



ACGME

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

GLOSSARY OF TERMS

May 8, 2018

ACGME GLOSSARY OF TERMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Common Program Requirements: The ACGME requirements that apply to all specialties and subspecialties with the exception of those subspecialties that have adopted the One-Year Common Program Requirements. These requirements are denoted by bold text within the specialty- and subspecialty-specific Program Requirement documents. *Definition will be reviewed for an update pending approval of the revised Common Program Requirements*

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

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

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

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

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

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

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

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

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

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

Core faculty: All physician faculty members in a specialty program who have a significant role in the education of resident/fellows and who have documented qualifications to instruct and supervise. Core faculty members devote at least 15 hours per week to resident education and administration. All core faculty members should evaluate the competency domains; work closely with and support the program director; assist in developing and implementing evaluation systems; and teach and advise residents. *Definition will be reviewed for an update pending approval of the revised Common Program Requirements*

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

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

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

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

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

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

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

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

Formative Evaluation: Assessment of a resident/fellow with the primary purpose of providing feedback for improvement, and for reinforcement of skills and behaviors that meet established criteria and standards without passing a judgment in the form of a permanently recorded grade or score. *Definition will be reviewed for an update pending approval of the revised Common Program Requirements*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Primary clinical site: The primary facility designated for clinical instruction in the program. If the Sponsoring Institution is a hospital, it is by definition the primary clinical site for the residency/fellowship program. If the Sponsoring Institution is a medical school, university, or consortium, the primary clinical site is the site that is used most commonly in the residency/fellowship program.

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

Program evaluation: Systematic collection and analysis of information related to the design, implementation, and outcomes of a graduate medical education program for the purpose of monitoring and improving the quality and effectiveness of the program.

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

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

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

Recognition Committee: See Osteopathic Principles Committee

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

Requirements (Institutional and Program):

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

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

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

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

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

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

Site visit (accreditation/recognition):

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

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

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

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

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

Scholarly activity: Participation of residents/fellows and faculty members in research, organized clinical discussions, rounds, journal clubs, and/or conferences. Some members of a program's faculty should also demonstrate scholarly activity through one or more of the following: peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or participation in national committees or educational organizations. *For more information, see the [Common Program Requirements](#). Definition will be reviewed for an update pending approval of the revised Common Program Requirements.*

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

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

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

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

Specialty program: See Residency program

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

Clarification: When the Sponsoring Institution is not a rotation site for the program, the major associated hospital for the program is the primary clinical site (see Primary clinical site).

Subspecialty program (fellowship): See Fellowship program

Summative evaluation: Assessment with the primary purpose of establishing whether performance measured at a single defined point in time meets established performance standards, permanently recorded in the form of a grade or score. *Definition will be reviewed for an update pending approval of the revised Common Program Requirements*

Transfer resident: Residents are considered “transfer residents” under several conditions, including: moving from one program to another within the same or between different Sponsoring Institution(s) and within the same or a different specialty; when entering a program requiring a preliminary year at the PGY-2 level even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the Match (e.g., accepted to both programs right out of medical school).

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

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

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

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

AST-KM 7/30/2007
TSW 4/21/2008
TSW 8/7/2008
TSW 9/24/08
TSW 01/20/09
TSW 03/2009
TSW 09/18/2009
TSW 09/29/2010
TSW 11/30/2010
TSW 6/28/2011
TSW 7/1/2013
TSW 8/2016
LNJ 4/2017
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ACCREDITATION STATUSES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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RECOGNITION STATUSES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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