Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Int.A.	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.		Definition of Graduate Medical Educat Fellowship is advanced graduate med residency program for physicians who practice. Fellowship-trained physician subspecialty care, which may also inc community resource for expertise in th new knowledge into practice, and educ physicians. Graduate medical educatio group of physicians brings to medical inclusive and psychologically safe lea Fellows who have completed residence in their core specialty. The prior medic fellows distinguish them from physicia care of patients within the subspecialt faculty supervision and conditional in as role models of excellence, compass professionalism, and scholarship. The knowledge, patient care skills, and exp area of practice. Fellowship is an inter clinical and didactic education that foo of patients. Fellowship education is of intellectually demanding, and occurs i environments committed to graduate of being of patients, residents, fellows, fa members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.		In addition to clinical education, many fellows' skills as physician-scientists. knowledge within medicine is not excl physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient care expertise achieved, fellows develop m infrastructure that promotes collabora

ation

edical education beyond a core tho desire to enter more specialized ans serve the public by providing nclude core medical care, acting as a their field, creating and integrating ducating future generations of ation values the strength that a diverse cal care, and the importance of earning environments.

ncy are able to practice autonomously dical experience and expertise of icians entering residency. The fellow's alty is undertaken with appropriate independence. Faculty members serve assion, cultural sensitivity, the fellow develops deep medical expertise applicable to their focused tensive program of subspecialty focuses on the multidisciplinary care often physically, emotionally, and is in a variety of clinical learning the medical education and the well-, faculty members, students, and all

ny fellowship programs advance s. While the ability to create new cclusive to fellowship-educated ce expands a physician's abilities to inquiry that results in contributions to re. Beyond the clinical subspecialty mentored relationships built on an orative research.

Roman Numeral Requirement Numbe	er Requirement Language	Reformatted Requirement Number	Requiremen
	Definition of Subspecialty A surgical oncologist is a well-qualified surgeon who has obtained additional education and experience in the multidisciplinary approach to the prevention, diagnosis, treatment, and rehabilitation of cancer patients, and who devotes a major portion of his or her professional practice to these activities and to cancer research. Surgical oncologists interact with other oncologic disciplines and provide leadership to the surgical, medical, and lay communities in matters		Definition of Subspecialty A surgical oncologist is a well-qualified s education and experience in the multidis diagnosis, treatment, and rehabilitation of major portion of his or her professional p research. Surgical oncologists interact w provide leadership to the surgical, medic
Int.B.	pertaining to cancer.	[None]	pertaining to cancer.
Int.C.	Length of Educational Program The educational program in complex general surgical oncology must be at least 24 months in length. (Core)	4.1.	Length of Program The educational program in complex ger 24 months in length. (Core)
I	Oversight	Section 1	Section 1: Oversight
	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. When the Sponsoring Institution is not a rotation site for the program, the		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the When the Sponsoring Institution is no
I.A.	most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	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. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)		The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	The complex general surgical oncology program must be sponsored by an institution that (1) also sponsors an ACGME-accredited medical oncology residency program, or (2) is an affiliated site for an ACGME-accredited medical oncology residency program. (Core)	1.2.a.	The complex general surgical oncology p institution that (1) also sponsors an ACG residency program, or (2) is an affiliated oncology residency program. (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 eve
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 surgeon who has obtained additional lisciplinary approach to the prevention, of cancer patients, and who devotes a I practice to these activities and to cancer with other oncologic disciplines and lical, and lay communities in matters

eneral surgical oncology must be at least

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

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 fellows.

consoring Institution, must designate a

y program must be sponsored by an CGME-accredited medical oncology ed site for an ACGME-accredited medical

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

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

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requirement
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, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must h by the program director, who is accou site, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit any participating sites routinely providing for all fellows, of one month full time of ACGME's Accreditation Data System
I.B.5.	For each participating site, the program director must: (Core)	[None]	
I.B.5.a)	appoint the members of the faculty; (Core)	1.6.a.	For each participating site, the program of the faculty. (Core)
I.B.5.b)	determine all rotations and assignments for both fellows and faculty supervisors. (Core)	1.6.b.	For each participating site, the program of assignments for both fellows and faculty
I.B.6.	The Review Committee must approve all participating sites in advance. (Core)	1.6.c.	The Review Committee must approve all
I.B.7.	Participating sites should be in close geographic proximity to allow all fellows to attend joint conferences, basic science lectures, and morbidity and mortality reviews regularly and in a central location. (Detail)	1.6.d.	Participating sites should be in close geo attend joint conferences, basic science le reviews regularly and in a central location
I.C.	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 (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-driv and retention of a diverse and inclusiv fellows, faculty members, senior admi other relevant members of its academ
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 fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	Each participating site must provide the following resources:	[None]	Fach participating site must provide imp
I.D.1.a).(1)	inpatient surgical admissions services; (Core)	1.8.a.	Each participating site must provide inpa (Core)
I.D.1.a).(2)	intensive care units; and, (Core)	1.8.b.	Each participating site must provide inter

cal learning and working environment

t be one faculty member, designated ountable for fellow education for that am director. (Core)

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

n director must appoint the members of

n director must determine all rotations and ty supervisors. (Core)

all participating sites in advance. (Core)

eographic proximity to allow all fellows to e lectures, and morbidity and mortality ion. (Detail)

on

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

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

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

patient surgical admissions services.

tensive care units. (Core)

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requirement
I.D.1.a).(3)	services, including medical oncology services, emergency services, interventional radiology, pathology, and radiology. (Core)	1.8.c.	Each participating site must provide serv services, emergency services, intervention radiology. (Core)
I.D.1.b)	Fellows musts have access to consultative radiation oncology services. (Core)	1.8.d.	Fellows must have access to consultative
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working 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 fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe part
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropr (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core)
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in print include access to electronic medical li capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and other but not limited to residents from other advanced practice providers, must no fellows' education. (Core)
I.E.1.	Programs must define the responsibilities of residents versus fellows. (Core)	1.11.a.	Programs must define the responsibilities
I.E.2.	The presence of other learners, including residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners, in the program must not interfere with the appointed fellows' education. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines. (Core)	1.11.b.	The presence of other learners, including subspecialty fellows, PhD students, and in not interfere with the appointed fellows' e report the presence of other learners to the sponsoring institution guidelines. (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

ervices, including medical oncology tional radiology, pathology, and

ive radiation oncology services. (Core)

Sponsoring Institution, must ensure ng environments that promote fellow

rest facilities available and accessible te for safe patient care; (Core) ion that have refrigeration capabilities,

oatient care; (Core)

priate to the participating site; and,

sabilities consistent with the re)

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

sonnel

other health care personnel, including er programs, subspecialty fellows, and not negatively impact the appointed

ies of residents versus fellows. (Core)

ng residents from other specialties, d nurse practitioners, in the program must education. The program director must the DIO and GMEC in accordance with

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

Roman Numeral Requirement Number	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 ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (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 Graduate (GMEC) must approve a change in pro
, II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director (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)	2.3.	The program director and, as applicat must be provided with support adequation based upon its size and configuration
II.A.2.a)	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core) Number of Approved Fellow Positions: 1-6 Minimum Support Required (FTE): 0.20 Number of Approved Fellow Positions: 7-10 Minimum Support Required (FTE): 0.25 Number of Approved Fellow Positions: 11 or more Minimum Support Required (FTE): 0.30	2.3.a.	At a minimum, the program director must and support specified below for administ Number of Approved Fellow Positions: 1- 0.20 Number of Approved Fellow Positions: 7 0.25 Number of Approved Fellow Positions: 1 (FTE): 0.30
, II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Review
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Review
	must include current certification in the subspecialty for which they are the program director by the American Board of Surgery or subspecialty qualifications that are acceptable to the Review Committee; and, (Core)		The program director must possess c subspecialty for which they are the pr Board of Surgery or subspecialty qual Review Committee. (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program R certifying board of the American Osteopa there is no AOA board that offers certifica

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

ate Medical Education Committee program director and must verify the nical appointment. (Core)

tor resides with the Review Committee.

