Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement L
Int.A.	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	Definition of Graduate Medical Educati Fellowship is advanced graduate media residency program for physicians who practice. Fellowship-trained physicians subspecialty care, which may also incl a community resource for expertise in integrating new knowledge into practic generations of physicians. Graduate m strength that a diverse group of physic the importance of inclusive and psyche environments. Fellows who have completed residency autonomously in their core specialty. T expertise of fellows distinguish them fir residency. The fellow's care of patients undertaken with appropriate faculty su independence. Faculty members serve compassion, cultural sensitivity, profest fellow develops deep medical knowled expertise applicable to their focused an intensive program of subspecialty clinit focuses on the multidisciplinary care of is often physically, emotionally, and im- occurs in a variety of clinical learning e graduate medical education and the we fellows, faculty members, students, an team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, many fellows' skills as physician-scientists. knowledge within medicine is not exclu physicians, the fellowship experience pursue hypothesis-driven scientific inc to the medical literature and patient ca subspecialty expertise achieved, fellow relationships built on an infrastructure research.
Int.B.	Definition of Subspecialty Abdominal radiology constitutes the application and interpretation of conventional techniques and procedures as they apply to diseases involving the gastrointestinal tract, genitourinary tract, and the intraperitoneal and extra peritoneal abdominal organs. These techniques and procedures include computed tomography (CT), ultrasonography, magnetic resonance imaging (MRI), nuclear medicine, and fluoroscopy.	[None]	Definition of Subspecialty Abdominal radiology constitutes the applic conventional techniques and procedures a the gastrointestinal tract, genitourinary tra peritoneal abdominal organs. These techr computed tomography (CT), ultrasonogra (MRI), nuclear medicine, and fluoroscopy.

ntion

dical education beyond a core to desire to enter more specialized ns serve the public by providing clude core medical care, acting as in their field, creating and tice, and educating future medical education values the sicians brings to medical care, and chologically safe learning

cy are able to practice

The prior medical experience and from physicians entering its within the subspecialty is supervision and conditional ve as role models of excellence, fessionalism, and scholarship. The edge, patient care skills, and area of practice. Fellowship is an inical and didactic education that of patients. Fellowship education intellectually demanding, and g environments committed to well-being of patients, residents, and all members of the health care

y fellowship programs advance b. While the ability to create new clusive to fellowship-educated e expands a physician's abilities to nquiry that results in contributions care. Beyond the clinical bws develop mentored re that promotes collaborative

Dication and interpretation of s as they apply to diseases involving ract, and the intraperitoneal and extra hniques and procedures include raphy, magnetic resonance imaging by.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
	Length of Educational Program		Length of Program
Int.C.	The educational program in abdominal radiology must be at least 12 months in length. (Core)	4.1.	The educational program in abdominal rac in length. (Core)
l.	Oversight	Section 1	Section 1: Oversight
	The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the organ the ultimate financial and academic res graduate medical education consistent Requirements.
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is not the most commonly utilized site of clini primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by one Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization p experiences or educational assignment
	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)		The program, with approval of its Spon designate a primary clinical site. (Core)
I.B.1.		1.2.	
I.B.1.a)	The Sponsoring Institution must also sponsor an ACGME-accredited program in diagnostic radiology. (Core)	1.2.a.	The Sponsoring Institution must also spon in diagnostic radiology. (Core)
I.B.1.b)	There should be ACGME-accredited residencies or subspecialty programs available in gastroenterology, general surgery, obstetrics and gynecology, oncology, pathology, and urology, at the primary clinical site. (Core)	1.2.b.	There should be ACGME-accredited resident available in gastroenterology, general surge oncology, pathology, and urology, at the pathology and urology at the pathology.
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agree program and each participating site tha between the program and the participat assignment. (Core)
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ever
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the design (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinical lenvironment at all participating sites. (C
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must be by the program director, who is accoun site, in collaboration with the program o
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit any participating sites routinely providing a required for all fellows, of one month fu through the ACGME's Accreditation Da

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adiology must be at least 12 months
nnization or entity that assumes esponsibility for a program of nt with the ACGME Institutional
ot a rotation site for the program, nical activity for the program is the
ne ACGME-accredited Sponsoring
providing educational nts/rotations for fellows.
nsoring Institution, must e)
onsor an ACGME-accredited program
idencies or subspecialty programs rgery, obstetrics and gynecology, primary clinical site. (Core)
eement (PLA) between the nat governs the relationship ating site providing a required
ery 10 years. (Core)
signated institutional official (DIO).
l learning and working (Core)
be one faculty member, designated Intable for fellow education for that In director. (Core)
y additions or deletions of an educational experience, full time equivalent (FTE) or more eata System (ADS). (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement L
	Workforce Recruitment and Retention		Workforce Recruitment and Retention
I.C.	The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	The program, in partnership with its Sp engage in practices that focus on miss recruitment and retention of a diverse a residents (if present), fellows, faculty n GME staff members, and other relevant community. (Core)
			Resources The program, in partnership with its Sp the availability of adequate resources f
I.D.	Resources	1.8.	
	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)		Resources The program, in partnership with its Sp the availability of adequate resources f
I.D.1.		1.8.	
I.D.1.a)	There must be adequate office space for abdominal radiology faculty members, program administration, and fellows. (Core)	1.8.a.	There must be adequate office space for a members, program administration, and fel
I.D.1.b)	The program must have appropriate facilities and space for the education of the fellows. (Core)	1.8.b.	The program must have appropriate facilit the fellows. (Core)
I.D.1.b).(1)	There must be adequate study space, conference space, and access to computers. (Core)	1.8.b.1.	There must be adequate study space, cor computers. (Core)
I.D.1.b).(2)	Adequate space for image display, interpretation, and consultation with clinicians and referring physicians must be available. (Core)	1.8.b.2.	Adequate space for image display, interpr clinicians and referring physicians must be
I.D.1.c)	Modern imaging equipment must be available to accomplish the overall educational program in abdominal radiology, and must include access to routine equipment for conventional radiography, digital fluoroscopy, computed tomography, ultrasonography, nuclear medicine, and magnetic resonance imaging. (Core)	1.8.c.	Modern imaging equipment must be availa educational program in abdominal radiolog routine equipment for conventional radiog tomography, ultrasonography, nuclear me imaging. (Core)
I.D.1.d)	Adequate laboratory and pathology services must be available. (Core)	1.8.d.	Adequate laboratory and pathology servic

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n
Sponsoring Institution, must ssion-driven, ongoing, systematic e and inclusive workforce of r members, senior administrative ant members of its academic
Sponsoring Institution, must ensure s for fellow education. (Core)
Sponsoring Institution, must ensure s for fellow education. (Core)
or abdominal radiology faculty fellows. (Core)
cilities and space for the education of
conference space, and access to
rpretation, and consultation with be available. (Core)
ailable to accomplish the overall blogy, and must include access to ography, digital fluoroscopy, computed medicine, and magnetic resonance
vices must be available. (Core)

