



Accreditation Council for  
Graduate Medical Education

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## Site Visit FAQs

### Frequently Asked Questions (FAQs) Related to the Accreditation Site Visit

Below are responses to general questions about the accreditation site visit process. Specific questions or topics not covered in these FAQs should be addressed to the staff of the Department of Field Activities or the relevant Review Committee.

Information about site visits for applications can be found in a response to

[FAQs addressing the accreditation of new programs, program mergers, program and institutional name changes, and changes in sponsorship.](#)

### What is the purpose of the accreditation site visit?

The accreditation site visit is the on-site collection and aggregation of relevant data, which is put into a narrative, factual report used by the ACGME Review Committees (the specialty Review Committees, the Transitional Year Review Committee, and the Institutional Review Committee) to make accreditation decisions. Accreditation Field Representatives are not the decision makers; accreditation decisions

### Site Visit and Field Representatives

FAQs addressing the Accreditation of New Programs and Sponsoring Institutions, Sponsorship Changes and Mergers, and Sponsoring Institution or Program Name Changes.

[Accreditation Field Representatives Listing](#)

are the purview of the Review Committees.

ACGME accreditation site visits are either **Full** or **Focused**. The ACGME uses **full** accreditation site visits:

1. for all specialty program applications and some subspecialty program applications;
2. at the end of the two-year Initial Accreditation period to ensure that a Sponsoring Institution or program is compliant with the applicable accreditation requirements;
3. to address broad concerns identified during the review of data submitted to the ACGME annually;
4. to assess the merits of a complaint or for other circumstances as requested by a Review Committee; and
5. to assess overall compliance and ongoing improvement in a Sponsoring Institution or program during the scheduled 10-Year Accreditation Site Visit.

The ACGME uses **focused** accreditation site visits:

1. to conduct in-depth explorations of potential problems arising out of a Review Committee's review of annually submitted accreditation data; and,
2. to assess the merits of a complaint, or for other special circumstances as determined by a Review Committee.

## Who conducts accreditation site visits?

Accreditation site visits are conducted by Accreditation Field Representatives, who are professional site visitors employed by the ACGME. Biographical summaries of the Accreditation Field Representatives are available on the ACGME website.

Site visits for larger programs and some Sponsoring Institutions are conducted by a team of two Accreditation Field Representatives. Site visits for other programs may use a team at the discretion of the Department of Field Activities leadership. The site visit announcement letter will indicate the type of visitor (team or individual), and the name(s) and contact information of the assigned Accreditation Field Representative(s).

## How much notice does program leadership receive ahead of an accreditation site visit?

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The minimum notice for all announced site visits is 30 days. Notice may be less than 30 days if a site visit is required to meet a Review Committee meeting deadline. In these cases, Department of Field Activities staff members will work with the program leadership to ensure the visit is completed.

Programs with a status of Initial Accreditation receive 60 days' advance notice for a site visit preceding an anticipated transition to Continued Accreditation; these programs must prepare an updated specialty-specific application document for this visit. Programs scheduled for a 10-Year Accreditation Site Visit receive 90 days' notice.

Unannounced visits occur on rare occasion at the discretion of the Review Committee, in cases of a potentially serious problem. Generally, 14 days' notice is given for this type of visit, and for the rare site visit to assess an alleged egregious violation or catastrophic loss of resources.

On occasion, a data-prompted visit or a 10-Year Accreditation Site Visit may be combined at the discretion of Review Committee staff to reduce the burden on the program.

For all site visits, the Department of Field Activities provides additional notice when possible. A site visit notification is e-mailed by Department of Field Activities staff members. Concurrently, a site visit announcement letter, including detailed instructions on how to prepare for the visit, is posted on the "Notification Letters" page of the program's Accreditation Data System (ADS) record. Program leadership should review the letter carefully and contact the Department of Field Activities staff member(s) identified in the letter with any questions.

### **What documents must be submitted prior to an accreditation site visit?**

Many site visits require only the information collected via ADS. If no additional documentation is required, Sponsoring Institutions and programs should make sure all data in ADS is current prior to the site visit, focusing on responses to citations, changes in the Sponsoring Institutions or program since the last ADS Annual Update, and the other "updateable" data elements (as noted in other FAQs below).

