ECG MANAGEMENT CONSULTANTS

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ACGME Requirements

Open Comment Period

Summary of Major Proposed Changes to ACGME Institutional Requirements

September 16, 2024

The review and comment period for the proposed sponsoring institution (SI) requirement changes is open until October 9, 2024. All proposed changes to the institutional requirements are tracked online here. All responses and comments can be submitted to the ACGME Institutional Review Committee (IRC) here.

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Proposed New Requirements

Source https://www.acgme.org/globalassets/pfassets/reviewandcomment/2024/800_institutionalrequirements_impact_08262024.pdf.

PROPOSED NEW REQUIREMENTS

Primary Clinical Learning Environment (PCLE)

This is introduced as part of the findings from the CLER Program and ACGME's SI 2025 initiative, and it outlines the need for greater integration of GME and clinical learning environments. To foster integration, PCLEs need to identify an interprofessional working group that provides organizational structure and brings together representatives from leadership and GME to fulfill requirements. *(The interprofessional working group can be managed either within an existing structure, such as an executive team, or as newly developed working group with dedicated support.)*

SI must identify at least one PCLE that has:

- An executive leadership team with responsibility for the PCLE's GME strategy, vision, and programmatic changes;
- A chief executive officer or equivalent who provides an addendum to the Statement of Commitment affirming the PCLE's support of GME;
- Opportunities for GME leaders to regularly interact with executive leaders with authority and responsibility for patient care in that PCLE; and
- A designated, interprofessional working group reporting to the chief executive officer of that PCLE, and including interprofessional leadership with authority and responsibility for patient care in that PCLE. Membership of the working group must include:
  - The quality and safety leader(s);
  - The chief nursing officer or designee, or other leader of patient care services;
  - The chief medical officer or equivalent or designee; and,
  - The DIO or designee.

Institutional Administrator

This proposed requirement recognizes the need across all types of SIs for an institutional administrator with delegated responsibility for GME.

- The DIO must identify an institutional administrator to whom the DIO delegates responsibility for supporting the GME oversight and administrative functions of the SI and the GME Committee (GMEC).
- In addition to the institutional administrator, the DIO must identify administrative personnel, as needed, to support the oversight and administrative functions of the SI, the GMEC, and the PCLE(s).

GMEC: Assessment of Residents/Fellows

The GMEC must not receive or discuss identifiable information about the assessment of individual residents or fellows.

Patient Safety and Quality

This requirement is designed to ensure that the patient safety and quality improvement plans of the PCLE integrate GME with clearly defined resident and fellow roles and participation expectations, including the assessment of residents' and fellows' perspectives on the culture of patient safety in the PCLE.

- At least annually, staff members of each PCLE with responsibility for patient safety and quality must solicit input regarding patient safety concerns from the GMEC.
- Each PCLE must ensure that each resident who is new to that PCLE participates in a non-simulated interprofessional process addressing a real patient safety event. This must occur within the resident's first year of engagement in patient care at that PCLE, and include:
  - Analysis;
  - Action planning;
  - Implementation of improvement; and
  - Evaluation of clinical care outcomes of implementing improvement.
- At each PCLE, there must be a program for responding to harm events that includes the residents, fellows, and faculty members. The program must include residents/fellows and faculty members in:
  - Communicating and seeking resolution with patients and facilities following a harm event; and,
  - Support provided to clinicians following a harm event.
- At each PCLE, there must be policies and procedures outlining actions taken after the occurrence of a patient safety event, with or without harm, and distinguishing the role of the clinical patient safety program from the

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role of risk management. Residents, fellows, and faculty members must be provided with education on these policies and procedures.

