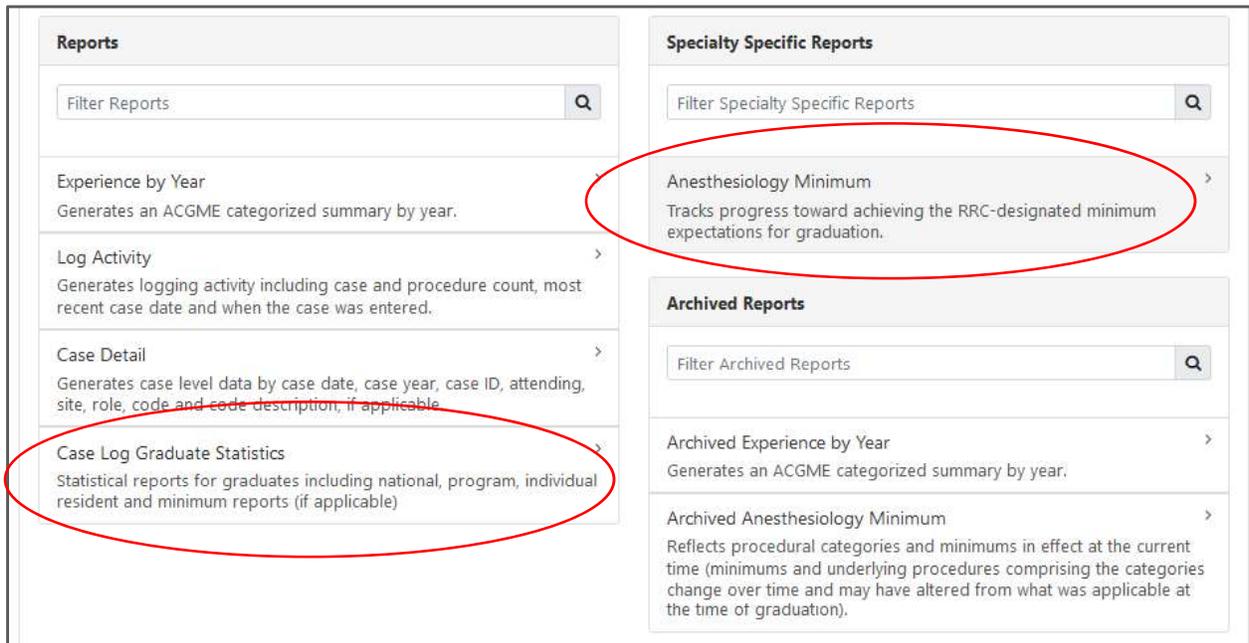
Programs that have access to the Case Log System can review the information logged by their residents/fellows through the reporting and search tools. These data are grouped into specialty-specific categories by the Review Committees, and may be used as program performance

indicators, meaning that if all graduates of a program do not meet the Case Log minimums, this information will be shared with the applicable Review Committee and may result in a citation or Area for Improvement.

Coordinators should be aware of the reports available in the Case Log System, as they may be responsible for tracking resident/fellow progress toward meeting the minimums and verifying that graduates have met the minimums. [See [Verification of Case Log Data](#) section of this chapter.] To access the Case Log reports, from the program page in ADS, select “Case Logs” and navigate to the “Download/Reports” page from the drop-down menu:



The menu of available reports below is fairly self-explanatory, but explanations of the two reports circled in red are below the image.



Case Log Graduate Statistics

The reports in this category only include graduate data. They do not include current resident/fellow data. In order to view these reports, the following conditions must be met:

- The program must have graduates.

- The graduates have logged cases for their entire length of education and training (i.e., Case Logs were available to the specialty/subspecialty and required logging during that time).
- The graduates started in the program after the program became accredited.
- The entire specialty/subspecialty has completed its annual update (this impacts reports generated between the rollover and the Annual Update due date).

Specialty Minimum Report

Note that the image above depicts the Reports page for an anesthesiology program. The name of the minimum report will reflect the applicable specialty/subspecialty (e.g., “Surgery Minimum,” “Internal Medicine Minimum”). This report is useful for tracking current resident/fellow progress toward meeting the specialty/subspecialty minimums and when verifying that residents/fellows about to graduate have met the minimums. [See [Verification of Case Log Data](#) section of this chapter.]

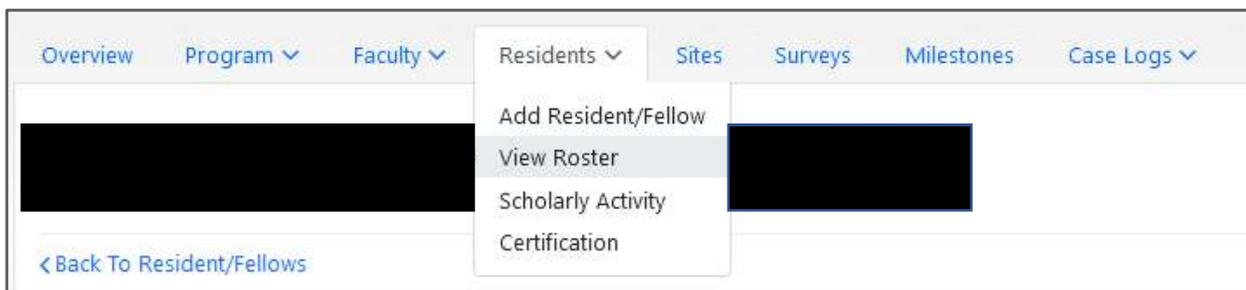
Verification of Case Log Data

Time of year: July-August.

See the [Case Log Specialty Information](#) on the ADS Public site to determine if a specialty or subspecialty is required by the ACGME to annually verify that graduates have met the applicable Case Log requirements. If verification is required, the specialty/subspecialty will appear on the “Use Required by ACGME” report, which also includes the data verification deadline for each specialty/subspecialty. Note that some specialties/subspecialties use the ACGME Case Log System but are not required to annually verify graduate completion of their Case Log data. These programs are included on the “Use Not Required by ACGME” report.

As part of the Annual Update, the coordinator typically works with the program director to verify graduate Case Log data and to mark graduates as complete in ADS. [See [Accreditation Data System \(ADS\) Annual Update](#) chapter]. The process is as follows:

1. Use the Minimum Report to verify that all graduates have met the required minimums. [See [Case Log Reports](#) section of this chapter.] If the program has been tracking resident/fellow progress toward meeting the minimums throughout their program, this report should indicate that they all have met the minimums. If there are residents/fellows who have not met all the minimums, it is good practice to provide an explanation as to why in the Major Changes section of the Annual Update. [See [Accreditation Data System \(ADS\) Annual Update](#) chapter.]
2. In ADS, navigate to the resident/fellow roster by selecting “Residents” (or “Fellows” if it is a fellowship program) and then “View Roster.”



- Once on the roster page, hover over a resident/fellow who is to be marked as complete and click the blue “View” button.

Year in Program	Status	Start	End			
█	Active Full time	6/24/2023	6/23/2027			View

- Once on the resident/fellow page, scroll down to the “Resident [or Fellow] Status” section and change the “Active” status to “Completed Training.”

2. Resident Status

Current Status:

Active Full time

Active

- Active Full time
- Active Part time
- Started Program Off-Cycle

Completed Training

- Completed All Accredited Training (for this specialty) - successfully promoted

- Click the “Save” button.
- Repeat steps two through five for each graduate.

As noted above, this process must be completed by the deadline stated in the “Use Required by ACGME” report. Once this date has passed, the Case Log data of the graduates is archived, which means it may no longer be added to or edited. This creates a static data set for analysis and national-level data reporting.

Complement Change Requests

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Time of year: Throughout the academic year.

Relevance for Program Coordinator Role:

- Program coordinators should know the meaning of the term “complement,” as well as the difference between permanent and temporary complement changes.
- It is important that program coordinators are aware of the complement change process, as they often play a pivotal role in processing and overseeing complement change requests.

A program’s complement is the maximum number of residents or fellows approved by a Review Committee. Some Review Committees approve complement only by total while others approve complement by both total and program year. When submitting an application, programs request their desired resident or fellow complement and, as part of the application review, the Review Committee determines if the program has the necessary resources to support this complement. [See [Program Applications](#) chapter.]

To find your program’s approved complement, navigate to the Program Profile page in the ACGME Accreditation Data System (ADS). “Total Approved Resident/Fellow Positions” is the approved complement. “Total Filled Resident/Fellow Positions” reflects the number of residents/fellows currently enrolled in the program. Below is an example for a four-year program:

Total Approved Resident Positions: 56					
Total Filled Resident Positions*: 56					
Complement Breakdown: Approved					
Years:	1	2	3	4	Total
Approved:	14.0	14.0	14.0	14.0	56.0
Complement Breakdown: Filled					
Years:	1	2	3	4	Total
Filled:	13.0	14.0	14.0	15.0	56.0

*Total filled will reflect the previous academic year until the annual update is completed for the current academic year. Totals may vary from year to year due to off cycle residents.

Occasionally, programs may seek to change their complement, whether on a permanent or temporary basis. Programs with the status of Initial Accreditation, Initial Accreditation with Warning, Continued Accreditation with Warning, or Probation cannot initiate a complement increase.

This chapter will delve into the two types of complement increase requests and the process for submitting those requests.

The following is adapted from the [ACGME Guide to the Common Program Requirements](#).

Permanent Complement Change Requests

A program may request a permanent complement increase to expand its size. Programs can also request a decrease in permanent complement if they need to decrease the size of the program below the approved complement. All permanent complement increase requests must be submitted through ADS and require approval by the Review Committee.

Review Committees assess all requests for permanent complement increases thoroughly, considering the clinical, educational, and other resources available to the program. Additional information or a site visit may be requested for a permanent complement change request, depending on the details of the request. Review Committees review permanent increase requests at their scheduled meetings, and therefore programs should check posted meeting agenda closing dates on the applicable [specialty section](#) of the ACGME website and plan accordingly before submitting a request.

Review Section 3.4. of the specialty-/subspecialty-specific Program Requirements to determine if a minimum complement number is required. Each Review Committee also provides additional information on the specialty-specific process to request a complement change on the Documents and Resources tab of its specialty section of the ACGME website or in the specialty FAQs. Questions about specialty-specific Program Requirements related to resident/fellow complement should be directed to specialty Review Committee staff.

Temporary Complement Change Requests

Temporary complement changes are always increase requests, i.e., a program cannot temporarily *decrease* its complement. A program may request a temporary complement increase for many reasons, including remediation; resident/fellow well-being needs; medical, parental, or caregiver leave; and a resident/fellow beginning the program off cycle.

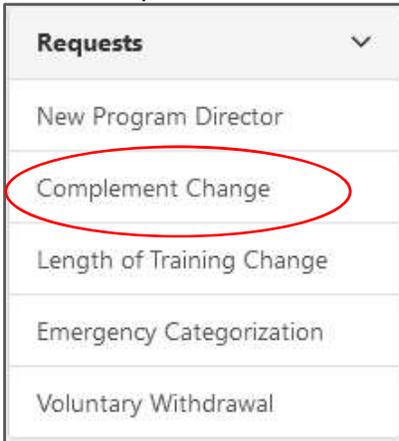
All Review Committees allow extensions of education and training of up to 90 days without the need to submit a temporary complement increase request for residents/fellows in all specialties, including transitional year, except one-year programs. For requests greater than 90 days, Review Committee guidance related to submission and approval varies by specialty/subspecialty. Visit the Documents and Resources tab of the applicable [specialty section](#) of the ACGME website and look for a document addressing complement changes.

Programs are strongly encouraged to contact their graduate medical education office and the applicable specialty certifying board for guidance on extending a resident's or fellow's education and training, as the impact and requirements vary from one certifying board to another.