Roman Numeral Requirement Number	Poguirement Lenguege	Reformatted Requirement Number	Demoissent
Number	Requirement Language	Number	Requirement L
I.D.1.e)	The program must ensure there are an adequate volume and variety of imaging studies and image-guided invasive procedures available for the fellows' education. (Core)	1.8.e.	The program must ensure there are an ac imaging studies and image-guided invasiv fellows' education. (Core)
	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow		The program, in partnership with its Sp healthy and safe learning and working
I.D.2. I.D.2.a)	well-being and provide for: access to food while on duty; (Core)	1.9. 1.9.a.	well-being and provide for: access to food while on duty; (Core)
1.D.2.a)		1.9.a.	safe, quiet, clean, and private sleep/res
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	accessible for fellows with proximity a (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation capabilities, with proximity appropriate
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropri- (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disat Sponsoring Institution's policy. (Core)
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to sub appropriate reference material in print include access to electronic medical lit capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	Other Learners and Health Care Person The presence of other learners and oth including but not limited to residents fu fellows, and advanced practice provide the appointed fellows' education. (Core
I.E.1.	The fellows must not dilute or detract from the educational opportunities available to residents in the core diagnostic radiology residency program. (Core)	1.11.a.	The fellows must not dilute or detract from available to residents in the core diagnost (Core)
I.E.2.	Lines of responsibilities for the diagnostic radiology residents and the abdominal radiology fellows must be clearly defined. (Core)	1.11.b.	Lines of responsibilities for the diagnostic abdominal radiology fellows must be clear
И.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member app authority and accountability for the ove compliance with all applicable program
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member app authority and accountability for the ove compliance with all applicable program
II.A.1.a)		2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in prog program director's licensure and clinic
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director Committee. (Core)

Language

adequate volume and variety of sive procedures available for the

Sponsoring Institution, must ensure g environments that promote fellow

est facilities available and appropriate for safe patient care;

on that have refrigeration ate for safe patient care; (Core) priate to the participating site; and,

abilities consistent with the e)

ubspecialty-specific and other nt or electronic format. This must literature databases with full text

onnel

ther health care personnel, from other programs, subspecialty ders, must not negatively impact pre)

om the educational opportunities ostic radiology residency program.

tic radiology residents and the early defined. (Core)

ppointed as program director with overall program, including am requirements. (Core)

ppointed as program director with overall program, including am requirements. (Core) te Medical Education Committee rogram director and must verify the nical appointment. (Core)

or resides with the Review

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicable must be provided with support adequat program based upon its size and config
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director must b and support specified below for administra
	Number of Approved Fellow Positions: 1 to 6 Minimum Support Required (FTE): 0.1 Number of Approved Fellow Positions: 7 to 8 Minimum Support Required (FTE): 0.2 Number of Approved Fellow Positions: 9 or more Minimum Support Required		Number of Approved Fellow Positions: 1 to (FTE): 0.1 Number of Approved Fellow Positions: 7 to (FTE): 0.2 Number of Approved Fellow Positions: 9 o
II.A.2.a)	(FTE): 0.3	2.3.a.	(FTE): 0.3
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director: The program director must possess sub qualifications acceptable to the Review
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess sul qualifications acceptable to the Review
II.A.3.a).(1)	post-residency experience in abdominal radiology, including fellowship education and training, or five years of practice in the subspecialty; (Core)	2.4.b.	The program director must possess post-re radiology, including fellowship education a in the subspecialty. (Core)
II.A.3.a).(2)	experience as an educator and supervisor of fellows in abdominal radiology; and, (Core)	2.4.c.	The program director must possess experi supervisor of fellows in abdominal radiolog
II.A.3.a).(3)	at least three years' experience as a faculty member in an ACGME-accredited	2.4.d.	The program director must possess at lease faculty member in an ACGME-accredited of radiology or interventional radiology reside fellowship program. (Core)
	must include current certification in the specialty by the American Board of Radiology or by the American Osteopathic Board of Radiology, or subspecialty qualifications that are acceptable to the Review Committee; (Core)		The program director must possess cur by the American Board of Radiology or b Board of Radiology, or subspecialty qua the Review Committee. (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program Red certifying board of the American Board of M American Osteopathic Association (AOA) a AOA board that offers certification in this s
II.A.3.c)	must include devotion of at least 80 percent of professional clinical contributions in abdominal radiology; and, (Core)	2.4.e.	The program director must devote at least contributions in abdominal radiology. (Core
II.A.3.d)	must include devotion of sufficient time to fulfill all responsibilities inherent to meeting the educational goals of the program. (Core)	2.4.f.	The program director must devote sufficier inherent to meeting the educational goals of

ole, the program's leadership team, ate for administration of the figuration. (Core)

t be provided with the dedicated time tration of the program: (Core)

- to 6 | Minimum Support Required
- to 8 | Minimum Support Required
- or more | Minimum Support Required

r:

ubspecialty expertise and w Committee. (Core)

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ubspecialty expertise and w Committee. (Core)

t-residency experience in abdominal and training, or five years of practice

erience as an educator and ogy. (Core)

ast three years' experience as a d or AOA-approved diagnostic dency, or abdominal radiology

urrent certification in the specialty r by the American Osteopathic ualifications that are acceptable to

Requirements deem certification by a of Medical Specialties (ABMS) or the a) acceptable, there is no ABMS or a subspecialty]

st 80 percent of professional clinical pre)

ient time to fulfill all responsibilities s of the program. (Core)

