Frequently Asked Questions for International Foundational Requirements
1 July 2020
Review Committee-International
ACGME International

Question	Answer
Institution	
What is the purpose of the program letters of agreement (PLAs)? *Foundational Residency Requirement I.B.1.; Foundational Fellowship Requirement I.B.*	PLAs must be in place for all sites to which residents/fellows rotate for required education or assignments. Their purpose is to provide details related to a resident's/fellow's required assignment(s) that occur outside of the Sponsoring Institution. These documents are intended to protect the residents/fellows by ensuring an appropriate educational experience under adequate supervision.
Are PLAs necessary for rotations to sites such as physicians' offices, ambulatory surgical centers, or rehabilitation facilities that are under the governance of the Sponsoring Institution? *Foundational Residency Requirement I.B.1.; Foundational Fellowship Requirement I.B.*	If the rotation is at an on-campus site or an off-campus site under the governance of the Sponsoring Institution, or in an office of a physician who is a member of the Sponsoring Institution's teaching faculty or medical staff, a PLA is not needed.
Who should sign PLAs for the Sponsoring Institution, and who should sign for participating sites? *Foundational Residency Requirement I.B.1.; Foundational Fellowship Requirement I.B.*	A PLA should include the signatures of the program director as initiating the letter, and of the local director at the participating site. The official signing for the participating site to which residents/fellows rotate should be the individual responsible for supervising and overseeing resident/fellow education at that location (e.g., the local director or the medical director). Although the requirements do not specify that a PLA include the signature of the designated institutional official (DIO), institutions may find it prudent to include this signature. The program director, DIO, and Graduate Medical Education Committee (GMEC) of the Sponsoring Institution should make this decision.

Question	Answer
When should PLAs be updated? *Foundational Residency Requirement I.B.1.; Foundational Fellowship Requirement I.B.*	Agreements should be updated whenever there are changes in program director, participating site director, or resident assignments, or when there are revisions to the items specified in the Foundational Program Requirements. PLAs must be renewed at least every five years. If nothing in the agreement has changed at the end of five years, it is acceptable to add an amendment signifying review and extension of the agreement with signatures.
When residents/fellows are assigned to participating sites a great distance away from the Sponsoring Institution, can they access required didactic sessions using distance education technology? *Foundational Residency Requirement I. B.3.*	Distance technology can be used for required didactics if distances are great. Residents/fellows at a distant participating site should have educational opportunities such as teaching rounds, morbidity and mortality conferences, or other structured educational conferences and activities.
Program Personnel and Resources	
What is included in the program director's time allotted for completion of administrative and educational activities? *Foundational Residency Requirement II.A.2.d); Foundational Fellowship Requirement II.A.4.*	Depending on the size and complexity of the program, administration and education includes a wide variety of activities. Examples are clinical teaching and mentoring of residents and fellows; preparing didactic lectures; evaluating residents, fellows, and faculty members; interviewing resident and fellow applicants; attending GMEC, Clinical Competency Committee (CCC) and Program Evaluation Committee (PEC) meetings; reviewing resident/fellow Case Logs; reviewing and approving directors and curriculum at participating sites; and preparing and submitting information to ACGME-I.
Must the program director conduct electronic, 'real time' monitoring of duty hours? *Foundational Residency Requirement II.A.2.n).(2)*	ACGME-I requires that programs monitor resident/fellow duty hours to ensure they comply with the requirements, but does not specify how monitoring and tracking of duty hours should be handled. Although ACGME-I does not mandate a specific monitoring approach or frequency, the system in place should document actual time on duty and not be limited to attestation of compliance with duty hour requirements. The ideal approach should be tailored to each program and its Sponsoring Institution. For example, the approach best suited for general surgery will be different from the one most appropriate for preventive medicine, dermatology, or pediatrics.