Additional documentation is required for:

1. site visit to assess an application for accreditation;

2. the full site visit at the end of the two-year period of Initial Accreditation, which also requires completion of an updated version of the specialty-specific portion of the application; and,
3. the 10-Year Accreditation Site Visit, which also requires completion and uploading of a Self-Study Summary 18 to 24 months before the site visit date, as well as completion of a Summary of Achievements (improvements the program made in areas identified through the Self-Study).

Additionally, Review Committee staff members may request additional documents be provided to the (primary) Accreditation Field Representative.

The announcement letter for the site visit states whether any additional documents are required and how to submit them, how and when to update information in ADS, and other directions particular to the Sponsoring Institution or program.

### **What data can be updated immediately prior to an accreditation site visit?**

For all full site visits and, as requested by ACGME staff members, for some focused visits, excluding those for new program applications and programs with a status of Pre-Accreditation, the information below can be updated in ADS prior to the visit by the date indicated on the first page of the site visit announcement letter.

Information to update is listed by name and tab location in ADS:

- Changes and Other Updates Updated Block Diagram
- Clinical Experience and Educational Work
- Faculty Roster
- Overall Evaluation Methods
- Participating Sites
- Program Director CV
- Responses to Citations

Information that can be updated immediately prior to a site visit includes a section entitled “Major Changes and Other Updates.” Programs can use this free-text field (4,000 characters) to tell the Accreditation Field Representative(s) and the Review Committee any

information that may be useful to the review process. This may include recent changes or improvements in the program, or interventions to address lower-scoring items in the ACGME Resident or Faculty Surveys.

### **What documents need to be updated prior to a site visit for a program with Initial Accreditation?**

The site visit at the end of the Initial Accreditation period is a full accreditation site visit. Programs must complete an **updated version** of the specialty-specific application document and needs to describe the **current status** of the program. Programs should also update the common program information. Other documents to update are the: (1) Policy for Supervision of Residents; (2) Competency Goals and Objectives; (3) Program-Specific Evaluation Tools; and (4) Block Diagram. Board certification data for faculty members should also be updated if necessary.

### **What is a site visit following review of the program's Annual Data?**

Programs with a status of Continued Accreditation are subject to an annual screening of key accreditation data. This includes the ACGME Resident and Faculty Surveys; Case Log data (if applicable); surveys about adequacy of patient volume and variety for other specialties; information on scholarly activity for residents/fellows and faculty members; resident/fellow and/or faculty member attrition; and transitions in program and/or institutional leadership. If any of these areas suggests a problem, the Review Committee may ask the program to provide clarifying information, a progress report, or it may schedule a site visit. Data-prompted site visits may be full or focused visits at the discretion of the Review Committee.

Programs generally do not need to complete additional documentation for a data-prompted visit. Program leadership needs to review the data that can be updated in ADS immediately before a site visit (See above for a list of this information).

### **What documents are requested for on-site review for each type of site visit?**

All site visits use information uploaded into ADS, and site visits other than those for new program applications use data from the ACGME Resident and Faculty Surveys, data on resident and faculty scholarly

activity, and Case Log and patient experience data, as relevant to the specialty.

The documents required for an on-site review depends on the type of site visit. A standard list of each document required by type of visit is attached to the ACGME site visit announcement letter. New application site visits require less documentation, as since documents were already submitted through ADS.

The ACGME has shortened the list of documents for on-site review and is looking to further streamline this aspect of the site visit. Much of this information is now gathered from resident/fellow files. For residents/fellows with academic or other performance problems, there should be documented evidence of follow up, including remediation, probation, non-renewal, or dismissal, as applicable.

Some committees request additional documents for review at the site visit. The assigned Accreditation Field Representative(s) will inform the program director or coordinator of these requests.