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: (Core)

1-6 | Minimum Support Required (FTE):

7-10 | Minimum Support Required (FTE):

11 or more | Minimum Support Required

tor:

subspecialty expertise and iew Committee. (Core)

or

subspecialty expertise and iew Committee. (Core)

current certification in the program director by the American alifications that are acceptable to the

Requirements deem certification by a pathic Association (AOA) acceptable, fication in this subspecialty]

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requirement
II.A.3.c)	acceptable qualifications include successful completion of a surgical oncology program sponsored by the Society of Surgical Oncology or a complex general surgical oncology program accredited by the ACGME.(Core)	2.4.b.	The program director must possess accersuccessful completion of a surgical onco of Surgical Oncology or a complex generaccredited by the ACGME. (Core)
II.A.4. II.A.4.a)	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core) The program director must:	2.5. [None]	Program Director Responsibilities The program director must have responsibility for: administration and accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; super education in the context of patient car
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role n
II.A.4.a).(2)	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)	2.5.b.	The program director must design and consistent with the needs of the commons of the common sponsoring Institution, and the mission of the common sponsoring Institution, and the mission of the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer environment conducive to educating t 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)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of cor develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learning the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit acc required and requested by the DIO, GM
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a l which fellows have the opportunity to and provide feedback in a confidential of intimidation or retaliation. (Core)
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, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and due process, including when action is promote, or renew the appointment of
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)

ceptable qualifications including cology program sponsored by the Society eral surgical oncology program

ponsibility, authority, and ad operations; teaching and scholarly ction, evaluation, and promotion of ervision of fellows; and fellow are. (Core)

model of professionalism. (Core)

nd conduct the program in a fashion nmunity, the mission(s) of the sion(s) of the program. (Core)

er and maintain a learning g the fellows in each of the ACGME

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

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

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

a learning and working environment in to raise concerns, report mistreatment, ial manner as appropriate, without fear

he program's compliance with the d procedures related to grievances and is taken to suspend or dismiss, not to of a fellow. (Core)

he program's compliance with the disconting the dis

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion o (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request, v
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide ap with information related to their eligib examination(s). (Core)
П.В.	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians 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, fellows, 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 fellows and themselves.	[None]	 Faculty Faculty members are a foundational e education – faculty members teach feat and become practice ready, ensuring quality of care. They are role models f by demonstrating compassion, comm patient care, professionalism, and a d Faculty members experience the pride development of future colleagues. The the opportunity to teach and model exischolarly approach to patient care, fact medical education system, improve the population. Faculty members ensure that patients from a specialist in the field. They recent the patients, fellows, community, and provide appropriate levels of supervisis Faculty members create an effective leptote for the members create an effective leptote sectional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of t instruct and supervise all fellows. (Co
II.B.1.a)	In addition to the program director, the faculty must include:	[None]	
II.B.1.a).(1)	at least one full-time physician faculty member for each approved fellowship position whose major function is to support the fellowship program; and, (Core)	2.6.a.	In addition to the program director, the fa physician faculty member for each appro function is to support the fellowship progr

n a non-competition guarantee or

nt verification of education for all n of or departure from the program.

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

applicants who are offered an interview ibility for the relevant specialty board

I element of graduate medical fellows how to care for patients. ant bridge allowing fellows to grow og that patients receive the highest is for future generations of physicians mitment to excellence in teaching and dedication to lifelong learning. ide and joy of fostering the growth and The care they provide is enhanced by exemplary behavior. By employing a faculty members, through the graduate the health of the individual and the

Its receive the level of care expected ecognize and respond to the needs of ad institution. Faculty members vision to promote patient safety. e learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

faculty must include at least one full-time roved fellowship position whose major ogram. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	at least one faculty member who is ABMS-certified, AOA-certified, or who possesses qualifications acceptable to the Review Committee in each of the following areas: breast oncology, hepatobiliary/pancreatic, non-hepatobiliary –		In addition to the program director, the fa member who is ABMS-certified, AOA-cer acceptable to the Review Committee in e
	GI, endocrine, melanoma/soft tissue, medical oncology, interventional radiology; and radiation oncology; or possess qualifications acceptable to the Review		oncology, hepatobiliary/pancreatic, non-h melanoma/soft tissue, medical oncology,
II.B.1.a).(2)	Committee. (Core)	2.6.b.	oncology; or possess qualifications acce
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role models
	demonstrate commitment to the delivery of safe, equitable, high-quality,		Faculty members must demonstrate c
II.B.2.b)	cost-effective, patient-centered care; (Core)	2.7.a.	equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching re
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and environment conducive to educating f
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly partie discussions, rounds, journal clubs, ar
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropria hold appropriate institutional appointr
	Faculty members must have appropriate qualifications in their field and		Faculty Qualifications Faculty members must have appropria
II.B.3.a) II.B.3.b)	hold appropriate institutional appointments. (Core) Subspecialty physician faculty members must:	2.8. [None]	hold appropriate institutional appointr
	have current certification in the subspecialty by the American Board of Surgery or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty membe the subspecialty by the American Boa qualifications judged acceptable to the
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program R certifying board of the American Osteopa there is no AOA board that offers certifica
	Acceptable qualifications include successful completion of a surgical oncology program sponsored by the Society of Surgical Oncology or a complex general		Acceptable qualifications for subspecialty successful completion of a surgical onco of Surgical Oncology or a complex gener
II.B.3.b).(1).(a)	surgical oncology program accredited by the ACGME. (Core)	2.9.b.	accredited by the ACGME. (Core)

faculty must include at least one faculty certified, or who possesses qualifications n each of the following areas: breast n-hepatobiliary – GI, endocrine, gy, interventional radiology; and radiation ceptable to the Review Committee. (Core)

els of professionalism. (Core)

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

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

nd maintain an educational

g fellows. (Core)

rticipate in organized clinical

and conferences. (Core)

Ity development designed to enhance

riate qualifications in their field and ntments. (Core)

riate qualifications in their field and ntments. (Core)

nbers Ibers must have current certification in oard of Surgery or possess the Review Committee. (Core)

Requirements deem certification by a pathic Association (AOA) acceptable, ication in this subspecialty]

alty physician faculty members includes cology program sponsored by the Society ieral surgical oncology program

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Boguiromon
	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)		Requirement Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.3.c)		2.9.a.	
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sig supervision of fellows and must devot effort to fellow education and/or admit of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a
II.B.4.b)	There must be at least one core faculty member in each of the defined areas for surgery, medical oncology, and radiation oncology, as outlined in II.B.1.a).(2). (Core)	2.10.b.	There must be at least one core faculty r surgery, medical oncology, and radiation
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	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)	2.11.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program as follows: (Core)		At a minimum, the program coordinator r time and support specified below for adm (Core)
	Number of Approved Fellow Positions: 1-6 Minimum Support Required (FTE): 0.40 Number of Approved Fellow Positions: 7-10 Minimum Support Required (FTE): 0.60 Number of Approved Fellow Positions: 11-15 Minimum Support Required (FTE): 0.70		Number of Approved Fellow Positions: 1- 0.40 Number of Approved Fellow Positions: 7 0.60 Number of Approved Fellow Positions: 1 (FTE): 0.70
II.C.2.a)	Number of Approved Fellow Positions: 16 or more Minimum Support Required (FTE): 0.75	2.11.b.	Number of Approved Fellow Positions: 1 (FTE): 0.75
	Other Program Personnel		
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary per administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	

y members must have current appropriate American Board of r board or American Osteopathic or possess qualifications judged e. (Core)

significant role in the education and /ote a significant portion of their entire ninistration, and must, as a component nd provide formative feedback to

e annual ACGME Faculty Survey. (Core)

y member in each of the defined areas for on oncology, as outlined in 2.6.b. (Core)

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 as follows:

1-6 | Minimum Support Required (FTE):

7-10 | Minimum Support Required (FTE):

