ACGME Program Requirements for Combined Programs

Revision Information

ACGME-approved program requirements: September 30, 2024; effective September 30, 2024

Reformatted Program Requirements, effective July 1, 2025

Definitions

For more information, see the ACGME Glossary of Terms.

Core Requirements: Statements that define structure, resource, or 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 meet Core Requirements.

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

Osteopathic Recognition

For programs with or applying for Osteopathic Recognition, the Osteopathic Recognition Requirements also apply at ACGME Osteopathic Recognition.

Table of Contents

Introduction

The Requirements for Combined Programs are an addendum to the specialty-subspecialty-specific Program Requirements for each participating specialty/subspecialty.

The resident/fellow positions for the combined program will be included within the approved complement numbers for the combined program and will not be counted in the respective participating specialty/subspecialty programs.

Section 1: Length of Educational Program

1.1. The length of training and educational format of the combined program must meet the requirements for eligibility for certification in the relevant specialties/subspecialties by American Board of Medical Specialties (ABMS) member boards and/or American Osteopathic Association (AOA) certifying boards. (Core)

1.1.a. Residents should not enter the combined program beyond the beginning of the PGY-2 level without approval of the applicable ABMS or AOA boards. (Core)

Section 2: Oversight

2.1. The combined program must comply with the Program Requirements for each participating specialty/subspecialty, except for modifications to the curriculum where permitted by the applicable ABMS member boards and/or AOA certifying boards. (Core)

Background and Intent: It is the responsibility of the combined program director to ensure that all curricular experiences required for eligibility by the applicable certifying boards are included in the combined program's curriculum.

2.2. The Sponsoring Institution of the combined program should also sponsor ACGME-accredited programs in each of the program's participating specialties/subspecialties. (Core)

2.2.a. If the accredited programs in the participating specialties/subspecialties are not all sponsored by a single Sponsoring Institution, the combined program must be sponsored by one of those Sponsoring Institutions, and all elements of the combined program will be subject to the policies and procedures of that Sponsoring Institution. (Core)

Background and Intent: Close collaboration and shared resources between participating specialty/subspecialty programs is essential in achieving appropriate coordination of the combined program, and therefore oversight of all participating programs by a single Sponsoring Institution is ideal. However, it is recognized that some combined programs may include participation from specialty/subspecialty programs that are not overseen by a single Sponsoring Institution. In such a case, a single Sponsoring Institution will assume oversight of the combined program and the program will be subject to that sponsor's policies and procedures. For example, the Sponsoring Institution's policies and procedures regarding leave, due process, and grievances will be followed throughout the entire program, regardless of where a resident is rotating at any given point in time.

2.3. The participating specialty/subspecialty programs must be in close geographic proximity. (Core)

2.3.a. The program directors of the related specialty/subspecialty programs and the program director of the combined program must demonstrate regular collaboration and coordination of curriculum and rotations. (Core)

Section 3: Program Leadership

Background and Intent: It is recognized that an individual may serve as program director of a combined program while also serving as program director of one of the participating residency/fellowship programs.

3.1. The program director and, as applicable, the leadership team of the combined program must be provided with support adequate for administration of the program based upon its size and configuration. (Core)

3.1.a. Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided among the program director and one or more associate (or assistant) program directors.

Number of Approved Resident/Fellow Positions	Minimum Support Required (FTE)
less than 7	0.2
7-10	0.4
greater than 10	0.5

Background and Intent: To achieve successful graduate medical education, individuals serving as education and administrative leaders of residency programs, as well as those significantly engaged in the education, supervision, evaluation, and mentoring of residents and fellows, must have sufficient dedicated professional time to perform the vital activities required to sustain an accredited program. The ultimate outcome of graduate medical education is excellence in resident education and patient care. The program director and, as applicable, the program leadership team, devote a portion of their professional effort to the oversight and management of the residency/fellowship program, as defined in Common Program Requirements 2.5. – 2.5.l. Both provision of support for the time required for the leadership effort and flexibility regarding how this support is provided are important.

Programs, in partnership with their Sponsoring Institutions, may provide support for this time in a variety of ways. Examples of support may include, but are not limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties. Program directors and, as applicable, members of the program leadership team, who are new to the role may need to devote additional time to program oversight and management initially as they learn and become proficient in administering the program. It is suggested that during this initial period the support described above be increased as needed. In addition, it is important to remember that the dedicated time and support requirement for ACGME activities is a minimum, recognizing that, depending on the unique needs of the program, additional support may be warranted. The need to ensure adequate resources, including adequate support and dedicated time for the program director, is also addressed in Institutional Requirement 2.2.a. The amount of support and dedicated time needed for individual programs will vary based on a number of factors and may exceed the minimum specified in the applicable specialty-/subspecialty-specific Program Requirements. It is expected that the Sponsoring Institution, in partnership with its accredited programs, will ensure support for program directors to fulfill their program responsibilities effectively.

3.2. The program director should possess the qualifications specified in the Program Requirements for each participating specialty/subspecialty or possess qualifications acceptable to the Review Committee. (Core)

Background and Intent: The Review Committee recognizes that a combined program director may possess ABMS member board and/or AOA certifying board certification in each of the specialties/subspecialties that participate in the combined program. It is also understood that a program director may have certification in only one of the participating specialties/subspecialties. In those instances, it is expected that the program director will meet the program director qualification requirements specified in the Program Requirements for the specialty/subspecialty in which the combined program director is certified.