Roman Numeral		Reformatted	
Requirement		Requirement	
Number	Requirement Language	Number	Requirement Language
	Program Director Responsibilities		
			Program Director Responsibilities
	The program director must have responsibility, authority, and		The program director must have responsibility, authority, and
	accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of		accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and
	fellows, and disciplinary action; supervision of fellows; and fellow		promotion of fellows, and disciplinary action; supervision of fellows;
II.A.4.	education in the context of patient care. (Core)	2.5.	and fellow education in the context of patient care. (Core)
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role model of professionalism. (Core)
	design and conduct the program in a fashion consistent with the needs of		The program director must design and conduct the program in a fashion
	the community, the mission(s) of the Sponsoring Institution, and the		consistent with the needs of the community, the mission(s) of the
II.A.4.a).(2)	mission(s) of the program; (Core)	2.5.b.	Sponsoring Institution, and the mission(s) of the program. (Core)
			The program director must administer and maintain a learning
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	environment conducive to educating the fellows in each of the ACGME Competency domains. (Core)
II.A.+.a).(3)		2.0.0.	
	have the authority to approve or remove physicians and non-physicians		The program director must have the authority to approve or remove physicians and non-physicians as faculty members at all participating
	as faculty members at all participating sites, including the designation of		sites, including the designation of core faculty members, and must
	core faculty members, and must develop and oversee a process to		develop and oversee a process to evaluate candidates prior to approval.
II.A.4.a).(4)	evaluate candidates prior to approval; (Core)	2.5.d.	(Core)
	have the authority to remove fellows from supervising interactions and/or		The program director must have the authority to remove fellows from
	learning environments that do not meet the standards of the program;		supervising interactions and/or learning environments that do not meet
II.A.4.a).(5)	(Core)	2.5.e.	the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit accurate and complete information required and requested by the DIO, GMEC, and ACGME. (Core)
	provide a learning and working environment in which fellows have the		The program director must provide a learning and working environment
	opportunity to raise concerns, report mistreatment, and provide feedback		in which fellows have the opportunity to raise concerns, report
	in a confidential manner as appropriate, without fear of intimidation or		mistreatment, and provide feedback in a confidential manner as
II.A.4.a).(7)	retaliation; (Core)	2.5.g.	appropriate, without fear of intimidation or retaliation. (Core)
	ensure the program's compliance with the Sponsoring Institution's		The program director must ensure the program's compliance with the
	policies and procedures related to grievances and due process, including		Sponsoring Institution's policies and procedures related to grievances
II.A.4.a).(8)	when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow. (Core)
II.A.+.a).(0)		2.3.11.	The program director must ensure the program's compliance with the
	ensure the program's compliance with the Sponsoring Institution's		Sponsoring Institution's policies and procedures on employment and
II.A.4.a).(9)	policies and procedures on employment and non-discrimination; (Core)	2.5.i.	non-discrimination. (Core)
	Fellows must not be required to sign a non-competition guarantee or		Fellows must not be required to sign a non-competition guarantee or
II.A.4.a).(9).(a)	restrictive covenant. (Core)	3.1.	restrictive covenant. (Core)
			The program director must document verification of education for all
	document verification of education for all fellows within 30 days of		fellows within 30 days of completion of or departure from the program.
II.A.4.a).(10)	completion of or departure from the program; (Core)	2.5.j.	(Core)
	provide verification of an individual fellow's education upon the fellow's		
	request, within 30 days; and, (Core)	2.5.k.	The program director must provide verification of an individual fellow's
II.A.4.a).(11)		2.J.R.	education upon the fellow's request, within 30 days. (Core)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement L
			The program director must provide app
	provide applicants who are offered an interview with information related		interview with information related to th
II.A.4.a).(12)	to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	specialty board examination(s). (Core)
	Faculty		
	Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients.		Faculty Faculty members are a foundational ele education – faculty members teach fell
	Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians		Faculty members provide an important and become practice ready, ensuring the
	by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning.		quality of care. They are role models for physicians by demonstrating compass
	Faculty members experience the pride and joy of fostering the growth		teaching and patient care, professional learning. Faculty members experience
	and development of future colleagues. The care they provide is enhanced		growth and development of future colle
	by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the		enhanced by the opportunity to teach a By employing a scholarly approach to
	graduate medical education system, improve the health of the individual and the population.		through the graduate medical education the individual and the population.
	Faculty members ensure that patients receive the level of care expected		Faculty members ensure that patients in the field. They receive
	from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members		from a specialist in the field. They reco of the patients, fellows, community, an
	provide appropriate levels of supervision to promote patient safety.		provide appropriate levels of supervisi
	Faculty members create an effective learning environment by acting in a		Faculty members create an effective le
II.B.	professional manner and attending to the well-being of the fellows and themselves.	[None]	professional manner and attending to t themselves.
	There must be a sufficient number of faculty members with competence		There must be a sufficient number of fa
II.B.1.	to instruct and supervise all fellows. (Core)	2.6.	to instruct and supervise all fellows. (C
	To ensure adequate teaching, supervision, and evaluation of the fellows' academic progress, there must be a ratio of at least one full-time faculty		To ensure adequate teaching, supervisior academic progress, there must be a ratio
II.B.1.a)	member for every fellow in the program. (Core)	2.6.a.	member for every fellow in the program. (
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role models
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate co equitable, high-quality, cost-effective, p
	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their		Faculty members must demonstrate a single fellows, including devoting sufficient ti
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.7.b.	fulfill their supervisory and teaching re
·	administer and maintain an educational environment conducive to		Faculty members must administer and
II.B.2.d)	educating fellows; (Core)	2.7.c.	environment conducive to educating fe
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly partic discussions, rounds, journal clubs, and
	pursue faculty development designed to enhance their skills at least		Faculty members must pursue faculty
II.B.2.f)	annually. (Core)	2.7.e.	enhance their skills at least annually.

Language

pplicants who are offered an their eligibility for the relevant e)

element of graduate medical ellows how to care for patients. In bridge allowing fellows to grow of that patients receive the highest for future generations of ssion, commitment to excellence in halism, and a dedication to lifelong the pride and joy of fostering the blleagues. The care they provide is th and model exemplary behavior. To patient care, faculty members, tion system, improve the health of

is receive the level of care expected cognize and respond to the needs and institution. Faculty members ision to promote patient safety. learning environment by acting in a to the well-being of the fellows and

faculty members with competence (Core)

on, and evaluation of the fellows' to of at least one full-time faculty . (Core)

Is of professionalism. (Core) commitment to the delivery of safe, e, patient-centered care. (Core) a strong interest in the education of time to the educational program to responsibilities. (Core) ad maintain an educational fellows. (Core) cicipate in organized clinical and conferences. (Core) y development designed to . (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement Language
II.B.2.g)	provide didactic teaching and supervision of the fellows' performance and interpretation of all abdominal imaging procedures. (Core)	2.7.f.	Faculty members must provide didactic teaching and supervision of the fellows' performance and interpretation of all abdominal imaging procedures. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee; and, (Core)		Subspecialty Physician Faculty Members Subspecialty physician faculty members must have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. (Core)
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program Requirements deem certification by a certifying board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]
II.B.3.b).(2)	have post-residency experience in abdominal radiology, including fellowship education. (Core)	2.9.b.	Subspecialty physician faculty members must have post-residency experience in abdominal radiology, including fellowship education. (Core)
II.B.3.c)	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)	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)
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the annual ACGME Faculty Survey. (Core)
II.B.4.b)	The abdominal radiology faculty must have a minimum of two FTE core faculty members, which must include the program director and at least one other full-time radiologist specializing in abdominal radiology. (Core)	2.10.b.	The abdominal radiology faculty must have a minimum of two FTE core faculty members, which must include the program director and at least one other full-time radiologist specializing in abdominal radiology. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator. (Core)
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator. (Core)
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program as follows: (Core)		At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program as follows: (Core)
II.C.2.a)	Number of Approved Fellow Positions: 1-3 Minimum Support Required (FTE): 0.3 Number of Approved Fellow Positions: 4-7 Minimum Support Required (FTE): 0.4 Number of Approved Fellow Positions: 8 or more Minimum Support Required (FTE): 0.5		Number of Approved Fellow Positions: 1-3 Minimum Support Required (FTE): 0.3 Number of Approved Fellow Positions: 4-7 Minimum Support Required (FTE): 0.4 Number of Approved Fellow Positions: 8 or more Minimum Support Required (FTE): 0.5
II.O.Z.a)	Other Program Personnel	2.11.D.	
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)- accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)
III.A.1.b)	Prerequisite experience for entry into the fellowship program should include the satisfactory completion of a diagnostic radiology or interventional radiology residency program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prerequisite experience for entry into the fellowship program should include the satisfactory completion of a diagnostic radiology or interventional radiology residency program that satisfies the requirements in 3.2. (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Radiology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Radiology will allow the following exception to the fellowship eligibility requirements:
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in 3.2, but who does meet all of the following additional qualifications and conditions: (Core)
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)		evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)

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III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)
	Fellow Complement		Fellow Complement
III.B.	The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	The program director must not appoint more fellows than approved by the Review Committee. (Core)
	Fellow Transfers		
III.C.	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	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, and Milestones evaluations upon matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician-scientists will have a different curriculum from one focusing on community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the following educational components:
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyond direct patient care; and, (Core)