Question	Answer
Can a program director be appointed with fewer than three years of experience as a clinician, administrator, and educator? *Foundational Residency Requirement II.A.4.a); Foundational Fellowship Requirement II.A.6.a)*	Appointing a program director with fewer than three years of experience as a clinician, educator, and administrator may be acceptable if the appointee satisfies all of the other required qualifications (i.e., certification in the specialty and current medical licensure to practice at the Sponsoring Institution), and if the candidate's background and experience demonstrate the ability to fulfill all of the responsibilities of the position.
How does the Review Committee-International determine whether faculty members' qualifications are acceptable? *Foundational Residency Requirement II.B.4.a); Foundational Fellowship Requirement I.B.3.a)*	The Review Committee-International no longer judges qualifications of individual faculty members. Instead, it will review the criteria and procedures used to appoint faculty members at the Sponsoring Institution level. The ACGME-I Institutional Requirements will include general criteria for faculty appointment, and review of the Sponsoring Institution's procedures for faculty appointment will become part of the ACGME-I institutional accreditation process. Programs will provide attestation that newly appointed faculty members have met the institution's criteria for appointment.
Scholarly Activity	
How does the Review Committee-International judge faculty scholarly activity? *Foundational Residency Requirement IV.D.2.a); Foundational Fellowship Requirement IV.D.2.a)*	Scholarly activity is evaluated for the program as a whole, not for individual faculty members. The Review Committee-International will consider the amount of faculty scholarship within the program and the variety of domains within which faculty members conduct scholarly activity. Scholarship is not limited to basic or clinical science, and can be in the areas of patient safety, quality improvement initiatives, or educational innovation. To count toward meeting a program's faculty scholarship requirements, there must be evidence of dissemination or, in the case of membership on committees or in organizations, evidence of a faculty member's active and/or leadership role. 'In press' articles/chapters, simple membership in a professional organization, and attendance at a national or scientific meeting without dissemination of the results of scholarship does not qualify as fulfilling the requirements for scholarly activity.

Question	Answer
Evaluation	
Can the program director serve on and chair the CCC? *Foundational Residency Requirement: V.B.3.a): Foundational Fellowship Requirement V.B.3.a)*	The requirements regarding the CCC do not preclude or limit a program director's participation on the committee. The intent is to leave flexibility for each program to decide the best structure for its own circumstances. A program should consider the program director's other roles as resident advocate, advisor, and confidante; the impact of the program director's presence on the CCC members' discussions and decisions; the size of the program faculty; and other program-specific factors. The role of the CCC is to advise the program director. The program director has final responsibility for resident/fellow evaluation, promotion, and dismissal.
Who can and cannot serve on the CCC? *Foundational Residency Requirement V.B.3.a); Foundational Fellowship Requirement V.B.3.a)*	The CCC can include physician faculty members and members from other health professions who serve on the faculty or have extensive contact and experience with residents/fellows in patient care and other health care settings. Chief residents may be members of the CCC if they have completed a core residency program in their specialty discipline, possess a faculty appointment from the program, and are eligible for specialty board certification. Residents/fellows currently enrolled in the program cannot serve on the CCC. Exclusion of residents/fellows from the CCC is meant to ensure that peers are not making promotion and graduation decisions, and to ensure they are not involved in recommendations for remediation or disciplinary actions. However, the chair(s) of the CCC and/or program director should receive input from program residents/fellows outside the context of CCC meetings through the evaluation system. Program coordinators may attend CCC meetings to provide administrative support and to help document CCC deliberations and decisions but may not serve as members of the CCC.
Must the Program Evaluation Committee (PEC) have resident/fellow representative from each year of the program? *Foundational Residency Requirement V.E.2.a); Foundational Fellowship Requirement V.E.2.a)*	The PEC must include residents/fellows from different years but does not have to include residents/fellows from all years of the program.