11-15 | Minimum Support Required

16 or more | Minimum Support Required

Sponsoring Institution, must jointly personnel for the effective

All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACA-approved residency program, an ACA-approved residency program, a program with ACGME College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (RCPSC)-accredited or program located in Canada. (Core) 3.2. Fellowship programs must be completed in a nACA-approved residency program (College of Physicians of Canada (RCPSC)-accredited or College of Family Physicians of Canada (RCPSC)-accredited or College of Family Physicians of Canada (RCPSC)-accredited residency program located in Canada. (Core) 3.2. III.A.1.0 Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core) 3.2. Prior to appointment in the program, fellows must meet at least one of the following: Prior to appointment in the program, fellows must meet at least one of the following: 3.2. III.A.1.b) Prior to appointment in the program, fellows must meet at least one of the following: 3.2. Prior to appointment in the program, fellows must meet at least one of the following: Prior to appointment in the program, fellows must meet at least one of the following: Prior to appointment in the program, fellows must meet at least one of the following: Prior to appointment in the program, fellows and of Surg III.A.1.b) (1) satisfactory completion of a general surgery program that satisfies the requirements in 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Investigation Investig	III.A.1.	All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency		Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Cana program located in Canada. (Core)
III.A.1.b) Prior to appointment in the program, fellows must meet at least one of the following: *satisfactory completion of a general surgery by th American Osteopathic Board of Surg American Osteopathic Board of Surg Prior to appointment in the program, fellows must meet at least one of the following: *be certified in general surgery by th American Osteopathic Board of Surg Prior to appointment in the program, following: III.A.1.b) following: *be certified in general surgery by th American Osteopathic Board of Surg Prior to appointment in the program, following: III.A.1.b).(1) satisfactory completion of a general surgery program that satisfies the requirements in III.A.1.; (Core) 3.2.a.1. III.A.1.b).(1) satisfactory completion of a general surgery program that satisfies the requirements in III.A.1.; (Core) 3.2.a.1. III.A.1.b).(1) estified in general surgery program that satisfies the requirements in III.A.1.; (Core) 3.2.a.1. View of the program, following: *satisfactory completion of a general surgery program that satisfies the requirements in 3.2.; (Core) View of the program, following: *satisfactory completion of a general surgery by th American Osteopathic Board of Surg View of the program, in III.A.1.; (Core) 3.2.a.1. Prior to appointment in the program, following: *satisfactory completion of a general surgery by th American Osteopathic Board of Surg *satisfactory completion of a general surgery by th American Osteopathic Board of Surg Vie	III.A.1.a)	level of competence in the required field using ACGME, ACGME-I, or	3.2.a.	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations from
III.A.1.b) following: 3.2.a.1. American Osteopathic Board of Surg III.A.1.b) Prior to appointment in the program, following: •satisfactory completion of a general requirements in 3.2.; (Core) •be admissible to examination by the requirements in III.A.1.; (Core) •be certified in general surgery by th American Osteopathic Board of Surg III.A.1.b).(1) Prior to appointment in the program, following: •be certified in general surgery by th American Osteopathic Board of Surg III.A.1.b).(1) Prior to appointment in the program, following: •be certified in general surgery by th American Osteopathic Board of Surg •be admissible to examination by the American Osteopathic Board of Surg •be certified in general surgery by th American Osteopathic Board of Surg •be admissible to examination by the American Osteopathic Board of Surg •be certified in general surgery by th American Osteopathic Board of Surg •be admissible to examination by the American Osteopathic Board of Surg •be admissible to examination by the American Osteopathic Board of Surg				•satisfactory completion of a general sur
III.A.1.b).(1) satisfactory completion of a general surgery program that satisfies the requirements in III.A.1.; (Core) •be admissible to examination by the American Osteopathic Board of Surgery by the American Osteopathic Board of Surgery by the American Osteopathic Board of Surgery and the program, following: III.A.1.b).(1) •be certified in general surgery program that satisfies the requirements in III.A.1.; (Core) •be certified in general surgery by the American Osteopathic Board of Surgery by the American Osteopathic	III.A.1.b)		3.2.a.1.	•be certified in general surgery by the An American Osteopathic Board of Surgery.
III.A.1.b).(1) requirements in III.A.1.; (Core) 3.2.a.1. American Osteopathic Board of Surg Prior to appointment in the program, following: •satisfactory completion of a general requirements in 3.2.; (Core) •be admissible to examination by the American Osteopathic Board of Surg				•satisfactory completion of a general sur
following: •satisfactory completion of a general requirements in 3.2.; (Core) •be admissible to examination by the American Osteopathic Board of Surg	III.A.1.b).(1)		3.2.a.1.	•be certified in general surgery by the An American Osteopathic Board of Surgery.
		be admissible to examination by the American Board of Surgery or the	2 2 6 1	•satisfactory completion of a general sur

p Programs htry into ACGME-accredited fellowship ACGME-accredited residency program, m, a program with ACGME Specialty Accreditation, or a Royal s of Canada (RCPSC)-accredited or hada (CFPC)-accredited residency

verification of each entering fellow's field using ACGME, ACGME-I, or om the core residency program. (Core)

llows must meet at least one of the

urgery program that satisfies the

American Board of Surgery or the ry; or, (Core)

American Board of Surgery or by the ry. (Core)

ellows must meet at least one of the

urgery program that satisfies the

merican Board of Surgery or the ry; or, (Core)

American Board of Surgery or by the ry. (Core)

ellows must meet at least one of the

urgery program that satisfies the

merican Board of Surgery or the ry; or, (Core)

American Board of Surgery or by the ry. (Core)

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen
			Prior to appointment in the program, fello following:
			•satisfactory completion of a general sur requirements in 3.2.; (Core)
			•be admissible to examination by the Am American Osteopathic Board of Surgery;
III.A.1.b).(3)	be certified in general surgery by the American Board of Surgery or by the American Osteopathic Board of Surgery. (Core)	3.2.a.1.	•be certified in general surgery by the An American Osteopathic Board of Surgery.
	Fellow Complement		Follow Complement
III.B.	The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoir Review Committee. (Core)
	Fellow Transfers		
III.C.	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, an matriculation. (Core)
III.C.1.	Fellow transfers must be approved in advance of appointment by the Review Committee. (Core)	3.4.a.	Fellow transfers must be approved in ad Committee. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical ea 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 wh
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pla 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.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo

ellows must meet at least one of the

urgery program that satisfies the

American Board of Surgery or the ery; or, (Core)

American Board of Surgery or by the ry. (Core)

pint more fellows than approved by the

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

advance of appointment by the Review

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

port the development of who provide compassionate care.

place different emphasis on research, xpected that the program aims will ic goals for it and its graduates; for am aiming to prepare physicianculum from one focusing on

lowing educational components:

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Poquiromont
Requirement Number		Number	Requirement
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community i capabilities of its graduates, which mu applicants, fellows, and faculty membe
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tra their subspecialty. These must be dist fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities for responsibility for patient management subspecialty; (Core)
IV.A.4.	atructured advectional activities havened direct patient care, and (Care)	4.2.d.	atructured advactional activitian have
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.0.	structured educational activities beyon Curriculum Organization and Fellow E Experiences
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Fellows must be provided with protect 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 prom tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concepture required domains for a trusted physical These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competencies Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqui
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGM
IV.D.1.	Professionalism Fellows must demonstrate a commitment to professionalism and an		ACGME Competencies – Professionali Fellows must demonstrate a commitm
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	adherence to ethical principles. (Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	

th the Sponsoring Institution's by it serves, and the desired distinctive must be made available to program nbers; (Core)

tives for each educational experience trajectory to autonomous practice in istributed, reviewed, and available to)

s for patient care, progressive ent, and graded supervision in their

yond direct patient care; and, (Core) v Experiences – Didactic and Clinical

ected time to participate in core

omote patient safety-related goals,

otual framework describing the ician to enter autonomous practice. practice of all physicians, although each subspecialty. The developmental icies are articulated through the he focus in fellowship is on nd medical knowledge, as well as puired in residency.

ME Competencies into the curriculum.

