Requirement		Reformatted	
Number - Roman		Requirement	
Numerals	Requirement Language	Number	Requiremen
	Definition of Graduate Medical Education		
	Graduate medical education is the crucial step of professional development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship.		Definition of Graduate Medical Education Graduate medical education is the crucial between medical school and autonomous of the continuum of medical education the patient care under the supervision of fac- serve as role models of excellence, comp professionalism, and scholarship.
	Graduate medical education transforms medical students into physician scholars who care for the patient, patient's family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate		Graduate medical education transforms i who care for the patient, patient's family, integrate new knowledge into practice; a physicians to serve the public. Practice p
Int.A.	medical education persist many years later.	[None]	medical education persist many years lat
Int.A. (Continued)	Graduate medical education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Graduate medical education develops physicians who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. 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. Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation 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.		Graduate medical education has as a corresponsibility for patient care. The care of appropriate faculty supervision and condition attain the knowledge, skills, attitudes, autonomous practice. Graduate medical focus on excellence in delivery of safe, eithe health of the populations they serve. strength that a diverse group of physicial importance of inclusive and psychologic. Graduate medical education occurs in clifoundation for practice-based and lifelon development of the physician, begun in refaculty modeling of the effacement of sel that emphasizes joy in curiosity, problem. This transformation is often physically, e and occurs in a variety of clinical learning medical education and the well-being of the members, students, and all members of the selected of the select
Int.B.	Definition of Specialty Allergy and immunology specialists provide expert medical care for patients with allergic and immunologic disorders. These specialists may serve as consultants, educators, and physician scientists in asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.		Definition of Specialty Allergy and immunology specialists prov with allergic and immunologic disorders. consultants, educators, and physician so immunologic disorders, and immunodefi
Int.C.	Length of Educational Program The educational program in allergy and immunology must be 24 months in length.	4.1.	Length of Program The educational program in allergy and length. (Core)
I.	Oversight	Section 1	Section 1: Oversight

on

cial step of professional development ous clinical practice. It is in this vital phase that residents learn to provide optimal aculty members who not only instruct, but mpassion, cultural sensitivity,

s medical students into physician scholars ly, and a diverse community; create and ; and educate future generations of e patterns established during graduate later.

core tenet the graded authority and e of patients is undertaken with anditional independence, allowing residents s, judgment, and empathy required for al education develops physicians who , equitable, affordable, quality care; and re. Graduate medical education values the cians brings to medical care, and the gically safe learning environments.

clinical settings that establish the ong learning. The professional n medical school, continues through self-interest in a humanistic environment em-solving, academic rigor, and discovery. , emotionally, and intellectually demanding ing environments committed to graduate of patients, residents, fellows, faculty of the health care team.

rovide expert medical care for patients rs. These specialists may serve as scientists in asthma, allergic disorders, leficiency diseases.

d immunology must be 24 months in

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
	Sponsoring Institution		
	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 orga ultimate financial and academic respo medical education, consistent with the 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 no most commonly utilized site of clinica 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 o Institution.
	Participating Sites		
I.B.	A participating site is an organization providing educational experiences or educational assignments/rotations for residents.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
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 agr and each participating site that gover program and the participating site pro
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 even
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (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 clinica at all participating sites. (Core)
I.B.3.a).	At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must I by the program director as the site dir resident education at that site, in colla (Core)
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, 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 an participating sites routinely providing for all residents, of one month full tim the ACGME's Accreditation Data Syst
I.B.5.	Resident education at a participating site that is a private practitioner's office must be limited to those offices of program faculty members and must have defined goals and objectives. (Core)	1.6.a.	Resident education at a participating site must be limited to those offices of progra defined goals and objectives. (Core)
	Workforce Recruitment and Retention 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, fellows (if present), faculty members, senior administrative GME staff members, and		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusion present), faculty members, senior adr
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ

ganization or entity that assumes the ponsibility for a program of graduate the ACGME Institutional

not a rotation site for the program, the cal activity for the program is the

one ACGME-accredited Sponsoring

on providing educational experiences ns for residents.

consoring Institution, must designate a

greement (PLA) between the program erns the relationship between the roviding a required assignment. (Core)

every 10 years. ^(Core) lesignated institutional official (DIO).

cal learning and working environment

t be one faculty member, designated director, who is accountable for Ilaboration with the program director.

any additions or deletions of ng an educational experience, required me equivalent (FTE) or more through stem (ADS). (Core)

ite that is a private practitioner's office gram faculty members and must have

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Sponsoring Institution, must engage Iriven, ongoing, systematic recruitment sive workforce of residents, fellows (if dministrative GME staff members, and emic community. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core) [The Review Committee must further specify]	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	This must include the availability of adequate clinical and teaching space, including meeting rooms, examination rooms, computers, and office space outside of the inpatient and outpatient units. (Detail)	1.8.a.	This must include the availability of adec including meeting rooms, examination ro outside of the inpatient and outpatient ur
I.D.1.b)	The program must provide a sufficient number of adult and pediatric patients during the 24-month program to provide education in allergic disorders, asthma, immunodeficiency diseases, and immunologic disorders. (Core)	1.8.b.	The program must provide a sufficient ne during the 24-month program to provide immunodeficiency diseases, and immun
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working resident well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core) clean and private facilities for lactation that have refrigeration capabilities,	1.9.b.	safe, quiet, clean, and private sleep/re for residents with proximity appropria clean and private facilities for lactatio
I.D.2.c)	with proximity appropriate for safe patient care; (Core) security and safety measures appropriate to the participating site; and,	1.9.c.	with proximity appropriate for safe pa security and safety measures appropr
I.D.2.d)	(Core) accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.d. 1.9.e.	(Core) accommodations for residents with di Sponsoring Institution's policy. (Core
I.D.3.	Residents must have ready access to specialty-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.	Residents must have ready access to appropriate reference material in prin include access to electronic medical I 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 residents' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and ot but not limited to residents from othe and advanced practice providers, mus appointed residents' education. (Core
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme

Sponsoring Institution, must ensure es for resident education. (Core)

Sponsoring Institution, must ensure es for resident education. (Core)

equate clinical and teaching space, rooms, computers, and office space units. (Detail)

number of adult and pediatric patients le education in allergic disorders, asthma, inologic disorders. (Core)

Sponsoring Institution, must ensure ng environments that promote

)

rest facilities available and accessible riate for safe patient care; (Core)

ion that have refrigeration capabilities, patient care; (Core)

priate to the participating site; and,

disabilities consistent with the re)

to specialty-specific and other int or electronic format. This must Il literature databases with full text

sonnel

other health care personnel, including, her programs, subspecialty fellows, hust not negatively impact the re)

appointed as program director with overall program, including compliance nents. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
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 an authority and accountability for the or with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's GMEC must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's GMEC m director and must verify the program appointment. (Core)
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 directo (Core)
II.A.1.b)	The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)	2.3.	The program must demonstrate reten length of time adequate to maintain co stability. (Core)
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)	2.4.	The program director and, as applical must be provided with support adequ based upon its size and configuration
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)		At a minimum, the program director mus and support specified below for administ support for program leadership must be additional support may be for the program program director and one or more assoc (Core)
	Number of Approved Resident Positions: 1-6 Minimum Support Required (FTE) for Program Director: 0.15 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.05		Number of Approved Resident Positions (FTE) for Program Director: 0.15 Minim for Program Leadership in Aggregate: 0.
II.A.2.a)	Number of Approved Resident Positions: 7-10 Minimum Support Required (FTE) for Program Director: 0.2 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.1	2.4.a.	Number of Approved Resident Positions (FTE) for Program Director: 0.2 Minimu for Program Leadership in Aggregate: 0.
II.A.3.	Qualifications of the program director:	2.5.	Qualifications of the Program Director The program director must possess s years of documented educational and qualifications acceptable to the Revie
II.A.3.a)	must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core)	2.5.	Qualifications of the Program Director The program director must possess s years of documented educational and qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the specialty for which they are the program director by the American Board of Allergy and Immunology or by the American Osteopathic Board of Internal Medicine or the American Osteopathic Board of Pediatrics, or specialty qualifications that are acceptable to the Review Committee; (Core)	2.5.a.	The program director must possess of for which they are the program director and Immunology or by the American O or the American Osteopathic Board of Pe that are acceptable to the Review Cor

appointed as program director with overall program, including compliance nents. (Core)

must approve a change in program n director's licensure and clinical

tor resides with the Review Committee.

ention of the program director for a continuity of leadership and program

able, the program's leadership team, quate for administration of the program on. (Core)

ust be provided with the dedicated time istration of the program. Additional e provided as specified below. This ram director only or divided among the ociate (or assistant) program directors.