- Each PCLE must have a patient safety and quality plan that integrates GME. The plan must:
  - Describe the roles of residents and fellows, and their participation in the plan;
  - Establish accountability and oversight;
  - Include a timeline and monitoring procedures for implementing the plan and evaluating progress toward goals;
  - Provide residents and fellows with opportunities to participate in any existing surveys of the culture of patient safety in the PCLE;
  - Include the goals of integrating GME and patient safety and quality program; and,
  - Specify how the PCLE will work with the SI to provide data for quality performance and ensure integration of the data in the context of the PCLE.
- Each PCLE, in partnership with the DIO and program directors, must:
  - Engage residents, fellows, and faculty members in quality improvement educational activities that address PCLE quality improvement metrics or systems-based challenges; and,
  - Ensure that residents, fellows, and faculty members actively engage in interprofessional continuous quality improvement that is aligned with PCLE priorities.

Clinical Leadership Development Programs

This requirement intends to improve multiple aspects of healthcare quality and resident/fellow education.

Each PCLE must:

- Provide current information to residents, fellows, and faculty members regarding community health care needs assessments conducted by the PCLE;
- Provide residents and fellows with the opportunity to engage in clinical learning environment-led activities resulting from these assessments;
- Provide residents and fellows with opportunities to participate in a longitudinal clinical leadership development program or pathway;
- Maintain a central repository of the site's clinical quality improvement projects, including identification of resident- and fellow-led projects and monitoring of project statuses and outcomes; and,
- Provide information at least annually to the DIO and the GMEC regarding the healthcare organization's financial performance as it relates to the status of organizational operations and the safety and quality of patient care.

Health Disparities and Equity

This requirement is intended to provide residents/fellows with longitudinal training in recognizing and making improvements in issues such as structural racism, implicit bias, cultural humility, health and healthcare equity, and health outcomes relevant to the patient population served by the PCLE.

Each PCLE, in collaboration with the SI, must provide all residents/fellows with longitudinal training in the areas of:

- The effect of bias in health care delivery;
- Cultural humility;
- Health and health care equity relevant to the patient populations served by the PCLE; and,
- The impact of racism and other societal factors on health care delivery and health outcomes.

Transitions of Care

This requirement focuses on the learner-to-learner handoff and transitions of care between patient care opportunities as focus areas for the interprofessional working group.

The leadership of the SI must meet periodically with the interprofessional working group of each PCLE to:

- Review resident/fellow handoffs, addressing standardization, oversight, and continuous quality improvements; and,
- Review and revise policies and procedures for transitions between patient care settings in which residents/fellows are involved, including review of both active and passive strategies.

Resident and Fellow Supervision

This requirement is intended to ensure that the SI's GME leadership and PCLE's interprofessional leadership

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engage in meaningful oversight of resident/fellow supervision.

The SI and interprofessional working group of each PCLE must:

- Engage in purposeful regular collaboration around GME supervision that is proactive, timely, and integrative;
- Ensure that each PCLE periodically conducts an evaluation of GME supervision that solicits input and feedback from various interprofessional members of the clinical care team; and,
- Ensure systems for verification of the level of supervision required for residents and fellows to perform patient procedures that:
  - Set expectations for use of the systems;
  - Provide the clinical care team with training to use the systems; and,
  - Monitor and improve the use of the systems.

Resident, Fellow, and Faculty Well-Being

This requirement is intended to engage the GME and clinical learning environment leadership in addressing systems factors that affect the well-being of residents/fellows, faculty members, and other care members.

- The SI, in partnership with the interprofessional working group of each PCLE and the leaders of organization-wide well-being efforts, must establish a process of regular GMEC review of issues affecting resident, fellow, and faculty physician well-being, addressing the patient care systems-based factors that contribute to acute and chronic fatigue and burnout.
- The interprofessional working group of each PCLE must provide the governance of the PCLE with an annual report of well-being issues affecting residents, fellows, and faculty members, including related follow-up assessments, improvement actions, and evaluation of efforts.

Professionalism

These requirements were developed to establish clear expectations for interprofessional relationships across clinical care teams and the healthcare organization that serves as the PCLE.