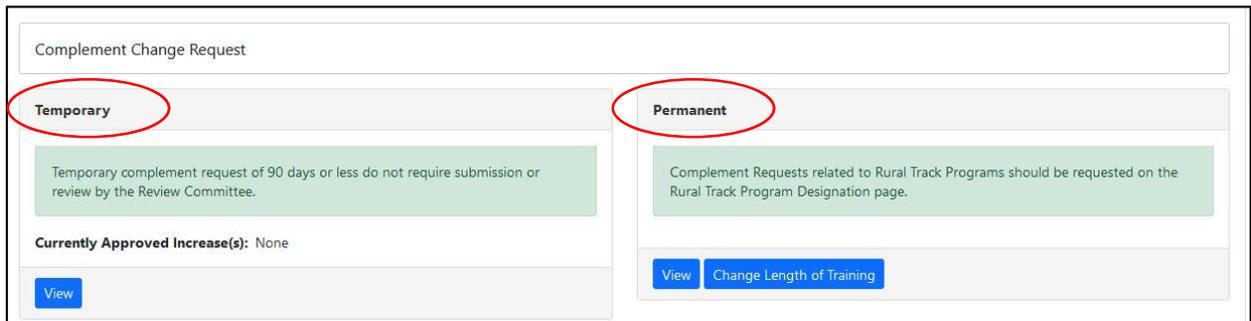
Initiating a Complement Change in ADS

To initiate a request to change the program's complement (permanently or temporarily):

1. Log into ADS.
2. Under the "Program" tab, select "Complement Change" from the right panel under "Requests."



3. Select either "Temporary" or "Permanent" request.



4. Complete all required information and submit.

Once submitted, the request will be forwarded to the designated institutional official (DIO) for approval. Once approved by the DIO, the request will be forwarded to the specialty Review Committee for review.

New Program Director Change Requests

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- It is important for program coordinators to be familiar with this process as they may be responsible for updating pertinent information related to the new program director in the Accreditation Data System (ADS), such as the curriculum vitae.

Time of year: Throughout the academic year.

The following is adapted from the [ACGME Guide to the Common Program Requirements](#).

The program director is the individual designated with the authority and accountability for the operation of a residency or fellowship program, including compliance with all applicable program requirements. In ADS, the program director appears in the Program Leadership section of the Program Profile page, as well as first on the faculty roster and labeled “PD.”

A new program director can be designated for a program at any time through a program director change request initiated in ADS by the designated institutional official (DIO) (the individual who holds the authority and responsibility for all ACGME-accredited programs within a Sponsoring Institution). For appointment of a new program director, the Graduate Medical Education Committee (GMEC) must first verify that the proposed new program director meets the qualifications outlined in Common Program Requirement 2.5. (qualifications of the program director) and that the program director has an active medical license and a current clinical appointment and privileges before approving the change. Note that some specialties/subspecialties require additional qualifications for program directors. If applicable, these additional qualifications are included in Section 2.5. of the specialty-/subspecialty-specific Program Requirements. Following GMEC approval, the DIO will enter the recommendation into ADS via a new program director request.

Initiating a New Program Director Change Request in ADS

Tasks to be completed by the DIO

1. The DIO logs into the Sponsoring Institution’s ADS account.
2. Go to the **Sponsored Programs** tab and locate the program for which the program director will change.
3. On the **Program** tab, click **New Program Director**.
4. Read the instructions carefully and select one of two options: **“Choose Program Faculty”** or **“Search/Add New Person.”**

Program Director Change Request

Instructions

⚠ Do not proceed with changing the program director unless you want this change to take effect immediately and remove account access for the current program director.

Enter the new Program Director or choose from a list of eligible faculty in this program. If the new director already exists in another program at your institution, use the search feature to find their existing records. After completing and submitting the form below, the new director will receive an email with an Accreditation Data System (ADS) login and instructions to complete and submit this change. They will also immediately assume this role within ADS (including our public ADS website).

Please review all information below for accuracy as it relates to this program. The new director and DIO will be informed if this change does not meet Review Committee (RC) requirements. Avoid submitting a change in Program Director more than 60 days in advance of their appointment date.

[Choose Program Faculty](#) [Search / Add New Person](#)

5. The **DIO completes** two key sections: **DIO questions** and **Director Profile Information**, including the rationale for the change.

Program Director Change Request [Submit Change Request](#)

Instructions

Existing Faculty
Please Select

1. DIO Questions

Is the previous director remaining in the program as teaching faculty?
 Yes
 No

Has the DIO/GMEC ensured the new director meets the required qualifications for this role?
 Yes
 No

2. Director Profile Information

Salutation:

First Name: **Middle Initial:** **Last Name:** **Suffix:**

Degrees:

Title:

Phone Number **Extension**

Mobile Phone

Email

Date first appointed director

Year First Started Teaching in GME

Term length

Date first appointed faculty in this program

DIO Comments
 These comments will be sent to the new Program Director.

Rationale for Program Director Change
 Provide a rationale for the change in Program Director (e.g., previous Program Director has retired, etc.).

- When the **DIO submits the change**, the **former program director’s ADS access will be immediately disabled** and the **new program director will receive an email notification with the username and password (if new to ADS) and a notification to review the change**. The new contact information is immediately reflected in ADS and on the public ACGME website.

Tasks to be completed by the new program director or program coordinator

- Once the new program director logs into ADS, **the change request will be available on the Overview tab** toward the bottom of the page for review, completion of any missing information, and submission. The program director change is not complete until submitted by the new program director.

NOTE: It is critical that the new program director or a designee (typically the program coordinator) complete all required fields on both the “Profile and Certifications” and “CV” tabs associated with the request. Fields that require information or updates will be

marked in red. Accurate completion of all required fields will reduce the need for ACGME staff members to seek updated information from programs, ensuring timely review and approval by the applicable Review Committee.

2. Once the new program director submits the completed request, an email notification will be generated in ADS to the ACGME, the DIO, and the institutional coordinator(s).
3. Review Committee staff members will reach out to programs with questions or requests for additional information as needed if the new program director change request is incomplete. Programs will be notified through ADS if a request is denied.

Note that some specialty/subspecialty Review Committees choose to review and formally issue a decision and notification letter when approving or denying a program director change. If a specialty or subspecialty requires this approval, the following requirement will appear in the applicable specialty-/subspecialty-specific Program Requirements:

2.2.a. Final approval of the program director resides with the Review Committee.

Programs should review the specialty-/subspecialty-specific webpages for more information or verify the program director change process with Review Committee staff.

Primary Clinical Site/Participating Sites

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Sponsoring Institution

Relevance for Program Coordinator Role:

- Program coordinators should know the meaning of the terms “Sponsoring Institution” and “designated institutional official (DIO)” and where to access this information within the Accreditation Data System (ADS) for their respective programs.

All programs must have a Sponsoring Institution, which is the organization that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the [ACGME Institutional Requirements](#). Sponsoring Institutions are often hospitals, but for a list of other types of institutions, see the [ACGME Data Dictionary for Sponsoring Institution and Participating Site Types](#). To find your program’s Sponsoring Institution in ADS, navigate to the “Program Profile” page and scroll down to the section titled “Program Profile.” The name of the Sponsoring Institution is listed here.

All Sponsoring Institutions must have a DIO. This is the individual in a Sponsoring Institution who has the authority and responsibility for all of that institution’s ACGME-accredited programs. The DIO is copied on accreditation correspondence and is required to initiate or approve the following in ADS:

- New program director (must be initiated by the DIO)
- Complement changes (must be initiated by the program director and approved by the DIO)
- Voluntary withdrawal (must be initiated by the program director and approved by the DIO)
- Program length/format changes (must be initiated by the program director and approved by the DIO)

Primary Clinical Site

Relevance for Program Coordinator Role:

- Program coordinators should know the meaning of the term “primary clinical site” and where to access this information within ADS for their respective programs.

All programs are required to designate a primary clinical site, which is the most commonly utilized site of clinical activity for the program. To find your program’s primary clinical site in ADS, navigate to the “Sites” tab. The primary clinical site is labeled “Primary” and listed first under the heading “Participating Site Information.”

#	ID	Site Name	Required Rotation	Rotation Months
				Y1 Y2 Y3 Y4
Primary			Yes	11 12 11 11
2			Yes	0 0 2 1

Review the applicable specialty-/subspecialty-specific Program Requirements to determine if there are any additional requirements related to the primary clinical site, such as requiring a certain percentage of rotations to occur there, requiring that other specific specialties/programs be present there, or requiring that the program director or particular faculty members be based there. These requirements most commonly appear in Sections 1, 2, and/or 4 of the specialty-/subspecialty-specific Program Requirements.

Participating Sites

Relevance for Program Coordinator Role:

- Program coordinators typically work with the program director to update (add or delete) participating sites in ADS.
- Program coordinators should know the meaning of the term “participating site,” and where to find their program’s participating site(s) (if applicable) in ADS.

In addition to the primary clinical site, many programs also utilize participating sites, which are organizations providing educational experiences or educational assignments/rotations for residents/fellows. Examples may include hospitals, medical offices, urgent care centers, rehabilitation facilities, etc. For a list of other types of participating sites, see the ACGME [Data Dictionary for Sponsoring Institution and Participating Site Types](#).

To find your program’s participating site(s) in ADS, navigate to the “Sites” tab, under the heading “Participating Site Information.” If utilized, the participating site(s) will be listed under the primary clinical site and numbered, beginning with two.

#	ID	Site Name	Required Rotation	Rotation Months
				Y1 Y2 Y3 Y4
Primary			Yes	11 12 11 11
2			Yes	0 0 2 1
3			Yes	1 1 0 1
4			No	0 0 0 1

Adding and Deleting Participating Sites

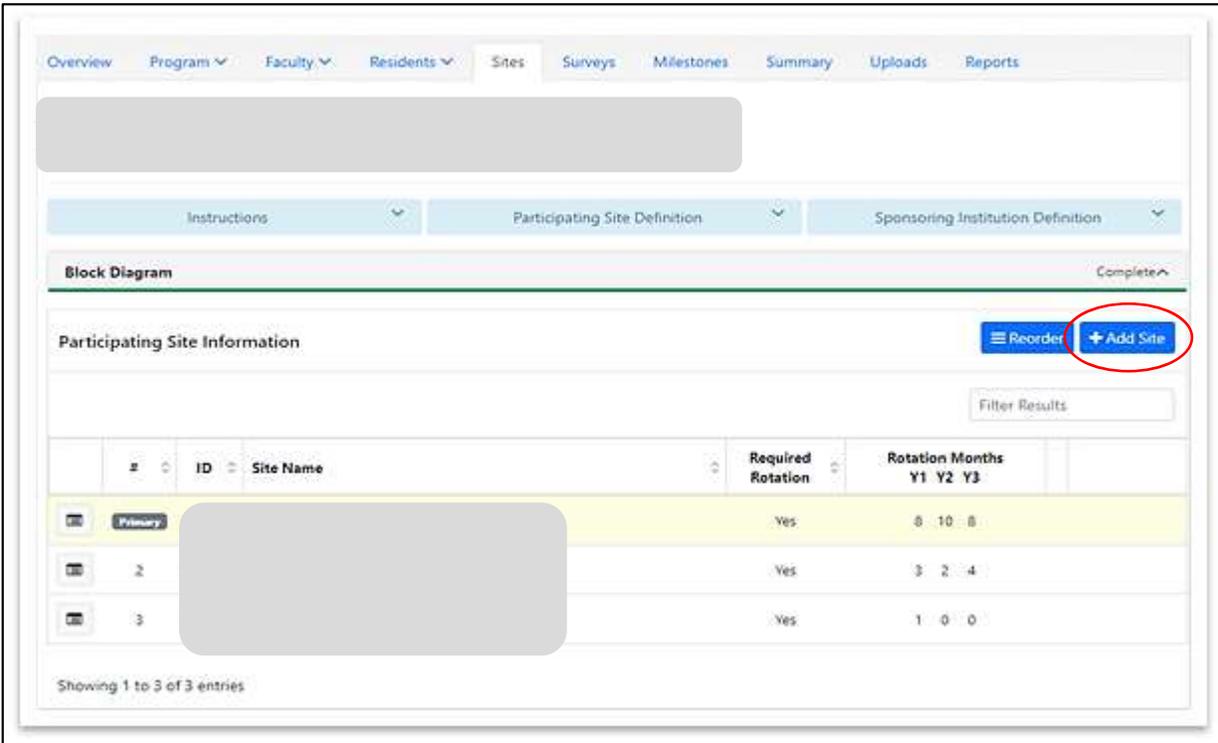
Time of year: Throughout the academic year.

