

Building on the Foundation of The Next Accreditation System: The ACGME Common Program Requirements Major Revision Process

Mary E. Klingensmith, MD, FACS

Kathy Malloy, BA

Lynne M. Kirk , MD, MACP

Background

The mission of the Accreditation Council for Graduate Medical Education (ACGME) is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education. This mission is tied to the overall vision of the organization, which is:

We envision a health care system where the Quadruple Aim has been realized. We aspire to advance a transformed system of graduate medical education with global reach that is:

- Competency-based with customized professional development and identity formation for all physicians;
- Led by inspirational faculty role models overseeing supervised, humanistic, clinical educational experiences;
- Immersed in evidence-based, data-driven, clinical learning and care environments defined by excellence in clinical care, safety, cost-effectiveness, professionalism, and diversity, equity, and inclusion;
- Located in health care delivery systems equitably meeting local and regional community needs; and
- Graduating residents and fellows who strive for continuous mastery and altruistic professionalism throughout their careers, placing the needs of patients and their communities first.¹

This vision and mission center the work of the ACGME, including the writing and implementation of accreditation standards, as well as the annual review of all accredited programs to ensure substantial compliance with those standards.

DOI: <http://dx.doi.org/10.4300/JGME-D-24-00531.1>

Editor's Note: The ACGME News and Views section includes data reports, initiatives, and perspectives from the ACGME and its review committees. The decision to publish the article is made by the ACGME.

In support of the ACGME Mission, Vision, and Values, the ACGME Common Program Requirements provide the foundation for the program requirements in every ACGME specialty and subspecialty, addressing the essential elements of graduate medical education (GME) common across all specialties. These include, but are not limited to, program director and faculty qualifications and responsibilities, resources, resident/fellow eligibility, general competencies, evaluation, clinical and educational work hours and supervision, quality and safety, professionalism, and resident and faculty well-being.

The Common Program Requirements were first introduced and incorporated into the program requirements for every existing ACGME-accredited specialty and subspecialty in 2003. In 2006, the ACGME undertook simultaneous revisions of the Common Program Requirements and the Institutional Requirements to increase alignment in areas of shared responsibility between the program and its sponsoring institution, resulting in updated versions of both documents effective July 1, 2007. Subsequent focused revisions of the Common Program Requirements in key areas included modification to the duty hour requirements in 2011, incorporation of requirements related to the Clinical Competency Committee and Program Evaluation Committee in 2015, and changes to the resident/fellow eligibility requirements in 2016.

In 2007, the ACGME approved the One-Year Fellowship Common Program Requirements that were created to streamline the accreditation process for one-year fellowship programs by focusing data collection on the most relevant information necessary for a review committee to make an informed decision about accreditation status. This version of the Common Program Requirements focused primarily on educational outcomes for advanced learners, rather than on individual process requirements.

To account for variability in the types of programs accredited by the ACGME, 4 similar yet distinct versions of the Common Program Requirements now exist: residency, fellowship, one-year fellowship, and postdoctoral education.²

ACGME policy requires a major revision of every set of program requirements, including the Common Program Requirements, once every 10 years. The last major revision of the Common Program Requirements was conducted in 2 phases between 2016 and 2018, with changes to section VI going into effect July 1, 2017, and changes to sections I through V taking effect July 1, 2019. Significant changes included: (1) the creation of a new fellowship version of the Common Program Requirements; (2) the introduction of a new section defining the program's and sponsoring institution's responsibilities related to resident/fellow and faculty member well-being; (3) significant expansion of the requirements related to safety and quality; (4) modification of the requirements related to clinical experience and education, including replacing the term "duty hours" with "clinical and educational work hours"; (5) addition of a new requirement related to mission-driven recruitment of a diverse workforce; (6) addition of a requirement addressing the need for a professional, respectful, and civil environment for the educational program; (7) emphasis on the need for partnership between sponsoring institutions and programs in key areas; and (8) the introduction of noncitable background and intent boxes and italicized text providing the underlying philosophy for select requirements.

