Does/Does Not Do

The Accreditation Council for Graduate Medical Education (ACGME)'s authority — and where it ends. A reference for navigating the graduate medical education (GME) system.

The ACGME Does *What the ACGME has authority and responsibility to do*	The ACGME Does Not *Common misconceptions about the ACGME's authority*
+ Accredit residency and fellowship programs – not individual physicians – in more than 145 medical specialties and subspecialties	x Accredit undergraduate medical education programs (medical schools) — the Liaison Committee on Medical Education accredits MD programs; the Commission on Osteopathic College Accreditation accredits Doctor of Osteopathic Medicine (DO) programs
+ Set educational and clinical training standards that accredited Sponsoring Institutions and programs must meet, including supervision requirements, curriculum components, faculty qualifications, and learning environment expectations. These standards are developed by Review Committees comprised of practicing physicians, including resident/fellow members, and public representatives, and are posted for an open public comment period before final standards take effect.	x Run or control the National Residency Matching Program (NRMP) or other matching services that place residents/fellows in programs — 'The ACGME runs the Match' is false; the Match is administered by the NRMP
+ Conduct program reviews through annual data reviews and periodic site visits — a structured, evidence-based process	x Employ residents or fellows — residents and fellows are employed by teaching hospitals and other Sponsoring Institutions, not by the ACGME
+ Issue citations and require corrective action when programs and institutions fall short of standards	x Set resident or fellow compensation, benefits, or employment terms — those are employer decisions made by Sponsoring Institutions
+ Place programs and institutions on probation or withdraw accreditation when requirements are not met	x Fund GME — federal GME funding flows through the Centers for Medicare & Medicaid Services (CMS) to teaching hospitals; the ACGME receives no GME funding
+ Publish Institutional and Program Requirements (publicly available) that define what education and training must include — what the ACGME requires is not a black box	x Determine the number of resident/fellow positions or control physician supply — programs determine how many positions to apply for accreditation for and independently decide how many positions to offer through the Match or other matching programs; GME funding caps are set by Congress and administered by CMS

+ Maintain a public, searchable database of accredited programs and institutions (Accreditation Data System, accessible from the ACGME Cloud)	x License individual physicians to practice medicine — licensure is the authority of state medical boards
+ Charge accreditation fees to the institutions and programs it accredits, with the cost borne by institutions, not by taxpayers and not by residents and fellows.	x Issue board certifications — that is the role of American Board of Medical Specialties (ABMS) member boards, American Osteopathic Association, and other specialty certifying bodies
+ Administer the Milestones framework to help programs assess and document resident/fellow development across required competencies by specialty/subspecialty	x Control daily schedules, staffing levels, or operational workflows — the ACGME sets educational standards; institutions manage operations
+ Collect and analyze outcome data to evaluate program quality and drive continuous improvement	x Accept or reject individual applicants to residency/fellowship programs — programs and institutions make their own selection decisions
+ Set work hour and supervision requirements to protect residents/fellows and patients — operational implementation belongs to institutions	x Discipline individual physicians for misconduct — that authority belongs to state medical boards and Sponsoring Institutions
+ Provide guidance and educational resources to help programs and institutions understand and meet accreditation standards	x Set physician scope of practice — that is determined by state legislatures and medical boards, not the ACGME