Clarifications and Frequently Asked Questions

These FAQs are being developed in response to questions and requests for clarification the ACGME has received as it has communicated its response to the current pandemic crisis.

Work Hours

Q: Has the ACGME’s stance on clinical work and planned educational hours changed in light of New York State’s decision to waive its own, more stringent work hours requirements?
A: No. The ACGME Common Program Requirements in Section VI.F. remain in place nationally for accredited programs. Read the full ACGME statement on this issue.

Q: If residents/fellows are away from the institution and involved in distance learning instead of attending on-site conferences, should the distance learning activities be recorded as clinical work and planned educational hours (previously known as “duty hours”)?
A: Yes. If a resident/fellow is participating in required learning activities, the time spent in these activities counts towards work hours, regardless of the setting. If a resident/fellow is studying independently, the time spent in this activity would not be reported as work hours.

Medical School Early Graduates

Q: What is the ACGME’s position on early graduation from medical school and early matriculation into residency during the COVID-19 pandemic?
A: The ACGME does not have a position on the early graduation of medical students, as the ACGME does not accredit medical schools. The ACGME is concerned about the early matriculation of these graduates into ACGME-accredited programs as discussed in the statement below, which is also published in the ACGME Newsroom.

Many health care facilities in the United States are facing or will face significant challenges as they respond to the COVID-19 (SARS COV2) pandemic. Through public information, the ACGME has become aware that some US allopathic and osteopathic medical schools are hoping to assist these facilities by planning for the early graduation of their fourth-year medical students to facilitate graduates’ participation in the pandemic response. The ACGME also recognizes that most medical students will graduate with binding match
commitments to enter ACGME-accredited residency programs in 2020 and 2021. Sponsoring Institutions have asked the ACGME to clarify early graduates’ ability to participate as residents.

To be considered a resident in a medical or a medical-related field, an early 2020 medical school graduate must be appointed to an ACGME-accredited program. While not the purview of the ACGME, it must be noted that there are serious ramifications to early appointment (CMS reimbursement for DGME/IME and match participation agreements, among many others). The ACGME urges medical schools and graduates to seriously consider these ramifications prior to initiating early graduation for any medical students.

Further guidance on this issue is being developed and will be posted in the ACGME Newsroom as soon as possible. Read the ACGME's current statement on this topic here.

Milestones
Q: Are programs required to submit Milestones evaluations for the end of the 2019-2020 academic year?
A: No. Reporting of Milestones in the second window of this 2019-2020 academic year is optional for all residents/fellows who are not in their final year of education. However, Milestone evaluations, using assessment data available, must be completed for residents/fellows in their final year of education, even if the Milestones are not reported to the ACGME.

The ACGME understands the many difficulties of Milestones evaluations during the pandemic. If the program cannot complete Milestone evaluations scheduled for May 2020, programs should review and assess whether the Milestones evaluations completed during the November 2019 are a suitable surrogate for the May 2020 evaluation.

Refer to the Residency or Fellowship Program Directors’ Guide for questions regarding eligibility for specialty or subspecialty board certification.

Q: Do programs need to have meetings of the Clinical Competency Committee (CCC) by the end of the 2019-2020 academic year?
A: No. If programs choose or are able to conduct a CCC meeting, they can and should do that. However, it is both understandable and acceptable that the format of that meeting be conducted remotely during the pandemic.
Q: For some specialties, Milestones 2.0 are scheduled to go into effect on July 1, 2020. Will this be delayed?
A: Yes, for some specialties. The following specialties will move to Milestones 2.0 on July 1, 2020, while the remainder will be delayed until July 2021:

**Effective Date: July 1, 2020**

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<th>Specialty</th>
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<td>Allergy and Immunology</td>
<td>Interventional Radiology</td>
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<td>Cardiovascular Disease</td>
<td>Laboratory Genetics and Genomics</td>
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<td>Clinical Biochemical Genetics</td>
<td>Medical Genetics and Genomics</td>
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**Year-End Activities**

Q: Do graduating residents still need a final evaluation?
A: Yes. The program director must still provide a final evaluation for each resident and be able to attest for future hospital privileges, licensure, and other purposes.

Q: Should we convene our Program Evaluation Committee (PEC) meeting this year?
A: Yes, if possible. However, the provision of care to patients and the safety of the physicians take precedence during the pandemic.

Q: I have a resident in her (scheduled) final year of education who is concerned about missing key procedural experiences due to the COVID-19 pandemic. She wants to extend her education to get these experiences but is getting pushback from the program director/designated institutional official.
A: The ACGME does not determine when a resident/fellow graduates from a program. The program director, with input from the CCC, must decide whether a resident/fellow has the knowledge, skills, and behaviors necessary to enter autonomous practice and is ready for graduation. In making that determination, the program director has a significant responsibility to both the public and to the resident/fellow. If the resident/fellow disagrees, that decision can be appealed following program and institutional policies.
ADS Submissions

Q: If we change our residents’ schedules because of the pandemic, do we have to reflect this on the block diagram that we submit in ADS?
A: No, but the program should internally track each actual assignment served by each resident/fellow (regardless of the number of days, weeks, or months of each assignment).

The block diagram is often confused with the resident/fellow rotation schedule. The block diagram is a map of the planned rotations (or other educational experiences) for all residents/fellows in a given post-graduate year. A rotation schedule depicts the actual sequence of rotations (or other educational experiences) for each individual resident/fellow.

The ACGME requires programs to annually submit a block diagram but requests submission of rotation schedules only rarely and for very specific reasons. Refer to the Residency/Fellowship Program Directors’ Guide for further clarification.

Residency Program Directors’ Guide: pages 82-89
Fellowship Program Directors’ Guide: pages 74-79

New Program Applications

Q: I submitted a new program application. When will it be reviewed?
A: Program applications are being accepted by the ACGME. Review of applications requiring a site visit will be postponed until site visits resume. Applications for programs that do not require a site visit will be handled by Review Committees on a case-by-case basis. Contact the Review Committee team for the applicable specialty or subspecialty for details on application processing and status.

Institutional and Osteopathic Recognition applications are being accepted for review by the Institutional Review Committee and the Osteopathic Principles Committee according to the scheduled agenda closing dates.

Increases in Complement

Q: How will the ACGME handle temporary complement increase requests to accommodate residents/fellows who are not able (for any reason) to graduate as previously scheduled?
A: As always, requests for temporary complement increases should be submitted to the accreditation team for consideration by the Review Committee.