alism tment to professionalism and an re)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patien centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in evaluating patients pre-operatively, making appropriate provisional diagnoses, initiating diagnostic procedures, and forming preliminary treatment plans. (Core)	4.4.a.	Fellows must demonstrate competence i making appropriate provisional diagnose forming preliminary treatment plans. (Co
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in oncologic surgical peri-operative management, including: (Core)	4.5.a.	Fellows must demonstrate competence i management, including: (Core)
IV.B.1.b).(2).(a).(i)	advanced laparoscopic techniques; (Core)	4.5.a.1.	advanced laparoscopic techniques; (Core
IV.B.1.b).(2).(a).(ii)	broadly-based oncologic surgical procedures, including those for breast, endocrine, gastrointestinal, gynecological, head and neck, melanoma, and sarcoma conditions; (Core)	4.5.a.2.	broadly-based oncologic surgical proced endocrine, gastrointestinal, gynecologica sarcoma conditions; (Core)
IV.B.1.b).(2).(a).(iii)	endoscopy; and, (Core)	4.5.a.3.	endoscopy; and, (Core)
IV.B.1.b).(2).(a).(iv)	staging methodologies and procedures for all common surgical malignancies. (Core)	4.5.a.4.	staging methodologies and procedures for (Core)
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in the care of critically-ill surgical patients, including: (Core)	4.5.b.	Fellows must demonstrate competence i patients, including: (Core)
IV.B.1.b).(2).(b).(i)	applying sound principles of pharmacology for each form of therapy; (Core)	4.5.b.1.	applying sound principles of pharmacolo
IV.B.1.b).(2).(b).(ii)	evaluating and managing patients receiving chemotherapy, hormonal therapy, and immunotherapy; and, (Core)	4.5.b.2.	evaluating and managing patients receiv and immunotherapy; and, (Core)
IV.B.1.b).(2).(b).(iii)	providing supportive care to cancer patients, including pain management. (Core)	4.5.b.3.	providing supportive care to cancer patie
IV.B.1.b).(2).(c)	Fellows must demonstrate competence in performing cancer-related operative procedures. (Core)	4.5.c.	Fellows must demonstrate competence i procedures. (Core)
IV.B.1.b).(2).(c).(i)	Each fellow must perform a minimum of 240 cancer-related operative procedures. (Core)	4.5.c.1.	Each fellow must perform a minimum of 2 procedures. (Core)
IV.B.1.b).(2).(d)	Fellows must demonstrate competence in the surgical management of patients undergoing predominantly medical therapy, including: (Core)	4.5.d.	Fellows must demonstrate competence i undergoing predominantly medical thera
IV.B.1.b).(2).(d).(i)	endoscopic procedures of the aerodigestive tract; (Core)	4.5.d.1.	endoscopic procedures of the aerodiges
IV.B.1.b).(2).(d).(ii)	insertion of indwelling access devices for systemic or regional chemotherapy; (Core)	4.5.d.2.	insertion of indwelling access devices for (Core)
IV.B.1.b).(2).(d).(iii)	surgical management of distant metastatic disease, including resection; and, (Core)	4.5.d.3.	surgical management of distant metastat (Core)
IV.B.1.b).(2).(d).(iv)	minimally invasive surgery, particularly as it applies to the staging of cancer. (Core)	4.5.d.4.	minimally invasive surgery, particularly a (Core)

re

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

e in evaluating patients pre-operatively, ses, initiating diagnostic procedures, and Core)

Skills

medical, diagnostic, and surgical r the area of practice. (Core)

e in oncologic surgical peri-operative

ore)

edures, including those for breast, cal, head and neck, melanoma, and

s for all common surgical malignancies.

e in the care of critically-ill surgical

blogy for each form of therapy; (Core) biving chemotherapy, hormonal therapy,

tients, including pain management. (Core) e in performing cancer-related operative

of 240 cancer-related operative

e in the surgical management of patients rapy, including: (Core) estive tract; (Core)

for systemic or regional chemotherapy;

tatic disease, including resection; and,

as it applies to the staging of cancer.

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IV.B.1.b).(2).(e)	Fellows must demonstrate competence in providing state-of-the-art surgical care to patients with complex or recurrent neoplasms, including: (Core)	4.5.e.	Fellows must demonstrate competence i to patients with complex or recurrent nec management of rare or unusual tumors b history of such cancers. (Core)
IV.B.1.b).(2).(e).(i)	diagnosis and management of rare or unusual tumors based on knowledge of the natural history of such cancers; (Core)	4.5.e.	Fellows must demonstrate competence i to patients with complex or recurrent neo management of rare or unusual tumors b history of such cancers. (Core)
IV.B.1.b).(2).(e).(i).(a)	This must include determining the disease stage and treatment options for individual cancer patients at the time of diagnosis and throughout the disease course. (Detail)	4.5.e.1.	This must include determining the diseas individual cancer patients at the time of c course. (Detail)
IV.B.1.b).(2).(e).(ii)	selecting patients for surgical therapy in combination with other forms of cancer treatment; and, (Core)	4.5.f.	Fellows must demonstrate competence i to patients with complex or recurrent neo surgical therapy in combination with othe
IV.B.1.b).(2).(e).(ii).(a)	This must include performing palliative surgical procedures appropriate for each patient. (Detail)	4.5.f.1.	This must include performing palliative su patient. (Detail)
IV.B.1.b).(2).(e).(iii)	involvement at the multidisciplinary conferences in which the cases are discussed. (Core)	4.5.g.	Fellows must demonstrate competence i to patients with complex or recurrent neo multidisciplinary conferences in which the
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Know Fellows must demonstrate knowledge biomedical, clinical, epidemiological, a including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of:	[None]	
IV.B.1.c).(1).(a)	the benefits and risks associated with a multidisciplinary approach; (Core)	4.6.a.	Fellows must demonstrate competence in risks associated with a multidisciplinary a
IV.B.1.c).(1).(b)	the fundamental biology of cancer, clinical pharmacology, tumor immunology, and endocrinology, as well as potential complications of multimodality therapy; (Core)	4.6.b.	Fellows must demonstrate competence in biology of cancer, clinical pharmacology, as well as potential complications of mult
IV.B.1.c).(1).(b).(i)	This must include the biologic, pharmacologic, and physiologic rationale for each form of therapy, as well as the indications, risks, and benefits of regional and systemic therapy in the adjuvant and advanced disease settings. (Detail)	4.6.b.1.	This must include the biologic, pharmacc form of therapy, as well as the indication systemic therapy in the adjuvant and adv
IV.B.1.c).(1).(c)	non-surgical cancer treatment modalities, including radiotherapy, chemotherapy, immunotherapy, interventional radiology, and endocrine therapy; (Core)	4.6.c.	Fellows must demonstrate competence i cancer treatment modalities, including ra immunotherapy, interventional radiology,
IV.B.1.c).(1).(d)	non-surgical palliative treatments; (Core)	4.6.d.	Fellows must demonstrate competence i palliative treatments. (Core)

e in providing state-of-the-art surgical care eoplasms, including diagnosis and s based on knowledge of the natural

e in providing state-of-the-art surgical care eoplasms, including diagnosis and s based on knowledge of the natural

ase stage and treatment options for fiagnosis and throughout the disease

e in providing state-of-the-art surgical care eoplasms, including selecting patients for her forms of cancer treatment. (Core)

surgical procedures appropriate for each

e in providing state-of-the-art surgical care eoplasms, including involvement at the the cases are discussed. (Core)

owledge

ge of established and evolving I, and social-behavioral sciences, as the application of this knowledge to

e in their knowledge of the benefits and / approach. (Core)

e in their knowledge of the fundamental y, tumor immunology, and endocrinology, ultimodality therapy. (Core)

cologic, and physiologic rationale for each ons, risks, and benefits of regional and dvanced disease settings. (Detail)

e in their knowledge of non-surgical radiotherapy, chemotherapy, y, and endocrine therapy. (Core) e in their knowledge of non-surgical

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.c).(1).(e)	rehabilitative services in various settings, including reconstructive surgery and physical rehabilitation; and, (Core)	4.6.e.	Fellows must demonstrate competence services in various settings, including re rehabilitation. (Core)
IV.B.1.c).(1).(f)	tumor biology, carcinogenesis, epidemiology, tumor markers, and tumor pathology. (Core)	4.6.f.	Fellows must demonstrate competence carcinogenesis, epidemiology, tumor ma
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care ba lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of inf patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie These educational experiences incluc patient care responsibilities, clinical t events. (Core)
			4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Curriculum Organization and Fe The program must provide instruction if applicable for the subspecialty, incl substance use disorder. (Core)

e in their knowledge of rehabilitative reconstructive surgery and physical

e in their knowledge of tumor biology, narkers, and tumor pathology. (Core)

ased Learning and Improvement y to investigate and evaluate their care ate scientific evidence, and to based on constant self-evaluation and

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

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

ellow Experiences – Curriculum

to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

ellow Experiences – Didactic and

ected time to participate in core

ellow Experiences – Pain Management on and experience in pain management cluding recognition of the signs of