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IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow Ex Experiences Fellows must be provided with protecte didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that promotools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a conceptual required domains for a trusted physicial These Competencies are core to the pra- the specifics are further defined by each developmental trajectories in each of the through the Milestones for each subspec- on subspecialty-specific patient care ar refining the other competencies acquired
	The program must integrate the following ACGME Competencies into the		The program must integrate all ACGME
IV.B.1. IV.B.1.a)	curriculum: Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	[None] 4.3.	curriculum. ACGME Competencies – Professionalis Fellows must demonstrate a commitme adherence to ethical principles. (Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patient centered, compassionate, equitable, ap treatment of health problems and the pr
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in providing consultation with referring physicians or services. (Core)	4.4.a.	Fellows must demonstrate competence in physicians or services. (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in following standards of care for practicing in a safe environment, attempting to reduce errors, and improving patient outcomes. (Core)	4.4.b.	Fellows must demonstrate competence in practicing in a safe environment, attemptin patient outcomes. (Core)

Language
xperiences – Didactic and Clinical
ted time to participate in core
note patient safety-related goals,
ual framework describing the ian to enter autonomous practice. ractice of all physicians, although ch subspecialty. The the Competencies are articulated pecialty. The focus in fellowship is and medical knowledge, as well as ired in residency.
E Competencies into the
ism lent to professionalism and an
nt care that is patient- and family- ppropriate, and effective for the
promotion of health. (Core)
n providing consultation with referring
n following standards of care for ing to reduce errors, and improving

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement L
IV.B.1.b).(1).(c)	Fellows must demonstrate competence in the interpretation of all specified exams and/or invasive studies under close, graded responsibility and supervision. (Core)	4.4.c.	Fellows must demonstrate competence in exams and/or invasive studies under close supervision. (Core)
IV.B.1.b).(1).(d)	Fellows must demonstrate competence in the interpretation of the range of abdominal imaging studies, encompassing: (Core)	4.4.d.	Fellows must demonstrate competence in abdominal imaging studies, encompassing
IV.B.1.b).(1).(d).(i)	plain films and contrast enhanced conventional radiography studies of the gastrointestinal (GI) and genitourinary (GU) tracts, including Barium contrast studies and urography; (Core)	4.4.d.1.	plain films and contrast enhanced conven- gastrointestinal (GI) and genitourinary (GU studies and urography; (Core)
IV.B.1.b).(1).(d).(ii)	all ultrasonic examinations of the solid and hollow organs and conduits of the GI tract and of the kidneys, retroperitoneal spaces, the bladder, and male and female reproductive organs and conduits; (Core)	4.4.d.2.	all ultrasonic examinations of the solid and GI tract and of the kidneys, retroperitonea female reproductive organs and conduits;
IV.B.1.b).(1).(d).(iii)	all CT examinations of the solid and hollow organs and conduits of the GI and GU tract and associated vessels and spaces; and, (Core)	4.4.d.3.	all CT examinations of the solid and hollov GU tract and associated vessels and space
	all MRI examinations of the abdomen, including magnetic resonance		all MRI examinations of the abdomen, incl
IV.B.1.b).(1).(d).(iv)	cholangiopancreatography and magnetic resonance angiography. (Core)	4.4.d.4.	cholangiopancreatography and magnetic

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n the interpretation of all specified
n the interpretation of all specified se, graded responsibility and
n the interpretation of the range of ng: (Core)
ntional radiography studies of the GU) tracts, including Barium contrast
nd hollow organs and conduits of the al spaces, the bladder, and male and s; (Core)
ow organs and conduits of the GI and aces; and, (Core)
cluding magnetic resonance
resonance angiography. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement L
IV.B.1.b).(1).(e)	Fellows should demonstrate competence in educating diagnostic and interventional radiology residents, and if appropriate, medical students, and other professional personnel, in the care and management of patients. (Core)	4.4.e.	Fellows should demonstrate competence interventional radiology residents, and if a other professional personnel, in the care a
IV.B.1.b).(1).(f)	Fellows should demonstrate competence in integrating invasive procedures during conferences and individual consultation, where indicated, into optimal care plans for patients, even if formal responsibility for performing the procedures may not be part of the program. (Core)	4.4.f.	Fellows should demonstrate competence during conferences and individual consulta care plans for patients, even if formal resp procedures may not be part of the program
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural Sk Fellows must be able to perform all me procedures considered essential for th
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in applying low dose radiation techniques for both adults and children. (Core)	4.5.a.	Fellows must demonstrate competence in techniques for both adults and children. (C
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in the performance of all specified exams and/or invasive studies under close, graded responsibility and supervision. (Core)	4.5.b.	Fellows must demonstrate competence in exams and/or invasive studies under close supervision. (Core)
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Know Fellows must demonstrate knowledge o biomedical, clinical, epidemiological, an including scientific inquiry, as well as t to patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate a level of expertise in the knowledge of those areas appropriate for an abdominal radiology specialist. (Core)	4.6.a.	Fellows must demonstrate a level of expendence areas appropriate for an abdominal radiology and the second
IV.B.1.c).(2)	Fellows must demonstrate knowledge and understanding of the indications and complications of percutaneous nephrostomy, and transhepatic cholangiography, tumor embolization, and percutaneous ablation. (Core)	4.6.b.	Fellows must demonstrate knowledge and and complications of percutaneous nephro cholangiography, tumor embolization, and
IV.B.1.c).(3)	Fellows must demonstrate knowledge and understanding of the indications, performance, and interpretation of positron emission tomography (PET) and PET/CT in relation to abdominal disease. (Core)	4.6.c.	Fellows must demonstrate knowledge and performance, and interpretation of positror PET/CT in relation to abdominal disease.
IV.B.1.c).(4)	Fellows must demonstrate knowledge of low dose radiation techniques for both adults and children. (Core)	4.6.d.	Fellows must demonstrate knowledge of lo both adults and children. (Core)
IV.B.1.c).(5)	Fellows must demonstrate knowledge of the prevention and treatment of complications of contrast administration. (Core)	4.6.e.	Fellows must demonstrate knowledge of the complications of contrast administration.
IV.B.1.c).(6)	Fellows should demonstrate knowledge and skills in preparing and presenting educational material for medical students, graduate medical staff members, and allied health personnel. (Core)	4.6.f.	Fellows should demonstrate knowledge an educational material for medical students, and allied health personnel. (Core)

Language
e in educating diagnostic and appropriate, medical students, and and management of patients. (Core)
e in integrating invasive procedures Itation, where indicated, into optimal sponsibility for performing the
am. (Core) Skills redical, diagnostic, and surgical
he area of practice. (Core) in applying low dose radiation (Core)
in the performance of all specified se, graded responsibility and
wledge e of established and evolving and social-behavioral sciences, the application of this knowledge
ertise in the knowledge of those blogy specialist. (Core)
nd understanding of the indications prostomy, and transhepatic nd percutaneous ablation. (Core)
nd understanding of the indications, on emission tomography (PET) and e. (Core)
low dose radiation techniques for
the prevention and treatment of (Core)
and skills in preparing and presenting s, graduate medical staff members,