### **In what format should evaluation documents be available during a site visit for programs that use electronic resident evaluation systems?**

A growing number of institutions and programs use electronic evaluation systems or data management “suites” for collection, aggregation, and presentation of a variety of data related to the administration of residency/fellowship programs. The ACGME and its Review Committees have clarified expectations regarding information that should be available to the Accreditation Field Representative(s) to enable them to verify the existence of a functioning evaluation process, including discussion of evaluations with residents/fellows. Evidence of this can be offered via traditional paper-based evaluation forms, print-outs of electronic evaluations, or the online documents. All formats need to include evidence that these evaluations were reviewed with the resident/fellow, such as the resident’s/fellow’s signature.

### **What are the ACGME’s expectations for resident and fellow files to be made available during accreditation site visits?**

During accreditation site visits, the ACGME Field Representatives assess core program aspects, such as a functioning assessment system and the required semi-annual evaluations of residents/fellows, by reviewing resident/fellow files. The goal is to reduce the burden on

program leadership by focusing the review on existing documentation. On the day of the site visit, programs should have samples of current resident/fellow files (one or two from each year of the program), and one or two files of the program's most graduates. If any residents/fellows transferred into or left the program during for the three most recent academic years for any reason prior to completion, their files should also be available for review. Review information regarding the ACGME's general expectations for the content of resident and fellow files  [here](#).

### **How should residents/fellows be selected to meet with the Accreditation Field Representative(s), and what is expected of them during these interviews?**

The resident/fellow interview is crucial to the site visit. If a program has 15 or fewer residents/fellows, the Accreditation Field Representative(s) will interview all residents/fellows on duty the day of the visit. If a program has more than 15 residents/fellows, 15 to 20 peer-selected residents/fellows representing all required years of education will be interviewed.

Trainees beyond the required years of residency (such as fourth-year internal medicine chief residents), or those not in the accredited program, may not participate in the resident/fellow interview but may be in the faculty member interview. For programs with a combined program track, such as internal medicine-psychiatry, representative residents from the combined program must be in the interview.

For the site visit of a Sponsoring Institution, the interview group should include 15 to 18 residents and fellows representative of the programs sponsored by the institution.

For program site visits, residents/fellows often are interviewed in smaller groups, with those in the most senior year(s) of the program interviewed separately. For some types of site visits, residents/fellows may be interviewed individually. The Accreditation Field Representative or team leader who contacts the program/institution to plan site visit logistics will indicate the interview format. On the day of the site visit, the interview process may change if it appears a different approach will produce better results.

Residents/fellows and faculty members should be made available for the entire interview period, with their pagers and cell phones turned

off.

## **What happens during a program site visit?**

The Accreditation Field Representative or team conducts interviews with the program director and associate directors (if applicable), residents/fellows, faculty members, the program coordinator, and the designated institutional official (DIO) and/or other administrative representatives, as well as on-site review of documentation. The documents reviewed vary among site visits, and a list of required documents is attached to the letter announcing the accreditation site visit. For some specialties, or if there were prior citations related to facilities, the Accreditation Field Representative(s) may tour selected clinical facilities.

A clarification interview conducted with the program director at the end of the site visit may include feedback from the Accreditation Field Representative/team, including a succinct summary highlighting two to three key strengths, and suggested improvement in two to three areas. The feedback is based on the Accreditation Field Representative's/team's understanding of the accreditation standards and familiarity with relevant best practices. The Accreditation Field Representative/team will not offer predictions regarding accreditation outcomes; these decisions are the sole purview of the Review or Recognition Committee.

## **Does the Accreditation Field Representative(s) meet with the program coordinator, and if so, what information is discussed?**

For most accreditation site visits, the Accreditation Field Representative(s) will meet briefly with the program coordinator, often in conjunction with the document review portion of the visit.

For some visits, such as the 10-Year Accreditation Site Visit and some data-prompted visits, the Accreditation 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, and more.

## **What happens after the site visit?**

After a site visit, the Accreditation Field Representative/team writes a detailed narrative report that is used, together with information in the

ADS, by the Review or Recognition Committee to make its accreditation decision. Accreditation Field Representatives **do not** participate in the accreditation decision.

All committees meet two or more times each year, and the ACGME strives to review all Sponsoring Institutions and programs in a timely fashion. The schedule of committee meetings and the agenda closing dates for each meeting are listed on the specialty sections of the ACGME website. Programs can contact committee staff members to find out if their program will be reviewed at a given meeting.