ns: 1-6 | Minimum Support Required imum Additional Support Required (FTE) 0.05

ns: 7-10 | Minimum Support Required num Additional Support Required (FTE) 0.1

tor

specialty expertise and at least three nd/or administrative experience, or iew Committee. (Core)

tor

specialty expertise and at least three nd/or administrative experience, or iew Committee. (Core)

ctor by the American Board of Allergy Osteopathic Board of Internal Medicine Pediatrics, or specialty qualifications ommittee. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
II.A.3.c)	must include ongoing clinical activity. (Core)	2.5.b.	The program director must demonstra
II.A.3.d)	must include leadership qualities and sufficient time and effort devoted to the program to provide day-to-day continuity of leadership and to fulfill the responsibilities of meeting the educational goals of the program. (Detail)	2.5.c.	The program director must have leaders effort devoted to the program to provide to fulfill the responsibilities of meeting the (Detail)
	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident		Program Director Responsibilities The program director must have responsibility for: administration and accountability for: administration and activity; resident recruitment and selection residents, and disciplinary action; sup
II.A.4.	education in the context of patient care. (Core)	2.6.	education in the context of patient car
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1) II.A.4.a).(2)	be a role model of professionalism; (Core) design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.6.a. 2.6.b.	The program director must be a role n The program director must design and consistent with the needs of the comr Sponsoring Institution, and the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; (Core)	2.6.c.	The program director must administer environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.6.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of con develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.6.e.	The program director must have the a supervising interactions and/or learni 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)	2.6.f.	The program director must submit ac required and requested by the DIO, Gi
II.A.4.a).(7)	provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.6.g.	The program director must provide a which residents have the opportunity mistreatment, and provide feedback in appropriate, without fear of intimidation
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew the appointment of a resident; (Core)	2.6.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when acti not to promote or renew the appointm
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.6.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)

trate ongoing clinical activity. (Core)

rship qualities and sufficient time and le day-to-day continuity of leadership and the educational goals of the program.

ponsibility, authority, and nd operations; teaching and scholarly election, evaluation, and promotion of upervision of residents; and resident care. (Core)

e model of professionalism. (Core) and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core)

ter and maintain a learning g the residents in each of the ACGME

e authority to approve or remove aculty members at all participating core faculty members, and must valuate candidates prior to approval.

authority to remove residents from ning environments that do not meet)

accurate and complete information GMEC, and ACGME. (Core)

a learning and working environment in ty to raise concerns, report a in a confidential manner as tion or retaliation. (Core)

he program's compliance with the d procedures related to grievances ction is taken to suspend or dismiss, or tment of a resident. (Core)

he program's compliance with the d procedures on employment and non-

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
II.A.4.a).(9).(a)	Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Residents must not be required to signature covenant. (Core)
II.A.4.a).(10)	document verification of education for all residents within 30 days of completion of or departure from the program; and, (Core)	2.6.j.	The program director must documen residents within 30 days of completic (Core)
II.A.4.a).(11)	provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core)	2.6.k.	The program director must provide v education upon the resident's reques
II A / a) (12)	provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s).		The program director must provide a interview with information related to
II.A.4.a).(12)	(Core)	2.6.I.	relevant specialty board examination
	 Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the residents and 		 Faculty Faculty members are a foundational education – faculty members teach references and become practice-ready, ensuring quality of care. They are role models by demonstrating compassion, commpatient care, professionalism, and a compassion of future colleagues. The the opportunity to teach and model exclolarly approach to patient care, far graduate medical education system, and the population. Faculty members ensure that patients from a specialist in the field. They recompassion approvide appropriate levels of supervise Faculty members create an effective approfessional manner and attending to the provide appropriate for the provide appropriate for the provide appropriate for the provide appropriate for the professional manner and attending to the professional manner and provide appropriate levels of supervise professional manner and attending to the professional manner and attending to the professional manner and provide appropriate levels of supervise professional manner and attending to the professional manner and attending to the professional manner and provide appropriate levels of supervise professional manner and attending to the professional manner and provide appropriate levels of supervise professional manner and provide approprise professional manner and provide professional manner professional manner prov
II.B.	themselves.	[None]	themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to	2.7.	There must be a sufficient number of
II.B.1. II.B.2.	instruct and supervise all residents. (Core) Faculty members must:	Z.7. [None]	instruct and supervise all residents. (
II.D.2.			Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.8.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	Faculty members must demonstrate a residents, including devoting sufficie fulfill their supervisory and teaching

ent Language sign a non-competition guarantee or

ent verification of education for all tion of or departure from the program.

verification of an individual resident's est, within 30 days. (Core)

applicants who are offered an o the applicant's eligibility for the on(s). (Core)

al element of graduate medical residents how to care for patients. tant bridge allowing residents to grow ng that patients receive the highest Is for future generations of physicians nmitment to excellence in teaching and a dedication to lifelong learning. ride and joy of fostering the growth and The care they provide is enhanced by exemplary behavior. By employing a faculty members, through the n, improve the health of the individual

nts receive the level of care expected recognize and respond to the needs of , and institution. Faculty members vision to promote patient safety. re learning environment by acting in a to the well-being of the residents and

of faculty members with competence to . (Core)

els of professionalism. (Core)

e commitment to the delivery of safe, ve, patient-centered care. (Core)

e a strong interest in the education of ient time to the educational program to g responsibilities. (Core)

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requirement
	administer and maintain an educational environment conducive to	0.0.5	Faculty members must administer and
II.B.2.d)	educating residents; (Core)	2.8.c.	environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.8.d.	Faculty members must regularly partie discussions, rounds, journal clubs, ar
11.D.2.9	pursue faculty development designed to enhance their skills at least	2.0.U.	Faculty members must pursue faculty
II.B.2.f)	annually: (Core)	2.8.e.	their skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
	in quality improvement, eliminating health inequities, and patient safety;		in quality improvement, eliminating he
II.B.2.f).(2)	(Detail)	2.8.e.2.	(Detail)
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their reside
	in patient care based on their practice-based learning and improvement		in patient care based on their practice
II.B.2.f).(4)	efforts. (Detail)	2.8.e.4.	efforts. (Detail)
			Faculty Qualifications
			Faculty members must have appropria
II.B.3.	Faculty Qualifications	2.9.	hold appropriate institutional appoint
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropria
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.9.	hold appropriate institutional appointr
	Each physician faculty member must have a valid unrestricted license to		Each physician faculty member must have
	practice medicine in the jurisdiction where the program's institutional sponsor is		practice medicine in the jurisdiction wher
II.B.3.a).(1)	located. (Detail)	2.9.a.	located. (Detail)
II.B.3.a).(2)	Physician faculty members must demonstrate competence in both clinical care and teaching abilities. (Core)	2.9.b.	Physician faculty members must demons and teaching abilities. (Core)
II.B.3.b)	Physician faculty members must:	[None]	
1.0.3.0)			Dhusisian facultu mambana must baus
	have current certification in the specialty by the American Board of Allergy		Physician faculty members must have by the American Board of Allergy and I
	and Immunology or the American Osteopathic Board of Internal Medicine or		Osteopathic Board of Internal Medicine
	the American Osteopathic Board of Pediatrics, or possess qualifications		Pediatrics, or possess qualifications ju
II.B.3.b).(1)	judged acceptable to the Review Committee. (Core)	2.10.	Committee. (Core)
	Physician faculty members who are not specialists in allergy and immunology		Physician faculty members who are not s
	must be certified in their specialty by the appropriate American Board of Medical		must be certified in their specialty by the
	Specialties (ABMS) board or AOA certifying board, or possess qualifications		Specialties (ABMS) board or AOA certify
II.B.3.b).(2)	acceptable to the Review Committee. (Core)	2.10.a.	acceptable to the Review Committee. (Co
	Faculty members must be certified by the American Board of Allergy and		Faculty members must be certified by the
II R 2 h) (2)	Immunology, AOA certification in allergy and immunology, or possess	2 10 h	Immunology, AOA certification in allergy
II.B.3.b).(3)	qualifications acceptable to the Review Committee. (Detail)	2.10.b.	qualifications acceptable to the Review C
	At least one faculty member must be an allergist and immunologist who has completed an ACGME-accredited or AOA-approved residency in pediatrics.		At least one faculty member must be an completed an ACGME-accredited or AO/
II.B.3.b).(4)	(Detail)	2.10.c.	(Detail)
		2.10.0.	At least one faculty member must be an
	TAT least one tachility memoer milet ne an allerniet and immunologiet who have		
	At least one faculty member must be an allergist and immunologist who has completed an ACGME-accredited or AOA-approved residency in internal		completed an ACGME-accredited or AO/

nd maintain an educational g residents. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

health inequities, and patient safety;

lents' well-being; and, (Detail) ce-based learning and improvement

riate qualifications in their field and ntments. (Core)

riate qualifications in their field and ntments. (Core)

have a valid unrestricted license to here the program's institutional sponsor is

nstrate competence in both clinical care

ve current certification in the specialty d Immunology or the American ne or the American Osteopathic Board of judged acceptable to the Review

ot specialists in allergy and immunology ne appropriate American Board of Medical ifying board, or possess qualifications (Core)

the American Board of Allergy and 3y and immunology, or possess v Committee. (Detail)

n allergist and immunologist who has OA-approved residency in pediatrics.