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement L
	Practice-based Learning and Improvement		
	Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and		ACGME Competencies – Practice-Base Fellows must demonstrate the ability to care of patients, to appraise and assim continuously improve patient care bas
IV.B.1.d)	lifelong learning. (Core)	4.7.	and lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersonal Fellows must demonstrate interperson result in the effective exchange of infor patients, their families, and health prof
	Systems-based Practice		ACOME Competencies - Systems Bos
	Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on	4.0	ACGME Competencies – Systems-Base Fellows must demonstrate an awarene larger context and system of health can social determinants of health, as well a
IV.B.1.f)	other resources to provide optimal health care. (Core)	4.9.	other resources to provide optimal hea
			4.10 Curriculum Organization and Fello Structure The curriculum must be structured to o experiences, the length of the experien continuity. These educational experien of supervised patient care responsibilit didactic educational events. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10. and 4.11.	4.11 Curriculum Organization and Fello Clinical Experiences Fellows must be provided with protecto didactic activities. (Core)
	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow Ex The curriculum must be structured to c experiences, the length of the experien continuity. These educational experien of supervised patient care responsibility
IV.C.1.	The assignment of educational experiences should be structured to minimize	4.10.	didactic educational events. (Core) The assignment of educational experience
IV.C.1.a)	the frequency of transitions. (Detail)	4.10.a.	the frequency of transitions. (Detail)
IV.C.1.b)	Educational experiences should be of sufficient length to provide a quality educational experience defined by ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Detail)	4.10.b.	Educational experiences should be of suff educational experience defined by ongoin relationships with faculty members, and hi feedback. (Detail)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow Ex The program must provide instruction management if applicable for the subs the signs of substance use disorder. (C

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sed Learning and Improvement to investigate and evaluate their milate scientific evidence, and to ased on constant self-evaluation

al and Communication Skills onal and communication skills that formation and collaboration with ofessionals. (Core)

used Practice ness of and responsiveness to the care, including the structural and I as the ability to call effectively on ealth care. (Core)

llow Experiences – Curriculum

o optimize fellow educational ences, and the supervisory ences include an appropriate blend ilities, clinical teaching, and

Ilow Experiences – Didactic and

cted time to participate in core

Experiences – Curriculum Structure o optimize fellow educational ences, and the supervisory ences include an appropriate blend ilities, clinical teaching, and

nces should be structured to minimize

ufficient length to provide a quality bing supervision, longitudinal high-quality assessment and

Experiences – Pain Management n and experience in pain ospecialty, including recognition of (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
			Didactic Experiences
			Didactic activities must provide for progres
IV.C.3.	Didactic Experiences	4.11.a.	(Core)
			Didactic Experiences
	Didactic activities must provide for progressive fellow participation, including:		Didactic activities must provide for progres
IV.C.3.a)	(Core)	4.11.a.	(Core)
IV.C.3.a).(1)	intradepartmental conferences; (Core)	4.11.a.1.	intradepartmental conferences; (Core)
IV.C.3.a).(2)	multidisciplinary conferences; and, (Core)	4.11.a.2.	multidisciplinary conferences; and, (Core)
	peer-review case conferences and/or morbidity and mortality conferences.		peer-review case conferences and/or more
IV.C.3.a).(3)	(Core)	4.11.a.3.	(Core)
IV.C.3.b)	Journal club must be held on a quarterly basis. (Core)	4.11.b.	Journal club must be held on a quarterly b
	Fellows must participate in and regularly attend didactic activities, directed to		Fellows must participate in and regularly a
	the level of the individual fellow, that provide formal review of the topics in the	4 11 0	the level of the individual fellow, that provid
IV.C.3.c) IV.C.3.c).(1)	subspecialty curriculum. (Core) This should include scheduled presentations by the fellows. (Detail)	4.11.c. 4.11.c.1	subspecialty curriculum. (Core)
IV.C.3.c).(1) IV.C.3.c).(2)	These didactic activities should occur at least twice per month. (Detail)	4.11.c.1 4.11.c.2.	This should include scheduled presentatio These didactic activities should occur at le
10.0.3.0).(2)		4.11.0.2.	
	Fellows should attend and participate in local conferences and at least one national meeting or medical education course in abdominal radiology during the		Fellows should attend and participate in lo national meeting or medical education cou
IV.C.3.d)	fellowship program. (Core)	4.11.d.	the fellowship program. (Core)
			Fellow Experiences The program must provide the fellows a st designed to develop expertise in the appro
IV.C.4.	Fellow Experiences	4.11.e.	diagnostic imaging and interventions to pro (Core)
			Fellow Experiences
	The program must provide the fellows a structured learning experience		The program must provide the fellows a st
	designed to develop expertise in the appropriate application of all forms of		designed to develop expertise in the appro
	diagnostic imaging and interventions to problems of the abdomen and pelvis.		diagnostic imaging and interventions to pro
IV.C.4.a)	(Core)	4.11.e.	(Core)
	Fellows must have both clinical and didactic experiences that encompass the		Fellows must have both clinical and didact
IV.C.4.b)	spectrum of abdominal diseases and their pathophysiology. (Core)	4.11.f.	spectrum of abdominal diseases and their
	This experience must include uncommon problems involving the		This experience must include uncommon
IV.C.4.b).(1)	gastrointestinal tract, genitourinary tract, and abdomen. (Core)	4.11.f.1.	gastrointestinal tract, genitourinary tract, a
IV.C.4.c)	Fellows must have daily image interpretation sessions, under faculty review and critique, in which fellows reach their own diagnostic conclusions. (Core)	4.11.g.	Fellows must have daily image interpretati and critique, in which fellows reach their or
,	All fellows must maintain a procedure log and record their involvement in both	Ŭ	All fellows must maintain a procedure log
IV.C.4.d)	diagnostic and invasive cases. (Core)	4.11.h.	diagnostic and invasive cases. (Core)
	Fellows should be instructed in the indications, risks, limitations, alternatives,		Fellows should be instructed in the indicati
	and appropriate utilization of imaging and image-guided invasive procedures.		and appropriate utilization of imaging and
IV.C.4.e)	(Core)	4.11.i.	(Core)

essive fellow participation, including:

essive fellow participation, including:

e)

orbidity and mortality conferences.

basis. (Core)

attend didactic activities, directed to vide formal review of the topics in the

ions by the fellows. (Detail) least twice per month. (Detail)

local conferences and at least one ourse in abdominal radiology during

structured learning experience propriate application of all forms of problems of the abdomen and pelvis.

structured learning experience propriate application of all forms of problems of the abdomen and pelvis.

actic experiences that encompass the eir pathophysiology. (Core)

n problems involving the and abdomen. (Core)

ation sessions, under faculty review own diagnostic conclusions. (Core)

g and record their involvement in both

ations, risks, limitations, alternatives, d image-guided invasive procedures.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement L
	Scholarship		
	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		Scholarship Medicine is both an art and a science. scientist who cares for patients. This r critically, evaluate the literature, appro knowledge, and practice lifelong learn must create an environment that foster through fellow participation in scholar subspecialty-specific Program Require include discovery, integration, applica
IV.D.	programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity of programs prepare physicians for a vari- scientists, and educators. It is expected will reflect its mission(s) and aims, and serves. For example, some programs re- activity on quality improvement, popul while other programs might choose to biomedical research as the focus for se
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evider consistent with its mission(s) and aims
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate eviden consistent with its mission(s) and aims
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its Sp allocate adequate resources to facilitat in scholarly activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, program accomplishments in at least three of the •Research in basic science, education, care, or population health •Peer-reviewed grants •Quality improvement and/or patient sa •Systematic reviews, meta-analyses, re- textbooks, or case reports •Creation of curricula, evaluation tools electronic educational materials •Contribution to professional committee editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education

e. The physician is a humanistic requires the ability to think ropriately assimilate new rning. The program and faculty ters the acquisition of such skills arly activities as defined in the irements. Scholarly activities may cation, and teaching.

