

**Common Program Requirements  
Summary and Impact of Interim Requirement Revisions  
Proposed effective date: July 1, 2026**

Requirement #: 2.10. and 2.11.a. (Residency and Post-Doctoral versions); 2.9., 2.9.a., and 2.10.a. (Fellowship and One-Year Fellowship versions)

**RESIDENCY AND POST-DOCTORAL VERSIONS**

**2.10. Physician Faculty Members**

Physician faculty members must have current certification in the specialty by the American Board of \_\_\_\_\_ or the American Osteopathic Board of \_\_\_\_\_, or possess qualifications judged acceptable to the Review Committee. (Core)

[The Review Committee may further specify:

- (1) additional faculty qualifications unrelated to 2.10.; and/or
- (2) requirements regarding non-physician faculty members]

Following 2.11.a.: [The Review Committee may specify requirements specific to associate program director(s), unrelated to 2.10.]

**FELLOWSHIP AND ONE-YEAR FELLOWSHIP VERSIONS**

**2.9. Subspecialty Physician Faculty Members** Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of \_\_\_\_\_ or the American Osteopathic Board of \_\_\_\_\_, or possess qualifications judged acceptable to the Review Committee. (Core)

[The Review Committee may further specify:

- (1) additional faculty qualifications unrelated to 2.10.; and/or
- (2) requirements regarding non-physician faculty members]

**2.9.a. Any other specialty physician faculty members** must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)

[The Review Committee may further specify regarding the need for other specialty physician faculty, and unrelated to 2.9.]

Following 2.10.a.: [The Review Committee may specify requirements specific to associate program director(s), unrelated to 2.10.]

1. Describe the rationale for this revision.

The change improves consistency across specialties related to consideration of other qualifications for faculty members who are not certified in their specialty and/or subspecialty by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board. For these faculty members, the Review Committee will conduct a holistic review of the individual's qualification and determine whether those qualifications are adequate to serve as a faculty or core faculty member, inclusive of faculty members serving as site directors or associate/assistant program directors.

Upon ACGME Board of Directors approval, all specialty-specific requirements that are inconsistent with these changes will be modified as well. For example, current specialty-specific requirements that exclude consideration of other qualifications for individuals who do not have current certification from an ABMS or AOA board will be removed. Similarly, requirements related to the minimum number of faculty/core faculty members that state that these individuals must be certified by the applicable ABMS or AOA board will be modified to remove this restriction, allowing consideration of individuals without this certification, based on the qualifications of each individual.

In considering this change, the ACGME reviewed data in the Accreditation Data System (ADS) regarding qualifications of current faculty members, drawn from existing Faculty Rosters. The data indicated that Review Committees have accepted a broad range of other qualifications, including in specialties that have current requirements, Background and Intent, and/or FAQs that state that only ABMS/AOA certification is acceptable.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The change increases flexibility for a program to select individuals it believes are appropriately qualified to instruct and supervise residents/fellows and to assess resident/fellow performance, while preserving the process used by Review Committees to review faculty member qualifications to ensure that individuals serving in this role have the qualifications needed to do this important work.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**No impact is anticipated.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
**No change is anticipated.**
5. How will the proposed revision impact other accredited programs?  
**No change is anticipated.**

Requirement #: **3.5. (Residency and Post-Doctoral versions); 3.4. (Fellowship and One-Year Fellowship versions)**

**3.5. Resident Transfers** The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident; any deficiencies, related to resident performance, curricular content, or prerequisites must be reviewed by the accepting program with the resident and a plan formulated in writing for how these deficiencies will be addressed to facilitate achievement of required competencies and board certification requirements. The proposed accepting program should not accept a resident who fails to meet the required prerequisites and should document this in writing to the transfer applicant. and Milestones evaluations must be completed by the accepting program upon matriculation. (Core)

**3.6. Prior to accepting a transfer resident, the program must obtain from the resident, and retain documentation of, written confirmation that the resident understands the impact of the transfer on their eligibility for their intended specialty board examination(s).** (Core)

~~[The Review Committee may further specify]~~

### 3.4. Fellow Transfers

The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow; any deficiencies, related to resident performance, curricular content, or prerequisites must be reviewed by the accepting program with the resident and a plan formulated in writing for how these deficiencies will be addressed to facilitate achievement of required competencies and board certification requirements. The proposed accepting program should not accept a fellow who fails to meet the required prerequisites and should document this in writing to the transfer applicant. and Milestones evaluations must be completed by the accepting program upon matriculation. (Core)

3.5. Prior to accepting a transfer fellow, the program must obtain from the fellow, and retain documentation of written confirmation that the fellow understands the impact of the transfer on their eligibility for their intended specialty board examination(s). (Core)

~~[The Review Committee may further specify]~~

1. Describe the rationale for this revision.

The transfer of a resident or fellow between programs is at the discretion of the resident/fellow and the program director of the receiving program, in consultation with the relevant certifying board as it relates to the impact of a transfer on the eligibility of the resident/fellow to take their intended certification examination(s). Currently, some Review Committees have requirements related to the timing of transfers, and/or the need for Review Committee approval of a transfer. These restrictions have been in place to protect residents/fellows from jeopardizing their eligibility for board certification and to ensure those transferring have adequate educational preparation for the program they intend to join. However, it is not within the purview of the ACGME to restrict movement of residents/fellows between programs. The proposed modifications to the Common Program Requirements outline the responsibilities of the program that accepts a transfer resident/fellow, including the responsibility to identify and address deficiencies and a mechanism for ensuring that the resident/fellow understands the impact of the transfer on their eligibility for their intended board certification examination(s). Upon approval of this change by the ACGME Board, specialty-specific requirements addressing resident transfers will be removed.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

**The changes are intended to ensure that a transfer between programs does not result in deficiencies in the resident's/fellow's education, or eligibility for board certification.**

3. How will the proposed requirement or revision impact continuity of patient care?

**No impact is anticipated.**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

**No change is anticipated.**

5. How will the proposed revision impact other accredited programs?  
**No change is anticipated.**