- The SI, in partnership with the interprofessional working group of each PCLE, must:
  - Establish a joint process of regular GMEC review of persistent professionalism issues within the clinical care environment that affect resident and fellow education and patient safety, including the following topics:
    - Interprofessional interactions;
    - Issues identified by the PCLE's patients and their families;
    - Issues identified by the PCLE's residents and fellows and medical staff; and,
    - Performance in meeting the PCLE's expectations for disclosure of conflicts of interest by faculty members at the start of each resident's/fellow's clinical rotation
  - Report aggregated, deidentified, summarized findings of GMEC reviews of persistent professionalism issues annually to PCLE governance, including improvement actions and an evaluation of their efficacy.
- The medical staff by-laws or equivalent of each PCLE must define the roles and responsibilities of faculty members and other medical staff physicians who serve in teaching roles.
- The interprofessional working group of each PCLE, the DIO, and the GMEC must develop an annual list of perceived organizational and personal conflicts of interests of medical staff members that may have a substantial adverse effect on GME performance.

Disaster Planning, Preparedness, and Management

The DIO or designee must be part of the disaster planning, preparedness, and management program at each PCLE. ▶

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Proposed Updates to Existing Requirements

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PROPOSED UPDATES TO EXISTING REQUIREMENTS

Below are core topics followed by existing SI requirement reference(s).

Statement of Institutional Commitment [I.A.7., I.A.7.a-b)]

- A statement of commitment must be reviewed, dated, and signed at least once every three years [update from five years].
- A statement of commitment must include a line about "adhering to SI GME policies and procedures."

SI: Accreditation and Regulatory Bodies [I.A.9., I.A.9.a), I.A.9.a).(1-2), I.A.10., I.A.11.]

- Clarification that clinical participating sites of SIs must be approved to provide patient care by accreditation and regulatory authorities for the type of clinical services available at the location of the clinical participating site.
- Clarification that the accrediting entity must be certified as complying with conditions of participation in Medicare under federal regulations.
- Requirement that the SI must provide a written plan for its response to the IRC if a clinical participating site loses approval to provide patient care.

Designated Institutional Official [I.A.5., I.A.5.a-b), I.A.5.b).(1-3)]

Below are updates to the DIO activities, role requirements, and clarification about involvement at PCLE(s).

- The DIO must:
  - Engage in professional development applicable to responsibilities as an educational leader in healthcare;
  - Approve PLAs with GMEC approval of participating site addition(s);
  - Oversee submissions for the ADS annual update for the SI and each of its programs to the ACGME;
  - Oversee the submission of applications for ACGME accreditation and recognition after GMEC approval (inclusive of requests for voluntary withdrawal of accreditation and requests for changes in program complement(s)); and
  - Submit each annual report of the Annual Institutional Review to the SI's governing body and CEO(s) of the PCLE(s).
- At a PCLE, the DIO or designee must have an executive leadership appointment with a title of chief, chair, or equivalent that enables collaboration with other executive leaders related to the PCLE's strategy, vision, and patient care services.

GMEC Membership [I.B.1.a), I.B.1.a).(1-4), I.B.1.b).(1-6), I.B.2., I.B.2.a)]

Proposed updates eliminate ACGME-accredited before programs, recognize that one program director (PD) or fellow/resident suffices depending on the programs at the SI, and add the PCLE executive leadership responsible for quality and patient safety (*formerly one representative*).

SIs must have a GMEC that includes at least the following voting members:

- The DIO;
- At least two PDs from its programs or the only PD, if applicable;
- A minimum of two peer-selected resident/fellows from its program(s), or the only resident or fellow, if applicable; and
- For each PCLE, a member of the executive leadership who is responsible for monitoring quality and patient safety, or a designee.

GMEC Responsibilities [I.B.4., I.B.4.b), I.B.4.b).(1-15)]

Proposed updates clarify the items the GMEC must review and approve, including the addition of requests for voluntary withdrawal of ACGME program accreditation and recognition. Other modifications reorder/separate existing items.