Subsequent focused revisions of the requirements were implemented in 2021 and 2022 and addressed dedicated time for program leadership, core faculty, and program coordinators. The most recent focused revision, effective July 1, 2023, was prompted by feedback from the GME community regarding administrative burden associated with expansion of the number of both Common Program Requirements and specialty-specific requirements. In response, a Task Force on Burden Reduction was appointed by the ACGME Board of Directors and charged with reducing the number of requirements overall and identifying "core" and "must" requirements to be recategorized to "detail" and "should" to reduce administrative burden. This revision resulted in an overall 23% reduction in the length of the requirements (residency version), including significant reduction in the number of "core" and "must" requirements.

With a target effective date of July 1, 2028, for the next major revision, and a goal of extensive data gathering and stakeholder engagement to inform the next set of requirements, the ACGME plans to begin the revision process in the second half of 2024.

Goals for the Planned Major Revision

Activities that relate to and will inform and support the development of the Common Program Requirements are already taking place at the ACGME. The

Institutional Requirements are undergoing major revisions by the Institutional Review Committee. Those are scheduled to be completed in 2025 and implemented in 2026. Thus, these new Institutional Requirements will be available early in the process of developing the new Common Program Requirements, facilitating continued alignment of shared responsibilities across sponsoring institutions and programs.

The ACGME has also been facilitating major revisions of the specialty program requirements using a process called "Shaping GME."^{3,4} The Shaping GME process involves a wide array of stakeholders in the specialty and those who interact with physicians in the specialty. Components of the Shaping GME process have included:

1. Scenario planning to identify strategies for the practice of the specialty in 2050.
2. Focus groups of patients and their families, recent GME graduates, and employers of these graduates.
3. At least one summit of stakeholders in the specialty to discuss principles to guide the development of the new program requirements.

The process for drafting new Common Program Requirements will be informed by the new Institutional Requirements and the materials generated by the Shaping GME activities and will include several of the goals applied to those processes. Additional work has begun on background information to assist the Common Program Requirements Task Force in its development of a draft of the new Common Program Requirements, which will be guided by the following goals:

- Development of evidence-based requirements informed by a comprehensive assessment of the literature and by stakeholder input on key topics in GME, including but not limited to work hours, quality and safety, dedicated time and support, well-being, and assessment, including competency-based medical education (CBME). The Task Force will identify additional areas for consideration.
- Development of Common Program Requirements consistent with the themes and educational strategies identified through the Shaping GME process.^{3,4}
- Development of requirements that support residency and fellowship programs to better prepare today's residents and fellows for practice decades into the future, in health care systems that will continue to evolve.
- Provision of a framework that builds on the principles of ACGME's Next Accreditation System⁵ and supports the planned future evolution of ACGME accreditation.⁶

- Reduction of burden for programs, including enhanced use of Background and Intent to provide detailed guidance, with a reduction in granularity of the requirements.
- Alignment of the Common Program Requirements with the upcoming major revision of the Institutional Requirements.
- Further the incorporation of CBME into GME by supporting and guiding programs in implementation of CBME.⁷

Data Gathering and Stakeholder Engagement

In late 2023, ACGME administration work groups formed to begin organizing themes for discussion and planning work processes and timelines for the development of the new Common Program Requirements. Specialty and Institutional Review Committee executive directors provided needed input as to the issues that most impact current accreditation processes. One workgroup has been specifically formed to consider the existing literature in a variety of topic areas and to help direct the topic areas for comprehensive literature reviews to be completed by fall 2024. These will include studies of well-powered evidence (rather than opinion pieces or single-center observational studies) in the following areas: work hours, bias in assessment, telemedicine and telesupervision, and clinical handoffs. In addition, commissioned papers on the resident/fellow work hours, assessment of competency, and rotational transitions and transitions of care are to be completed by fall 2024.

With this work completed as a foundation, the Common Program Requirements Task Force will be appointed by the ACGME Board of Directors in early 2025, and per ACGME policy will consist of current ACGME Board members, chairs of specialty program review committees, as well as resident and public members. The Task Force will review the assembled information to determine whether there are any additional themes needing consideration and will determine what additional input is needed. In early to mid-2025 the Task Force will develop guiding principles for the Common Program Requirements revisions and approve a work plan and timeline for the work ahead.

It is anticipated that the Task Force will assemble into multiple small subcommittees around the significant themes and meet with corresponding administration work groups to review the assembled relevant data, literature reviews, and commissioned papers in depth. From this, the Task Force will determine what

additional input is needed, which will likely include requests for position papers and testimony at convened congresses to focus on individual topic areas. These congresses are typically daylong or multiday in-person and/or remote events, during which prepared remarks or testimony are provided to the Task Force. The members of the Task Force ask questions to gather additional information and use this information to inform their future deliberations and decisions.