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requirement
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow E The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical to events. (Core)
IV.C.1.a)	Rotations exceeding two months in duration must have a mid-rotation evaluation. (Core)	4.10.a.	Rotations exceeding two months in durate evaluation. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow E The program must provide instruction if applicable for the subspecialty, inclusion substance use disorder. (Core)
IV.C.3.	The curriculum must provide at least:	[None]	
IV.C.3.a)	12 months of education in clinical surgical oncology; and, (Core)	4.11.a.	The curriculum must provide at least 12 oncology. (Core)
IV.C.3.b)	four months of clinical or laboratory research. (Core)	4.11.b.	The curriculum must provide at least four research. (Core)
IV.C.3.b).(1)	Fellows must have access to faculty members who can mentor them in basic science research and must have time for such an experience if desired. (Detail)	4.11.b.1.	Fellows must have access to faculty mer science research and must have time for
IV.C.4. IV.C.5.	The curriculum should include a minimum of one month each in medical oncology, pathology, and radiation oncology, or provide alternative experiences acceptable to the Review Committee. (Core) The didactic curriculum must include:	4.11.c. [None]	The curriculum should include a minimur oncology, pathology, and radiation oncol acceptable to the Review Committee. (C
IV.C.5.a)	a structured series of conferences in the basic and clinical sciences fundamental to oncologic surgery, monthly surgical grand round, and twice- monthly morbidity and mortality conferences; (Core)	4.11.d.	The didactic curriculum must include a sibasic and clinical sciences fundamental grand round, and twice-monthly morbidit
IV.C.5.a).(1)	Fellows must organize the formal surgical oncology conferences, grand rounds, and morbidity and mortality conferences, and present a significant share of these conferences. (Detail)	4.11.d.1.	Fellows must organize the formal surgica and morbidity and mortality conferences, these conferences. (Detail)
IV.C.5.b)	at least weekly teaching rounds by oncologic surgical faculty members; (Core)	4.11.e.	The didactic curriculum must include at lo oncologic surgical faculty members. (Co
IV.C.5.c)	education in the basic methodology for conducting clinical trials, including biostatistics, clinical research design, ethics, and implementation of computerized databases; and, (Core)	4.11.f.	The didactic curriculum must include edu conducting clinical trials, including biosta and implementation of computerized data
IV.C.5.d)	monthly relevant multidisciplinary conferences. (Core)	4.11.g.	The didactic curriculum must include mo conferences. (Core)
IV.C.6.	Each organized clinical discussion, round, journal club, and conference must include participation by at least one member of the faculty. (Core)	4.11.h.	Each organized clinical discussion, round include participation by at least one mem
IV.C.7.	Fellow Experiences	[None]	

v Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

ration must have a mid-rotation

r Experiences – Pain Management on and experience in pain management cluding recognition of the signs of

2 months of education in clinical surgical

our months of clinical or laboratory

embers who can mentor them in basic for such an experience if desired. (Detail)

um of one month each in medical cology, or provide alternative experiences (Core)

structured series of conferences in the al to oncologic surgery, monthly surgical dity and mortality conferences. (Core)

ical oncology conferences, grand rounds, es, and present a significant share of

t least weekly teaching rounds by Core)

ducation in the basic methodology for statistics, clinical research design, ethics, atabases. (Core)

nonthly relevant multidisciplinary

and, journal club, and conference must ember of the faculty. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Clinical assignments should include experiences in general surgical oncology, including breast, gastrointestinal oncology, melanoma, sarcoma, and head and		Fellow Experiences Clinical assignments should include expe including breast, gastrointestinal oncolog
IV.C.7.a)	neck. (Core)	4.11.i.	neck. (Core)
IV.C.7.b)	Fellows must provide outpatient follow-up care for surgical patients. (Core)	4.11.j.	Fellows must provide outpatient follow-up
IV.C.7.b).(1)	Follow-up care should include short- and long-term evaluation and progress, particularly with complex, multidisciplinary cancer management. (Core)	4.11.j.1.	Follow-up care should include short- and particularly with complex, multidisciplinar
IV.C.7.b).(2)	Fellows must have documented outpatient experience one day per week. (Core)	4.11.j.2.	Fellows must have documented outpatie
IV.C.7.c)	Each fellow must have experiences acting as a teaching assistant in the operating room when documented operative experience justifies a teaching role. (Core)	4.11.k.	Each fellow must have experiences actin operating room when documented opera (Core)
IV.C.7.d)	Fellows must not share primary responsibility for patients with the surgery chief resident. (Core)	4.11.l.	Fellows must not share primary responsi resident. (Core)
IV.C.7.e)	Fellows must have significant teaching responsibilities for surgery residents, medical students, or other learners. (Core)	4.11.m.	Fellows must have significant teaching re medical students, or other learners. (Cor
IV.C.7.f)	Fellows must be provided with experience in:	[None]	
IV.C.7.f).(1)	educating students and physicians in the multimodality management of cancer patients; (Core)	4.11.n.	Fellows must be provided with experience in the multimodality management of cancel
IV.C.7.f).(2)	educating non-physicians (physician assistants, oncology nurses, enterostomal therapists, etc.) in specialized cancer care; and, (Core)	4.11.o.	Fellows must be provided with experienc (physician assistants, oncology nurses, e specialized cancer care. (Core)
IV.C.7.f).(3)	organizing and conducting cancer-related public education programs. (Core)	4.11.p.	Fellows must be provided with experienc related public education programs. (Core
IV.C.7.g)	Fellow's education must include experience acting as a consultant across the oncologic continuity of care. (Core)	4.11.q.	Fellow's education must include experier oncologic continuity of care. (Core)
IV.C.7.h)	Fellows experience must include opportunities to develop leadership skills to develop and support:	[None]	
IV.C.7.h).(1)	institutional policies regarding cancer programs and problems; (Core)	4.11.r.	Fellows experience must include opportude develop and support institutional policies problems. (Core)
IV.C.7.h).(2)	institutional programs relating to cancer, including a tumor registry and psychosocial and rehabilitative programs for cancer patients and their families; and, (Core)	4.11.s.	Fellows experience must include opportu develop and support institutional progran registry and psychosocial and rehabilitati their families. (Core)
IV.C.7.h).(3)	interdisciplinary meetings and discussions to include cancer topics, patient care, and the oncology research program. (Core)	4.11.t.	Fellows experience must include opportu develop and support interdisciplinary me cancer topics, patient care, and the onco

periences in general surgical oncology, ogy, melanoma, sarcoma, and head and

-up care for surgical patients. (Core)

nd long-term evaluation and progress, ary cancer management. (Core)

ient experience one day per week. (Core)

ting as a teaching assistant in the artive experience justifies a teaching role.

nsibility for patients with the surgery chief

responsibilities for surgery residents, ore)

nce in educating students and physicians ncer patients. (Core)

nce in educating non-physicians , enterostomal therapists, etc.) in

nce in organizing and conducting cancerpre)

ience acting as a consultant across the

rtunities to develop leadership skills to es regarding cancer programs and

rtunities to develop leadership skills to ams relating to cancer, including a tumor ative programs for cancer patients and

rtunities to develop leadership skills to neetings and discussions to include cology research program. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships 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]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The progra environment that fosters the acquisite participation in scholarly activities as Program Requirements. Scholarly acti integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, ar serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities 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)	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a).(1)	Physician faculty members must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)	4.13.b.	Physician faculty members must establis inquiry and scholarship with an active re
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, in textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education

ce. The physician is a humanistic is requires the ability to think critically, y assimilate new knowledge, and ram and faculty must create an ition of such skills through fellow as defined in the subspecialty-specific ctivities may include discovery, ng.

y of fellowships and anticipates that variety of roles, including clinicians, cted that the program's scholarship and the needs of the community it as may concentrate their scholarly pulation health, and/or teaching, while lize more classic forms of biomedical ip.

dence of scholarly activities, consistent

dence of scholarly activities, consistent

lish and maintain an environment of research component. (Core)

Sponsoring Institution, must allocate ow and faculty involvement in scholarly

rams must demonstrate f the following domains: (Core) on, translational science, patient care,

safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

		Reformatted	
Roman Numeral		Requirement	
Requirement Number	Requirement Language	Number	Requiremen
	Among their scholarly activity, programs must demonstrate		Faculty Scholarly Activity
	accomplishments in at least three of the following domains: (Core)		Among their scholarly activity, progra accomplishments in at least three of t
	•Research in basic science, education, translational science, patient care,		•Research in basic science, education
	or population health		or population health
	•Peer-reviewed grants		•Peer-reviewed grants
	 Quality improvement and/or patient safety initiatives 		•Quality improvement and/or patient
	•Systematic reviews, meta-analyses, review articles, chapters in medical		•Systematic reviews, meta-analyses,
	textbooks, or case reports		textbooks, or case reports
	•Creation of curricula, evaluation tools, didactic educational activities, or		•Creation of curricula, evaluation tool
	electronic educational materials		electronic educational materials
	•Contribution to professional committees, educational organizations, or		•Contribution to professional commit
	editorial boards Innovations in education 		editorial boards Innovations in education
IV.D.2.a)		4.14.	
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 fo
14.0.2.0)		4. 14.a.	,
	faculty participation in grand rounds, posters, workshops, quality		faculty participation in grand rounds,
	improvement presentations, podium presentations, grant leadership, non-		improvement presentations, podium
	peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or		peer-reviewed print/electronic resource chapters, textbooks, webinars, servic
	serving as a journal reviewer, journal editorial board member, or editor;		serving as a journal reviewer, journal
IV.D.2.b).(1)		4.14.a.1.	(Outcome)
	peer-reviewed publication. (Outcome)		
IV.D.2.b).(2)		4.14.a.2.	peer-reviewed publication. (Outcome)
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity
	Each fellow must complete a course on clinical research on human subjects,		Each fellow must complete a course on
	such as the courses approved by the National Institutes of Health Office for		such as the courses approved by the Na
IV.D.3.a)		4.15.a.	Human Research Protections, or an inst
,			
			Fellows must demonstrate the ability to:
	Fellows must demonstrate the ability to: design and implement a prospective		· · · · · · · · · · · · · · · · · · ·
	data base; conduct clinical cancer research, especially prospective clinical trials;		-
	· · · · · · · · · · · · · · · · · · ·		data base; conduct clinical cancer resea use statistical methods to properly evalu
	data base; conduct clinical cancer research, especially prospective clinical trials; use statistical methods to properly evaluate results of published research studies; guide other learners or other personnel in laboratory or clinical oncology		data base; conduct clinical cancer reseause statistical methods to properly evalues studies; guide other learners or other pe
	data base; conduct clinical cancer research, especially prospective clinical trials; use statistical methods to properly evaluate results of published research studies; guide other learners or other personnel in laboratory or clinical oncology research; and navigate the interface of basic science with clinical cancer care to		data base; conduct clinical cancer resea use statistical methods to properly evalu studies; guide other learners or other pe research; and navigate the interface of b
IV.D.3.b)	data base; conduct clinical cancer research, especially prospective clinical trials; use statistical methods to properly evaluate results of published research studies; guide other learners or other personnel in laboratory or clinical oncology research; and navigate the interface of basic science with clinical cancer care to facilitate translational research. (Outcome)	4.15.b.	data base; conduct clinical cancer reseause statistical methods to properly evalues studies; guide other learners or other per research; and navigate the interface of b facilitate translational research. (Outcome
IV.D.3.b) V.	data base; conduct clinical cancer research, especially prospective clinical trials; use statistical methods to properly evaluate results of published research studies; guide other learners or other personnel in laboratory or clinical oncology research; and navigate the interface of basic science with clinical cancer care to		data base; conduct clinical cancer resea use statistical methods to properly evalu studies; guide other learners or other pe research; and navigate the interface of b facilitate translational research. (Outcom Section 5: Evaluation
,	data base; conduct clinical cancer research, especially prospective clinical trials; use statistical methods to properly evaluate results of published research studies; guide other learners or other personnel in laboratory or clinical oncology research; and navigate the interface of basic science with clinical cancer care to facilitate translational research. (Outcome)	4.15.b.	 data base; conduct clinical cancer resear use statistical methods to properly evalue studies; guide other learners or other per research; and navigate the interface of be facilitate translational research. (Outcome Section 5: Evaluation Fellow Evaluation: Feedback and Evaluation
,	data base; conduct clinical cancer research, especially prospective clinical trials; use statistical methods to properly evaluate results of published research studies; guide other learners or other personnel in laboratory or clinical oncology research; and navigate the interface of basic science with clinical cancer care to facilitate translational research. (Outcome)	4.15.b.	 data base; conduct clinical cancer researuse statistical methods to properly evaluated studies; guide other learners or other peresearch; and navigate the interface of bracilitate translational research. (Outcom Section 5: Evaluation Fellow Evaluation: Feedback and Evaluated Faculty members must directly observation
,	data base; conduct clinical cancer research, especially prospective clinical trials; use statistical methods to properly evaluate results of published research studies; guide other learners or other personnel in laboratory or clinical oncology research; and navigate the interface of basic science with clinical cancer care to facilitate translational research. (Outcome)	4.15.b.	 data base; conduct clinical cancer reseause statistical methods to properly evaluated studies; guide other learners or other peresearch; and navigate the interface of bracilitate translational research. (Outcom Section 5: Evaluation Fellow Evaluation: Feedback and Evaluated Faculty members must directly obsert feedback on fellow performance during
V.	data base; conduct clinical cancer research, especially prospective clinical trials; use statistical methods to properly evaluate results of published research studies; guide other learners or other personnel in laboratory or clinical oncology research; and navigate the interface of basic science with clinical cancer care to facilitate translational research. (Outcome) Evaluation	4.15.b. Section 5	data base; conduct clinical cancer reseause statistical methods to properly evalues studies; guide other learners or other per research; and navigate the interface of b facilitate translational research. (Outcome
V.	data base; conduct clinical cancer research, especially prospective clinical trials; use statistical methods to properly evaluate results of published research studies; guide other learners or other personnel in laboratory or clinical oncology research; and navigate the interface of basic science with clinical cancer care to facilitate translational research. (Outcome) Evaluation	4.15.b.	data base; conduct clinical cancer reseause statistical methods to properly evalue studies; guide other learners or other peresearch; and navigate the interface of b facilitate translational research. (Outcom Section 5: Evaluation Fellow Evaluation: Feedback and Eva Faculty members must directly obserfeedback on fellow performance durine educational assignment. (Core)
V.	data base; conduct clinical cancer research, especially prospective clinical trials; use statistical methods to properly evaluate results of published research studies; guide other learners or other personnel in laboratory or clinical oncology research; and navigate the interface of basic science with clinical cancer care to facilitate translational research. (Outcome) Evaluation	4.15.b. Section 5	 data base; conduct clinical cancer reseause statistical methods to properly evaluated studies; guide other learners or other peresearch; and navigate the interface of bracilitate translational research. (Outcom Section 5: Evaluation Fellow Evaluation: Feedback and Eva Faculty members must directly obserr feedback on fellow performance durined ucational assignment. (Core) Fellow Evaluation: Feedback and Eva Sectional assignment. (Core)
	data base; conduct clinical cancer research, especially prospective clinical trials; use statistical methods to properly evaluate results of published research studies; guide other learners or other personnel in laboratory or clinical oncology research; and navigate the interface of basic science with clinical cancer care to facilitate translational research. (Outcome) Evaluation	4.15.b. Section 5	data base; conduct clinical cancer reseause statistical methods to properly evalue studies; guide other learners or other peresearch; and navigate the interface of b facilitate translational research. (Outcom Section 5: Evaluation Fellow Evaluation: Feedback and Eva Faculty members must directly obserfeedback on fellow performance durine educational assignment. (Core)

rams must demonstrate f the following domains: (Core) on, translational science, patient care,

safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

semination of scholarly activity within following methods:

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

e)

n clinical research on human subjects, National Institutes of Health Office for stitution-based equivalent. (Core)

b: design and implement a prospective earch, especially prospective clinical trials; luate results of published research bersonnel in laboratory or clinical oncology f basic science with clinical cancer care to ome)

aluation

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

aluation

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Faculty members must directly observe, evaluate, and frequently provide	Number	Fellow Evaluation: Feedback and Eva
	feedback on fellow performance during each rotation or similar		Faculty members must directly obser
	educational assignment. (Core)		feedback on fellow performance durin
V.A.1.a)		5.1.	educational assignment. (Core)
V.A.1.a).(1)	The fellow's semiannual review must include review of the fellow's operative performance and data. (Core)	5.1.h.	The fellow's semiannual review must inc performance and data. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the (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 thr 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 cor clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
	use multiple evaluators (e.g., faculty members, peers, patients, self, and		use multiple evaluators (e.g., faculty n
V.A.1.c).(1)	other professional staff members); and, (Core)	5.1.b.1.	other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation of along the subspecialty-specific Milest
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sum includes their readiness to progress t applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performative by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)

valuation erve, evaluate, and frequently provide ring each rotation or similar

nclude review of the fellow's operative

the completion of the assignment.