n allergist and immunologist who has OA-approved residency in internal

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requirement
	Core Faculty		
	Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative		Core Faculty Core faculty members must have a sig supervision of residents and must dev entire effort to resident education and component of their activities, teach, ev
II.B.4.	feedback to residents. (Core)	2.11.	feedback to residents. (Core)
II.B.4.a)	Core faculty members must complete the annual ACGME Faculty Survey. (Core)	2.11.a.	Core faculty members must complete (Core)
II.B.4.b)	The faculty must include at least two core faculty members. (Detail)	2.11.b.	The faculty must include at least two core
II.C.	Program Coordinator	2.12.	Program Coordinator There must be a program coordinator.
II.C.1.	There must be a program coordinator. (Core)	2.12.	Program Coordinator There must be a program coordinator.
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)	2.12.a.	The program coordinator must be prov support adequate for administration of and configuration. (Core)
II.C.2.a)	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. (Core) Number of Approved Resident Positions: 1-6 Minimum FTE: 0.3 Number of Approved Resident Positions: 7-10 Minimum FTE: 0.4	2.12.b.	At a minimum, the program coordinator m time and support specified below for adm Number of Approved Resident Positions: Number of Approved Resident Positions:
II.D. III.	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) Resident Appointments	2.13. Section 3	Other Program Personnel The program, in partnership with its S ensure the availability of necessary per administration of the program. (Core) Section 3: Resident Appointments
II.A.	Eligibility Requirements	3.2.	Eligibility Requirements An applicant must meet one of the foll for appointment to an ACGME-accredi
III.A.1.	An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)	3.2.	Eligibility Requirements An applicant must meet one of the foll for appointment to an ACGME-accredi
III.A.1.a)	graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)	3.2.a.	graduation from a medical school in the Liaison Committee on Medical Educati college of osteopathic medicine in the American Osteopathic Association Co Accreditation (AOACOCA); or, (Core)

significant role in the education and levote a significant portion of their nd/or administration, and must, as a evaluate, and provide formative

te the annual ACGME Faculty Survey.

ore faculty members. (Detail)

or. (Core)

or. (Core)

rovided with dedicated time and of the program based upon its size

r must be provided with the dedicated dministration of the program. (Core) ns: 1-6 | Minimum FTE: 0.3 ns: 7-10 | Minimum FTE: 0.4

Sponsoring Institution, must jointly personnel for the effective

ollowing qualifications to be eligible edited program: (Core)

ollowing qualifications to be eligible edited program: (Core)

the United States, accredited by the cation (LCME) or graduation from a he United States, accredited by the Commission on Osteopathic College

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Numerals	Requirement Language	Number	Requirement Language
			graduation from a medical school outside of the L meeting one of the following additional qualificati
			 holding a currently valid certificate from the Edu Foreign Medical Graduates (ECFMG) prior to apper
II.A.1.b)	graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)	3.2.b.	 holding a full and unrestricted license to practic States licensing jurisdiction in which the ACGME located. (Core)
II.A. 1.b)	ineeting one of the following additional qualifications. (Core)	5.2.0.	
			graduation from a medical school outside of the L meeting one of the following additional qualificati
			 holding a currently valid certificate from the Edu Foreign Medical Graduates (ECFMG) prior to apport
III.A.1.b).(1)	holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)	3.2.b.	 holding a full and unrestricted license to practice States licensing jurisdiction in which the ACGME- located. (Core)
			graduation from a medical school outside of the L meeting one of the following additional qualificati
			 holding a currently valid certificate from the Edu Foreign Medical Graduates (ECFMG) prior to apport
III.A.1.b).(2)	holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)	3.2.b.	 holding a full and unrestricted license to practice States licensing jurisdiction in which the ACGME- located. (Core)
	All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)- accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty		All prerequisite post-graduate clinical education r or transfer into ACGME-accredited residency prog completed in ACGME-accredited residency progra residency programs, Royal College of Physicians (RCPSC)-accredited or College of Family Physicia accredited residency programs located in Canada programs with ACGME International (ACGME-I) A
III.A.2.	Accreditation. (Core) Residency programs must receive verification of each resident's level of	3.3.	Accreditation. (Core) Residency programs must receive verification of e
III.A.2.a)	competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon	3.3.a.	competency in the required clinical field using AC ACGME-I Milestones evaluations from the prior transfer transfer to the tran
III.A.2.b)	Prior to appointment in the program, residents must have successfully completed:	3.3.a.1.	Prior to appointment in the program, residents must h completed:
, III.A.2.b).(1)	a residency program in internal medicine and/or pediatrics that satisfies the	3.3.a.1.a.	a residency program in internal medicine and/or pedia requirements in 3.3.; (Core)

- utside of the United States, and nal qualifications: (Core)
- e from the Educational Commission for) prior to appointment; or, (Core)
- nse to practice medicine in the United https://www.second.com/second-ted by the second s
- utside of the United States, and nal qualifications: (Core)
- e from the Educational Commission for) prior to appointment; or, (Core)
- nse to practice medicine in the United h the ACGME-accredited program is
- utside of the United States, and nal qualifications: (Core)
- e from the Educational Commission for) prior to appointment; or, (Core)
- nse to practice medicine in the United h the ACGME-accredited program is
- al education required for initial entry residency programs must be sidency programs, AOA-approved of Physicians and Surgeons of Canada amily Physicians of Canada (CFPC)ted in Canada, or in residency I (ACGME-I) Advanced Specialty
- rerification of each resident's level of field using ACGME, CanMEDS, or om the prior training program upon
- esidents must have successfully
- ne and/or pediatrics that satisfies the

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
III.A.2.b).(2)	two years of a residency program in internal medicine that satisfies the requirements in III.A.2., and been accepted into a research pathway of the American Board of Internal Medicine (ABIM), as attested to by the ABIM and American Board of Allergy and Immunology (ABAI); or, (Core)	3.3.a.1.b.	two years of a residency program in inte requirements in 3.3., and been accepted American Board of Internal Medicine (AE American Board of Allergy and Immunol
III.A.2.b).(3)	two years of a residency program in pediatrics that satisfies the requirements in III.A.2., and been accepted into a research pathway of the American Board of Pediatrics (ABP), as attested to by the ABP and ABAI. (Core)	3.3.a.1.c.	two years of a residency program in ped 3.3., and been accepted into a research Pediatrics (ABP), as attested to by the A
III.A.3.	Resident Eligibility Exception The Review Committee for Allergy and Immunology will allow the following exception to the resident eligibility requirements: (Core)	3.3.b.	Resident Eligibility Exception The Review Committee for Allergy and exception to the resident eligibility red
III.A.3.a)	An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1III.A.2., but who does meet all of the following additional qualifications and conditions: (Core)	3.3.b.1.	An ACGME-accredited residency prog qualified international graduate applic eligibility requirements listed in 3.2. – following additional qualifications and
III.A.3.a).(1)	evaluation by the program director and residency selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and, (Core)	3.3.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations of
III.A.3.a).(2)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.3.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.3.a).(3)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.3.b.1.c.	verification of Educational Commissio (ECFMG) certification. (Core)
III.A.3.b)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.3.b.2.	Applicants accepted through this exce their performance by the Clinical Com of matriculation. (Core)
III.B.	Resident Complement The program director must not appoint more residents than approved by the Review Committee. (Core)	3.4.	Resident Complement The program director must not appoir the Review Committee. (Core)
III.C.	Resident Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)	3.5.	Resident Transfers The program must obtain verification and a summative competency-based acceptance of a transferring resident, matriculation. (Core)

ternal medicine that satisfies the ed into a research pathway of the ABIM), as attested to by the ABIM and ology (ABAI); or, (Core)

ediatrics that satisfies the requirements in th pathway of the American Board of ABP and ABAI. (Core)

nd Immunology will allow the following requirements: (Core)

ogram may accept an exceptionally licant who does not satisfy the – 3.3., but who does meet all of the and conditions: ^(Core)

and residency selection committee of ne program, based on prior training and s of this training; and, (Core) t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

bint more residents than approved by

on of previous educational experiences d performance evaluation prior to nt, and Milestones evaluations upon

Allergy and Immunology Crosswalk

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
	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 a and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wi
IV.	It is recognized 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 programs may place leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
IV.A.	Educational Components The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
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, residents, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, residents, and faculty me
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr These must be distributed, reviewed, faculty members; (Core)
IV.A.3. IV.A.4.	delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision; (Core) a broad range of structured didactic activities; and, (Core)	4.2.c. 4.2.d.	delineation of resident responsibilitie responsibility for patient managemen a broad range of structured didactic a
IV.A.4.a)	Residents must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Resider Experiences Residents must be provided with pro 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 pro tools, and techniques. (Core)
			ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competencies
IV.B.	ACGME Competencies	[None]	Milestones for each specialty.

ent Language

s designed to encourage excellence l education regardless of the cation of the program.

port the development of who provide compassionate care.

e different emphasis on research, expected that the program aims will fic goals for it and its graduates; for ram aiming to prepare physicianiculum from one focusing on

llowing educational components:

ith the Sponsoring Institution's ty it serves, and the desired distinctive must be made available to program nembers; (Core)

ctives for each educational experience trajectory to autonomous practice. d, and available to residents and

ties for patient care, progressive ent, and graded supervision; (Core) c activities; and, (Core)

ent Experiences – Didactic and Clinical

rotected time to participate in core

romote patient safety-related goals,

eptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each specialty. The developmental encies are articulated through the