Broad input will be sought from all aspects of the GME and medical communities, to include specialty professional organizations, the American Board of Medical Specialties and American Osteopathic Association certifying boards, program director groups, resident groups, residency coordinator/administrator groups, patient advocacy organizations, all ACGME Board of Directors and review committee nominating organizations, physician member organizations, and ACGME review committees and councils. Proceedings from the convened congresses will be transcribed, with emerging themes presented for discussion by the Task Force. This work will be staggered over the course of a year or more to provide stakeholders time to develop position papers and for the Task Force to devote the time needed for careful consideration of each topic. It is anticipated that this work will be undertaken during the entirety of 2025 and into early 2026.

With all input from position papers and congresses gathered in mid-2026, the Task Force will begin the process of developing the new Common Program Requirements. It is anticipated that requirement development will require several months of work. Once a complete set of Common Program Requirements is drafted to the satisfaction of the Task Force, they will be posted for public comment, following existing ACGME practices and policies. The Task Force will consider all comments and make modifications to the proposed requirements as needed. These will then be considered by the Committee on Requirements of the ACGME Board of Directors and ultimately by the Board of Directors itself. By early 2027, the new Common Program Requirements will be posted, with a probable implementation date of July 1, 2028. The ACGME recognizes the importance of ensuring sufficient opportunity for stakeholder input and Task Force deliberations as the draft requirements are developed. If additional time is needed to accomplish those goals, the timeline will be adjusted. Updates on the progress of the Task Force will be shared with the GME community.

Conclusion

The Common Program Requirements provide an essential foundation on which GME programs are built. The planned revision process builds on the

work done by the review committees through the Shaping GME process and the major revision of the Institutional Requirements. The process also intentionally seeks broad input from the medical education community and the public, ensuring that the revision of the Common Program Requirements will be a collaborative effort. The resulting requirements will be beneficial to GME programs by providing a foundation on which effective, high-quality programs are built, enhancing the quality of resident and fellow physicians' education and patient care.

References

1. Accreditation Council for Graduate Medical Education. Mission, Vision, and Values. Accessed June 4, 2024. <https://www.acgme.org/about/overview/mission-vision-and-values/>
2. Accreditation Council for Graduate Medical Education. Common Program Requirements. Accessed June 4, 2024. <https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/>
3. Potts S, Hoekzema GS, Cagno CK, Anthony E. Shaping GME through scenario-based strategic planning: the future of family medicine residency training. *J Grad Med Educ*. 2022;14(4):499-504. doi:10.4300/JGME-D-22-00505.1
4. Yun HC, Cable CT, Pizzimenti D, et al. Internal medicine 2035: preparing the future generation of internists. *J Grad Med Educ*. 2020;12(6):797-800. doi:10.4300/JGME-D-20-00794.1
5. Nasca TJ, Philibert I, Brigham T, Flynn TC. The next GME accreditation system—rationale and benefits. *N Engl J Med*. 2012;366(11):1051-1056. doi:10.1056/NEJMSr1200117
6. Nasca TJ, Weiss KB, Bagian JP, Brigham TP. The accreditation system after the “next accreditation system.” *Acad Med*. 2014;89(1):27-29. doi:10.1097/ACM.0000000000000068
7. Lucey CR, Thibault GE, ten Cate O. Competency-based, time-variable education in the health professions: crossroads. *Acad Med*. 2018;93(suppl 3):1-5. doi:10.1097/ACM.0000000000002080



Mary E. Klingensmith, MD, FACS, is Associate Chief Accreditation Officer, Accreditation Council for Graduate Medical Education (ACGME), Chicago, Illinois, USA; **Kathy Malloy, BA**, is Senior Vice President, Strategy, Accreditation Policy, and Standards, ACGME, Chicago, Illinois, USA; and **Lynne M. Kirk, MD, MACP**, is Chief Accreditation Officer, ACGME, Chicago, Illinois, USA.

Corresponding author: Mary E. Klingensmith, MD, FACS, Accreditation Council for Graduate Medical Education, Chicago, Illinois, USA, meklingensmith@acgme.org