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

ontinuity clinic in the context of other luated at least every three months and

tive performance evaluation based on alty-specific Milestones, and must:

r members, peers, patients, self, and and, (Core)

cal Competency Committee for its formance and improvement toward

nee, with input from the Clinical with and review with each fellow their of performance, including progress stones. (Core)

nee, with input from the Clinical at fellows in developing individualized strengths and identify areas for

nee, with input from the Clinical lop plans for fellows failing to icies and procedures. (Core)

ummative evaluation of each fellow that s to the next year of the program, if

nance must be accessible for review

a final evaluation for each fellow upon

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Requirement Number	Requirement Language	Number	Requirement
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mus fellow in accordance with institutional
V.A.2.a).(2).(a)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the knowledge, skills, and behaviors nece (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w 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, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competenc members, at least one of whom is a co be faculty members from the same pro health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee r least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee r progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee r annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to o 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 o 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 sc

a final evaluation for each fellow upon

s, and when applicable the ust be used as tools to ensure fellows practice upon completion of the

art of the fellow's permanent record just be accessible for review by the nal policy. (Core)

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

ncy Committee must include three core faculty member. Members must program or other programs, or other nsive contact and experience with the

e must review all fellow evaluations at

e must determine each fellow's specialty-specific Milestones. (Core) e must meet prior to the fellows' semirogram director regarding each

o evaluate each faculty member's cational program at least annually.

o evaluate each faculty member's cational program at least annually.

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

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V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (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 pla
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p
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 th conduct and document the Annual Pro 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 fellow. (Core)	5.5.a.	The Program Evaluation Committee m program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee 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 fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee 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 fellows 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 participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)

n, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

nt

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

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.

bonsibilities must include guiding luding development of new goals,

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

should consider the outcomes from , aggregate fellow 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 fellows and the members of the to the DIO. (Core) celf-Study and submit it to the DIO.

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requirement
	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 educat seek and achieve board certification. (the educational program is the ultimat
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 encourage take the certifying examination offered of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual writ years, the program's aggregate pass r for the first time must be higher than t programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial writ the program's aggregate pass rate of t first time must be higher than the bott that subspecialty. (Outcome)
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of t first time must be higher than the bott that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial oral the program's aggregate pass rate of t first time must be higher than the botto that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5. graduates over the time period specifi an 80 percent pass rate will have met t percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board of cohort of board-eligible fellows that gr

cation is to educate physicians who a. 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

IS member board and/or AOA vritten exam, in the preceding three s rate of those taking the examination n the bottom fifth percentile of come)

IS member board and/or AOA rritten exam, in the preceding six years, of those taking the examination for the ottom fifth percentile of programs in

IS member board and/or AOA ral exam, in the preceding three years, of those taking the examination for the ottom fifth percentile of programs in

IS member board and/or AOA ral exam, in the preceding six years, of those taking the examination for the ottom fifth percentile of programs in

5.6. – 5.6.c., any program whose ified in the requirement have achieved at this requirement, no matter the ass rate in that subspecialty.

d certification status annually for the graduated seven years earlier. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			Section 6: The Learning and Working
	The Learning and Working Environment		Section 6. The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environme Fellowship education must occur in the environment that emphasizes the follow
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
1	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI. 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]	
,	Culture of Safety		
VI.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou a willingness to transparently deal wit has formal mechanisms to assess the its personnel toward safety in order to
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
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	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 essential the ability to identify causes and instit changes to ameliorate patient safety v
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)

g Environment

nent

the context of a learning and working llowing principles:

of care rendered to patients by

of care rendered to patients by ce

oviding care for patients

e students, residents, fellows, faculty ealth care team

ous identification of vulnerabilities and vith them. An effective organization he knowledge, skills, and attitudes of to identify areas for improvement.

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.

be provided with summary information of their institution's patient safety must be provided with summary safety reports. (Core) VI.A.1.a).(2).(a).(ii) reports. (Core) 6.2.a. safety reports. (Core) Fellows must participate as team members in real and/or simulated interprofessional clinical patient sacks are not cause analyses or other activities, such as root cause analyses or other activities for care improvement activities, as root cause analyses or other activities for care improvement and evaluating success of improvement of actions. (Core) Fellows must participate as team interprofessional clinical patient safety in and evaluating success of improvement and evaluating success of improvement and evaluating success of improvement of actions. (Core) 6.3. VI.A.1.a).(3) (a) Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core) E4. Denothmarks related to their patient populations. (Core) VI.A.1.a).(3).(a) Benchmarks related to their patient populations. (Core) E4. Supervision and Accountability Although the attending physician shar for their efforts in the provision of all patient cowith their sponsoring institution monitor a structure chain of res to patient; en copatient comparison of all patient cowith their efforts in the provision of all patient cowith their sponsoring institutions, doine, widely and effective care to patient; en copatient;	Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as interprofessional clinical patient such as root cause analyses or other activities that include analysis, as VI.A.1.a).(2).(b) well as formulation and implementation of actions. (Core) 6.3. well as formulation and implementation of actions. (Core) Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. None] access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. None] access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. None] access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. None] access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. VI.A.1.a).(3) Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core) 6.4. Supervision and Accountability VI.A.2. Supervision and Accountability Supervision in the setting of graduating data and effective care to patients; ensures active data of responsibility and accountability for their efforts in the responsibility and accountability for their efforts in the responsibility and accountability as it relates to the supervision of all patient care. Supervision and Ac	VI.A.1.a).(2).(a).(ii)		6.2.a.	Residents, fellows, faculty members, a must be provided with summary infor safety reports. (Core)
Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Quality Metrics Access to data is essential to pri and evaluating success of improvement efforts. VI.A.1.a).(3).(a) Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core) 6.4. VI.A.1.a).(3).(a) Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core) 6.4. Supervision and Accountability Atthough the attending physician to their efforts in the provision of with their Sponsoring Institutions. WI.A.2. Supervision and Accountability VI.A.2. Supervision and Accountability [None] Atthough 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 with their Sponsoring Institutions, in partnership with their Sponsoring Institutions, in partnership with their Sponsoring Institutions, in partnership with their Sponsoring Institutions, 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; en supervision in the setting of graduate medical education provides safe and effective care to patients; en supervision in the setting of graduate medical education provides safe and effective care to patients; en supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the	VI.A.1.a).(2).(b)	interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as		Fellows must participate as team men interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementatio
VI.A.1.a).(3).(a) Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core) 6.4. Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core) VI.A.1.a).(3).(a) Supervision and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core) 6.4. Supervision and Accountability Although the attending physician shar for their efforts in the provision or with their Sponsoring Institution: monitor a structured chain of res to the supervision and Accountability and accountability Supervision and Accountability Supervision and Accountability VI.A.2. 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 a structured chain of responsibility and accountability on their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient cever. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the	VI.A.1.a).(3)	Access to data is essential to prioritizing activities for care improvement	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.2. Supervision and Accountability [None] Supervision and Accountability VI.A.2. Supervision and Accountability [None] Supervision and Accountability VI.A.2. Supervision and Accountability [None] Supervision and Accountability VI.A.2. Supervision is ultimately responsible for the care of the patient, every 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 fellow's development of the		Fellows and faculty members must receive data on quality metrics and	6.4.	Fellows and faculty members must re benchmarks related to their patient po
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.Although the attending physician the patient, every physician share for their efforts in the provision of communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.Although the attending physician the patient, every physician share for their efforts in the provision of with their Sponsoring Institutions monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.Although the attending physician the patient, every physician share for their efforts in the provision of with their Sponsoring Institutions monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.Although the attending physician the patient, every physician share monitor a structured chain of responsibility and to the supervision of all patient care.Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of theSupervision in the setting of graduate to patient; end and effective care to patients; end	VI.A.2.	Supervision and Accountability	[None]	Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, dei monitor a structured chain of respons to the supervision of all patient care. Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes require practice of medicine; and establishes
		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 fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued		Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, dei monitor a structured chain of respons to the supervision of all patient care. Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes require practice of medicine; and establishes

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

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

tizing activities for care improvement nent efforts. receive data on quality metrics and

receive data on quality metrics and populations. (Core)

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it relates o.

te medical education provides safe res each fellow's development of the uired to enter the unsupervised es a foundation for continued

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it relates e.

te medical education provides safe res each fellow's development of the uired to enter the unsupervised es a foundation for continued

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when provi information must be available to fellow of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when provi information must be available to fellow of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that to place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physic physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members.	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

t the appropriate level of supervision in h fellow's level of training and ability, cuity. Supervision may be exercised propriate to the situation. (Core)

rvision while providing for graded gram must use the following

cally present with the fellow during the on.

ally present with the fellow during the on.

oviding physical or concurrent visual itely available to the fellow for appropriate direct supervision.

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

ity and responsibility, conditional ble in patient care delegated to each gram director and faculty members.