of fellowships and anticipates that ariety of roles, including clinicians, ted that the program's scholarship nd the needs of the community it s may concentrate their scholarly ulation health, and/or teaching, to utilize more classic forms of scholarship.

ence of scholarly activities, ns. (Core)

ence of scholarly activities, ns. (Core)

Sponsoring Institution, must ate fellow and faculty involvement

ams must demonstrate the following domains: (Core) n, translational science, patient

safety initiatives review articles, chapters in medical

Is, didactic educational activities, or

ttees, educational organizations, or

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	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, program accomplishments in at least three of the
	•Research in basic science, education, translational science, patient care, or population health		•Research in basic science, education, t care, or population health
	•Peer-reviewed grants		•Peer-reviewed grants
	•Quality improvement and/or patient safety initiatives		•Quality improvement and/or patient saf
	•Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports		•Systematic reviews, meta-analyses, reviews, textbooks, or case reports
	•Creation of curricula, evaluation tools, didactic educational activities, or		•Creation of curricula, evaluation tools,
	electronic educational materials		electronic educational materials
	•Contribution to professional committees, educational organizations, or		•Contribution to professional committee
	editorial boards		editorial boards
IV.D.2.a)	•Innovations in education	4.14.	•Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate dissem within and external to the program by the pro
	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor;		faculty participation in grand rounds, po improvement presentations, podium pre non-peer-reviewed print/electronic reso book chapters, textbooks, webinars, se committees, or serving as a journal revi
IV.D.2.b).(1)	(Outcome)	4.14.a.1. 4.14.a.2.	member, or editor; (Outcome) peer-reviewed publication. (Outcome)
IV.D.2.b).(2) IV.D.3.	peer-reviewed publication. (Outcome) Fellow Scholarly Activity	4.14.a.2. 4.15.	Fellow Scholarly Activity
10.0.3.	The program must provide instruction in the fundamentals of experimental	4.15.	The program must provide instruction in the
IV.D.3.a)	design, performance, and interpretation of results. (Core)	4.15.a.	design, performance, and interpretation of
11.0.0.0	All fellows must engage in a scholarly project. (Core)		
IV.D.3.b)		4.15.b.	All fellows must engage in a scholarly proje
			Scholarly projects should demonstrate the fundamentals of research by the completio the following projects, but not limited to:
			 laboratory research; (Detail)
			•clinical research; or, (Detail)
IV.D.3.b).(1)	Scholarly projects should demonstrate the fellows' competence in the fundamentals of research by the completion of and/or participation in one of the following projects, but not limited to:	4.15.b.1.	•analysis of disease processes, imaging te issues. (Detail)

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ims must demonstrate he following domains: (Core) n, translational science, patient
afety initiatives review articles, chapters in medical
s, didactic educational activities, or
tees, educational organizations, or
mination of scholarly activity the following methods:
posters, workshops, quality presentations, grant leadership, sources, articles or publications, service on professional eviewer, journal editorial board
presentations, grant leadership, sources, articles or publications, service on professional
presentations, grant leadership, sources, articles or publications, service on professional
the fundamentals of experimental
the fundamentals of experimental of results. (Core)

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			Scholarly projects should demonstrate the fellows' competence in the fundamentals of research by the completion of and/or participation in one of the following projects, but not limited to:
			•laboratory research; (Detail)
			•clinical research; or, (Detail)
IV.D.3.b).(1).(a)	laboratory research; (Detail)	4.15.b.1.	•analysis of disease processes, imaging techniques, or practice management issues. (Detail)
			Scholarly projects should demonstrate the fellows' competence in the fundamentals of research by the completion of and/or participation in one of the following projects, but not limited to:
			•laboratory research; (Detail)
			•clinical research; or, (Detail)
IV.D.3.b).(1).(b)	clinical research; or, (Detail)	4.15.b.1.	•analysis of disease processes, imaging techniques, or practice management issues. (Detail)
			Scholarly projects should demonstrate the fellows' competence in the fundamentals of research by the completion of and/or participation in one of the following projects, but not limited to:
			•laboratory research; (Detail)
			•clinical research; or, (Detail)
IV.D.3.b).(1).(c)	analysis of disease processes, imaging techniques, or practice management issues. (Detail)	4.15.b.1.	•analysis of disease processes, imaging techniques, or practice management issues. (Detail)
IV.D.3.b).(2)	The results of such projects should be disseminated in the academic community by either submission for publication within a printed journal or online educational resource, or presentation at departmental, institutional, local, regional, national, or international meetings. (Outcome)	4.15.b.2.	The results of such projects should be disseminated in the academic community by either submission for publication within a printed journal or online educational resource, or presentation at departmental, institutional, local, regional, national, or international meetings. (Outcome)
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)
			Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)

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Requirement Number	Pequirement Lenguage	Requirement Number	
Number	Requirement Language	Number	Requirement Language
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)
,	Evaluation must be documented at the completion of the assignment.		Evaluation must be documented at the completion of the assignment.
V.A.1.b)	(Core)	5.1.a.	(Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones; (Core)	5.1.c.	The program director or their designee, with input from the Clinical Competency Committee, must meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones. (Core)
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designee, with input from the Clinical Competency Committee, must assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designee, with input from the Clinical Competency Committee, must develop plans for fellows failing to progress, following institutional policies and procedures. (Core)
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a final evaluation for each fellow upon completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a final evaluation for each fellow upon completion of the program. (Core)

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V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, a subspecialty-specific Case Logs, must fellows are able to engage in autonomo the program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become part of maintained by the institution, and must fellow in accordance with institutional p
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the knowledge, skills, and behaviors neces practice. (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared wit the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee must director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competency members, at least one of whom is a cor be faculty members from the same prog health professionals who have extensiv the program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee mu at least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee me progress on achievement of the subspe
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee museum semi-annual evaluations and advise the each fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to ev performance as it relates to the education (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to ev performance as it relates to the education (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	teaching abilities, engagement with the participation in faculty development rela educator, clinical performance, profess (Core)
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, co fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedbac annually. (Core)

