Media Backgrounder

For journalists, editors, and communications professionals covering GME and physician training

The Accreditation Council for Graduate Medical Education (ACGME) at a Glance

The ACGME is a private, non-profit organization that accredits residency and fellowship programs in the United States. Founded in 1981, the ACGME sets the standards that graduate medical education programs and institutions must meet. These standards are set through a peer-review process conducted by committees made up of practicing physicians, including resident/fellow members, and public members. Proposed standards are posted for review prior to implementation during an open public comment period. The ACGME reviews institutions and programs for compliance and takes action, up to withdrawing accreditation, when institutions or programs fall short.

The ACGME is independent of the federal government, receives no federal appropriation, and is not controlled by the institutions or programs it accredits. It does not license physicians, certify specialists, fund training, or employ residents and fellows.

Accreditation is the ACGME's primary function. A program earns and maintains accreditation by demonstrating, through ongoing data review and site visits, that it provides the educational environment, supervision, curriculum, and institutional support that ACGME standards require. This single national accreditation framework supports consistency in GME and training quality. When an institution or program falls short, the ACGME may issue citations and require corrective action, and it can place the institution or program on probation or withdraw its accreditation. Every accredited institution and program and its status are listed in a public, searchable database.

The GME Training System: A Quick Orientation

Residency and fellowship training bridges medical school and independent practice. After completing four years of medical school and earning an MD or Doctor of Osteopathic Medicine (DO) degree, physicians must complete a minimum of three years — and up to seven years for surgical specialties — in a supervised residency program. Fellowship training adds one to three additional years for those pursuing subspecialty practice.

Four separate systems govern this process, and they operate independently of each other:

The ACGME accredits the institutions and programs in which residents and fellows train.

State medical boards license individual physicians to practice medicine in their jurisdictions.

American Board of Medical Specialties (ABMS) Member Boards, the American Osteopathic Association (AOA), and other certifying bodies confer certification on physicians who have demonstrated specialty-specific competence.

The Centers for Medicare and Medicaid Services (CMS)/ Individual states /Sponsoring Institutions fund GME through state GME funds and Medicare and Medicaid payments.

None of these systems reports to another. Understanding which organization controls which decision is essential to accurate GME coverage.

Key Terms and Definitions

Graduate medical education (GME)
The phase of physician education and training that follows medical school, also referred to as residency and fellowship. GME takes place in teaching hospitals and other clinical education sites and is supervised by practicing physicians. Residents and fellows are licensed physicians, not students.

Residency
The first phase of GME, lasting three to seven years depending on specialty. Residents practice under supervision while developing specialty competence. Major U.S. medical specialties encourage completion of an accredited residency program.

Fellowship
An optional but common subspecialty education and training program completed after residency. Fellowships typically last one to three years and are required for most subspecialty board certification.

ACGME Accreditation
A formal acknowledgement by an independent body that an institution or program providing GME meets established educational standards. ACGME accreditation applies to programs and Sponsoring Institutions, not to individual physicians.

Sponsoring Institution
The hospital, health system, Department of Veteran Affairs (VA), or another entity legally responsible for sponsoring one or more ACGME-accredited GME programs. Sponsoring Institutions employ residents and fellows, set compensation and employment terms, and make day-to-day operational decisions. The ACGME sets educational standards; institutions implement them.

The Match (NRMP)
The National Resident Matching Program (NRMP) administers the Main Residency Match ("the Match") that pairs medical school graduates with residency and with some fellowship positions. The NRMP is a separate organization from the ACGME. The ACGME does not operate, control, or participate in the Match. Some specialty-specific matches are also administered by separate matching services, not the ACGME.

Program Requirements
The ACGME's specialty-specific standards for a GME program in a given specialty or subspecialty, including but not limited to requirements for curriculum, supervision, faculty qualifications, and resident/fellow well-being provisions. All Program Requirements are publicly available at acgme.org.