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGM
IV.D.T.	Professionalism Residents must demonstrate a commitment to professionalism and an		ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	Residents must demonstrate competer
			ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate competer
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect fo
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and autono
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, an
IV.B.1.a).(1).(f)	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	respect and responsiveness to divers not limited to diversity in gender, age national origin, socioeconomic status
IV.B.1.a).(1).(g)	ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)	4.3.g.	ability to recognize and develop a pla professional well-being; and, (Core)
IV.B.1.a).(1).(h)	appropriately disclosing and addressing conflict or duality of interest. (Core)	4.3.h.	appropriately disclosing and address (Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Residents 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 Residents must be able to provide pa centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Residents must demonstrate proficiency in:	4.4.a.	Residents must demonstrate proficiency
IV.B.1.b).(1).(a).(i)	conducting comprehensive and detailed medical interviews with children and adults who present with suspected allergic and/or immunologic disorders; (Core)	4.4.a.1.	conducting comprehensive and detailed adults who present with suspected allerg (Core)
IV.B.1.b).(1).(a).(ii)	performing a physical examination appropriate to age and the specialty; (Core)	4.4.a.2.	performing a physical examination appro
IV.B.1.b).(1).(a).(iii)	assessing the risks and benefits of allergic and immunologic disorder therapies, including environmental controls, allergen immunotherapy, pharmacotherapy, and immunomodulatory therapy with consideration for cost and compliance; and, (Core)	4.4.a.3.	assessing the risks and benefits of allerg including environmental controls, allerge and immunomodulatory therapy with cor and, (Core)
IV.B.1.b).(1).(a).(iv)	selecting, performing, and interpreting the results of diagnostic tests and studies with consideration for cost. (Core)	4.4.a.4.	selecting, performing, and interpreting th with consideration for cost. (Core)

GME Competencies into the curriculum.

nalism mitment to professionalism and an re)

etence in:

nalism imitment to professionalism and an pre)

etence in:

for others; (Core)

at supersedes self-interest; (Core)

onomy; (Core) and the profession; (Core)

erse patient populations, including but ge, culture, race, religion, disabilities, us, and sexual orientation; (Core) lan for one's own personal and

ssing conflict or duality of interest.

re

patient care that is patient- and familyand appropriate, and effective for the promotion of health. (Core)

icy in:

ed medical interviews with children and ergic and/or immunologic disorders;

propriate to age and the specialty; (Core)

ergic and immunologic disorder therapies, rgen immunotherapy, pharmacotherapy, consideration for cost and compliance;

the results of diagnostic tests and studies

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(b)	Residents must, to the satisfaction of the program director or designated faculty member, demonstrate proficiency in performing and evaluating results for the following: (Core)	4.4.b.	Residents must, to the satisfaction of the member, demonstrate proficiency in per following: (Core)
IV.B.1.b).(1).(b).(i)	allergen immunotherapy; (Core)	4.4.b.1.	allergen immunotherapy; (Core)
IV.B.1.b).(1).(b).(ii)	contact or delayed hypersensitivity testing; (Core)	4.4.b.2.	contact or delayed hypersensitivity testir
IV.B.1.b).(1).(b).(iii)	drug hypersensitivity diagnosis and treatment; (Core)	4.4.b.3.	drug hypersensitivity diagnosis and treat
IV.B.1.b).(1).(b).(iv)	food hypersensitivity diagnosis and treatment; (Core)	4.4.b.4.	food hypersensitivity diagnosis and treat
IV.B.1.b).(1).(b).(v)	immediate hypersensitivity skin testing; (Core)	4.4.b.5.	immediate hypersensitivity skin testing;
IV.B.1.b).(1).(b).(vi)	immunoglobulin treatment and/or other immunomodulator therapies; and, (Core)	4.4.b.6.	immunoglobulin treatment and/or other i
IV.B.1.b).(1).(b).(vii)	pulmonary function testing. (Core)	4.4.b.7.	pulmonary function testing. (Core)
IV.B.1.b).(1).(c)	Residents must enter all required procedures into the ACGME Resident Case Log System. (Core)	4.4.c.	Residents must enter all required procee Log System. (Core)
IV.B.1.b).(2)	Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S perform all medical, diagnostic, and s essential for the area of practice. (Co
IV.B.1.c)	Medical Knowledge Residents 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 Kno Residents must demonstrate knowled biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Residents must demonstrate proficiency in their knowledge of all required core didactic topics through performance in objective examinations and application to patient care. (Core)		Residents must demonstrate proficiency didactic topics through performance in o patient care. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Residents 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 lifelong learning; (Core)	4.7.	ACGME Competencies – Practice-Bas Residents must demonstrate the abili care of patients, to appraise and assis continuously improve patient care ba lifelong learning. (Core)
IV.B.1.d).(1)	Residents must demonstrate competence in:	[None]	
IV.B.1.d).(1).(a)	identifying strengths, deficiencies, and limits in one's knowledge and expertise; (Core)	4.7.a.	Residents must demonstrate competed deficiencies, and limits in one's know
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	Residents must demonstrate competer improvement goals. (Core)
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	Residents must demonstrate competer appropriate learning activities. (Core)
IV.B.1.d).(1).(d)	systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; (Core)	4.7.d.	Residents must demonstrate competer practice using quality improvement m reducing health care disparities, and of practice improvement. (Core)
IV.B.1.d).(1).(e)	incorporating feedback and formative evaluation into daily practice; and, (Core)	4.7.e.	Residents must demonstrate competer formative evaluation into daily practic

the program director or designated faculty erforming and evaluating results for the

ting; (Core)

eatment; (Core)

eatment; (Core)

; (Core)

⁻ immunomodulator therapies; and, (Core)

cedures into the ACGME Resident Case

I Skills: Residents must be able to surgical procedures considered core)

nowledge

ledge of established and evolving al, and social-behavioral sciences, as the application of this knowledge to

icy in their knowledge of all required core n objective examinations and application to

Based Learning and Improvement

bility to investigate and evaluate their similate scientific evidence, and to based on constant self-evaluation and

etence in identifying strengths, owledge and expertise. (Core) etence in setting learning and

etence in identifying and performing re)

etence in systematically analyzing t methods, including activities aimed at id implementing changes with the goal

etence in incorporating feedback and trice. (Core)

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IV.B.1.d).(1).(f)	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems. (Core)	4.7.f.	Residents must demonstrate compete assimilating evidence from scientific health problems. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Residents 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 – Interpersona Residents must demonstrate interper result in the effective exchange of infe patients, their families, and health pro
IV.B.1.e).(1)	Residents must demonstrate competence in	[None]	
IV.B.1.e).(1).(a)	communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient; (Core)	4.8.a.	Residents must demonstrate compete with patients and patients' families, a of socioeconomic circumstances, cul capabilities, learning to engage interp provide appropriate care to each patie
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health-related agencies; (Core)	4.8.b.	Residents must demonstrate compete with physicians, other health professi (Core)
IV.B.1.e).(1).(c)	working effectively as a member or leader of a health care team or other professional group; (Core)	4.8.c.	Residents must demonstrate compete member or leader of a health care tea
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Residents must demonstrate competer families, students, other residents, an
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate competer to other physicians and health profes
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core)	4.8.f.	Residents must demonstrate compete timely, and legible health care records
IV.B.1.e).(1).(g)	counseling and educating patients about diagnosis, prognosis, and treatment. (Core)	4.8.h.	Residents must demonstrate competence about diagnosis, prognosis, and treatme
IV.B.1.e).(2)	Residents must learn to communicate with patients and patients' families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. (Core)	4.8.g.	Residents must learn to communicate to partner with them to assess their c appropriate, end-of-life goals. (Core)
IV.B.1.f). IV.B.1.f).(1)	Systems-based Practice Residents 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 other resources to provide optimal health care. (Core) Residents must demonstrate competence in:	4.9. [None]	ACGME Competencies - Systems-Bas Residents must demonstrate an awar larger context and system of health ca social determinants of health, as well other resources to provide optimal he
IV.B.1.f).(1).(a)	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	Residents must demonstrate competer health care delivery settings and syst specialty. ^(Core)

etence in locating, appraising, and c studies related to their patients'

nal and Communication Skills ersonal and communication skills that nformation and collaboration with rofessionals. (Core)

etence in communicating effectively as appropriate, across a broad range sultural backgrounds, and language erpretive services as required to atient. ^(Core)

etence in communicating effectively sionals, and health-related agencies.

etence in working effectively as a eam or other professional group. (Core)

etence in educating patients, patients' and other health professionals. (Core) etence in acting in a consultative role essionals. (Core)

etence in maintaining comprehensive, ds, if applicable. (Core)

nce in counseling and educating patients nent. (Core)

ate with patients and patients' families care goals, including, when)

ased Practice areness of and responsiveness to the care, including the structural and ell as the ability to call effectively on health care. (Core)

etence in working effectively in various stems relevant to their clinical

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	Requirement
IV.B.1.f).(1).(b)	coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; (Core)	4.9.b.	Residents must demonstrate competer across the health care continuum and specialty. ^(Core)
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Residents must demonstrate compete care and optimal patient care systems
IV.B.1.f).(1).(d)	participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.d.	Residents must demonstrate compete system errors and implementing pote
IV.B.1.f).(1).(e)	incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate;(Core)	4.9.e.	Residents must demonstrate compete of value, equity, cost awareness, deliv analysis in patient and/or population-l
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Residents must demonstrate compete finances and its impact on individual
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Residents must demonstrate compete that promote patient safety and disclo simulated). (Detail)
IV.B.1.f).(2)	Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals. (Core)	4.9.h.	Residents must learn to advocate for system to achieve the patient's and patient including, when appropriate, end-of-li
			4.10. Curriculum Organization and Re Structure The curriculum must be structured to experiences, the length of the experie continuity. These educational experie supervised patient care responsibilitie educational events. (Core)
			4.11. Curriculum Organization and Re Clinical Experiences Residents must be provided with prot didactic activities. (Core)
			4.12. Curriculum Organization and Re Management The program must provide instruction management if applicable for the spec signs of substance use disorder. (Cor
IV.C.	Curriculum Organization and Resident Experiences	4.10 4.12.	