Sometimes a program may need to add a new participating site or delete a current participating site. Both of these actions are accomplished through ADS.

The following is adapted from the [ACGME Guide to the Common Program Requirements](#).

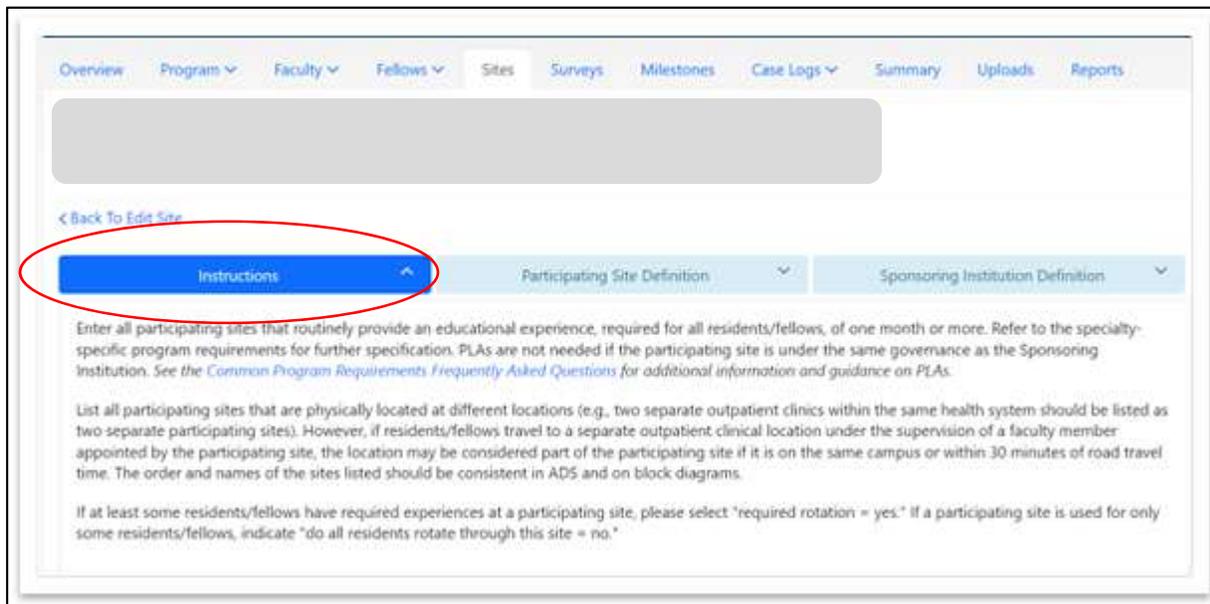
ADS Screenshot: Adding a Participating Site

To add a site in ADS, log into the program’s ADS profile, then go to the Sites tab on the top navigation bar and click the “Add Site” blue button.



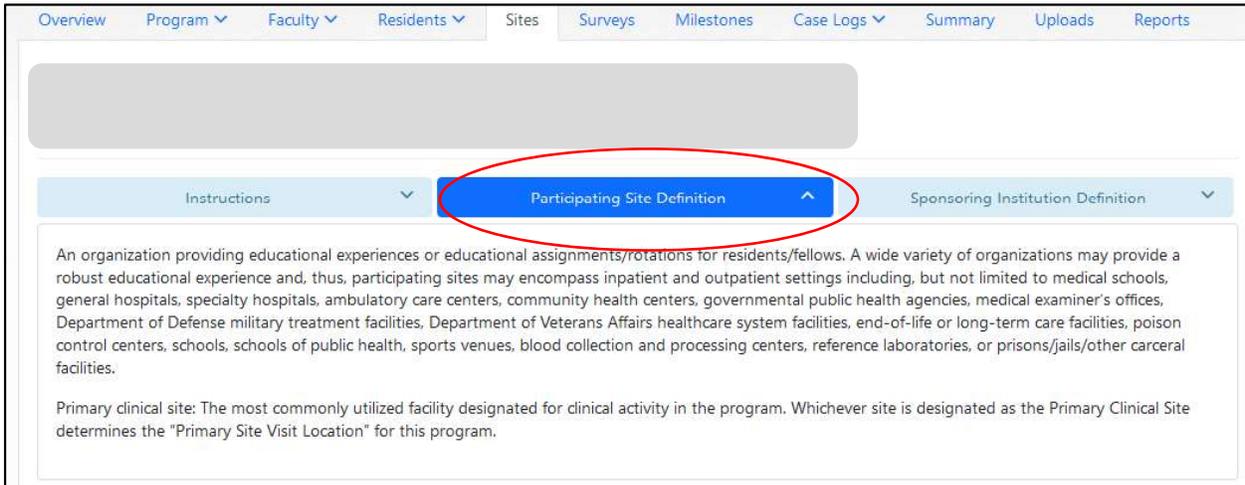
ADS Screenshot: Instructions for Adding Participating Sites

For instructions on which participating sites should be added into ADS, on the “Sites” tab, click the arrow on the “Instructions” blue bar to expand it.



ADS Screenshot: Participating Site Definition

For the definition of a participating site, click the arrow on the “Participating Site Definition” blue bar to expand it.



The screenshot displays the ADS interface with a navigation bar at the top containing tabs for Overview, Program, Faculty, Residents, Sites, Surveys, Milestones, Case Logs, Summary, Uploads, and Reports. Below the navigation bar is a large grey rectangular area. A horizontal bar below this area contains three dropdown menus: 'Instructions', 'Participating Site Definition', and 'Sponsoring Institution Definition'. The 'Participating Site Definition' dropdown is highlighted with a red oval and is expanded, showing a list of definitions. The first definition reads: 'An organization providing educational experiences or educational assignments/rotations for residents/fellows. A wide variety of organizations may provide a robust educational experience and, thus, participating sites may encompass inpatient and outpatient settings including, but not limited to medical schools, general hospitals, specialty hospitals, ambulatory care centers, community health centers, governmental public health agencies, medical examiner's offices, Department of Defense military treatment facilities, Department of Veterans Affairs healthcare system facilities, end-of-life or long-term care facilities, poison control centers, schools, schools of public health, sports venues, blood collection and processing centers, reference laboratories, or prisons/jails/other carceral facilities.' The second definition reads: 'Primary clinical site: The most commonly utilized facility designated for clinical activity in the program. Whichever site is designated as the Primary Clinical Site determines the "Primary Site Visit Location" for this program.'

ADS Screenshot: Adding Participating Site Details

On the “Add Site” screen, the program will select a site name from the pre-populated dropdown menu. If the site is not on the list, contact the DIO to have the site added. Programs may only enter sites that the Sponsoring Institution has approved and added to ADS. Complete all other information and click the “Save Site” button.

The screenshot shows the 'Add Participating Site' form with the following fields and options:

- Site Name:** A dropdown menu with 'Select One'.
- Is this a site for patient care?** Radio buttons for Yes, No.
- Primary Clinical Site:** University of Alabama Hospital.
- Is Clinical Site? (Admin Only):** Radio buttons for Yes, No.
- Required Rotation:** Radio buttons for Yes, No.
- Do all residents rotate through this site?** Radio buttons for Yes, No, Unknown.
- Program Letter of Agreement (PLA) exists between program and site?** Radio buttons for Yes, No, N/A (site under governance of sponsoring institution), Unknown.
- Program Letter of Agreement (PLA) Date:** A date picker field.
- Rotation Months (align with block diagram):** Three input fields for Y1, Y2, and Y3.
- Distance to Primary Clinical Site:** Input fields for Miles and Minutes.
- Describe how this participating site is used for your program.** A large text area.
- Site Director:** A dropdown menu with 'Select...'.
- Which of the following are available within this site for residents (check all that apply):**
 - Safe, quiet, clean, and private sleep/rest facilities available and accessible with proximity appropriate for safe patient care
 - Shower
 - Secure areas (lockers or rooms that can be locked)
 - Access to food
 - Parking accessible to site
 - Internet Access
 - Reasonable accommodations for residents/fellows with disabilities consistent with the Sponsoring Institution's policy
 - Clean and private facilities for lactators with proximity appropriate for safe patient care
 - Clean and safe refrigeration resources for the storage of human milk

NOTE: Programs should complete all requested information. The ACGME may request additional information from the program if the information submitted is incomplete or inaccurate. For example:

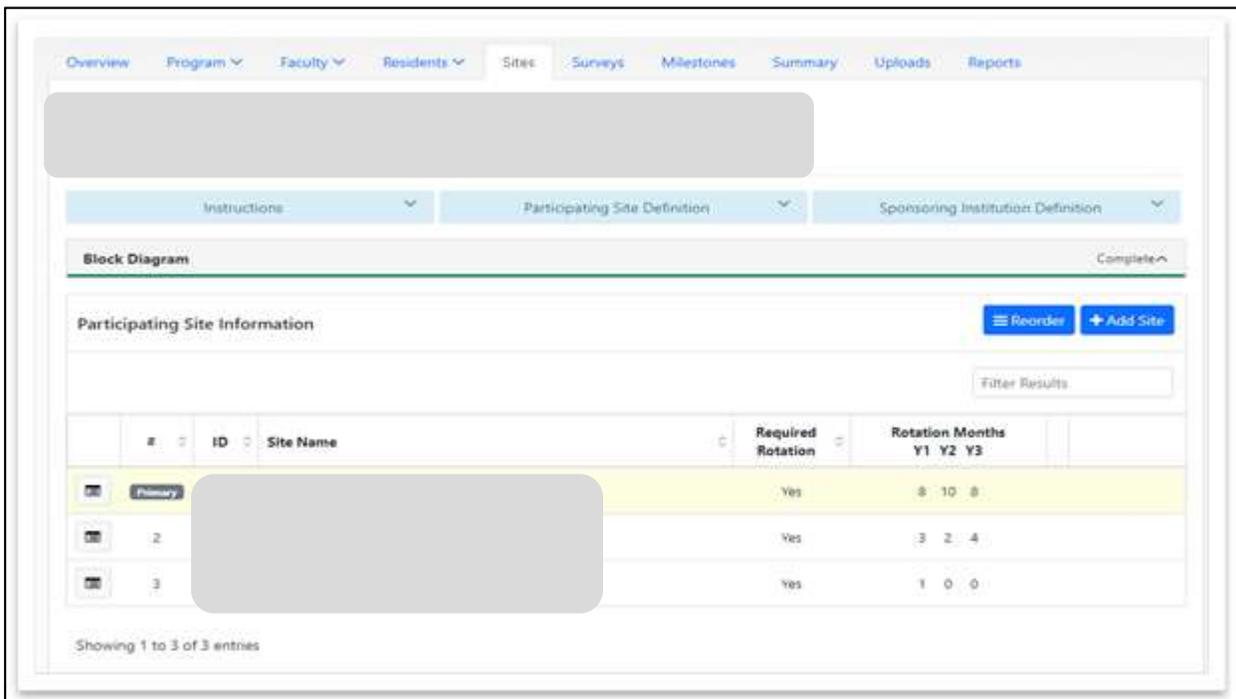
- Rotation months for each post-graduate year listed for that participating site do not align with the rotation months on the block diagram. [See [Block Diagrams](#) section of the *Accreditation Data System (ADS) Annual Update* chapter.]

- The description of the content of the educational experience does not include a rationale for the addition of the site, faculty coverage, volume/variety of clinical experience, site support, and/or educational impact.