3.3. For each specialty/subspecialty participating in the program, there must be at least one member of the program's leadership (program director, associate program director(s)) with current certification by the applicable ABMS member board and/or AOA certifying board. (Core)

Background and Intent: The requirement above can be satisfied in one of the following ways:

(1) The combined program director possesses ABMS member board and/or AOA certifying board certification in each of the specialties/subspecialties that participates in the combined program.

(2) The combined program director possesses ABMS member board and/or AOA certifying board certification in one or more, but not all, specialties/subspecialties participating in the program, and there is at least one associate program director who possesses ABMS member board and/or AOA certifying board certification in each of the remaining specialties/subspecialties.

Section 4: Core Faculty

4.1. The combined program must include at least one core faculty member from each participating specialty/subspecialty program. (Core)

4.1.a. For programs with an approved complement of more than eight resident/fellow positions, there must be at least one additional core faculty member from each participating specialty/subspecialty program for every eight residents/fellows in the program. (Core)

Section 5: Program Coordinator

5.1. At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)

Number of Approved Resident/Fellow Positions	Minimum FTE
1 - 15	0.2
16 - 20	0.3
21 or more	0.4

Background and Intent: It is recognized that the program coordinator for the combined program may also serve as coordinator to one or more of the participating programs

and/or other specialty programs. In this circumstance, the support required for the coordinator is equal to the total support for all of the programs supported by the coordinator as defined in the applicable specialty-/subspecialty-specific Program Requirements.

In addition, it is important to remember that the dedicated time and support requirement for ACGME activities is a minimum, recognizing that, depending on the unique needs of the program, additional support may be warranted. The need to ensure adequate resources, including adequate support and dedicated time for the program coordinator, is also addressed in Institutional Requirement 2.2.d. The amount of support and dedicated time needed for individual programs will vary based on a number of factors and may exceed the minimum specified above. It is expected that the Sponsoring Institution, in partnership with its accredited programs, will ensure support for program coordinators to fulfill their program responsibilities effectively.

Section 6: Curriculum

6.1. The curriculum for a participating specialty-subspecialty may be truncated and must comply with the combined program curriculum provided by the applicable ABMS member board and/or AOA certifying board. (Core)

6.2. The curriculum must provide a cohesive planned educational experience, and not simply be a series of rotations between the participating specialties/subspecialties. The majority of the educational experiences should be derived from the educational experiences and training provided in the participating programs. (Core)

Background and Intent: While the majority of the educational experiences are to be derived from the participating programs, the Review Committees recognize the need to provide flexibility that allows some experiences to be unique to the combined program.

Section 7: Resident/Fellow Scholarly Activity

7.1. Residents/fellows in the combined program must meet the specialty-/subspecialty-specific scholarly activity requirements specified by the Review Committee that accredits the combined program, as detailed in the Program Requirements for the applicable specialty/subspecialty. If a combined program includes a specialty and one or more subspecialty programs accredited by a single Review Committee, the residents/fellows must meet the scholarly activity requirements specified in the applicable subspecialty-specific Program Requirements. (Core)

Background and Intent: It is recognized that the specialty-/subspecialty-specific Program Requirements for the specialties/subspecialties that participate in the

combined program may vary in terms of resident/fellow scholarly activity. It is not expected that residents/fellows meet all scholarly activity requirements for all participating specialties/subspecialties.

Section 8: Evaluation

Resident/Fellow Evaluation

8.1. The Clinical Competency Committee(s) must include faculty members from each participating program. (Core)

Background and Intent: Combined programs will determine the most effective and efficient means of providing thorough, periodic Milestones-based assessments of their residents/fellows with the options of having a combined program-specific Clinical Competency Committee only, having a combined program Clinical Competency Committee that participates in the respective participating program Clinical Competency Committee processes, or incorporating assessment of the combined program residents'/fellows' progression on the Milestones into the Clinical Competency Committee processes of each participating program.

8.2. The Clinical Competency Committee(s) must determine each resident's/fellow's progress on achievement of the Milestones for each participating specialty/subspecialty. (Core)

8.3. The Clinical Competency Committee(s) must advise the program director on each resident's/fellow's progress. (Core)

8.4. The program directors of the participating programs must provide input to the program director of the combined program regarding the required semi-annual evaluations and the final evaluation for residents/fellows in the combined program. (Core)

Background and Intent: The Review Committee understands that the trajectory of Milestones progression for combined residents will likely be different than for residents/fellows in the participating specialties/subspecialties and will be impacted by the sequencing of curricular experiences, which require alternating between specialties/subspecialties throughout the program. By completion of the combined program, it is expected that residents'/fellows' Milestones assessments will be comparable to those of residents/fellows upon completion of a participating program.

8.5. The final evaluation must verify that the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice in each of the participating specialties/subspecialties. (Core)

Program Evaluation

8.6. Residents/fellows must provide annual, written evaluations of the combined program and each of the participating specialty/subspecialty programs. (Core)

Background and Intent: Residents in the combined program will take the ACGME Resident/Fellow Survey for the combined program only.

8.7. The combined program director must appoint a Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the combined program's continuous improvement process. (Core)

8.8. In assessing the combined program's compliance with Common Program Requirements 5.6. – 5.6.e., the Review Committee will consider the three-year aggregate pass rate of program graduates on each applicable specialty/subspecialty certification exam.