etence in coordinating patient care nd beyond as relevant to their clinical

etence in advocating for quality patient ms. (Core)

etence in participating in identifying tential systems solutions. (Core)

etence in incorporating considerations livery and payment, and risk-benefit n-based care as appropriate. (Core)

etence in understanding health care al patients' health decisions. (Core)

etence in using tools and techniques closure of patient safety events (real or

or patients within the health care patient's family's care goals, -life goals. (Core)

Resident Experiences – Curriculum

to optimize resident educational riences, and the supervisory riences include an appropriate blend of ities, clinical teaching, and didactic

Resident Experiences – Didactic and

otected time to participate in core

Resident Experiences – Pain

on and experience in pain becialty, including recognition of the ore)

Allergy and Immunology Crosswalk

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.1.	The curriculum must be structured to optimize resident 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 Resider Structure The curriculum must be structured to experiences, the length of the experie continuity. These educational experie supervised patient care responsibilitie educational events. (Core)
IV.C.1.a)	Assignment of rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, and meaningful assessment with constructive feedback. (Core)	4.10.a.	Assignment of rotations must be of suffi educational experience, defined by cont supervision, and meaningful assessmer
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows the residents to function as part of an effective interprofessional team that works together towards the shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be structure allows the residents to function as part of that works together towards the shared improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Resider The program must provide instructio management if applicable for the spe signs of substance use disorder. (Co
IV.C.3.	There must be a structured curriculum in the core didactic topics, including pathophysiology, diagnosis, differential diagnosis, complications and treatment of disorders of innate and adaptive immunity including hypersensitivity (IgE and non-IgE-dependent), immunodeficiency, and autoimmunity; and disorders of mast cells, basophils, eosinophils; and contact-system-related angioedema. (Detail)	4.11.a.	There must be a structured curriculum in pathophysiology, diagnosis, differential of disorders of innate and adaptive imm non-lgE-dependent), immunodeficiency mast cells, basophils, eosinophils; and o (Detail)
IV.C.4.	The program format must be as follows:	4.11.b.	The program format must be as follows:
IV.C.4.a)	50 percent of the program (12-month equivalent) must be devoted to direct patient care activities, clinical case conferences, and record reviews; (Core)	4.11.b.1.	50 percent of the program (12-month ec patient care activities, clinical case conf
IV.C.4.a).(1)	At least 20 percent of the required minimum 12-month equivalent direct patient care activity must focus on patients from birth to 18 years. (Detail)	4.11.b.1.a.	At least 20 percent of the required minin care activity must focus on patients from
IV.C.4.a).(2)	At least 20 percent of the required minimum twelve-month equivalent direct patient care activity must focus on patients over the age of 18 years. (Detail)	4.11.b.1.b.	At least 20 percent of the required minin patient care activity must focus on patie
IV.C.4.b)	25 percent of the program must be devoted to scholarly activities and research; and, (Detail)	4.11.b.2.	25 percent of the program must be devo and, (Detail)
IV.C.4.c)	25 percent of the program must be devoted to other educational activities. (Detail)	4.11.b.3.	25 percent of the program must be devo (Detail)
IV.C.5.	Resident experiences in direct patient care must include:	4.11.c.	Resident experiences in direct patient c
IV.C.5.a)	continuing care of pediatric and adult patients with allergic disorders, asthma, immunodeficiency diseases, and immunologic disorders; and, (Core)	4.11.c.1.	continuing care of pediatric and adult pa immunodeficiency diseases, and immur
IV.C.5.b)	direct patient contact with pediatric and adult patients with the following diagnoses: (Core)	4.11.c.2.	direct patient contact with pediatric and a diagnoses: (Core)

nt Language

ent Experiences – Curriculum

to optimize resident educational riences, and the supervisory riences include an appropriate blend of ities, clinical teaching, and didactic

ficient length to provide a quality ntinuity of patient care, ongoing ent with constructive feedback. (Core)

red to facilitate learning in a manner that of an effective interprofessional team d goals of patient safety and quality

ent Experiences – Pain Management on and experience in pain pecialty, including recognition of the fore)

in the core didactic topics, including I diagnosis, complications and treatment munity including hypersensitivity (IgE and y, and autoimmunity; and disorders of contact-system-related angioedema.

equivalent) must be devoted to direct nferences, and record reviews; (Core)

imum 12-month equivalent direct patient m birth to 18 years. (Detail)

imum twelve-month equivalent direct ients over the age of 18 years. (Detail) voted to scholarly activities and research;

voted to other educational activities.

care must include:

batients with allergic disorders, asthma, unologic disorders; and, (Core) d adult patients with the following

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.5.b).(1)	anaphylaxis; (Core)	4.11.c.2.a.	anaphylaxis; (Core)
IV.C.5.b).(2)	asthma; (Core)	4.11.c.2.b.	asthma; (Core)
IV.C.5.b).(3)	atopic dermatitis; (Core)	4.11.c.2.c.	atopic dermatitis; (Core)
IV.C.5.b).(4)	contact dermatitis; (Core)	4.11.c.2.d.	contact dermatitis; (Core)
IV.C.5.b).(5)	drug, vaccine, or immunomodulator alelrgy, or adverse drug reaction allergy to drugs and other biological agents; (Core)	4.11.c.2.e.	drug, vaccine, or immunomodulator alelr drugs and other biological agents; (Core
IV.C.5.b).(6)	food allergy; (Core)	4.11.c.2.f.	food allergy; (Core)
IV.C.5.b).(7)	ocular allergies; (Core)	4.11.c.2.g.	ocular allergies; (Core)
IV.C.5.b).(8)	primary and acquired immunodeficiency; (Core)	4.11.c.2.h.	primary and acquired immunodeficiency
IV.C.5.b).(9)	rhinitis; (Core)	4.11.c.2.i.	rhinitis; (Core)
IV.C.5.b).(10)	sinusitis; (Core)	4.11.c.2.j.	sinusitis; (Core)
IV.C.5.b).(11)	stinging insect allergy; and, (Core)	4.11.c.2.k.	stinging insect allergy; and, (Core)
IV.C.5.b).(12)	urticaria and angioedema. (Core)	4.11.c.2.l.	urticaria and angioedema. (Core)
IV.D.	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 resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of residencies and anticipates that 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]	Medicine is both an art and a science. scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The prograd environment that fosters the acquisiti participation in scholarly activities. So discovery, integration, application, an The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core) The program, in partnership with its Sponsoring Institution, must allocate	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core) The program, in partnership with its s
IV.D.1.b)	adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)	4.13.a.	adequate resources to facilitate reside scholarly activities. (Core)
IV.D.1.c)	The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)	4.13.b.	The program must advance residents scholarly approach to evidence-based

elrgy, or adverse drug reaction allergy to re)

cy; (Core)

ce. The physician is a humanistic is requires the ability to think critically, y assimilate new knowledge, and ram and faculty must create an sition of such skills through resident Scholarly activities may include and teaching.

ty of residencies and anticipates that variety of roles, including clinicians, acted that the program's scholarship and the needs of the community it ns may concentrate their scholarly pulation health, and/or teaching, while ilize more classic forms of biomedical hip.

dence of scholarly activities consistent

dence of scholarly activities consistent

s Sponsoring Institution, must allocate ident and faculty involvement in

ts' knowledge and practice of the sed patient care. (Core)

Requirement Number - Roman	Demainment I an ann	Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t
			 Research in basic science, educatio or population health Peer-reviewed grants Quality improvement and/or patient Systematic reviews, meta-analyses, textbooks, or case reports Creation of curricula, evaluation too electronic educational materials Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education
IV.D.2.a)	 Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education 	4.14.	 Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of the excession of the second second
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 disse and external to the program by the for • faculty participation in grand round improvement presentations, podium p peer-reviewed print/electronic resource chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)

rams must demonstrate f the following domains: (Core)

ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

rams must demonstrate f the following domains: (Core)

ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

nds, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book ice on professional committees, or al editorial board member, or editor;

Requirement Number - Roman	Demining	Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
			The program must demonstrate disse and external to the program by the fo
IV.D.2.b).(1)	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; (Outcome)	4.14.a.	• faculty participation in grand round improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.3.	Resident Scholarly Activity	4.15.	Resident Scholarly Activity Residents must participate in schola
IV.D.3.a)	Residents must participate in scholarship. (Core)	4.15.	Resident Scholarly Activity Residents must participate in scholar
IV.D.3.b)	The program must provide residents with a research experience that results in an understanding of the basic principles of study design, performance (including data collection), data analysis (including statistics and epidemiology), and reporting research results. (Detail)	4.15.a.	The program must provide residents wit an understanding of the basic principles data collection), data analysis (including reporting research results. (Detail)
IV.D.3.c)	Under faculty member supervision, each resident must design and conduct allergy and/or immunology research that is either laboratory-based, epidemiologic, continuous quality improvement, or clinical investigation-based. (Outcome)	4.15.b.	Under faculty member supervision, each allergy and/or immunology research tha epidemiologic, continuous quality impro- (Outcome)
IV.D.3.c).(1)	Residents must present their research findings orally and in writing. (Outcome)	4.15.b.1.	Residents must present their research f
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Resident Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (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 th must be documented at least every th
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 co clinical responsibilities, must be eval and at completion. (Core)

semination of scholarly activity within following methods:

nds, posters, workshops, quality m presentations, grant leadership, nonurces, articles or publications, book vice on professional committees, or al editorial board member, or editor;

larship. (Core)

larship. (Core)

vith a research experience that results in es of study design, performance (including ng statistics and epidemiology), and

ach resident must design and conduct nat is either laboratory-based, rovement, or clinical investigation-based.