While copies of program letters of agreement (PLAs) are not required when adding a new participating site, programs should ensure that a PLA is in place. A copy may be requested by the ACGME during a site visit or as needed. [See [Program Letter of Agreement](#) section of this chapter.]

ADS Screenshot: Deleting a Participating Site

If the program no longer uses a participating site, the site should be removed from the list of sites in ADS. To remove a site, on the Sites tab hover over the site in the list of participating sites and click the “X” button.



Once all participating sites have been added to or deleted from ADS, programs should review the list of participating sites and ensure that they are ordered based on the number of months residents spend at each site, with the most-used site listed as primary and all other sites listed in descending order. To reorder the participating sites:

1. Click the blue “Reorder” button.
2. Click and hold on the dotted icon next to the site, then drag and drop to its desired location.
3. Click “Save Order” for your changes to take effect.

Note that only required rotation sites may be reordered. Elective rotation sites will appear on the reorder screen but will automatically sort after required sites in alphabetical order.

Programs should also ensure that the number of months for each year of the program totals 12. If the number of months for each year of education and training do not total 12, the “Comments”

box should be used to provide an explanation to the Review Committee. Lastly, programs should ensure that the participating sites listed in ADS match the participating sites listed on the block diagram, including the number of months residents/fellows rotate at each site. This is a common discrepancy Review Committees identify.

Review Committee Approval of Participating Site Additions and Deletions

Once a site is added to or removed from ADS, the Review Committee staff members are notified of the change. The change is reviewed per the Review Committee process and programs will receive notification of approval or follow-up from the Review Committee staff. Note: Not all Review Committees review participating site changes in real time and may not send notifications.

Common Areas for Improvement (AFIs) or Citations

Some of the most common areas for which programs receive an AFI or citation related to participating sites include:

- The listing of participating sites in ADS does not match information on the block diagram.
- The number of months for each year of education and training listed for each participating site in ADS is different from the block diagram.
- The number of months for each year of education and training does not total 12 and the program does not provide an explanation.
- A site director is not identified or is incorrectly identified on the participating site profile in ADS and/or the PLA.

Program Letter of Agreement (PLA)

Time of year: Throughout the academic year.

Relevance for Program Coordinator Role:

- Program coordinators typically work with the program director to prepare and obtain signatures for PLAs.
- Program coordinators should know the meaning of the term “PLA” and where to locate their program’s PLA(s).

The following is adapted from the [ACGME Guide to the Common Program Requirements](#).

The PLA is a written document that addresses graduate medical education (GME) responsibilities between a program and a participating site at which residents/fellows have required educational experiences. *[See Participating Sites section of this chapter.]*

The Association of American Medical Colleges (AAMC) has developed a [PLA template](#) which programs can use and modify according to their specific needs.

Important notes:

- Program directors are responsible for PLAs. DIOs are required to review and approve all PLAs.
- A change in program director or DIO does not require updating a PLA with new signatures.
- PLAs must be updated and renewed at least every 10 years.
- The ACGME only requires PLAs for sites providing required educational experiences. PLAs are not required for elective rotations.

- Although the ACGME does not require PLAs for sites providing elective rotations, an institution or GME office may require a PLA for those sites.
- PLAs are between a program and the participating site and include all rotations taking place at that participating site.
- PLAs are not required for participating sites under the governance of the Sponsoring Institution.

The purpose of a PLA is to ensure a shared understanding of expectations for the educational experience, the nature of the experience, and the responsibilities of the program and the participating site.

As specified in the Background and Intent under Common Program Requirement 1.5., suggested elements for a PLA include:

- Identifying the faculty members who will assume educational and supervisory responsibility for residents/fellows;
- Specifying the responsibilities for teaching, supervision, and formal evaluation of residents/fellows;
- Specifying the duration and content of the educational experience (e.g., rotation name, educational objectives); and,
- Stating the policies and procedures that will govern resident/fellow education during the assignment.

Additional considerations for PLAs that may be further clarified in specialty-/subspecialty-specific FAQs include:

- The site director may be the program director in some cases, but the program director is not usually the site director at all participating sites; and,
- If the site is distant, the program should consider providing the residents/fellows with accommodation proximate to the participating site.

The ACGME requires copies of PLAs to be uploaded in ADS for new program applications and updated applications. Accreditation Field Representatives request copies of and verify PLAs during site visits for applications, initial accreditation, and other types of site visits. For programs with a status of Continued Accreditation, the PLA is not requested when a new participating site is added in ADS. However, the program must provide confirmation that a PLA is in place and list the effective date. If the effective date is not available, the signature date may be documented as the effective date.

ADS Screenshot: Adding a Participating Site and PLA Details

When entering a new participating site in ADS, programs are asked to confirm that a PLA exists and provide its effective date.

The screenshot shows the 'Edit Participating Site' form in the ADS system. The form includes the following fields and questions:

- Site Name: [Redacted]
- Is this a site for patient care?
 - Yes
 - No
- Primary Clinical Site:
 - Yes
 - No
- Required Rotation:
 - Yes
 - No
- Do all fellows rotate through this site?
 - Yes
 - No
- Program Letter of Agreement (PLA) exists between program and site?
 - Yes
 - No
 - N/A (site under governance of sponsoring institution)
- Program Letter of Agreement (PLA) Date: 05/01/2021

Examples of Rotations that Require a PLA

- One-month required rotation in a pediatric inpatient unit in a children's hospital in a family medicine program
- One-month required rotation in rheumatology in an internal medicine program
- Two-month required rotation in an emergency department with a Level 1 trauma center at a site that is not the Sponsoring Institution
- Longitudinal required geriatric experience in a long-term care facility in a family medicine program
- Four-week required retina rotation with a community physician who is not a member of the medical staff of one of the participating sites in an ophthalmology program

Potential Areas for Improvement (AFIs) or Citations related to PLAs

- Failure to have a PLA signed by the DIO, the program director, and the site director for each site at which fellows rotate for a required educational experience
- Failure to renew a PLA every 10 years
- Incorrect/incomplete participating site information in ADS

In addition to the guidance included here, the [Common Program Requirements FAQs](#) address multiple questions from the GME community about PLAs.

Common Program Requirement 1.4. requires that the program must monitor the clinical learning and working environment at all participating sites. The Background and Intent further explains the rationale for this requirement and is worth repeating: “While all residency/fellowship programs must be sponsored by a single ACGME-accredited Sponsoring Institution, many programs will utilize other clinical settings to provide required or elective education and 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.”

Examples of how programs can monitor the experience at all participating sites include but are not limited to:

- Resident/fellow evaluations of rotations at each participating site
- Participation of the site director in faculty meetings
- Inclusion of the site director on the Clinical Competency Committee (CCC), and/or on the Program Evaluation Committee (PEC)

International Rotations

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- If applicable, program coordinators should be familiar with their specialty’s/subspecialty’s requirements related to international rotations. They may be responsible for compiling the necessary documentation for the Review Committee and/or communicating with the relevant certification body regarding requirements related to time away from the program.

Time of year: Throughout the academic year.

An international rotation refers to a structured period during which residents or fellows have the opportunity to work and gain clinical experience in health care settings outside of the United States. This experience is designed to expose residents or fellows to different health care systems, cultural practices, and medical challenges, enhancing their overall medical education and providing a more comprehensive perspective on global health care.

Some Review Committees provide specifications for and/or require approval of international rotations. This guidance varies by specialty/subspecialty and may be found in the applicable specialty-/subspecialty-specific Program Requirements; in the specialty-specific Background and Intent within the Program Requirements; or in a separate document posted on the ACGME website in the Documents and Resources tab of the applicable specialty section. Note that specialties/subspecialties that have Program Requirements addressing international rotations typically also provide additional guidance in a document posted on the applicable Documents and Resources page. Below are examples of Review Committees that provide guidance documents on their Documents and Resources page:

- [Anesthesiology](#)
- [Neurological Surgery](#)
- [Obstetrics and Gynecology](#)

Program coordinators are typically involved in compiling the necessary information required for an international rotation. If approval is required, this information is usually emailed directly to Review Committee staff (see the applicable specialty page for staff contact information). Some Review Committees do not require approval of international rotations, but instead require certain information to be available in the event of a site visit. [See [Program Site Visits chapter](#).] Some examples of information that may be required for an international rotation include:

- An educational rationale for the rotation
- The duration of the rotation
- Whether it is a permanent rotation or a one-time rotation
- A program letter of agreement with the host country medical facility
- Goals and objectives for the rotations

It is very important to check with the relevant certification body (if applicable) to determine if there are requirements related to international rotations or time away from the program. The certification body should be consulted even if the specialty/subspecialty does not provide specifications for or require approval of international rotations. [See [Specialty Board Certification chapter](#).]

Resident/Fellow Clinical and Educational Work Hours

Time of year: Throughout the academic year.

Relevance for Program Coordinator Role:

- Coordinators play a crucial role in ensuring compliance with resident/fellow clinical and educational work hour requirements. Their responsibilities include reviewing the submitted work hours of residents and fellows to ensure compliance, typically on a monthly basis. Moreover, coordinators actively engage in encouraging residents and fellows to promptly log their work hours through regular email reminders. This proactive approach ensures the accurate recording of clinical and educational activities, contributing to the overall efficiency and effectiveness of the program.

The following is an overview of ACGME [Common Program Requirements](#) 6.20.-6.28., adapted from the [ACGME Guide to the Common Program Requirements](#).

ACGME Oversight

The ACGME monitors compliance with Common Program Requirements 6.20.-6.28. in various ways, including:

- Questions program leadership must answer as part of an application or during the Accreditation Data System (ADS) Annual Update;
- Questions residents/fellows and faculty members answer as part of the annual Resident/Fellow and Faculty Surveys; and,
- Questions Field Representatives ask during site visits of the program at various stages of accreditation.

The Resident/Fellow and Faculty Surveys include several questions that address Common Program Requirements 6.20.-6.28. The following crosswalk documents provide additional information for programs on the key areas addressed by the survey questions and how they map to the ACGME Common Program Requirements:

- [Resident/Fellow Survey-Common Program Requirements Crosswalk](#)
- [Faculty Survey-Common Program Requirements Crosswalk](#)

In addition to the guidance included here, the [Common Program Requirements FAQs](#) address multiple questions from the graduate medical education community related to Section 6.20-6.28.

Maximum Hours of Clinical and Educational Work per Week (6.20.)

The language in the requirements bears repeating: 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.

ADS Screenshot: As part of a program application or for the ADS Annual Update for a program on Initial Accreditation, the program director must attest that resident rotation schedules meet the 80-hour work week requirement

10. As program director, I attest that resident/fellow rotations will be scheduled to meet clinical and education the work week limit of 80 hours.
 Yes No

Programs that regularly schedule residents/fellows to work 80 hours per week and still permit them to remain beyond their scheduled work period will undoubtedly exceed the 80-hour maximum, which would mean they are not in substantial compliance with the requirement.

The ACGME Review Committees strictly monitor and enforce compliance with the 80-hour requirement. Where violations of the 80-hour requirement are identified, programs are subject to citation and are at risk for an adverse accreditation action.