Question	Answer
Clinical Experience and Education	
What is meant by service obligations? *Foundational Residency Requirement VI.A.2.; Foundational Fellowship Requirement VI.A.2.*	Service obligations are those duties that at most institutions are performed by technologists, aides, transporters, nurses, or other categories of health care workers. Examples include transport of patients from the wards or units for procedures elsewhere in the hospital, routine blood drawing for laboratory tests, routine monitoring of patients when off the ward, and awaiting or undergoing procedures.
Supervision and Accountability	
Who can be a supervising physician? *Foundational Residency Requirement VI.D.1.; Foundational Fellowship Requirement VI.D.3.*	A physician, a member of the medical staff, or a more senior resident/fellow designated by the program director can supervise a junior resident/fellow. Such designation must be based on demonstrated competence in medical expertise and supervisory capability. In rare instances, a Review Committee may allow non-physician, licensed, independent practitioners designated by the program director to supervise residents/fellows. In all cases, each program's supervision policies should clearly state the types of supervision that are permissible. Programs should ensure that any policy revisions are compliant with specialty-specific requirements.
How should the appropriate level of supervision be determined for each resident/fellow? *Foundational Residency Requirement VI.D.3.; Foundational Fellowship Requirement VI.D.3.*	The assignment of progressive responsibility for patient care to residents/fellows is an essential component of graduate medical education and is necessary to prepare residents/fellows to be independent practitioners. While decisions regarding the appropriate level of supervision are made by the program director and faculty members, the Foundational Requirements provide a framework for the progression from direct supervision to oversight. The level of supervision for an individual resident or fellow is determined both by the abilities of the learner and the needs of the patient. Therefore, the level of supervision required will vary based on circumstances.

Question	Answer
Transitions of Care	
What are ACGME-I's expectations regarding transitions of care and how should institutions and programs monitor the effectiveness of transitions of care? *Foundational Residency Requirement VI.H.1.; Foundational Fellowship Requirement VI.H.1*	Transitions of care are critical elements in patient safety and must be organized such that complete and accurate clinical information on all involved patients is transmitted between the outgoing and incoming individuals and/or teams responsible for care of specific patients. Programs and institutions are expected to have a documented process in place for ensuring the effectiveness of transitions. Scheduling on-call assignments should be done to ensure a minimum number of transitions, and there should be documentation of the process involved in arriving at the final schedule.
Clinical Experience and Education	
How should the averaging of the duty hour requirements (e.g., 80-hour weekly limit, one day free of duty every week, and call every third night) be handled? *Foundational Residency Requirements VI.I. and VI.J.; Foundational Residency Requirements VI.I. and VI.J.*	Averaging must occur by rotation. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks. When rotations are shorter than four weeks in length, averaging must be made over these shorter assignments. This avoids heavy and light assignments being combined to achieve compliance. If a resident takes vacation or other leave, those vacation or leave days should be omitted from the numerator and the denominator for calculating duty hours, call frequency or days off (if a resident is on vacation for one week, the hours for that rotation should be averaged over the remaining three weeks). The requirements do not permit a "rolling" average, because this may mask compliance problems by averaging across high and low duty hour rotations. The rotation with the greatest hours and frequency of call must comply with the common duty hour requirements.