findings orally and in writing. (Outcome)

Evaluation

erve, evaluate, and frequently provide during each rotation or similar

Evaluation

erve, evaluate, and frequently provide during each rotation or similar

Evaluation

erve, evaluate, and frequently provide during each rotation or similar

the completion of the assignment.

three months in duration, evaluation three months. (Core)

continuity clinic in the context of other valuated at least every three months

Allergy and Immunology Crosswalk

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objection the Competencies and the specialty-s
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.	The program must use multiple evalu patients, self, and other professional
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	The program must provide that inform Committee for its synthesis of progre improvement toward unsupervised p
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 resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	The program director or their designed Competency Committee, must meet v their documented semi-annual evaluat progress along the specialty-specific
V.A.1.d).(2)	assist residents 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 designe Competency Committee, must assist individualized learning plans to capita areas for growth. (Core)
V.A.1.d).(3)	develop plans for residents failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designer Competency Committee, must develor progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each resident 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 sur that includes their readiness to progr applicable. (Core)
V.A.1.f).	The evaluations of a resident's performance must be accessible for review by the resident. (Core)	5.1.g.	The evaluations of a resident's perfor by the resident. (Core)
V.A.2.	Final Evaluation	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Co
V.A.2.a)	The program director must provide a final evaluation for each resident upon completion of the program. (Core)	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Co
V A 2 - V (4)	The specialty-specific Milestones, and when applicable the specialty- specific Case Logs, must be used as tools to ensure residents are able to	5 0 -	The specialty-specific Milestones, and specific Case Logs, must be used as
V.A.2.a).(1) V.A.2.a).(2)	engage in autonomous practice upon completion of the program. (Core) The final evaluation must:	5.2.a. [None]	engage in autonomous practice upon
V.A.2.a).(2).(a)	become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu resident in accordance with institutio
V.A.2.a).(2).(b)	verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors neco (Core)

ent Language

ctive performance evaluation based on *r*-specific Milestones. ^(Core)

luators (e.g., faculty members, peers, al staff members). (Core)

prmation to the Clinical Competency pressive resident performance and practice. (Core)

nee, with input from the Clinical t with and review with each resident uation of performance, including fic Milestones. (Core)

nee, with input from the Clinical st residents in developing italize on their strengths and identify

nee, with input from the Clinical elop plans for residents failing to licies and procedures. (Core)

ummative evaluation of each resident gress to the next year of the program, if

formance must be accessible for review

on

a final evaluation for each resident Core)

on

a final evaluation for each resident Core)

and when applicable the specialtyas tools to ensure residents are able to on completion of the program. (Core)

part of the resident's permanent record nust be accessible for review by the tional policy. (Core)

t the resident has demonstrated the ecessary to enter autonomous practice.

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w 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 mu director. (Core)
V.A.3.a)	At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. (Core)	5.3.a.	At a minimum, the Clinical Competen members of the program faculty, at le member. (Core)
V.A.3.a).(1)	Additional 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 residents. (Core)	5.3.b.	Additional members must be faculty r other programs, or other health profe and experience with the program's re
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	The Clinical Competency Committee at least semi-annually. (Core)
V.A.3.b).(2)	determine each resident's progress on achievement of the specialty- specific Milestones; and, (Core)	5.3.d.	The Clinical Competency Committee progress on achievement of the spec
V.A.3.b).(3)	meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress. (Core)	5.3.e.	The Clinical Competency Committee is semi-annual evaluations and advise to resident's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (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 performance as it relates to the educa (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.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and so
	This evaluation must include written, anonymous, and confidential		This evaluation must include written,
V.B.1.b)	evaluations by the residents. (Core)	5.4.b.	evaluations by the residents. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pl
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p

with the resident upon completion of

nust be appointed by the program

ency Committee must include three least one of whom is a core faculty

/ members from the same program or fessionals who have extensive contact residents. (Core)

e must review all resident evaluations

e must determine each resident's ecialty-specific Milestones. (Core)

e must meet prior to the residents' the program director regarding each

to evaluate each faculty member's icational program at least annually.

to evaluate each faculty member's ıcational program at least annually.

ew of the faculty member's clinical the educational program, participation eir skills as an educator, clinical scholarly activities. (Core) n, anonymous, and confidential

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

the Program Evaluation Committee to Program Evaluation as part of the t process. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
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 conduct and document the Annual Pr program's continuous improvement p
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 resident. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one resident. (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 respo program's self-determined goals and
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 respo ongoing program improvement, inclue 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 respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident 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 s prior Annual Program Evaluation(s), a evaluations of the program, and other 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 m and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must complete a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must complete a Self-St
	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 educa seek and achieve board certification. the educational program is the ultimation
V.C.3.	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 Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offered of Medical Specialties (ABMS) member Association (AOA) certifying board.
	For specialties 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		Board Certification For specialties in which the ABMS me board offer(s) an annual written exam program's aggregate pass rate of thos time must be higher than the bottom f
V.C.3.a)	specialty. (Outcome)	5.6.	specialty. (Outcome)

nt the Program Evaluation Committee to Program Evaluation as part of the process. (Core)

must be composed of at least two one of whom is a core faculty member,

oonsibilities must include review of the d progress toward meeting them. ^(Core)

oonsibilities must include guiding uding development of new goals,

oonsibilities must include review of the entify strengths, challenges, d to the program's mission and aims.

should consider the outcomes from , aggregate resident and faculty written er relevant data in its assessment of

must evaluate the program's mission ovement, and threats. (Core)

cluding the action plan, must be ne residents and the members of the to the DIO. (Core)

Study and submit it to the DIO. (Core)

cation is to educate physicians who n. One measure of the effectiveness of nate pass rate.

rage all eligible program graduates to red by the applicable American Board ber board or American Osteopathic

nember board and/or AOA certifying m, in the preceding three years, the lose taking the examination for the first n fifth percentile of programs in that

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	Requiremen
V.C.3.b)	For specialties 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 specialty. (Outcome)	5.6.a.	For specialties in which the ABMS me board offer(s) a biennial written exam program's aggregate pass rate of tho time must be higher than the bottom specialty. ^(Outcome)
V.C.3.c)	For specialties 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 specialty. (Outcome)	5.6.b.	For specialties in which the ABMS me board offer(s) an annual oral exam, in program's aggregate pass rate of tho time must be higher than the bottom specialty. ^(Outcome)
V.C.3.d)	For specialties 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 specialty. (Outcome)	5.6.c.	For specialties in which the ABMS me board offer(s) a biennial oral exam, in program's aggregate pass rate of tho time must be higher than the bottom specialty. ^(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 specialty. (Outcome)	5.6.d.	For each of the exams referenced in 8 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible residents that
	The Learning and Working Environment Residency 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		Section 6: The Learning and Working The Learning and Working Environme Residency education must occur in th environment that emphasizes the foll • Excellence in the safety and quality
	residents today • Excellence in the safety and quality of care rendered to patients by today's residents in their future practice		residents today • Excellence in the safety and quality today's residents in their future pract
	 Excellence in professionalism Appreciation for the privilege of caring for patients 		 Excellence in professionalism Appreciation for the privilege of card
VI	• Commitment to the well-being of the students, residents, faculty members, and all members of the health care team	Section 6	• Commitment to the well-being of the members, and all members of the heat
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]	

member board and/or AOA certifying am, in the preceding six years, the hose taking the examination for the first m fifth percentile of programs in that

member board and/or AOA certifying in the preceding three years, the hose taking the examination for the first m fifth percentile of programs in that

member board and/or AOA certifying in the preceding six years, the hose taking the examination for the first m fifth percentile of programs in that

n 5.6.a.-c., any program whose cified in the requirement have achieved net this requirement, no matter the cass rate in that specialty. ^(Outcome)

rd certification status annually for the hat graduated seven years earlier. ^(Core)

ng Environment

ment a the context of a learning and working ollowing principles:

ty of care rendered to patients by

ty of care rendered to patients by actice

aring for patients

the students, residents, faculty realth care team

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requirement
	Culture of Safety		Culture of Safety
	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective		A culture of safety requires continuou and a willingness to transparently dea
	organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for		organization has formal mechanisms attitudes of its personnel toward safet
VI.A.1.a).(1)	improvement.	[None]	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, an patient safety systems and contribute
	Patient Safety Events		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 shifts to identify even and implify the success of		Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia
VI.A.1.a).(2)	the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	the ability to identify causes and institution of the changes to ameliorate patient safety w
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
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.	Residents, fellows, faculty members, a must know their responsibilities in rep unsafe conditions at the clinical site, i (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, a must be provided with summary infor safety reports. ^(Core)
VI.A.1.a).(2).(b)	Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as	6.3.	Residents must participate as team m interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
	Quality Metrics		
VI.A.1.a).(3)	Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Residents and faculty members must benchmarks related to their patient po

ous identification of vulnerabilities leal with them. An effective is to assess the knowledge, skills, and fety in order to identify areas for

and fellows must actively participate in te to a culture of safety. (Core)

t-up of safety events, near misses, and anisms for improving patient safety, any patient safety program. Feedback tial to developing true competence in stitute sustainable systems-based y vulnerabilities.