A few days after the meeting during which a program is reviewed, the committee sends an electronic notice indicating the accreditation status determined at the meeting. The detailed accreditation decision will be posted in the program's ADS account 60 to 90 days after the meeting.

### **Can a program request to change its site visit date?**

Due to the logistics involved in conducting a large number of site visits, requests to change a site visit date generally cannot be honored. Exceptions are made in certain circumstances, and all requests to change a site visit date must be made to Andrea Chow (achow@acgme.org, 312.755.5009) or Penny Iverson-Lawrence (pil@acgme.org, 312.755.5014). Requests must be made within five calendar days of receipt of the site visit announcement letter. Programs have the option of one postponement, if the request meets ACGME justification criteria. Requests for changes or postponements made more than five days after the date of the site visit announcement need to be accompanied by a letter from the institution's DIO or Chief Executive Officer. The letter must indicate the institution agrees with the request for a change in the site visit date. Programs may be charged a fee for the late notice of the postponement request.

### **How does a program prepare for a site visit related to an accreditation application in the transition to a single GME accreditation system?**

Between July 1, 2015 and June 30, 2020, American Osteopathic Association (AOA)-approved programs that apply for ACGME accreditation immediately receive the status of Pre-Accreditation. Specialty programs and subspecialty programs in surgical specialties require a site visit prior to review by the specialty Review Committee. For many subspecialty programs, the Review Committee reviews the

for many subspecialty programs, the Review Committee reviews the application documentation without a site visit).

For initial review by the Review Committee, a program with Pre-Accreditation status needs to demonstrate how it complies or will comply with the ACGME Common and specialty-specific Program Requirements, and it is important that the application documents describe this compliance.

During the site visit, the Accreditation Field Representative(s) will interview residents/fellows, faculty members, and program and institutional leadership. Residents/fellows and faculty members will be asked about the current status of the program in areas pertinent to ACGME standards, such as the educational curriculum, patient volume and variety at the primary and participating sites, supervision, availability of faculty members, faculty member teaching skills and interest in teaching, resident/fellow assessment, and resident/fellow and faculty member scholarly activity. The Accreditation Field Representative(s) may ask about the composition and work of the Clinical Competency Committee and the Program Evaluation Committee.

While the Accreditation Field Representative(s) will be able to answer questions about the site visit and the ACGME accreditation process during the site visit, the primary resource for osteopathic programs with questions about accreditation is the Review Committee Executive Director, and his/her staff, at the ACGME.

### **What are the key dates for the program Self-Study and the 10-Year Accreditation Site Visit?**

Programs with a status of Continued Accreditation are expected to conduct a Self-Study before undergoing their 10-Year Accreditation Site Visit. The initial Self-Study date for all programs with Continued Accreditation was set by the applicable specialty Review Committee. For programs accredited more recently, the Review Committee sets the date for the initial Self-Study at the time the program is reviewed to transition to Continued Accreditation, after the two-year Initial Accreditation period.

At the conclusion of the Self-Study, programs complete a Self-Study Summary that is uploaded into ADS. This summary requests data on key attributes of the Self-Study, but does not ask about areas for

improvement or other information that could negatively affect the accreditation process.

A gap of at least 18 to 24 months between the Self-Study and the 10-Year Accreditation Site Visit is intended to give programs time to initiate or make improvements in areas identified during the Self-Study.

### **How does a program know when to initiate its Self-Study?**

Seven to eight months prior to the Self-Study date shown in ADS, the Department of Field Activities e-mails the program to initiate the Self-Study. This e-mailed letter includes a link to resources for conducting the Self-Study.

Programs should start their Self-Study at that time, but can begin sooner. Program and Program Evaluation Committee leaders are encouraged to review the Self-Study resources page on the ACGME website for additional information.

### **Can a program request an extension for uploading the Self-Study Summary?**

Ideally, the Self-Study should be conducted and the summary uploaded during the assigned period, to allow the program at least 18 months to make improvements prior to the 10-Year Accreditation Site Visit. In some circumstances, an extension will be granted. Submit requests to Andrea Chow: [achow@acgme.org](mailto:achow@acgme.org), 312.755.5009.