Question	Answer
What is included in the definition of duty hours under the requirement that duty hours must be limited to 80 hours per week? *Foundational Residency Requirement VI.I.2.; Foundational Fellowship Requirement VI.I.2.*	Duty hours are defined as all clinical and academic activities related to the residency program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care such as completing medical records, ordering and reviewing lab tests, and signing verbal orders. For call from home, only the hours spent in the hospital after being called in to provide care count toward the 80-hour weekly limit. Hours spent on activities specified in the accreditation requirements, such as membership on a hospital committee, or that are accepted practice in residency programs, such as residents/fellows' participation in interviewing residency/fellowship candidates, must be included in the count of duty hours. It is not acceptable to expect residents/fellows to participate in these activities on their own hours; nor should residents/fellows be prohibited from taking part in them. Duty hours do not include reading, studying, and academic preparation time, such as time spent away from the patient care unit preparing for presentations or journal club.
How do the ACGME-I requirements for duty hours apply to research activities? *Foundational Residency Requirement VI.I.2.; Foundational Fellowship Requirement VI.I.2*	The ACGME-I duty hour requirements pertain to all required hours in the residency/fellowship program (the only exceptions are reading and self-learning, and time on call from home during which the resident/fellow is not required to be in the hospital). When research is a formal part of the residency/fellowship and occurs during the accredited years of the program, research hours or any combination of research and patient care activities must comply with the weekly limit on hours and other pertinent duty hour requirements. If residents/fellows conduct research on their own time, these hours are identical to other personal pursuits. The combined hours spent on self-directed research and program-required activities should meet the test for reasonably rested and alert residents/fellows when they participate in patient care.
How are the duty hour requirements applied to rotations that combine research and clinical activity? *Foundational Residency Requirements IV.D.1. and VI.I.2.; International Fellowship Requirements IV.D.1. and VI.I.2.*	Some programs have added clinical activities to "pure" research rotations, such as having research residents/fellows cover "night float." This combination of research and clinical assignments could result in hours that exceed the weekly limit and could also seriously undermine the goals of the research rotation. Required research should not be diluted by combining it with significant patient care assignments. Programs should limit clinical assignments during research rotations, both to ensure safe patient care, resident/fellow learning, and resident/fellow well-being, and to promote the goals of the research rotation.

Question	Answer
If a journal club is held in the evening for two hours, outside of the hospital, and is not held during the regularly scheduled duty hours, and attendance is strongly encouraged but not mandatory, would those hours count toward the 80-hour weekly total? *Foundational Residency Requirement VI.I.2.; Foundational Fellowship Requirement VI.I.2.*	If attendance is "strongly encouraged," the hours should be included, because duty hours apply to all required hours in the program, and it is difficult to distinguish between "strongly encouraged" and required. Such a journal club, if held weekly, would add two hours to the residents/fellows' weekly time.
If some of a program's residents/fellows attend a conference that requires travel, how should the hours be counted for duty hour compliance? *Foundational Residency Requirement VI.I.2.; Foundational Fellowship Requirement VI.I.2.*	If attendance at the conference is required by the program, or if the resident/fellow is a representative for the program (e.g., presenting a paper or poster), the hours should be recorded just as they would be for an on-site conference hosted by the program or its Sponsoring Institution. This means that the hours during which the resident/fellow is actively attending the conference should be recorded as duty hours. Travel time and non-conference hours while away do not meet the definition of duty hours in the ACGME-I requirements.
Do tasks that can be completed at home (e.g., completion of medical records and similar tasks; submitting orders and reviewing lab tests; signing verbal orders; time spent on research) count toward the 80-hour limit? *Foundational Residency Requirement VI.I.2.; Foundational Fellowship Requirement VI.I.2.*	Any tasks related to performance of duties, even if performed at home, count toward the 80-hour limit.

