



## ACGME outlines path for sponsoring institutions to self-declare pandemic emergency status

By Lindsay Maleson and Michal Ovadia

On Tuesday, March 24, 2020, the Accreditation Council for Graduate Medical Education (ACGME), the national accrediting body for residency training programs and sponsors, announced its [Response to Pandemic Crisis](#) explaining that the current circumstances “require a new conceptual framework from which graduate medical education (GME) can effectively operate during the pandemic.” The ACGME created a new three-stage model to classify the degree to which a sponsoring institution and its participating sites are affected by the pandemic. The three stages, which are outlined in this [chart](#) on the ACGME’s website, are:

Stage 1 – “Business as Usual”

Stage 2 – Increased Clinical Demands

Stage 3 – Pandemic Emergency Status

Sponsoring institutions and participating sites that are operating at Stage 1 continue to be governed by the Common and specialty-specific Program Requirements.

Stage 2 status is for those institutions and sites with increased, but manageable, clinical demand, and they have some flexibility in their adherence to Common Program Requirements, specialty-specific Program Requirements, and Institutional Requirements. The extent to which Stage 2 institutions and sites may depart from the ACGME’s requirements is outlined in [guidance](#) posted on its website, which provides that certain activities and expectations (e.g., accreditation site visits, didactics, and self-study activities) have been suspended or relaxed. With regard to resident/fellow reassignment and graduation, the ACGME’s guidance provides that residents and fellows at Stage 2 sponsoring institutions and participating sites may be reassigned to other rotations or forms of clinical work to meet patient care needs; fellows are permitted to act as attending physicians up to 20% of the time during each academic year; and residents and fellows may graduate on schedule despite not having completed all of the planned experiences in the curriculum, provided the program director determines that the individual is ready for autonomous practice.

Stage 3 is reserved for those institutions and sites for which the increase in volume and/or severity of illness creates an extraordinary circumstance where the focus is solely on patient care. Stage 3 sponsoring institutions are permitted to self-declare a [Pandemic Emergency Status](#) for up to 30 days under the ACGME's Extraordinary Circumstances policy, and they are *exempt from compliance* with all but four ACGME requirements:

1. All residents/fellows must be trained in, and be provided with, appropriate infection protection for clinical setting and situation;
2. Any resident/fellow who provides care to patients will do so under appropriate supervision for the clinical circumstance and for the level of education and experience of the resident/fellow;
3. The ACGME Common Program Requirements in Section VI.F. addressing work hours remain unchanged; and
4. Fellows in ACGME-accredited programs act as attending physicians within their core specialty if certain requirements are met, including that this must be limited to 20% of their annual education time in any academic year.

Sponsoring institutions and participating sites in a state in which duty hours regulations have been lifted or relaxed during this crisis should note that the ACGME has *not* waived its duty hours requirements, regardless of stage classification. For example, New York Governor Cuomo's Executive Order No. 202.10, dated March 23, 2020, waives duty hour requirements under New York State regulations,<sup>1</sup> but in order to maintain accreditation, New York teaching hospitals must continue to comply with ACGME standards.

This recent announcement from the ACGME follows its prior communications in the last two weeks, which included a March 18, 2020, [letter](#) from the ACGME President and CEO, Dr. Thomas Nasca, in which he outlined the ACGME's suspension of certain accreditation-related activities and the accelerated implementation of telemedicine requirements. Following Dr. Nasca's letter, in response to requests for clarification regarding the telemedicine requirements and the ACGME Resident/Fellow and Faculty Surveys, the ACGME published additional guidance [here](#).

If you have questions or concerns about ACGME's guidance your [Graduate Medical Education & Residency Accreditation team](#) is here to help.

For more information on the content of this alert, please contact our [Coronavirus Response team](#), your Nixon Peabody attorney, or:

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<sup>1</sup> 10 NYCRR § 405.4(b)(6).