Institutional Requirements – The ACGME Institutional Requirements outline mandatory standards for Sponsoring Institutions overseeing accredited residency and fellowship programs, covering structure, resources, learning environment, and GME policies. All Institutional Requirements are publicly available at acgme.org.

Milestones
Competency-based developmental benchmarks that programs use to track resident and fellow progress across the ACGME's six Core Competency domains: Professionalism; Patient Care and Procedural Skills; Medical Knowledge; Practice-Based Learning and Improvement; Interpersonal and Communication Skills; and Systems-Based Practice.

Direct Medical Education (DME)
CMS payments to teaching hospitals to cover the direct costs of training residents — primarily resident and faculty member salaries. DME is paid to teaching hospitals by the Centers for Medicare & Medicaid Services (CMS), not administered by the ACGME.

Indirect Medical Education (IME)
Additional CMS payments to teaching hospitals that recognize the higher costs of caring for patients in teaching settings. IME is also paid to teaching hospitals, not the ACGME.

Common Misconceptions

Common Claim: 'The ACGME runs the Match.'

Accurate Context: The Match is administered by the National Resident Matching Program (NRMP), a separate organization. The ACGME has no role in operating, governing, or designing the Match. When the Match faces scrutiny for antitrust or process concerns, the NRMP is the relevant organization.

Common Claim: 'The ACGME sets resident pay and working conditions.'

Accurate Context: Compensation, benefits, contract terms, scheduling, and staffing decisions are made by Sponsoring Institutions — the hospitals/health systems/institutions that employ resident and fellow physicians. These are employer decisions, not accreditation decisions. The ACGME sets educational expectations; institutions own operations.

Common Claim: 'The ACGME sets caps on residency positions.'

Accurate Context: Congress set GME funding caps in the Balanced Budget Act of 1997. The ACGME has no role in setting funding caps. Individual programs determine how many positions to apply for accreditation for and to offer through the relevant matching program. The ACGME can accredit new or expanded programs that meet standards, but Centers for Medicare & Medicaid Services (CMS) funding policy controls whether new positions are financially viable.

Common Claim: 'The ACGME is a government agency.'

Accurate Context: The ACGME is a private, non-profit organization. It receives no federal appropriation and is not part of any federal department or agency. Its accreditation standards are not federal regulations, though they are referenced in federal GME funding eligibility policy.

Common Claim: 'Residents are students.'

Accurate Context: Residents and fellows are licensed physicians — not students. Most hold a restricted training license during residency and a full unrestricted license during or after fellowship. They are employed by Sponsoring Institutions, receive salaries, and provide direct patient care under supervision.

Common Claim: 'The ACGME is a monopoly that controls the physician market.'

Accurate Context: The ACGME sets and enforces training standards through independent peer review. One national standard means a physician trained anywhere can be trusted everywhere. The ACGME does not employ physicians, set wages, run the Match, or decide how many positions exist or are funded. Those responsibilities sit with Congress, CMS, the NRMP, and Sponsoring Institutions.

Common Claim: 'Accreditation is never enforced.'

Accurate Context: Accredited institutions and programs are reviewed regularly and visited on a schedule. The ACGME issues citations, requires corrective action, and can place institutions and programs on probation or withdraw their accreditation; all accredited entities and their accreditation statuses are listed in a public database.

Fast Facts

+ More than 14,000 ACGME-accredited programs operate across 146 specialties and subspecialties.
+ Approximately 170,000 residents and fellows are in ACGME-accredited programs at any given time. + Clinical Education Sites— not the ACGME — receive federal GME funding through CMS.
+ The ACGME was established in 1981 as an independent accrediting body, consolidating accreditation functions previously dispersed across specialty societies.
+ The ACGME's governance includes representatives from the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, the Council of Medical Specialty Societies, the American Osteopathic Association, and the American Association of Colleges of Osteopathic Medicine, as well as public members and resident members.

+ A public database of all accredited programs, the Accreditation Data System (ADS), is searchable and accessible through ACGME Cloud.
+ Program Requirements are developed by specialty Review Committees and are posted for public review and comment before they take effect.