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st be used as tools to ensure
nous practice upon completion of
rt of the fellow's permanent record
ist be accessible for review by the
al policy. (Core)
the fellow has demonstrated the
essary to enter autonomous
with the fellow upon completion of
ust be appointed by the program
cy Committee must include three
ore faculty member. Members must
rogram or other programs, or other
sive contact and experience with
must review all fellow evaluations
must determine each fellow's
specialty-specific Milestones. (Core)
must meet prior to the fellows'
the program director regarding
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ssionalism, and scholarly activities.
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V.B.3.	Results of the faculty educational evaluations should be incorporated	5.4.d.	Results of the faculty educational evalu
v.d.3.	into program-wide faculty development plans. (Core) Program Evaluation and Improvement	5.5.	into program-wide faculty development Program Evaluation and Improvement The program director must appoint the to conduct and document the Annual P program's continuous improvement pro
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the to conduct and document the Annual P program's continuous improvement pro
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee mu program faculty members, at least one member, and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respons the program's self-determined goals an (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee response ongoing program improvement, includi based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee response the current operating environment to id opportunities, and threats as related to (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee sho prior Annual Program Evaluation(s), ag evaluations of the program, and other r the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee mu mission and aims, strengths, areas for
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includ distributed to and discussed with the fe teaching faculty, and be submitted to the
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Self- (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educati seek and achieve board certification. On of the educational program is the ultima
V C 2	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic	[None]	The program director should encourage to take the certifying examination offere Board of Medical Specialties (ABMS) m
V.C.3.	Association (AOA) certifying board.	[None]	Osteopathic Association (AOA) certifyin

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luations should be incorporated nt plans. (Core)
e Program Evaluation Committee
Program Evaluation as part of the
rocess. (Core)
e Program Evaluation Committee
Program Evaluation as part of the
rocess. (Core)
ust be composed of at least two
e of whom is a core faculty
e)
nsibilities must include review of
ind progress toward meeting them.
nsibilities must include guiding
ding development of new goals,
nsibilities must include review of
identify strengths, challenges,
o the program's mission and aims.
hould consider the outcomes from
ggregate fellow and faculty written
relevant data in its assessment of
ust evaluate the program's
r improvement, and threats. (Core)
ding the action plan, must be
fellows and the members of the
the DIO. (Core)
f-Study and submit it to the DIO.
tion is to educate physicians who
One measure of the effectiveness
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ge all eligible program graduates
red by the applicable American nember board or American
ving board.

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V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5.6. – 5.6.c., any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)

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	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Section 6: The Learning and Working Environment The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of care rendered to patients by fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of providing care for patients
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety 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.	[None]	Culture of Safety 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. (Core)	6.1.	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety 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. Residents, fellows, faculty members, and other clinical staff members	[None]	Patient Safety Events Reporting, investigation, and follow-up of safety 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).(2).(a)	must:	[None]	Residents, fellows, faculty members, and other clinical staff members
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	must know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events. (Core)

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	be provided with summary information of their institution's patient safety		Residents, fellows, faculty members, ar must be provided with summary inform
VI.A.1.a).(2).(a).(ii)	reports. (Core)	6.2.a.	safety reports. (Core)
	Fellows must participate as team members in real and/or simulated		Fellows must participate as team memb
	interprofessional clinical patient safety and quality improvement		interprofessional clinical patient safety
	activities, such as root cause analyses or other activities that include		activities, such as root cause analyses
VI.A.1.a).(2).(b)	analysis, as well as formulation and implementation of actions. (Core)	6.3.	analysis, as well as formulation and imp
	Quality Metrics		
			Quality Metrics
	Access to data is essential to prioritizing activities for care improvement		Access to data is essential to prioritizin
VI.A.1.a).(3)	and evaluating success of improvement efforts.	[None]	improvement and evaluating success o
	Fellows and faculty members must receive data on quality metrics and		Fellows and faculty members must rece
VI.A.1.a).(3).(a)	benchmarks related to their patient populations. (Core)	6.4.	benchmarks related to their patient pop
			Supervision and Accountability
			Although the attending physician is ulti
			of the patient, every physician shares in
			accountability for their efforts in the pro-
			programs, in partnership with their Spo
			widely communicate, and monitor a stru
			and accountability as it relates to the su
			Supervision in the setting of graduate n
			and effective care to patients; ensures e
			skills, knowledge, and attitudes require practice of medicine; and establishes a
VI.A.2.	Supervision and Accountability	[None]	professional growth.
VI.A.2.			
			Supervision and Accountability
	Although the attending physician is ultimately responsible for the care of		Although the attending physician is ulti
	the patient, every physician shares in the responsibility and		of the patient, every physician shares in
	accountability for their efforts in the provision of care. Effective		accountability for their efforts in the pro
	programs, in partnership with their Sponsoring Institutions, define,		programs, in partnership with their Spo
	widely communicate, and monitor a structured chain of responsibility		widely communicate, and monitor a stru
	and accountability as it relates to the supervision of all patient care.		and accountability as it relates to the su
	Supervision in the setting of graduate medical education provides safe		Supervision in the setting of graduate n
	and effective care to patients; ensures each fellow's development of the		and effective care to patients; ensures
	skills, knowledge, and attitudes required to enter the unsupervised		skills, knowledge, and attitudes require
	practice of medicine; and establishes a foundation for continued		practice of medicine; and establishes a
VI.A.2.a)	professional growth.	[None]	professional growth.
			Fellows and faculty members must info
,			I chows and labely monipore mast mo
			respective roles in that patient's care w
	Fellows and faculty members must inform each patient of their respective		-

and other clinical staff members mation of their institution's patient

nbers in real and/or simulated ty and quality improvement s or other activities that include mplementation of actions. (Core)

ting activities for care of improvement efforts. ceive data on quality metrics and opulations. (Core)

Itimately responsible for the care in the responsibility and provision of care. Effective consoring Institutions, define, tructured chain of responsibility supervision of all patient care.

e medical education provides safe s each fellow's development of the red to enter the unsupervised a foundation for continued

Itimately responsible for the care in the responsibility and provision of care. Effective consoring Institutions, define, tructured chain of responsibility supervision of all patient care.

e medical education provides safe s each fellow's development of the red to enter the unsupervised a foundation for continued

form each patient of their when providing direct patient care. fellows, faculty members, other l patients. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement L
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must info respective roles in that patient's care w This information must be available to fe members of the health care team, and p
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the in place for all fellows is based on each ability, as well as patient complexity an exercised through a variety of methods (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow supervis authority and responsibility, the progra classification of supervision.
			Direct Supervision The supervising physician is physically the key portions of the patient interaction
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or patien the fellow and the supervising physicia patient care through appropriate teleco
			Direct Supervision The supervising physician is physically the key portions of the patient interacti
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or patie the fellow and the supervising physicia patient care through appropriate teleco
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	Direct Supervision The supervising physician is physically the key portions of the patient interaction The supervising physician and/or patien the fellow and the supervising physician patient care through appropriate teleco
VI.A.2.b).(1).(b).(i)	The program must have clear guidelines that delineate which competencies must be met to determine when a fellow can progress to indirect supervision. (Core)	6.7.a.	The program must have clear guidelines the must be met to determine when a fellow ca (Core)
VI.A.2.b).(1).(b).(ii)	The program director must ensure that clear expectations exist and are communicated to the fellows, and that these expectations outline specific situations in which a fellow would still require direct supervision. (Core)	6.7.b.	The program director must ensure that cle communicated to the fellows, and that the situations in which a fellow would still requ
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not provid visual or audio supervision but is imme guidance and is available to provide ap

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o fellows, faculty members, other
d patients. (Core)
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viding physical or concurrent mediately available to the fellow for appropriate direct supervision.