In a [letter to the community](#) on January 9, 2019, former ACGME President and Chief Executive Officer Thomas J. Nasca, MD, MACP emphasized the need to meet this requirement:

As we start off the New Year, this letter is a reminder of the importance of creating a clinical learning environment that focuses on a culture of patient safety in residency and fellowship programs year round. An important component of creating that environment is compliance with the Maximum Hours of Clinical and Educational Work per Week requirement (Common Program Requirement VI.F.1. [now 6.20.]) that went into effect in July 2017. This ACGME Common Program Requirement states that “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)”

Some studies indicate that working more than 80 hours per week has adverse effects:

1. **Ouyang, David, Jonathan H. Chen, Gomathi Krishnan, Jason Hom, Ronald Witteles, and Jeffrey Chi. 2016. “Patient Outcomes When Housestaff Exceed 80 Hours per Week.” *The American Journal of Medicine* 129(9).** <https://doi.org/10.1016/j.amjmed.2016.03.023>.
David Ouyang and his colleagues conducted a retrospective cohort study to determine whether residents/fellows working more than 80 hours per week had an impact on patient care in an inpatient general medicine service. Of the 4,767 hospitalizations reviewed, 41 percent were cared for by residents/fellows who worked more than 80 hours per week. These patients had a significantly higher length of stay, and a higher rate of intensive care unit transfer. There was no association between hours worked with in-hospital mortality or 30-day readmission rates.
2. **Desai, Sanjay V., David A. Asch, Lisa M. Bellini, Krisda H. Chaiyachati, Manqing Liu, Alice L. Sternberg, James Tonascia, et al. 2018. “Education Outcomes in a Duty-Hour Flexibility Trial in Internal Medicine.” *New England Journal of Medicine* 378(16): 1494–1508.** <https://doi.org/10.1056/nejmoa1800965>.
Desai and colleagues conducted a study of 63 internal medicine programs to determine if there were differences between residents who adhered to the 2011 ACGME duty hour policies compared to those who worked under more flexible policies that had no limits on shift length or mandatory time off between shifts. It is interesting to note that the PGY-1

residents in the flexible hours programs were less satisfied with their educational experience (includes educational quality and overall well-being), but their program directors were more satisfied with overall educational quality, including having time for bedside teaching.

Mandatory Time Free of Clinical Work and Education (6.21.)

While it is expected that resident schedules will be structured to ensure residents/fellows are provided with a minimum of eight hours off between scheduled work periods, it is recognized that residents/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 residents/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 educational work periods, as it would be difficult for a program to design a schedule that provides fewer than eight hours off without violating the 80-hour rule.

The requirements in this category are self-explanatory.

6.21. Residents should have eight hours off between scheduled clinical work and education periods.

6.21.a. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

6.21.b. 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.

ADS Screenshot: As part of a program application or for the ADS Annual Update for a program on Initial Accreditation, the program director must attest that residents/fellows will have one full day out of seven free from educational and clinical responsibilities

8. On average, will residents/fellows have one full day out of seven free from educational and clinical responsibilities?

Yes No

Maximum Clinical Work and Education Period Length (6.22.)

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

Clinical and Educational Work Hour Exceptions (6.23.)

These exceptions are 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 in 6.23. It is important to note that a resident/fellow may remain to attend a conference, or return for a conference later in the day, only if the decision is made voluntarily. Residents/fellows must not be required to stay. Programs allowing residents/fellow to remain or return beyond the scheduled work and clinical education period must ensure that the decision to remain is initiated by the resident/fellow and that residents/fellows are not coerced. This additional time must be counted toward the 80-hour maximum weekly limit.

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

6.23.a. These additional hours of care or education must be counted toward the 80-hour weekly limit.

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

6.24.a. In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy 24.00 from the [ACGME Manual of Policies and Procedures](#).

The provision for exceptions for up to 88 hours per week specifies that exceptions may be granted for particular rotations if the program can justify the increase based on criteria specified by the Review Committee. Currently, the only Review Committee that allows exceptions to the 80-hour weekly limit is the Review Committee for Neurological Surgery. The underlying philosophy for this requirement is that while it is expected that all residents/fellows should be able to learn and 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.

In-House Call (6.27.)

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

ADS Screenshot: As part of a program application or for the ADS Annual Update for a program on Initial Accreditation, the program director must provide information about the frequency of residents'/fellows' in-house call assignments

9. On the most demanding rotation, including in other departments, what will be the frequency of in house call?
If residents/fellows at different levels will be given different frequencies of in-house call, select the most frequent schedule.

- Every second night
- Every third night
- Every fourth night
- No in-house call - Not applicable
- Other

(specify below)

At-Home Call (6.28.)

There are a number of requirements related to at-home call:

- Time spent on patient care activities by residents/fellows on at-home call must count toward the 80-hour maximum.
- It is not subject to the every-third-night limitation, but must meet the requirement for one day in seven off.
- It must not be so frequent that it precludes rest or reasonable personal time.

Activities such as reading about the next day's case, studying, or research activities do not count toward the 80-hour weekly limit.

One of the most common misconceptions regarding this requirement is that residents/fellows are required to record every single minute they spend on at-home call answering phone calls and providing documentation. This is not the expectation. However, program directors must ensure that at-home call time is reasonable.

Required Program Resources

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Time of year: Throughout the academic year.

Relevance for Program Coordinator Role:

- Program coordinators should be aware of how to access required program resources, as they may be responsible for tasks such as maintaining lists of residents/fellows on call and monitoring access to call rooms.

The following is an overview of required program resources (found in section 1.8. of the [Common Program Requirements](#)), adapted from the [ACGME Guide to the Common Program Requirements](#). Be aware that oversight of these resources varies, and some may be the responsibility of the Sponsoring Institution’s graduate medical education (GME) office or human resources department.

Access to Food and Sleep/Rest Facilities (1.9.a. and 1.9.b.)

Programs are expected to partner with their Sponsoring Institutions to ensure residents/fellows have adequate access to food and sleep/rest facilities at all participating sites. Interpretations of the requirements for space may depend on the attributes of a participating site and the needs of residents when they are assigned to that site.

Depending on the type of participating site and the type of educational experience (e.g., overnight call, outpatient clinic) occurring at that site, there may be differences in the types of resources provided. Because of site-, program-, and resident-/fellow-specific factors, the ACGME does not provide uniform specifications for access to food and the physical space of sleep/rest facilities beyond the qualities indicated in the requirements and the guidance in the associated Background and Intent. It is important for Sponsoring Institutions and programs to obtain resident/fellow input when evaluating these aspects of clinical learning environments.

Access to Lactation Facilities (1.9.c.)

It is critical to acknowledge that the timing of residency/fellowship often overlaps with the timing of starting and raising families. Therefore, residents/fellows must have access to lactation facilities. Rooms for lactation must be clean, provide privacy and refrigeration, and be close enough to the clinical setting to be of use for residents/fellows who need them. Simply using a restroom as a facility for lactation or for medication administration would not meet the standard of cleanliness. Refrigeration capabilities are essential for storage. In addition, the availability of a computer and telephone will allow residents and fellows, if necessary, to provide continued attention to patient care while attending to their personal health care needs.

Interpretation of the requirement for “proximity appropriate for safe patient care” is left to the program and the Sponsoring Institution. The requirements do not dictate a specific distance or a time element for the resident/fellow to get from the lactation facility or room for personal health care needs to the clinical location. Instead, institutions and programs are urged to consider the circumstances. For example, a busy, high-intensity clinical location, such as the intensive care unit, might require that the lactation room is in a location that allows immediate access to the patient care area, whereas a clinical location that is less busy or intense will not require such

proximity. In addition, it is not necessary for the lactation facility to be solely dedicated to resident/fellow use.

Accommodations for Residents with Disabilities (1.9.e.)

Programs must work with their Sponsoring Institutions to ensure compliance with institutional policies related to resident/fellow requests for accommodation of disabilities. Common Program Requirements 1.9. and 1.9.e. are companions of [Institutional Requirement 4.9.d.](#), which states, “The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations.”

Laws and regulations concerning requests for accommodation of disabilities include Title I of the [Americans with Disabilities Act](#) and related enforcement guidance published by the [US Equal Employment Opportunity Commission](#). Other federal, state, and local laws and regulations may also apply. It is common for program directors, coordinators, residents, fellows, faculty members, and designated institutional officials to collaborate with their institution’s human resources and legal departments and/or institutional officers/committees to manage requests for accommodation.

Reference Material (1.10.)

Sponsoring Institutions and programs must ensure that residents/fellows have access to medical literature that supports their clinical and educational work. Common Program Requirement 1.10. is parallel to ACGME [Institutional Requirement 2.5.a.](#), which states, “Faculty members and residents/fellows must have ready access to electronic medical literature databases and specialty-/subspecialty-specific and other appropriate full-text reference material in print or electronic format.”

Review Committee members are aware that the availability of a computer or mobile device with internet access alone may provide access to a wide range of relevant reference material. Many Sponsoring Institutions and programs purchase subscriptions to information resources and services to supplement open access materials. As with other programmatic resources, interpretation of the requirement may depend on unique circumstances of participating sites, programs, faculty members, and residents/fellows. Residents/fellows and faculty members may provide valuable input to Sponsoring Institutions and programs regarding the adequacy of available medical literature resources.

Recruitment

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- Coordinators play a vital role in ensuring a smooth and successful recruitment process for residency and fellowship programs. While they vary from program to program, coordinator responsibilities may include logistical preparations, meeting and social event organization, and serving on selection committees. This chapter provides an overview of coordinator responsibilities throughout recruitment season. However, coordinators should familiarize themselves with the specific review processes, timelines, and expectations set by their respective programs.

Note: This guide refers to the software commonly used by graduate medical education (GME) programs. The ACGME does not endorse any of these products and programs may be using products not mentioned in this chapter.

Virtual Versus In-Person

Prior to the COVID-19 pandemic, recruitment was primarily an in-person experience. Residents and fellows selected for interviews travelled to programs, attended interviews, and enjoyed recruitment-related social activities in person. The pandemic forced programs to switch to an all-virtual recruitment experience, and it appears that a hybrid model – some combination of in-person and virtual experiences – will be the norm for most programs going forward.

This chapter covers both traditional, in-person recruitment efforts and virtual recruitment efforts.

Preparation and Logistics

Marketing

Time of year: Throughout the academic year.

Programs may engage in ongoing marketing efforts throughout the academic year to generate interest in the program. These recruitment efforts typically highlight the residents/fellows and faculty members, as well as the Sponsoring Institution and program location.

Marketing activities vary across programs and institutions, but some common activities may include:

- Holding an open house, either in person or via conferencing software.
- Participating in recruitment fairs.
- Producing and sharing a video that highlights the strengths of the program and/or the Sponsoring Institution that prominently features residents/fellows and faculty members. Both professionally made and homemade videos can be very effective.
- Using social media accounts to highlight the program and the achievements of residents/fellows and faculty members.
- Offering virtual events before the interview season, allowing interested applicants to learn more about the program and faculty members through panel sessions or interactive sessions on relevant topics, such as submitting a high-quality application.

- Ensuring the program website is up to date with the most current information about the program (program director, faculty members, salary/benefits, etc.) and make sure there are no broken links.

If applicable, coordinators should contact the Sponsoring Institution's marketing department for support and guidance. It may also be helpful to ask the GME office and/or other programs within the Sponsoring Institution about their marketing efforts, and to network with other coordinators via specialty associations and online groups.

Electronic Residency Application Service® (ERAS) Registration

Time of year: Registration is typically open April through May. See the [ERAS website](#) for exact dates.

ERAS is an electronic application service offered by the Association of American Medical Colleges (AAMC). Many (but not all) programs use ERAS to organize and filter applications and to schedule interviews. It is highly recommended that new coordinators who will be using ERAS take an ERAS course to learn about filters, templates, the local system's setup, and understanding the scheduler. In addition, ERAS and [Thalamus](#) have collaborated to offer Thalamus tools within the ERAS platform to further streamline the recruitment process. See the Thalamus website for information about available training on its products.

Programs must register with ERAS annually to indicate the program's participating status for the season, configure training tracks, update contact information, and list program information (see the [ERAS FAQs for Staff](#)). For programs that have used ERAS before, registration emails are typically sent in April or May. Programs that have not used ERAS before should contact [ERAS Support](#).

For residency programs that have registered with ERAS, applications are typically available for review in September (see the ERAS website for exact date). For fellowship programs, the application availability dates vary by subspecialty (see the ERAS website for exact date). See the next section, Review Process, for more information on using ERAS (and other software) for application review.

National GME Census and FREIDA™ Database

Time of year: Registration typically opens in May. See the [FREIDA website](#) for exact dates.