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Reporting Systems [III.A., II.C., II.C.1-3., III.B.1., III.B.1.a), III.B.4.a).(2)]

Proposed updates include a reorder of requirements (i.e., which sections they reside). The addition encompasses the requirement for SIs to have access to systems for reporting (that is free from reprisal):

- Patient care errors, adverse events, unsafe conditions, and near misses;
- Inadequate supervision and patient care accountability; and
- Unprofessional behavior, including discrimination, sexual and other forms of harassment, mistreatment, abuse, and/or coercion of residents/fellows, other learners, faculty members, and staff members.

Support for Institutional Administrators [II.A., II.A.1-3.]

Proposed updates clarify the support and resources required for effective institutional GME administration. (i.e., requirement that DIO, institutional administrator, and personnel supporting GME oversight and administrative functions must be provided with sufficient support and dedicated time)

Support Services and Systems [II.F., II.F.1, II.F.1. a-c), II.B.7. c).(2-3), III.B.7.d), III.B.7.d).(1-6)]

Proposed changes clarify the resources and support services that must be available to program(s) and resident(s)/fellow(s) at the SI and its participating sites.

GME Policies and Procedures [IV.A.]

This proposed update adds that the SI must ensure all SI GME policies and procedures are available for review by residents and fellows at all times.

Disruptions to GME Operations [IV.N, IV.N.1, IV.O, IV.0.1-2]

This proposed update outlines fundamental considerations for an SI when establishing a substantial disruptions policy and provides the DIO a set of oversight functions.

The SI must have written policies that:

- Address substantial disruptions in patient care, including:
  - The authority of the DIO or designee to activate the substantial disruptions in patient care or education policy;
  - Notification to the DIO within 30 days of any decision to close a participating site;
  - Support for each of its programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education, consistent with the ACGME Policies and Procedures;
  - Support for resident/fellow well-being during a substantial disruption;
  - Information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments;
  - Assurance of regular and direct communication and engagement between the DIO and other organizational leaders during the response to the substantial disruption in patient care or education; and
  - Information about assistance for transfer of residents/fellows, including financial assistance provided by the SI or participating sites.
- Address reductions in size or closure of any of its programs or closure of the SI, including:
  - Notification to residents/fellows as soon as possible when there is a decision to reduce the size or close one or more programs, or when it is decided to close the SI;
  - Allowance of residents/fellows already in an affected program(s) to complete their education at the SI, or assistance for residents/fellows in enrolling in other program(s) in which they can continue their education; and,
  - GMEC oversight of the process.

Quality Improvement Requirement [III.B.2., III.B.2.a-b)]

Proposed updates change the requirement from "Quality Improvement" to "Health Care Quality" and narrow the focus on the foundational need for residents in participate in quality improvement initiatives.

Transitions of Care Requirement [III.B.3., III.B.3.a-b)]

Proposed updates change the requirement from "Transitions of Care" to "Teaming" and emphasize the essential need for residents and fellows to participate in learning activities seeking to improve interprofessional, team-based care at all participating sites for GME.

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Proposed Requirement Elimination

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PROPOSED REQUIREMENT ELIMINATION

Below are core topics followed by existing SI requirement reference(s).

Clinical Experience and Education Monitoring [III.B.5., III.B.5.a), III.B,5.a).(1-3)]

- Proposed updates move the requirement for the SI to oversee resident/fellow work hours to a GMEC oversight requirement.
- Proposed updates move the requirement for the SI to oversee systems and environments facilitating fatigue mitigation to a well-being requirement.
- The proposed change eliminates the requirement for the SI to oversee and provide an educational program for residents/fellows and faculty members to reduce administrative burden.

Systems for Educational and Professional Responsibilities [III.B.6, III.B.6.a b)]

The proposed change eliminates the requirement that an SI must provide systems for education in and monitoring of residents'/fellows' and core faculty members' fulfillment of educational and professional responsibilities to reduce administrative burden.

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