What are the ACGME Requirements for Patient Safety & Quality Improvement?

Per ACGME Common Program Requirements,

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.
VI.A.1.a).(1).(a) The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.
VI.A.1.a).(1).(b) The program must have a structure that promotes safe, interprofessional, team-based care.
VI.A.1.a).(2) Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.

Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.
VI.A.1.a).(3).(a) Residents, fellows, faculty members, and other clinical staff members must:
VI.A.1.a).(3).(a).(i) know their responsibilities in reporting patient safety events at the clinical site;
VI.A.1.a).(3).(a).(ii) know how to report patient safety events, including near misses, at the clinical site; and,
VI.A.1.a).(3).(a).(iii) be provided with summary information of their institution's patient safety reports.
VI.A.1.a).(3).(b) House Staff must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.

Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for faculty physicians to model, and for House Staff to develop and apply.
VI.A.1.a).(4).(a) All House Staff must receive training in how to disclose adverse events to patients and families.
VI.A.1.a).(4).(b) House Staff should have the opportunity to participate in the disclosure of patient safety events, real or simulated.

A cohesive model of health care includes quality related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals.
VI.A.1.b).(1).(a) House Staff must receive training and experience in quality improvement processes, including an understanding of health care disparities.

Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.

VI.A.1.b).(2).(a) House Staff and faculty members must receive data on quality metrics and benchmarks related to their patient populations.

Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.
VI.A.1.b).(3).(a) House Staff must have the opportunity to participate in interprofessional quality improvement activities.
VI.A.1.b).(3).(a).(i) This should include activities aimed at reducing health care disparities.

https://www.acgme.org/what-we-do/accreditation/common-program-requirements/

Programs should review their specialty/subspecialty-specific requirements for additional details.

https://www.acgme.org/specialties/