The FREIDA database provides medical students and residents/fellows with information about residency and fellowship programs accredited by the ACGME. For a program to be listed in FREIDA, the National GME Census must be completed and approved by the first deadline in July. The American Medical Association (AMA) and AAMC jointly conduct the National GME Census. See the [FREIDA website](#) for more information.

National Resident Matching Program® (NRMP) Registration

Time of year for residency programs: Registration typically opens in September. See the [NRMP website](#) for the exact date each year.

Time of year for fellowship programs: Registration opening date varies by subspecialty. See the [NRMP website](#) for the exact date each year.

Registering the program for the NRMP is an essential step in the recruitment process. The NRMP facilitates the matching process between applicants and programs. See the [NRMP website](#) for more information about registration.

- To participate in the NRMP Match[®], the program director must annually confirm the program's quota through the NRMP. Coordinators often remind program directors to complete this process before inviting applicants for interviews. If any changes to the quota are necessary, they must be made before submitting the rank order list.

Supplemental Offer and Acceptance Program (SOAP)

The SOAP, offered through the NRMP, provides programs with a way to offer unfilled positions to eligible applicants that did not match with a program through the primary Match. The SOAP occurs during Match Week and can only be used by residency programs, as fellowships do not have a SOAP process. Similar to the application review process outlined below, coordinators are typically responsible for preparing the application materials for review by the selection committee, as well as for planning interviews for SOAP participants.

Residency programs that wish to participate in the SOAP during Match Week must indicate this when completing their NRMP registration. See the [NRMP website](#) for more information about the SOAP.

SF Match Registration

Time of year: Registration opening date varies by specialty and subspecialty. See the [SF Match](#) website for the exact date each year.

The SF Match system is utilized by numerous fellowship programs and some residency programs. It facilitates a comprehensive applicant review and ranking process for programs. If a program uses the SF Match, it must go through an annual registration process. See the [SF Match](#) website for more information.

Early Logistics

Time of year for residency programs: Varies by program, but typically July-August.

Time of year for fellowship programs: Varies by program and subspecialty, but typically three months prior to interview day.

Coordinators may have the following logistical responsibilities:

- Working with the program director to select and confirm recruitment interview date(s) and identifying faculty member interviewers.
- Sending calendar invitations to faculty member interviewers. It is important to know the program's policies regarding interviewers. Some programs select interviewers on a volunteer basis while others require faculty members to serve as interviewers.
- Engaging current residents/fellows in the process and inviting them to sign up for dinners, social events, and hang-out sessions. This is important for both in-person and virtual interview day(s).
- Reserving rooms for selection committee meetings. This will include the room setup, as well as any other items needed, such as notepads and pens. If interviews are held in person, rooms for interviews, meals, meet and greets, and other social events may also be needed.

- Determining what technology and audio-visual equipment is needed for selection committee meetings, interviews, and social events and making reservations accordingly.
- For programs that do not use the scheduling and application management tools available in platforms such as ERAS, coordinators should be prepared with templates for invitations, rejection letters, and thank you messages.

Application Review Process

Time of year for residency programs: Typically starts in September and can extend through January.

Time of year for fellowship programs: Varies by subspecialty.

The application review process is a critical stage in the residency and fellowship program selection timeline. It involves a careful evaluation of applicants' qualifications to determine the most suitable candidates for the program. The process typically includes several steps and involves multiple stakeholders in the decision-making process. Below are the key aspects of the application review process.

Selection Committee

The selection committee plays a crucial role in the application review process and works with the program director to set criteria and parameters for applicant evaluation and create interview guidelines. This committee typically includes experienced physicians, faculty members, current residents/fellows, and administrative staff members who understand the program's requirements and the desired qualities of prospective residents or fellows. Because coordinators work closely with residents and fellows, many programs include them as members of the selection committee.

Pre-Interview Ranking Tools

Often programs use software tools, like [ERAS](#) or [Thalamus](#) (note that Thalamus tools are now available within ERAS), to manage and filter applications. For programs that have registered with ERAS, applications are typically available for review in September (for fellowships, the timeline for the application review process varies).

Programs typically want to interview a specific number of applicants per available slot, and it is important to determine the number of applications to be reviewed by the selection committee. For example, if a large program receives 3,000 applications, filters may be used to whittle the number down to 500 applications that are then reviewed by the selection committee. Coordinators are often responsible for the filtering process and for preparing the application materials for selection committee review.

For smaller programs (often fellowships) that receive far fewer applications, the application review process may be conducted manually by the selection committee, meaning the selection committee reviews all the applications received.

Pre-Interview Ranking Process

Pre-interview ranking is typically conducted by the selection committee to narrow down the initial pool of applicants and determine those applicants who will be invited to interview. Selection committee members collaborate to determine qualified candidates based on predefined criteria. The following are examples of criteria that programs may use in the ranking process:

- Applicants' personal statements
- Letters of recommendation
- Academic transcripts
- Standardized test scores
- Medical Student Performance Evaluations (MSPEs) or dean's letters: These are comprehensive documents prepared by medical school deans or their designees for medical students applying to residencies or fellowships. These letters serve as a summary of the student's academic achievements, clinical experiences, and personal characteristics during their time in medical school.
- Program signaling: Some specialties participate in the ERAS application program signaling process. This allows applicants to express their genuine interest in a residency program when they submit the application through ERAS. Some programs may use signaling data when ranking the initial pool of applicants.

Other important considerations:

- Programs differ in the number of interviewees per resident/fellow slot and the number of interviews held per day.
- Managing different tracks for residency programs: Programs may offer various tracks, such as categorical, preliminary, or a research pathway. Each track may have different criteria, as well as different reviewers.
- Before the actual interviews are conducted, programs may conduct a practice session with selected interviewees.

Preparing for Interviews

Time of year for residency programs: September-October.

Time of year for fellowship programs: Varies by subspecialty.

Once applicants are selected for interviews, the coordinator is often responsible for various preparations. As noted in the Logistics section of this chapter, rooms and audio-visual equipment are typically ordered months in advance of the interview day(s). This section covers additional preparations conducted following applicant selection.

Invitations

Invitations are sent to the applicants selected for interviews. Programs using ERAS can utilize its invitation function. This is often preferable to sending invitations via email, as it is much easier to keep track of the communication between the program and the applicant. If using email, avoid group emails for confidentiality purposes, unless invitees are blind copied.

Alternately, individual emails can be sent using a mail merge. Other important considerations when sending invitations:

- Only invite the number of applicants selected by the selection committee. Programs can use a waitlist to manage additional candidates, if necessary. If declines are received, additional applicants can be invited.
- Give applicants a deadline to respond to the invitation (e.g., 48 hours).
- If holding virtual interviews, some specialties may have restrictions on sending invitations before the universal offer date.
- Include additional materials in the invitation, such as website information, location details (if in person), program and institution information, links to the program's benefits pages, and NRMP policy information. These details can also be sent in the confirmation communication or as part of an information packet sent to interviewees.

Scheduling Interviews

Once the selected applicants have accepted the invitation, the interview schedule is developed. Important considerations when creating the interview schedule include:

- To streamline the scheduling process, programs frequently use tools like ERAS, Thalamus, Interview Broker, and Excel, often in combination.
- Some programs may offer interview dates from which applicants can choose, while others may directly assign interview slots.
- It is important to match applicants with faculty member interviewers based on research interests and other criteria determined by the program.
- As noted in the Logistics section of this chapter, be sure that faculty members who will conduct the interviews are scheduled well in advance.
- Small programs typically hold interviews over one day, while larger programs may hold interviews over multiple days. Be aware of how many interviews should be scheduled per day.

Interview Confirmations

Once the interviews are scheduled, it is important to confirm the date and time with each applicant. At this time additional information may be sent, including:

- If in person, information regarding the process for reserving hotel rooms and/or flights.
- The interview day(s) schedule, including social events and group meals.
- If virtual, the link and password to access the virtual interview platform (e.g., Zoom, Teams).
- Ask about any special accommodations applicants may require. This could include accommodations related to the Americans with Disabilities Act, lactation facilities, food allergies or dietary restrictions, and religious or cultural needs.
- Some programs may send information packets containing essential details about the program. Note that many programs now send these items electronically using apps like Yapp, Sway, or OneDrive. Examples of materials that might be included:
 - A copy of the contract that the applicant will sign if selected
 - The program's goals and mission statement
 - Information describing stipends and benefits
 - A sample rotation schedule/block schedule
 - A list of scholarly activity/published articles from previous residents/fellows and faculty members
 - Faculty member biographies
 - Contact information for faculty members and current residents/fellows
 - For residencies: fellowship match results from the prior year, so applicants can see where residents go after completing the program
 - Program brochure
 - Information about the location of the program
 - The most recent department newsletter
 - The Sponsoring Institution's annual report
 - If in person, name badges and parking tickets
 - If in person, a map of the campus
 - A welcome statement from the program director, this could be a document or a video
 - Additional videos highlighting the program, location, or a day in the life of a resident/fellow

International Applicants

When accepting international applicants, programs should be aware of the following:

- **Visa and Work Authorization:** Programs must navigate the complexities of sponsoring international applicants for visas and work authorization. This process involves additional paperwork, time, and financial resources to ensure that the applicants can legally work in the country during their residency/fellowship.
- **Educational Equivalency:** Programs need to ensure that the education and training received by international applicants meet the required standards and are comparable to graduates from US medical schools.
- **Program Accreditation:** Some programs may need to meet specific accreditation requirements, and accepting international applicants may have implications for the program's accreditation status.
- **Language Proficiency:** Residency programs must ascertain that international applicants have a sufficient level of proficiency in the language used in the medical setting to ensure quality care and effective teamwork.
- **Program Funding:** Some programs may have limited funding or restrictions on supporting international applicants. Funding concerns may affect the number of positions available to international medical graduates.
- **Licensure and Certification:** Programs need to be aware of the additional steps international graduates may need to take to obtain medical licensure and certification in their country after completing the program.

Additional Pre-Interview Responsibilities

- If in person, ordering catering for social events, as well as beverages and snacks to be available during the interview day(s).
- If virtual, determining which conferencing software will be used (Zoom, Teams, Thalamus, etc.).
- If in person, reserving hotel rooms and flights for interviewees, if the program provides these services.
- Ordering gift items for interviewees (e.g., pens, mugs, notebooks).

Interview Day(s)

Time of year for residency programs: Typically begins in October and may extend through January.

Time of year for fellowship programs: Varies by subspecialty.

The primary purpose of the interviews is to assess applicants' knowledge, skills, experience, and personal qualities to determine if they are a good fit for the program. The interview process allows program directors and interviewers to evaluate candidates' clinical aptitude, communication skills, problem-solving abilities, and overall professionalism.

Interviews can take various formats, including one-on-one interviews with program directors or faculty members, panel interviews with multiple interviewers, or a combination of both. Some programs may also include practical assessments or situational scenarios to evaluate a candidate's clinical decision-making skills. Interview questions are often predetermined and used consistently for all interviews for parity.

To ensure a comprehensive evaluation of candidates, at the end of each interview day or on a designated day, interviewers typically participate in a roundtable discussion to rank and score

the individuals they met while their impressions are still fresh. This step is critical in preparing the final rank order list.

As previously noted, the number of interview days varies significantly based on the program or specialty, ranging from a minimum of one to as many as 40 days. In addition to interviews, programs typically hold social events, meals, Q and A sessions, and team-building exercises.

Coordinator Responsibilities

Coordinator responsibilities during interview day(s) vary across programs, but coordinators typically play a crucial role in organizing events and keeping everything on schedule.

During interview day(s), coordinators may have the following responsibilities:

- At the start of virtual interview sessions, coordinators may welcome the applicants and provide guidelines for the virtual meetings, acting as virtual tour guides and timekeepers.
- For virtual interviews, coordinators may provide technical support, ensuring interviewers and interviewees know how to use the virtual platforms, how to enter breakout rooms, when to take breaks, and other necessary functions.
- Coordinators may organize and provide support for team-building sessions, Q and As, and social functions, such as a meet and greet with current residents/fellows and faculty members and dinners. These events can be held either virtually or in person. More information about social functions is included below.
- For in-person interviews, coordinators ensure rooms are arranged properly and have the necessary audio-visual equipment. In addition, they help escort applicants and interviewers to interview rooms.
- Coordinators may be responsible for sending out evaluation forms to interviewers, often electronically through ERAS or Thalamus.