Question	Answer
If residents/fellows must be provided with one day in seven free from all responsibilities, inclusive of all in-house call activities, how should programs interpret the requirement if the "day off" occurs after a resident's/fellow's on-call day? *Foundational Residency Requirement VI.I.3.; Foundational Fellowship Requirement VI.I.3.*	It is recommended that the day off should ideally be a "calendar day," such that the individual wakes up at home and has a whole day available. Scheduling the day off on a resident's/fellow's post-call day should be avoided; however, it is understood that in smaller programs it may occasionally be necessary to have the day off fall on the post-call day. Note that in this case, the resident/fellow would need to leave the hospital post-call early enough to allow for 24 hours off of duty. For example, if a resident/fellow is expected to return to the hospital at 7:00 a.m. the following day, that resident/fellow would need to leave the hospital by 7:00 a.m. on the on-call session day. Because call from home does not require a rest period, the day after a pager call may be used as a day off.
If a program only has a few residents/fellows and the residents/fellows prefer to be on call for two days during one weekend so that they can have another weekend completely free of duties, does this comply with the duty hour requirements? *Foundational Residency Requirement VI.I.3.; Foundational Fellowship Requirement VI.I.3.*	In some programs residents/fellows take call for an entire weekend (Friday through Sunday) to allow them to take the entire next weekend off. This practice is acceptable as long as total duty hours, one-day-off-in–seven, and frequency of call are within the limits specified by the relevant requirements. Note that for in-house call, residents/fellows must be provided adequate rest time (eight hours) between the two weekend duty periods. There are no exceptions to this rule. Thus, in-house call on two consecutive nights (e.g., Friday and Saturday) must include adequate rest (eight hours) between the two duty shifts.
How is 'on-call duty' defined? *Foundational Residency Requirement: VI.J.; Foundational Fellowship Requirement VI.J.*	On-call duty is defined as a continuous duty period between the evening hours of the prior day and the next morning, generally scheduled in conjunction with a day of patient care duties prior to the call period. Call may be taken in-house or from home, but home call is appropriate only if the service intensity and frequency of being called is low. Scheduled duty shifts (generally eight, 10, or 12 hours in length), such as those in the intensive care unit (ICU), on emergency medicine rotations, or on "night float," are exempt from the requirement that call be scheduled no more frequently than every third night.

Question	Answer
How many times in a row can a resident/fellow take call every third night? *Foundational Residency Requirement: VI.J.1.; Foundational Fellowship Requirement: VI.J.1.*	Averaging of in-house call is meant to allow flexibility in scheduling, not to permit call every third night for any extended length of time, even if done in the interest of creating longer periods of free time on weekends or later in the month. Residents/fellows can be assigned to a maximum of three call nights in any seven-day period. This can only be done one week per month. Residents/fellows must not take night call for two consecutive nights.
How is the 24-hour limit on in-house call duty applied? *Foundational Residency Requirement: VI.J.2.; Foundational Fellowship Requirement VI.J.2.*	The activity that drives the 24-hour limit is "continuous duty." If a resident/fellow spends 12 hours in the hospital caring for patients, performing surgery, or attending conferences, followed by 12 hours on call, the resident/fellow has had 24 hours of "continuous duty" time, and is limited to up to six additional hours during which activities can only include participation in didactic activities, transfer of patient care, conducting outpatient clinic, and maintaining continuity of medical and surgical care. The resident/fellow cannot accept new patients after 24 hours of continuous duty.
What are ACGME-I's expectations regarding compliance with the requirement that at-home call not be so frequent so as to preclude rest and reasonable personal time for each resident/fellow? *Foundational Residency Requirement VI.J.4.b).; Foundational Fellowship Requirement VI.J.4.b)*	The Review Committee-International recognizes that at-home call may, on occasion, be demanding. This may include frequent phone consultations or a return to the hospital to provide emergency care or consultation. However, if at-home call predictably prevents a resident/fellow from obtaining adequate rest, or if it is associated with extensive returns to provide hospital service, the Review Committee may cite the program for non-compliance with this requirement.

Question	Answer
Other	
How is substantial compliance with the International Foundational and Advanced Specialty Program Requirements determined?	When reviewing a program, the Review Committee-International judges a program or institution's adherence to the prescribed requirements. The Review Committee uses multiple pieces of information (e.g., Program Application, Site Visit Reports, and Faculty and Resident Survey results) from a variety of sources (e.g., residents/fellows, Field Representatives, faculty members, and program administrators). Substantial compliance is judged when the information provided to the Review Committee is consistent, verified by multiple sources, and indicates that the institution or program as met all essential or critical elements of the requirement.
For a program that just received Initial Accreditation, which residents/fellows are considered graduates of an ACGME-I-accredited program?	Any resident/fellow who is enrolled on the effective date of Initial Accreditation and who successfully completes the program is considered a graduate of an ACGME-I-accredited program.