### **Does a program that recently transitioned to Continued Accreditation need to conduct a Self-Study?**

Programs that recently transitioned to a status of Continued Accreditation may not yet have the improvement trajectory to warrant a full Self-Study. These programs may instead perform an Annual Program Evaluation with a focus on program aims and an environmental assessment (see the Self-Study web page for guidance). Before deciding whether to conduct a Self-Study or Annual Program Evaluation, program leadership should check with the DIO, as some DIOs prefer that all programs conduct a Self-Study.

Programs with a status of Initial Accreditation **do not** complete a Self-Study.

### **When and where does the program upload the Self-Study Summary?**

After the Self-Study has been completed, leadership completes a Self-Study Summary (available on the Self-Study page), and uploads the document into ADS.

The date for uploading the Self-Study Summary is noted in ADS as the first day of a given month (e.g., September 1, 2018). The portal for uploading the Self-Study Summary opens on the first day of the prior month, and closes on the last day of the designated month (i.e., if a program's Self-Study date in ADS is September 1, 2018, the program can upload the Self-Study Summary between August 1, 2018 and September 30, 2018).

To upload the completed Self-Study Summary into ADS, click the **Overview** tab, and scroll down to **Self-Study Uploads**. Click **View**. Under **Self-Study Summary**, click **Upload**, select the appropriate document, and then select **Upload**. The document is automatically saved in ADS.

### **Are any additional documents required with the Self-Study Summary?**

No additional documents or attachments need to be uploaded with the Self-Study Summary.

### **Who reviews the Self-Study Summary once it is uploaded?**

The Self-Study Summary will be saved in ADS until the program's 10-Year Accreditation Site Visit. During that site visit, the Accreditation Field Representative(s) will review the document, along with the Summary of Achievements that details improvements the program made in areas identified in its Self-Study. Both documents will be verified and clarified during the site visit, and provided to the Review Committee along with a Site Visit Report by the Accreditation Field Representative(s).

### **When is a 10-Year Accreditation Site Visit program scheduled?**

The 10-Year Accreditation Site Visit is scheduled 18-24 months or more after the program has submitted its Self-Study Summary.

For example, if a program's Self-Study date is September 2018, its 10-Year Accreditation Site Visit will be scheduled between March and

September 2020; the program will receive a 90-day advance notice of the actual site visit date. Specialty and subspecialty programs with the same Self-Study dates will be scheduled in a grouped visit.

For the 10-Year Accreditation Site Visit, program leaders are asked to complete a Summary of Achievements, a brief document that details improvements made in areas identified in the Self-Study. Programs may also update the Self-Study document if there were significant changes since the Self-Study, or if the Self-Study Summary was uploaded prior to April 2017. Completing the Self-Study Update document is optional.

### **Does a program that recently transitioned to Continued Accreditation need to have a 10-Year Accreditation Site Visit?**

This is generally an issue for subspecialty programs with the same 10-Year Accreditation Site Visit date as the specialty program. Programs that recently had a site visit to transition to a status of Continued Accreditation may not need another site visit. The ACGME tries to avoid more than one site visit in a 12-month period, and may be able to forego a site visit if one occurred within 24 months. The final decision is made by the Review Committee Executive Director.

### **What are key attributes of site visits for Sponsoring Institutions?**

Site visits to Sponsoring Institutions are conducted after two years of Initial Accreditation status, as a data-prompted visit, an annual visit for an institution with a status of Probationary Accreditation, or as a 10-Year Accreditation Site Visit.

The Accreditation Field Representative(s) conducts interviews with the DIO, the institution's chief executive officer, members of the Graduate Medical Education Committee (GMEC), selected program directors who are not members of the GMEC, and a representative group of peer-selected residents and fellows.

During the site visit, the Accreditation Field Representative(s) will use these interviews to verify and clarify the information in the Institutional Review Questionnaire, focusing on assessing and documenting institutional oversight of the accredited residency and fellowship programs.

Ideally, faculty member representatives from all sites should be present. If that presents a hardship due to geography or other factors

present. If that presents a hardship due to geography or other factors, the ACGME will schedule a brief separate interview (via video or phone) with the local site director (and, if desired, one additional faculty member).

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