NRMP Communication Rules

Programs using the NRMP Match must strictly adhere to NRMP rules regarding communication with applicants, including refraining from using email addresses for certain types of communication. See the [NRMP website](#) for more information.

In-Person Social Events

As part of their recruitment efforts, programs offer a wide range of social events during their interview day(s). These events provide an opportunity to showcase the location, program, and institution to potential candidates. Coordinators are typically responsible for organizing these events.

In-person social events could be receptions, barbecues, or dinners, and may be attended by the applicants, current residents/fellows, faculty members, the program director, and program coordinator(s). Securing a suitable venue, sending out time and location information (including details about whether spouses/partners are invited), and arranging catering are essential steps in preparation that coordinators typically perform. For more formal events, particularly those held in restaurants, attendees should be required to RSVP.

Social events can also be hosted by residents or fellows, creating a casual and relaxed atmosphere. When planning these events, it is essential to consider the budget, to align the dates with the availability of current residents/fellows, and to involve the current residents/fellows in the planning.

Some programs involve their resident spouse association, inviting members to attend.

Virtual Social Events

Virtual dinners and social events can be held using Zoom, Teams, etc. These virtual gatherings provide a simulated space with avatars or various rooms featuring interactive games like trivia about the program or Wheel of Fortune. Icebreaker activities, along with sharing videos made by current program residents/fellows, help to create engaging virtual experiences.

To enhance virtual social events, programs may use social media platforms to share content about the program, current residents/fellows, and faculty members.

Post-Interview Responsibilities

Time of year for residency programs: October-November.

Time of year for fellowship programs: Varies by subspecialty.

Following interview day(s), coordinators may have the following responsibilities:

- If interviews were in person, flight and hotel reimbursements for applicants who incurred travel expenses during the interview process may need to be processed, if the program provides these services.
- Some programs send thank you emails to applicants and provide them with contact information for those faculty members they met with during their visit. It is important to make sure that any post-interview communication with applicants does not result in a Match violation.
- While less common than they used to be, some programs allow second visits, where candidates return to the campus for further engagement. Many programs discourage these visits or limit applicant interactions to the coordinator and program director. Note that programs should not require or imply that second visits are used in determining applicants' placement on the rank order list.

Rank Order Meetings

Time of year for residency programs: February.

Time of year for fellowship programs: Varies by subspecialty.

Rank order meetings take place after the interview day(s) and are a crucial step in the process of evaluating and selecting candidates for the program. These meetings involve the selection committee and ensure a fair and thorough assessment of applicants. Depending on the size of the program, various approaches are employed. Small programs may only need one meeting. For programs with a substantial number of interview dates, rolling meetings may occur throughout the recruitment season, leading up to a final meeting where all scores are comprehensively reviewed.

Coordinators may participate in the rank order meetings and provide input, but this varies across programs. In addition, coordinators may be responsible for the following:

- Booking meeting rooms. Meetings may take place off-campus in private rooms to ensure a secure and confidential environment for discussions.
- Arranging catering services and ensuring that the necessary audio-visual and technological arrangements are in place.

- Compiling the interview scores and evaluation forms from faculty members who conducted interviews. This compiled information is used by the selection committee during subsequent stages of the recruitment process.
- Creating a PowerPoint presentation containing the applicants' credentials and achievements to project during the meeting.

The goal of the rank order meeting(s) is to compile the program's list of interviewed applicants that it wishes to select, ranked in order of preference. This list is submitted to the NRMP or SF Match, as applicable, and certified by the rank order list certification deadline. The NRMP deadline for residency programs is typically in late February/early March and the deadline for fellowship programs varies by specialty. The SF Match deadlines vary by specialty and subspecialty. For more information on this process, see the [NRMP](#) and the [SF Match](#) websites.

Match Week and SOAP

NRMP

Time of year for residency programs: March. See the [NRMP website](#) for the exact dates each year.

Time of year for fellowship programs: Varies by subspecialty. See the [NRMP website](#) for the exact dates each year.

Match Week for residency programs:

- Monday: Applicants find out if they matched with a residency program, but not which residency program. Programs find out if they matched with applicants, but not which applicants.
- Monday (following release of the Match results) through Thursday: Residency applicants who have not matched and programs with unfilled positions can participate in the SOAP process.
- Friday: Match results are sent to programs and applicants.

Match Day for fellowship programs:

- Match Day varies by subspecialty but always fall on a Wednesday. Match results are sent to programs and applicants.
- Fellowship applicants and programs do not participate in the SOAP process. However, unmatched applicants can view the NRMP's List of Unfilled Programs and contact programs directly about applying for open positions. An NRMP List of Unmatched Applicants is also available for programs that do not fill all positions.

SF Match

Time of year: Varies by specialty and subspecialty. See the [SF Match](#) website for the exact dates each year.

On Match Day, both applicants and programs are notified of their results. After Match Day, there may be a post-Match process through which unfilled positions are offered to applicants who did not match in the initial round. This process allows applicants to secure a position in a program that still has openings.

Post-Match Activities

After the matching processes are concluded, programs communicate with their matched residents/fellows to welcome them to the program and provide important information about next steps, including onboarding processes, orientation dates, and any required documentation. [See [Orientation \(Program/Department\) chapter](#) and [Onboarding chapter](#).] Other post-Match activities may include:

- Providing incoming residents/fellows with the necessary paperwork and documentation to initiate the onboarding process. This may include timely provision of contracts, agreements, and forms related to licensure, credentialing, health screenings, and other administrative requirements.
- Facilitating the credentialing and licensing process for incoming residents/fellows and assisting with the application for medical licensure in the relevant jurisdiction.
- Providing visa and immigration support for international medical graduates.
- If applicable, providing information or assistance with finding suitable housing options, especially for those residents/fellows relocating to a new region.
- Handling administrative tasks related to payroll, benefits enrollment, and other logistical matters for incoming residents/fellows.

These post-Match activities are essential for ensuring that new residents/fellows are well-prepared and supported as they transition into their new programs. The specific details of these activities may vary by program, specialty, and institution.

Onboarding

Relevance for Program Coordinator Role:

- It is important for program coordinators to be familiar with the onboarding process for new residents/fellows in their programs and Sponsoring Institutions, as they may be responsible for logistical support and planning.

Onboarding for a residency or fellowship program refers to the process by which newly accepted residents or fellows are introduced, oriented, and integrated into their respective program and the larger Sponsoring Institution. This process aims to help new resident and fellows become familiar with their program's and Sponsoring Institution's expectations, policies, procedures, and the overall work environment.

Note that the graduate medical education (GME) office often oversees many of the onboarding responsibilities outlined in this chapter. However, certain responsibilities may also be within the realm of the program coordinator, and it is important to clarify the distribution of these responsibilities within your own Sponsoring Institution.

Preliminary Planning

Time of year: Typically begins in March.

Preliminary onboarding planning occurs prior to the resident/fellow start date and may include:

- Completing notice of appointment forms, which are official documents used to formally notify individuals who have been selected for a position within the residency or fellowship program. These forms serve as an official offer of acceptance into the program and outline important details about the terms and conditions of the appointment. They may also need to be forwarded to the applicable medical schools.
- Downloading all applicant Electronic Residency Application Service (ERAS) files for accepted residents/fellows and uploading them to the Residency Management System (RMS) (MedHub, New Innovations, etc.).
- Preparing resident/fellow contracts, which outline various aspects of the residents'/fellows' roles, responsibilities, benefits, and expectations, ensuring that the residents/fellows, the program, and the Sponsoring Institution have a clear and consistent understanding of the agreement.
- Preparing onboarding checklists for incoming residents/fellows, which are comprehensive lists of tasks, activities, and requirements that need to be completed as part of the onboarding process (and which are outlined in this section). These checklists serve as a roadmap to ensure that all necessary steps are taken to smoothly transition the residents/fellows into their roles.
- Requesting information technology (IT) accounts for incoming residents/fellows.
- Ordering required uniforms, lab coats, identification badges, and necessary medical equipment/devices for incoming residents/fellows.
- Conducting comprehensive background checks for incoming residents/fellows.
- Sending out information about housing options to new residents/fellows.

To prepare for the onboarding presentations/trainings/activities outlined under "Additional Onboarding Responsibilities" below, coordinators may be responsible for:

- Inviting and confirming presenters or trainers

- Sending invitations to the incoming residents/fellows, presenters/trainers, relevant staff members, etc.
- Reserving meeting rooms
- Reserving audio-visual equipment, such as screens, projectors, microphones, etc.
- Ordering refreshments (breakfast, lunch, snacks)

Additional Onboarding Responsibilities

Time of year: Typically begins June/July.

Note that some of the responsibilities noted here overlap with the Orientation chapter.

The following responsibilities are completed shortly before or at the time of the resident/fellow start date and may include:

- Collecting and managing resident/fellow personal contact information
- Activating resident/fellow user/email accounts
- Introducing the institutional benefits package through presentations
- Offering a dedicated presentation on individual disability insurance benefits
- Addressing items eligible for GME reimbursement, such as drug screens and certifications, based on the Sponsoring Institution's policies
- Assisting with parking forms and ID badge photos
- Facilitating the completion of the employee health checklist, which may encompass:
 - Verification of health requirements
 - Submission of health release forms and questionnaires
 - Arrangements for necessary drug screenings
- Providing various trainings on a variety of topics, including:
 - Human resources systems
 - IT processes
 - COVID-19 donning and doffing procedures
 - Patient safety and risk management
 - The Health Insurance Portability and Accountability Act (HIPAA), privacy, and security
 - Provider Enrollment, Chain, and Ownership System (PECOS) and Medicaid enrollment
 - Consulting with ancillary health care team members

Orientation (Program/Department)

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- It is important for program coordinators to be familiar with their program’s orientation process for new residents/fellows, as they are typically responsible for logistical support and planning.

Time of year: Orientation dates vary by Sponsoring Institution, program, and specialty/subspecialty, but the event typically occurs shortly before or at the start of the academic year. For residency programs, this is typically late June/early July. For fellowship programs, it depends on the specialty/subspecialty. Logistical preparations typically begin three to four months prior to the event.

Logistical Preparations for Orientation

Orientation dates vary by Sponsoring Institution, program, and specialty/subspecialty, but it typically occurs shortly before or at the start of the academic year. Depending on the program’s size and the amount of material to cover, orientation can take from a few hours to a full week to complete. Coordinators should start the planning process several months prior to the orientation date(s). Here are some of the common logistical needs for which coordinators may be responsible:

- Working with the program director to select date(s), time(s), and location of orientation.
- Working with the program director to create an outline of topics (specific orientation topics are covered in more depth in the next section of this chapter).
- Confirming speakers.
- Sending invitations to all attendees (program director, faculty members, incoming residents/fellows, speakers, relevant staff members, etc.).
- Reserving meeting rooms.
- Reserving audio/visual equipment, such as screen, projector, microphones, etc.
- Ordering refreshments (breakfast, lunch, snacks).
- Ensuring that incoming residents/fellows have obtained parking stickers and security badges prior to orientation.

Orientation Content

The Sponsoring Institution also provides an orientation for new residents/fellows, and it is important to know what is covered in that orientation to avoid unnecessary duplication.

Based on the specialty/subspecialty, there will be different topics to cover. The following is a list of possible orientation topics. Note that some topics may not apply to all programs and some programs may include topics that are not listed here.

