

# Preparing for Upcoming Changes to ACGME Common Program Requirements

Insights

11.15.18

PROFESSIONAL

With an implementation date of July 1, 2019 for updates to the Accreditation Council for Graduate Medical Education's (ACGME) Common Program Requirements (the basic set of standards for training resident and fellow physicians), teaching hospitals should be proactively reviewing and making appropriate changes to their graduate medical education (GME) programs over the next several months to ensure compliance moving forward.

ACGME, which accredits residency and fellowship programs in the U.S., has been undertaking a series of changes in recent years, including, without limitation, revising Section VI of the Common Program Requirements in 2017 to emphasize safety and quality of care and well-being of all members of the health care team (including well-being of residents and faculty) and moving to a single accrediting body for all residency and fellowship programs by July 2020, in collaboration with the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM). The upcoming revisions to Sections I-V of the Common Program Requirements are reflective of some of this recent activity, including changes to reflect the transition to a single accreditation system and further changes to signal the emphasis on promotion of well-being in the working environment as well as promotion of enhanced diversity in the workforce.

One change of particular note is that ACGME will have two sets of Common Program Requirements moving forward – one for fellowship and one for residency. Although in many ways the requirements are similar, the creation of separate sets of requirements demonstrate some of the differences in training for residents versus fellows. In addition, the following is a high level summary of some of the key amendments effective in July 2019:

**GENERAL OVERSIGHT:**

- Program Letters of Agreement must be renewed at least every 10 years and approved by the Designated Individual Official; additional recommended terms are identified.
- The program must monitor the clinical learning and working environment at all participating sites, including those that are remote or otherwise not owned by or affiliated with the sponsoring institution.
- There must be a focus on recruitment and retention of a diverse and inclusive workforce.
- The program must ensure adequate resources for residents and fellows, including access to food while on duty, appropriate sleep/rest facilities, clean and private facilities for lactation with refrigeration capabilities, security and safety measures, and accommodations for disabilities.

**PERSONNEL ADMINISTERING THE PROGRAM:**

- One individual must be appointed as program director. Such program director must receive salary support required to devote at least eight hours a week (0.2 FTE) to administration of the program. Similarly, the program coordinator



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must receive support required to devote at least 20 hours per week (0.5 FTE) to administration of the program.

- The program director must have at least three years of documented experience or qualifications to serve in the director role.
- Notably, the program director and faculty members may now have board certification either from the American Board of Medical Specialties or AOA board certification (reflecting the transition to a single GME accreditation system).
- Residents and fellows must not be required to sign a non-competition guarantee or other restrictive covenant.

#### **RESIDENT AND FELLOW ELIGIBILITY AND APPOINTMENTS:**

- Eligibility requirements have been revised to reflect the transition to a single accreditation system, including qualification due to graduation from an accredited college of osteopathic medicine in the U.S.

#### **EDUCATIONAL PROGRAM – CURRICULUM AND COMPETENCIES:**

- Required competencies have been revised to include demonstrating competence in coordinating care across the health care continuum and beyond, being aware of and responding to social determinants of health and understanding health care finances and its impact on individual patient decisions, all of which reflect a larger trend in health care delivery in recent years.
- The program must provide instruction and experience in pain management (if applicable to the specialty), including recognition of the signs of addiction, which also reflects a growing focus on the opioid epidemic in recent years.

#### **EVALUATION:**

- Enhanced evaluation requirements are included for the program as well as for residents, fellows, and faculty members.

Given the sheer number of changes to the Common Program Requirements, planning for operational changes needed for compliance could take significant time. In particular, programs would be well-advised to re-visit affiliation agreements, program letter of agreement templates, resident/fellow employment agreement templates, and applicable policies and procedures to ensure compliance with the new and revised requirements. For certain of the new requirements, ACGME will not issue citations until after July 1, 2020, to provide more time for implementation (e.g., providing areas for lactation, accommodation for disabilities). However, GME programs are expected to begin working towards implementation of all requirements now, in advance of the 2019 effective date.

Information on the Common Program Requirements and related resources are available on the [ACGME website](#).

*Hooper, Lundy & Bookman's Academic Medical Center/Teaching Hospital Working Group provides assistance to academic medical centers and teaching hospitals in all aspects of medical education compliance, including concerning ACGME Program compliance. For assistance relating to this issue, please contact Amy Joseph in Boston at 617.532.2702; David Vernon in Washington, D.C. at 202.580.7713; Ross Campbell in San Francisco at 415.875.8500; Katherine Dru in Los Angeles at 310.551.8111, or your regular Hooper, Lundy & Bookman contact.*

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