s, and other clinical staff members reporting patient safety events and e, including how to report such events.

s, and other clinical staff members ormation of their institution's patient

members in real and/or simulated fety and quality improvement activities, er activities that include analysis, as tion of actions. (Core)

tizing activities for care improvement nent efforts.

st receive data on quality metrics and populations. (Core)

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	Requiremen
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structur accountability as it relates to the sup Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a)	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their S communicate, and monitor a structur accountability as it relates to the sup Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident'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 place for all residents is based on each ability, as well as patient complexity a exercised through a variety of method (Core)

s ultimately responsible for the care of in the responsibility and e provision of care. Effective Sponsoring Institutions, define, widely ured chain of responsibility and upervision of all patient care.

ate medical education provides safe res each resident's development of the juired to enter the unsupervised es a foundation for continued

s ultimately responsible for the care of in the responsibility and e provision of care. Effective Sponsoring Institutions, define, widely tured chain of responsibility and upervision of all patient care.

ate medical education provides safe res each resident's development of the guired to enter the unsupervised res a foundation for continued

ist inform each patient of their re when providing direct patient care. to residents, faculty members, other nd patients. (Core)

ist inform each patient of their re when providing direct patient care. to residents, faculty members, other nd patients. (Core)

at the appropriate level of supervision in each resident's level of training and y and acuity. Supervision may be nods, as appropriate to the situation.

Requirement		Reformatted	
Number - Roman Numerals	Requirement Language	Requirement Number	Requiremen
	Levels of Supervision		· · · · ·
	To promote appropriate resident supervision while providing for graded		Levels of Supervision To promote appropriate resident supe
	authority and responsibility, the program must use the following		authority and responsibility, the prog
VI.A.2.b)	classification of supervision:	[None]	classification of supervision.
			Direct Supervision
			The supervising physician is physica
			the key portions of the patient interac
			The supervising physician and/or pat
			the resident and the supervising phys
VI.A.2.b).(1)	Direct Supervision	6.7.	patient care through appropriate telec
			Direct Supervision
			The supervising physician is physical
			the key portions of the patient interac
	the supervising physician is physically present with the resident during		The supervising physician and/or path
	the key portions of the patient interaction; or, [The Review Committee may		the resident and the supervising phys
VI.A.2.b).(1).(a)	further specify] PGY-1 residents must initially be supervised directly, only as described in	6.7.	Patient care through appropriate telect PGY-1 residents must initially be super-
VI.A.2.b).(1).(a).(i)	VI.A.2.b).(1).(a). (Core)	6.7.a.	the above definition. (Core)
,,,,,,,,,,			
			Direct Supervision
			The supervising physician is physical
			the key portions of the patient interac
	the supervising physician and/or patient is not physically present with the		The supervising physician and/or path
VI.A.2.b).(1).(b)	resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	the resident and the supervising phys patient care through appropriate telec
•1.7.2.0).(1).(0)	When residents are supervised directly through telecommunication technology,	0.7.	When residents are supervised directly t
	the supervising physician and the resident must interact directly to solicit the key		the supervising physician and the reside
\/I A O b\ (1) (b) (i)	points of allergy and immunology elements of the visit and agree upon a	6.7.b.	points of allergy and immunology elemen
VI.A.2.b).(1).(b).(i)	management plan. (Detail)	0.7.D.	management plan. (Detail)
	Indirect Supervision: the supervising physician is not providing physical		Indirect Supervision
	or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct		The supervising physician is not prov or audio supervision but is immediate
VI.A.2.b).(2)	supervision.	[None]	guidance and is available to provide a
	Oversight – the supervising physician is available to provide review of		Oversight The supervising physician is available
VI.A.2.b).(3)	procedures/encounters with feedback provided after care is delivered.	[None]	procedures/encounters with feedback
	The program must define when physical presence of a supervising		The program must define when physic
VI.A.2.c)	physician is required. (Core)	6.8.	physician is required. (Core)

pervision while providing for graded gram must use the following

cally present with the resident during action.

atient is not physically present with ysician is concurrently monitoring the ecommunication technology.

cally present with the resident during action.

atient is not physically present with ysician is concurrently monitoring the ecommunication technology.

pervised directly, only as described in

cally present with the resident during action.

atient is not physically present with ysician is concurrently monitoring the ecommunication technology.

y through telecommunication technology, dent must interact directly to solicit the key lents of the visit and agree upon a

oviding physical or concurrent visual ately available to the resident for e appropriate direct supervision.

ble to provide review of ck provided after care is delivered. sical presence of a supervising

Allergy and Immunology Crosswalk

	Reformatted Requirement	
Requirement Language	Number	Requiremer
The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.		The privilege of progressive authorit independence, and a supervisory rol resident must be assigned by the pro
	6.9.	(Core) The program director must evaluate of
	6.9.a.	specific criteria, guided by the Milest
Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core)	6.9.b.	Faculty members functioning as supportions of care to residents based of skills of each resident. (Core)
Senior residents or fellows should serve in a supervisory role to junior 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)		Senior residents or fellows should se residents in recognition of their prog the needs of each patient and the ski (Detail)
Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).	6.10.	Programs must set guidelines for cir residents must communicate with the (Core)
Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)	6.10.a.	Each resident must know the limits of circumstances under which the resid conditional independence. (Outcome
Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mu the knowledge and skills of each resi the appropriate level of patient care a
Professionalism	6.12.	Professionalism Programs, in partnership with their S residents and faculty members conce responsibilities of physicians, includ to be appropriately rested and fit to p patients. (Core)
	6.12.	Professionalism Programs, in partnership with their S residents and faculty members conce responsibilities of physicians, includ to be appropriately rested and fit to p patients. (Core)
The learning objectives of the program must:	[None]	
be accomplished without excessive reliance on residents to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the progra excessive reliance on residents to fu
ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the progra care responsibilities. (Core)
include efforts to enhance the meaning that each resident 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 progra the meaning that each resident finds physician, including protecting time administrative support, promoting pr flexibility, and enhancing profession
	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core) The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. (Core) Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core) Senior residents or fellows should serve in a supervisory role to junior 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) Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core) Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome) Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core) Professionalism Programs, in partnership with their Sponsoring Institutions, must educate residents 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) The learning objectives of the program must: be accomplished without excessive reliance on residents to fulfill non- physician obligations; (Core) ensure manageable patient care responsibilities; and, (Core) include efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core) 6.9. The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. (Core) 6.9. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core) 6.9. Senior residents or fellows should serve in a supervisory role to junior 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. Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core) 6.10. Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome) 6.10.a. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core) 6.11. Professionalism 6.12. Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional and ethical residents to bappropriately rested and fit to provide the care required by their patients. (Core) 6.12.

ent Language

rity and responsibility, conditional ole in patient care delegated to each program director and faculty members.

e each resident's abilities based on stones. (Core)

pervising physicians must delegate on the needs of the patient and the

serve in a supervisory role to junior ogress toward independence, based on kills of the individual resident or fellow.

ircumstances and events in which he supervising faculty member(s).

of their scope of authority, and the ident is permitted to act with ne)

nust be of sufficient duration to assess esident and to delegate to the resident e authority and responsibility. (Core)

Sponsoring Institutions, must educate cerning the professional and ethical iding but not limited to their obligation provide the care required by their

Sponsoring Institutions, must educate cerning the professional and ethical iding but not limited to their obligation provide the care required by their

ram must be accomplished without fulfill non-physician obligations. ^(Core)

ram must ensure manageable patient

ram must include efforts to enhance Is in the experience of being a e with patients, providing progressive independence and onal relationships. (Core)

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
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 provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Residents 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.	Residents and faculty members must their personal role in the safety and w care, including the ability to report un (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, residents, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a residents, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents 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 Sp process for education of residents an behavior and a confidential process f 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 residency training. Residents 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 residents with the skills and attitudes needed to thrive their sponsor. 	[None]	 Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and or requires that physicians retain the joy own real-life stresses. Self-care and rembers of the health care team are professionalism; they are also skills to nurtured in the context of other aspect Residents and faculty members are a Programs, in partnership with their Sp same responsibility to address well-be competence. Physicians and all memores responsibility for the well-being of ea clinical learning environment models prepares residents with the skills and
VI.C. VI.C.1.	throughout their careers. The responsibility of the program, in partnership with the Sponsoring Institution, must include:	[None] 6.13.	throughout their careers. The responsibility of the program, in Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts resident well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)	6.13.b.	evaluating workplace safety data and and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal resident and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage member well-being; and, (Core)

p with the Sponsoring Institution, must n that supports patient safety and

ist demonstrate an understanding of I welfare of patients entrusted to their unsafe conditions and safety events.