- **Program overview**
 - The program’s mission statement
 - The program’s goals and objectives
 - Introduction of the faculty members
 - Block schedules
 - Call schedules
 - Overview of participating sites
 - Milestones

- Research opportunities for residents/fellows
- Specialty board graduation requirements (if applicable)
- A tour of the facilities
- Annual in-training exam
- **Program policies**

Policies are provided either electronically or as printed documents and some may require resident/fellow attestation.

 - Program manual
 - Clinical and educational work hours policy
 - Supervision of residents/fellows policy
 - Resident/fellow well-being policy
 - Program professionalism policy (including pager etiquette)
 - Moonlighting policy
 - Vacation and leaves of absence policy
 - Substance use disorder policy
 - Reimbursement policy for resident/fellow expenses
 - Educational stipend policy (acceptable uses of stipend, protocol for purchases, protocol for reimbursement)
- **Program resources for residents/fellows**
 - Mentorship/coaching program for residents/fellows
 - Residency management system (e.g., New Innovations, MedHub)
 - An overview of clinical and educational work hour logging
 - An overview of evaluations
 - Case logging (for surgical or procedure-based specialties)
 - ACGME Case Log System entry (for surgical and procedure-based specialties)
 - Program well-being and fatigue mitigation instruction
 - Employee Assistance Program (EAP)
 - Overview of library resources and access
 - Personal protective equipment (PPE)/scrubs
 - Shadowing of the first clinic/rotation
- **Program didactics**
 - Lecture series
 - Journal club
 - Grand rounds
 - Morbidity and mortality conferences
 - Continuity clinic
- **Program-required training**
 - Certification classes, e.g., advanced cardiac life support (ACLS), basic life support (BLS), neonatal resuscitation program (NRP), pediatric advanced life support (PALS)
 - Electronic health records training
 - Simulations/first-year resident boot camp/robotic training
 - ACGME Case Log System training (for surgical or procedure-based specialties)
- **Topics from outside the program (guest speakers)**
 - Nurse or other allied health professional
 - Billing, including the importance of proper dictation/notes for appropriate coding
 - Human resources/employee health information
 - Photographer (may take photos of incoming residents)

Specialty Board Certification

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- Because program coordinators are typically responsible for communicating with and providing data to their specialty board, it is important for them to understand the purpose of specialty board certification and their role in process.

What Is Specialty Board Certification?

Specialty board certification is the official documentation of an individual physician’s knowledge and skills relative to the provision of high-quality care in a particular specialty or subspecialty. It is conferred by a specialty certifying board, generally following successful completion of one or more examinations

Specialty board certification is often required for hospital credentialing and insurance reimbursement.

Note that not all subspecialties offer board certification, so the information in this chapter may not apply to all fellowship coordinators.

Specialty Certifying Boards

It is essential that program coordinators get to know their specialty certifying board(s) and the requirements for each specialty. The American Board of Medical Specialties (ABMS) and the American Osteopathic Association (AOA) are two certifying organizations in the United States that offer initial certification.

The American Board of Medical Specialties (ABMS)

The [ABMS](#) provides board certification for physicians through its 24 certifying boards.

Each member board is an independent evaluation organization founded and led by its respective specialty.

Both allopathic and osteopathic physicians may be certified through the ABMS member boards if they received education and training in an ACGME-accredited program.

Additional Resources:

- List of [24 ABMS Member Boards](#)
- [ABMS Board Certification Requirements](#)

The American Osteopathic Association (AOA)

The [AOA](#) provides osteopathic board certification through its 16 specialty Certifying Boards. The AOA certifies osteopathic physicians (Doctors of Osteopathic Medicine, or DOs) and allopathic physicians (MDs and some international medical graduates) who have completed an ACGME-accredited osteopathic neuromusculoskeletal medicine residency program or a program with Osteopathic Recognition in a designated osteopathic resident/fellow position.

Additional Resources:

- List of [AOA Specialty Certifying Boards](#) (select the Certifying Boards tab)
- [AOA Board Certification Requirements](#)

The Coordinator's Role in Specialty Board Certification

Data Reporting

Coordinators provide the specialty board(s) with required demographic and training data for new or transferring residents/fellows. This is usually completed at the beginning of the academic year or when a resident or fellow transfers into the program. Coordinators are also responsible for notifying the specialty certifying board(s) when a resident or fellow leaves or transfers from the program.

Most specialty certifying boards use a web portal for entry of the required data. This process varies by specialty, so coordinators should check with the applicable ABMS and AOA specialty certifying boards for more information, including how to access the web portal if applicable.

Verification of Training

Programs are required to verify successful program completion by residents and fellows. Training must be verified annually with each applicable specialty certifying board, and coordinators should contact the relevant boards to determine the timeline, process, and required documentation.

Several organizations have collaborated to develop a [Verification of Graduate Medical Education Training \(VGMET\)](#) Form that programs can use or adapt to their needs. The VGMET Form was jointly developed by the American Hospital Association (AHA), the National Association Medical Staff Services (NAMSS), the Organization of Program Director Associations (OPDA), and the ACGME. It is designed to satisfy national credentialing standards, and to be completed once (and only once) by the program director, and then copied and reused in perpetuity.

Fees

In many cases, residents/fellows must pay a board application fee. Some programs and institutions may reimburse residents/fellows for board and/or exam fees. Coordinators should check with the program director, budget coordinator, or graduate medical education office for guidance.

Time Away from Education and Training

Each specialty certifying board has requirements for the allowed maximum time away from the program to maintain board eligibility, and/or to complete education and training on time. If a resident or fellow needs to extend time in the program due to time away, the program may need to request a temporary complement increase with the ACGME. [See [Complement Change Requests](#) chapter.]

ABMS member boards of specialties with programs of two or more years in duration are required to allow for a minimum of six weeks of time away from education and training for purposes of parental, caregiver, and medical leave at least once during the program, without exhausting all other allowed time away from the program and without extending education and training. This mirrors the ACGME Institutional Requirements that went into effect on July 1, 2022.

Additional Resources:

- [ABMS Policy on Parental, Caregiver, and Medical Leave During Training](#)
- [ACGME Institutional Requirements and FAQs](#)

In-Training Examinations

Note: References to “specialty/subspecialty” are inclusive of transitional year programs.

Relevance for Program Coordinator Role:

- Program coordinators should understand the purpose of in-training examinations (ITEs), as they typically play a key role in the resident/fellow registration process. In addition, when ITEs occur in house, program coordinators are often involved in making logistical arrangements and sometimes serve as exam proctors.

Time of year: Varies across specialties/subspecialties.

The ITE, also sometimes referred to as an in-service exam, is a key component of graduate medical education (GME). Serving as an annual objective assessment, the ITE serves multiple purposes:

- Evaluating both the program and its residents/fellows
- Enabling program evaluation through national benchmarking
- Providing a benchmark for resident/fellow scores across different educational levels
- Identifying areas within the program (curriculum, teaching methods, etc.) that require improvement
- Equipping residents/fellows with the means to gauge their knowledge and pinpoint areas needing enhancement compared to peers at the same educational level
- Preparing resident/fellows for board examinations (Note that some, but not all specialty/subspecialty ITEs mirror the format and content of board examinations.)

ITEs are typically created and administered by the certification board, or, sometimes, by an educational organization of the relevant specialty/subspecialty. New coordinators are encouraged to establish contact with the board(s) or educational organization(s) associated with their specialty's or subspecialty's ITE. Many of these organizations have dedicated administrators who work with residency and fellowship program coordinators.

Each specialty/subspecialty approaches administration of the ITE somewhat differently and they have varying timelines. Typically, the responsibility of registering residents or fellows for the ITE falls upon the program coordinator. A registration fee is usually required.

The administration of the ITE can occur in house, at a designated testing location, at an external testing center, or virtually via the resident's or fellow's personal computer with virtual proctoring. When administered in-house, logistical arrangements, such as booking a conference room and overseeing the exam as a proctor, might fall within the purview of the program coordinator.

Coordinator Well-Being

Within graduate medical education programs, coordinators are the primary point of contact for both internal and external stakeholders and have a wide range of responsibilities. This focus on and prioritization of taking care of others can inadvertently lead to neglecting self-care. This imbalance can lead to burnout, decreased job satisfaction, and adverse effects on overall job performance.

Frequently, individuals face difficulties in recognizing the presence of burnout, especially when they are actively experiencing it. According to the World Health Organization, “Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- feelings of energy depletion or exhaustion;
- increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and
- reduced professional efficacy.

Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.”¹

Coordinator well-being stands as a critical factor contributing to personal and professional success. While well-being is a comprehensive topic that spans various aspects of life, the [ACGME AWARE Well-Being Resources](#) within [Learn at ACGME](#) are specifically related to well-being within the work environment. New well-being resources are continually being added, so be sure to check back often.

¹ <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>, accessed April 28, 2021.

Professional Development for Coordinators

Staying current in their specialties and in graduate medical education (GME) is of vital importance to coordinators, not just to help improve efficiency and to excel in their current role, but also to enhance their eligibility for new opportunities as they arise. Ongoing professional development and a commitment to lifelong learning will help coordinators stay fresh, engaged, and empowered throughout their career.

Professional development opportunities may not be immediately evident to coordinators. Coordinators must be the one to take the lead in their professional career. Coordinators should not be afraid to ask for professional development to improve themselves or their service to the GME programs at their institution. These opportunities do not need to be specific to program coordinators. Many faculty development programs will apply to the coordinator's role in GME as well. Coordinators should feel empowered to *ask to attend* any programs of interest. Coordinators have a responsibility to advocate for themselves as much as for the residents and fellows they serve as a coordinator.

Professional development opportunities abound for the program coordinator from numerous directions and organizations. First, a coordinator should check with their institutional GME office. In particular, large organizations may offer regular meetings and conferences for coordinators within their Sponsoring Institution. Sponsoring Institutions also often offer benefits and assistance such as:

- Mentorship programs
- Journal and book clubs
- Institutional training and development opportunities
- Free or reduced subscription to LinkedIn Learning

Funding is often noted as a barrier to professional development. However, there are often unused resources at the institution and specialty level, so pursue the availability of:

- Tuition reimbursement
- Funding for conferences (be sure to ask for conference funding during budget season)
- Travel scholarships
- Conference presentation opportunities, as many organizations will pay for presenters to attend

Self-directed learning is inexpensive and invaluable. This learning can include videos and learning opportunities through the ACGME, which offers resources for coordinators, such as [coordinator timelines](#), free [Learn at ACGME](#) videos to inform and guide coordinators through the accreditation process, and opportunities to serve on advisory committees and workgroups. Simply reading and learning institutional and program handbooks and the applicable specialty-/subspecialty-specific Program Requirements can help a coordinator become an expert within their department. In addition, the [Journal of Graduate Medical Education \(JGME\)](#) is a free publication and is specific to GME.

Other learning opportunities include Electronic Residency Application Service (ERAS), National Resident Matching Program (NRMP), and specialty society webinars related to GME. In addition, institutions should have a library available for residents, faculty members, and staff members, to which coordinators should also have access.

Professional relationships and networking play an important part in professional development. There are many specialty and regional societies and organizations for coordinators to pursue membership. They often offer conferences, webinars, and networking events, as well as listservs to ask questions and seek guidance. A partial list of organizations is found in the Introduction.

Just as board certification is vital for physician faculty and staff members, coordinators can pursue certification as part of their personal and professional development. The [National Board for Certification of Training Administrators in Graduate Medical Education](#) (TAGME) offers the C-TAGME credential for experienced GME coordinators and is an opportunity to develop professional identity as a coordinator. Certification eligibility and process information is found [here](#).

Service can be an important part of the development of working relationships and to opening professional development opportunities, and it can be crucial to coordinator well-being. These activities can include community service, which can help a group of coordinators engage as a team. Serving on institutional committees and in the GME office also constitutes professional development and can help coordinators with developing new ideas and thoughts about their own programs.

As previously noted, coordinators need to advocate for themselves as GME professionals. While many institutions cultivate an environment with clinical ladders and clear advancement tracks for many roles, program coordinators do not often have this structure. Coordinators must seek out and create their own structures.