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VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available t procedures/encounters with feedback p
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physica physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority a independence, and a supervisory role in fellow must be assigned by the program (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate each specific criteria, guided by the Mileston
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as superv portions of care to fellows based on the skills of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory r residents in recognition of their progres on the needs of each patient and the sk fellow. (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circum fellows must communicate with the sup (Core)
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow i conditional independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must assess the knowledge and skills of each fellow the appropriate level of patient ca (Core)
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Spo educate fellows and faculty members co ethical responsibilities of physicians, in obligation to be appropriately rested an by their patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Spo educate fellows and faculty members co ethical responsibilities of physicians, in obligation to be appropriately rested an by their patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the program excessive reliance on fellows to fulfill n
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)

Language e to provide review of provided after care is delivered. cal presence of a supervising and responsibility, conditional in patient care delegated to each am director and faculty members. ach fellow's abilities based on ones. (Core) ervising physicians must delegate he needs of the patient and the role to junior fellows and ress toward independence, based skills of the individual resident or umstances and events in which upervising faculty member(s). neir scope of authority, and the is permitted to act with st be of sufficient duration to ach fellow and to delegate to the care authority and responsibility. oonsoring Institutions, must concerning the professional and including but not limited to their and fit to provide the care required oonsoring Institutions, must concerning the professional and including but not limited to their and fit to provide the care required

n must be accomplished without non-physician obligations. (Core) n must ensure manageable patient

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Number	Requirement Language	Number	Requirement L
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in th physician, including protecting time wi administrative support, promoting prog flexibility, and enhancing professional
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership w must provide a culture of professionali and personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must den their personal role in the safety and we care, including the ability to report uns (Core)
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Spo provide a professional, equitable, respe is psychologically safe and that is free other forms of harassment, mistreatme students, fellows, faculty, and staff. (Co
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Spo a process for education of fellows and behavior and a confidential process for addressing such concerns. (Core)
	Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well- being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		Well-Being Psychological, emotional, and physical development of the competent, caring, require proactive attention to life inside being requires that physicians retain th managing their own real-life stresses. S support other members of the health ca components of professionalism; they a modeled, learned, and nurtured in the o fellowship training.
	Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout	[Niewe]	Fellows and faculty members are at ris Programs, in partnership with their Spo same responsibility to address well-be competence. Physicians and all member responsibility for the well-being of each clinical learning environment models c prepares fellows with the skills and atte
VI.C.	<i>their careers.</i> The responsibility of the program, in partnership with the Sponsoring	[None]	throughout their careers.The responsibility of the program, in particular
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity, impacts fellow well-being; (Core)

m must include efforts to enhance the experience of being a with patients, providing ogressive independence and al relationships. (Core)

with the Sponsoring Institution, lism that supports patient safety

emonstrate an understanding of relfare of patients entrusted to their safe conditions and safety events.

ponsoring Institutions, must pectful, and civil environment that e from discrimination, sexual and nent, abuse, or coercion of Core)

ponsoring Institutions, should have d faculty regarding unprofessional or reporting, investigating, and

al well-being are critical in the g, and resilient physician and de and outside of medicine. Wellthe joy in medicine while Self-care and responsibility to care team are important are also skills that must be context of other aspects of

isk for burnout and depression. ponsoring Institutions, have the peing as other aspects of resident bers of the health care team share ch other. A positive culture in a constructive behaviors, and ttitudes needed to thrive

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y, and work compression that

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Requirement Number	Requirement Language	Requirement Number	Requirement Language
Number	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and addressing the safety of fellows
VI.C.1.b)	faculty members; (Core)	6.13.b.	and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty members in:
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-screening. (Core)
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities	<u> </u>	
VI.E.1.	The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)

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	Teamwork		
VI.E.2.	Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an en- communication and promotes safe, inte in the subspecialty and larger health sy
VI.L.2.		0.10.	Transitions of Care
VI.E.3.	Transitions of Care	6.19.	Programs must design clinical assignm patient care, including their safety, freq
			Transitions of Care
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Programs must design clinical assignm patient care, including their safety, freq
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Spo ensure and monitor effective, structure both continuity of care and patient safe
	Programs must ensure that fellows are competent in communicating with		Programs must ensure that fellows are
VI.E.3.c)	team members in the hand-off process. (Outcome)	6.19.b.	with team members in the hand-off proc
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Spo design an effective program structure to fellows with educational and clinical ex as reasonable opportunities for rest and
	Maximum Hours of Clinical and Educational Work per Week	[]	
VI.F.1.	Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educati Clinical and educational work hours mu hours per week, averaged over a four-w house clinical and educational activities and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work a Fellows should have eight hours off be and education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)		Mandatory Time Free of Clinical Work a Fellows should have eight hours off bet and education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours fre after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At home call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a minim clinical work and required education (w At-home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods f hours of continuous scheduled clinical
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods for hours of continuous scheduled clinical

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Number	Up to four hours of additional time may be used for activities related to	Number	Requirement La Up to four hours of additional time may
	patient safety, such as providing effective transitions of care, and/or		patient safety, such as providing effecti
	fellow education. Additional patient care responsibilities must not be		fellow education. Additional patient care
VI.F.3.a).(1)	assigned to a fellow during this time. (Core)	6.22.a.	assigned to a fellow during this time. (C
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour Exc In rare circumstances, after handing off fellow, on their own initiative, may elect clinical site in the following circumstant to a single severely ill or unstable patien to the needs of a patient or patient's fan educational events. (Detail)
			Clinical and Educational Work Hour Exc
	In rare circumstances, after handing off all other responsibilities, a fellow,		In rare circumstances, after handing off
	on their own initiative, may elect to remain or return to the clinical site in		fellow, on their own initiative, may elect
	the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs		clinical site in the following circumstant to a single severely ill or unstable patient
	of a patient or patient's family; or to attend unique educational events.		to the needs of a patient or patient's fan
VI.F.4.a)	(Detail)	6.23.	educational events. (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or educa 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation percent or a maximum of 88 clinical and individual programs based on a sound o
VI.F.4.c)	The Review Committee for Radiology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Radiology will r to the 80-hour limit to the fellows' work wee
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the the goals and objectives of the education interfere with the fellow's fitness for wo safety. (Core)
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the the goals and objectives of the education interfere with the fellow's fitness for wo safety. (Core)
	Time spent by fellows in internal and external moonlighting (as defined in		Time spent by fellows in internal and ex
	the ACGME Glossary of Terms) must be counted toward the 80-hour		in the ACGME Glossary of Terms) must
VI.F.5.b)	maximum weekly limit. (Core)	6.25.a.	maximum weekly limit. (Core)
	In-House Night Float		
	Night float must occur within the context of the 80-hour and one-day-off-		In-House Night Float Night float must occur within the contex
VI.F.6.	in-seven requirements. (Core)	6.26.	in-seven requirements. (Core)

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VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house every third night (when averaged over a
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities by count toward the 80-hour maximum we home call is not subject to the every-thi satisfy the requirement for one day in s education, when averaged over four we
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities by count toward the 80-hour maximum we home call is not subject to the every-thi satisfy the requirement for one day in s education, when averaged over four we
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent o reasonable personal time for each fello

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use call no more frequently than a four-week period). (Core)

by fellows on at-home call must weekly limit. The frequency of atthird-night limitation, but must a seven free of clinical work and weeks. (Core)

by fellows on at-home call must weekly limit. The frequency of atthird-night limitation, but must seven free of clinical work and weeks. (Core)

or taxing as to preclude rest or low. (Core)