Sponsoring Institutions, must provide II, and civil environment that is e from discrimination, sexual and other c, abuse, or coercion of students,

Sponsoring Institutions, should have a and faculty regarding unprofessional s for reporting, investigating, and

sical well-being are critical in the ing, and resilient physician and require d outside of medicine. Well-being joy in medicine while managing their d responsibility to support other re important components of s that must be modeled, learned, and bects of residency training.

e at risk for burnout and depression. Sponsoring Institutions, have the I-being as other aspects of resident embers of the health care team share each other. A positive culture in a els constructive behaviors, and nd attitudes needed to thrive

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of residents

age optimal resident and faculty

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	Residents must be given the opportunity to attend medical, mental health,		Residents must be given the opportu
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of residents and faculty members in:	6.13.d.	education of residents and faculty me
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potent
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	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-so
l	providing access to confidential, affordable mental health assessment,		providing access to confidential, affor
VI.C.1.e)	counseling, and treatment, including access to urgent and emergent care	6.13.e.	counseling, and treatment, including 24 hours a day, seven days a week. (C
VI.G. I.e)	24 hours a day, seven days a week. (Core)	0.13.0.	
	There are circumstances in which residents may be unable to attend work,		There are circumstances in which res
	including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an		including but not limited to fatigue, ill medical, parental, or caregiver leave.
	appropriate length of absence for residents unable to perform their patient		appropriate length of absence for resi
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)
	The program must have policies and procedures in place to ensure		The program must have policies and
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure of
	These policies must be implemented without fear of negative		These policies must be implemented
	consequences for the resident who is or was unable to provide the clinical		consequences for the resident who is
VI.C.2.b)	work. (Core)	6.14.b.	work. (Core)
			Fatigue Mitigation
			Programs must educate all residents
			of the signs of fatigue and sleep depr
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
l			Fatigue Mitigation
l	Programs must educate all residents and faculty members in recognition		Programs must educate all residents
VI.D.1.	of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	of the signs of fatigue and sleep depr fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure	0.10.	The program, in partnership with its S
l	adequate sleep facilities and safe transportation options for residents who		adequate sleep facilities and safe tran
VI.D.2.	may be too fatigued to safely return home. (Core)	6.16.	may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	,
	Clinical Responsibilities		Clinical Responsibilities
l	The clinical responsibilities for each resident must be based on PGY level,		The clinical responsibilities for each r
l	patient safety, resident ability, severity and complexity of patient		patient safety, resident ability, severit
VI.E.1.	illness/condition, and available support services. (Core)	6.17.	illness/condition, and available suppo
	Teamwork		
l	Decidente must care for nationte in en environment that menimiers		Teamwork
l	Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in		Residents must care for patients in ar communication and promotes safe, in
VI.E.2.	the specialty and larger health system. (Core)	6.18.	the specialty and larger health system
VI.L.Z.	וווי שאבטמונץ מווע ומושבו וובמונוו ששונהוו. (כטופ)	0.10.	The specialty and larger health system

unity to attend medical, mental health, iding those scheduled during their

nembers in:

Irnout, depression, and substance use ntial for violence, including means to conditions; (Core)

nemselves and how to seek

screening. (Core)

fordable mental health assessment, g access to urgent and emergent care (Core)

esidents may be unable to attend work, illness, family emergencies, and e. Each program must allow an esidents unable to perform their patient

d procedures in place to ensure continuity of patient care. (Core)

d without fear of negative is or was unable to provide the clinical

ts and faculty members in recognition privation, alertness management, and ii)

ts and faculty members in recognition privation, alertness management, and

Sponsoring Institution, must ensure ansportation options for residents who home. (Core)

n resident must be based on PGY level, rity and complexity of patient port services. (Core)

an environment that maximizes interprofessional, team-based care in em. (Core)

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
			Transitions of Care
			Programs must design clinical assign
VI.E.3.	Transitions of Care	6.19.	patient care, including their safety, fro
	Dragrama must design alinical socianments to entimize transitions in		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 assign patient care, including their safety, free
VI.E.O.Q)	Programs, in partnership with their Sponsoring Institutions, must ensure	0.10.	Programs, in partnership with their S
	and monitor effective, structured hand-off processes to facilitate both		and monitor effective, structured han
VI.E.3.b)	continuity of care and patient safety. (Core)	6.19.a.	continuity of care and patient safety.
	Programs must ensure that residents are competent in communicating		Programs must ensure that residents
VI.E.3.c)	with team members in the hand-off process. (Outcome)	6.19.b.	with team members in the hand-off pr
	Clinical Experience and Education		
			Clinical Experience and Education
	Programs, in partnership with their Sponsoring Institutions, must design		Programs, in partnership with their S an effective program structure that is
	an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable		educational and clinical experience o
VI.F.	opportunities for rest and personal activities.	[None]	opportunities for rest and personal ad
	Maximum Hours of Clinical and Educational Work per Week		
			Maximum Hours of Clinical and Educ
	Clinical and educational work hours must be limited to no more than 80		Clinical and educational work hours r
	hours per week, averaged over a four-week period, inclusive of all in-		hours per week, averaged over a four
	house clinical and educational activities, clinical work done from home,	c	house clinical and educational activit
VI.F.1.	and all moonlighting. (Core)	6.20.	and all moonlighting. (Core)
			Mandatory Time Free of Clinical Work Residents should have eight hours of
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	and education periods. (Detail)
			Mandatory Time Free of Clinical Work
	Residents should have eight hours off between scheduled clinical work		Residents should have eight hours of
VI.F.2.a)	and education periods. (Detail)	6.21.	and education periods. (Detail)
	Residents must have at least 14 hours free of clinical work and education		Residents must have at least 14 hour
VI.F.2.b)	after 24 hours of in-house call. (Core)	6.21.a.	after 24 hours of in-house call. (Core)
	Residents must be scheduled for a minimum of one day in seven free of		Residents must be scheduled for a m
	clinical work and required education (when averaged over four weeks). At-		clinical work and required education
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	6.21.b.	home call cannot be assigned on the
			Maximum Clinical Work and Educatio
			Clinical and educational work periods
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	hours of continuous scheduled clinic
	Clinical and educational work periods for residents must not exceed 24		Maximum Clinical Work and Educatio Clinical and educational work periods
VI.F.3.a)	hours of continuous scheduled clinical assignments. (Core)	6.22.	hours of continuous scheduled clinic
	Up to four hours of additional time may be used for activities related to		Up to four hours of additional time ma
	patient safety, such as providing effective transitions of care, and/or		patient safety, such as providing effe
l	resident education. Additional patient care responsibilities must not be		resident education. Additional patient
VI.F.3.a).(1)		6.22.a.	assigned to a resident during this tim

gnments to optimize transitions in frequency, and structure. (Core)

gnments to optimize transitions in frequency, and structure. (Core)

Sponsoring Institutions, must ensure and-off processes to facilitate both y. (Core)

its are competent in communicating process. (Outcome)

Sponsoring Institutions, must design is configured to provide residents with opportunities, as well as reasonable activities.

ucational Work per Week s must be limited to no more than 80 ur-week period, inclusive of all invities, clinical work done from home,

ork and Education off between scheduled clinical work

ork and Education off between scheduled clinical work

urs free of clinical work and education ^re)

minimum of one day in seven free of in (when averaged over four weeks). Atnese free days. (Core) tion Period Length ods for residents must not exceed 24 nical assignments. (Core) tion Period Length ods for residents must not exceed 24 nical assignments. (Core) may be used for activities related to

fective transitions of care, and/or ent care responsibilities must not be ime. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing resident, on their own initiative, may clinical site in the following circumst a single severely ill or unstable patien needs of a patient or patient's family; events. (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing resident, on their own initiative, may clinical site in the following circumsta a single severely ill or unstable patien needs of a patient or patient's family; 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 edu 80-hour weekly limit. (Detail)
VI.F.4.c)	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. The Review Committee for Allergy and Immunology will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for Allergy and I for exceptions to the 80-hour limit to the
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.a)	Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.b) VI.F.5.c)	Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core) PGY-1 residents are not permitted to moonlight. (Core)	6.25.a. 6.25.b.	Time spent by residents in internal ar in the ACGME Glossary of Terms) mu maximum weekly limit. (Core) PGY-1 residents are not permitted to
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)		In-House Night Float Night float must occur within the con seven requirements. (Core)

r Exceptions g off all other responsibilities, a ly elect to remain or return to the stances: to continue to provide care to ient; to give humanistic attention to the ly; or to attend unique educational

Exceptions

g off all other responsibilities, a y elect to remain or return to the stances: to continue to provide care to ient; to give humanistic attention to the ly; or to attend unique educational

ducation must be counted toward the

ation-specific exceptions for up to 10 I and educational work hours to und educational rationale.

d Immunology will not consider requests ne residents' work week.

h the ability of the resident to achieve cational program, and must not for work nor compromise patient

h the ability of the resident to achieve cational program, and must not for work nor compromise patient

and external moonlighting (as defined nust be counted toward the 80-hour

to moonlight. (Core)

ontext of the 80-hour and one-day-off-in-

Requirement Number - Roman	Poquirement Lenguege	Reformatted Requirement	Deminung
Numerals	Requirement Language	Number	Requiremen
VI.F.7.	Maximum In-House On-Call Frequency Residents 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 Frequenc Residents must be scheduled for in-h every third night (when averaged ove
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a)	Time spent on patient care activities by residents 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 count toward the 80-hour maximum v home call is not subject to the every- the requirement for one day in seven when averaged over four weeks. (Cor
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 resident. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each res

ncy

n-house call no more frequently than ver a four-week period). (Core)

es by residents on at-home call must n weekly limit. The frequency of atry-third-night limitation, but must satisfy en free of clinical work and education, core)

es by residents on at-home call must n weekly limit. The frequency of atry-third-night limitation, but must satisfy en free of clinical work and education, core)

ent or taxing as to preclude rest or resident. (Core)