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

Roman Numeral	Deguinement Lenguege	Reformatted Requirement	
Requirement Number		Number	Requiremen Faculty members functioning as supe
	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills		portions of care to fellows based on t
VI.A.2.d).(2)	of each fellow. (Core)	6.9.b.	of each fellow. (Core)
	Fellows should serve in a supervisory role to junior fellows and residents		Fellows should serve in a supervisory
	in recognition of their progress toward independence, based on the needs		in recognition of their progress towar
VI.A.2.d).(3)	of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	of each patient and the skills of the in
	Programs must set guidelines for circumstances and events in which		Programs must set guidelines for circ
VI.A.2.e)	fellows must communicate with the supervising faculty member(s). (Core)	6.10.	fellows must communicate with the su
,	Each fellow must know the limits of their scope of authority, and the		Each fellow must know the limits of the
	circumstances under which the fellow is permitted to act with conditional		circumstances under which the fellow
VI.A.2.e).(1)	independence. (Outcome)	6.10.a.	independence. (Outcome)
	Foundation and immediate much here fourthing and duration to accord		
	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the		Faculty supervision assignments must the knowledge and skills of each fello
VI.A.2.f)	appropriate level of patient care authority and responsibility. (Core)	6.11.	appropriate level of patient care author
,			Professionalism
			Programs, in partnership with their Sp
			fellows and faculty members concern
			responsibilities of physicians, includi
			to be appropriately rested and fit to p
VI.B.	Professionalism	6.12.	patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their Sp fellows and faculty members concern
	fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation		responsibilities of physicians, includi
	to be appropriately rested and fit to provide the care required by their		to be appropriately rested and fit to p
VI.B.1.	patients. (Core)	6.12.	patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
	he accomplished without excessive relience on follows to fulfill non		The learning chiestives of the program
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
1.0.2.4)		0.12.0.	The learning objectives of the program
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	care responsibilities. (Core)
			The learning objectives of the program
	include efforts to enhance the meaning that each fellow finds in the		meaning that each fellow finds in the
	experience of being a physician, including protecting time with patients,		including protecting time with patient
VI.B.2.c)	providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	promoting progressive independence professional relationships. (Core)
	The program director, in partnership with the Sponsoring Institution, must		The program director, in partnership v
	provide a culture of professionalism that supports patient safety and		provide a culture of professionalism t
VI.B.3.	personal responsibility. (Core)	6.12.d.	personal responsibility. (Core)

pervising physicians must delegate I the needs of the patient and the skills

bry role to junior fellows and residents ard independence, based on the needs individual resident or fellow. (Detail)

rcumstances and events in which supervising faculty member(s). (Core) their scope of authority, and the ow is permitted to act with conditional

ust be of sufficient duration to assess low and to delegate to the fellow the hority and responsibility. (Core)

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

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

am must be accomplished without fill non-physician obligations. (Core) ram must ensure manageable patient

am must include efforts to enhance the e experience of being a physician, nts, providing administrative support, ce and flexibility, and enhancing

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe o
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free fi forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of fellows and the behavior and a confidential process for addressing such concerns. (Core)
VI.C.	 Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers. 	[None]	Well-Being Psychological, emotional, and physica development of the competent, caring proactive attention to life inside and of requires that physicians retain the joy own real-life stresses. Self-care and re- members of the health care team are in professionalism; they are also skills to nurtured in the context of other aspect Fellows and faculty members are at ri Programs, in partnership with their Sp same responsibility to address well-be competence. Physicians and all member responsibility for the well-being of eac clinical learning environment models prepares fellows with the skills and at their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in p Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunity and dental care appointments, includi working hours. (Core)

demonstrate an understanding of their are of patients entrusted to their care, e conditions and safety events. (Core)

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

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

ical well-being are critical in the ng, and resilient physician and require I outside of medicine. Well-being oy in medicine while managing their responsibility to support other e important components of s that must be modeled, learned, and ects of fellowship training.

risk for burnout and depression. Sponsoring Institutions, have the -being as other aspects of resident mbers of the health care team share each other. A positive culture in a ls constructive behaviors, and attitudes needed to thrive throughout

n partnership with the Sponsoring

ity, and work compression that

d addressing the safety of fellows and

ge optimal fellow and faculty member

ity to attend medical, mental health, ding those scheduled during their

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Roman Numeral		Requirement	
Requirement Number	Requirement Language	Number	Requirement Language
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty members in:
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in themselves and how to seek appropriate
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-screening. (Core)
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)
VI.C.2.a)		6.14.a.	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who	6.46	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who
VI.D.2. VI.E.		6.16. [None]	may be too fatigued to safely return home. (Core)
VI.L.			
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)
VI.E.1.a)	As fellows progress through levels of increasing competence and responsibility, work assignments must keep pace with their level of advancement. (Core)	6.17.a.	As fellows progress through levels of increasing competence and responsibility, work assignments must keep pace with their level of advancement. (Core)

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VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, ir the subspecialty and larger health sys
VI.E.2.a)	During the fellow's education process, surgical teams should be made up of attending surgeons, fellows, residents at various PG levels, medical students (when appropriate), and other health care providers. (Detail)	6.18.a.	During the fellow's education process, s attending surgeons, fellows, residents at (when appropriate), and other health car
VI.E.2.b)	The work of the caregiver team should be assigned to team members based on each member's level of education, experience, and competence. (Detail)	6.18.b.	The work of the caregiver team should b each member's level of education, exper
VI.E.2.c)	Fellows must collaborate with fellow surgical residents, and especially with faculty members, other physicians outside of their subspecialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. (Core)	6.18.c.	Fellows must collaborate with fellow surg faculty members, other physicians outsic traditional health care providers, to best increasingly diverse patient population. (
VI.E.2.d)	Fellows must assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. These tasks must be completed in the hours assigned, or, if that is not possible, residents must learn and utilize the established methods for handing off remaining tasks to another member of the health care team so that patient care is not compromised. (Core)		Fellows must assume personal responsi are assigned (or which they voluntarily a must be completed in the hours assigned must learn and utilize the established me another member of the health care team compromised. (Core)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured hand continuity of care and patient safety. (
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ac

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

surgical teams should be made up of at various PG levels, medical students are providers. (Detail)

be assigned to team members based on verience, and competence. (Detail)

urgical residents, and especially with side of their subspecialty, and nonst formulate treatment plans for an . (Core)

sibility to complete all tasks to which they assume) in a timely fashion. These tasks ned, or, if that is not possible, residents methods for handing off remaining tasks to m so that patient care is not

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

gnments to optimize transitions in frequency, and structure. (Core) Sponsoring Institutions, must ensure

nd-off processes to facilitate both r. (Core)

are competent in communicating with ess. (Outcome)

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

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Requirement Number	· · · ·	Number	Requirement
	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home,		Maximum Hours of Clinical and Educa Clinical and educational work hours n hours per week, averaged over a four- house clinical and educational activiti
VI.F.1.	and all moonlighting. (Core)	6.20.	and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours fr after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a minit clinical work and required education (home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinica Maximum Clinical Work and Education
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Clinical and educational work periods hours of continuous scheduled clinication
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effect education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give a patient or patient's family; or to atte (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, 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 o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give a patient or patient's family; or to atte (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)

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

rk and Education between scheduled clinical work and

rk and Education between scheduled clinical work and

free of clinical work and education

nimum of one day in seven free of n (when averaged over four weeks). Atese free days. (Core)

ion Period Length ds for fellows must not exceed 24

ical assignments. (Core)

ion Period Length

ds for fellows must not exceed 24 ical assignments. (Core)

nay be used for activities related to fective transitions of care, and/or fellow esponsibilities must not be assigned to

Exceptions

g off all other responsibilities, a fellow, remain or return to the clinical site in itinue to provide care to a single ive humanistic attention to the needs of tend unique educational events.

Exceptions

g off all other responsibilities, a fellow, remain or return to the clinical site in itinue to provide care to a single ive humanistic attention to the needs of tend unique educational events.

lucation must be counted toward the

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	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 General Surgery will not consider requests for		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for General Surg
VI.F.4.c)	exceptions to the 80-hour limit to the fellow's work week.	6.24.	exceptions to the 80-hour limit to the fell
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
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)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.6.a)	The total amount of night float for any fellow must be no more than two months per PG year. (Core)	6.26.a.	The total amount of night float for any fel per PG year. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou third night (when averaged over a fou
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities to toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities k toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)

tion-specific exceptions for up to 10 and educational work hours to and educational rationale.

Irgery will not consider requests for ellow's work week.

n the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core)

n the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core)

d external moonlighting (as defined in at be counted toward the 80-hour

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

fellow must be no more than two months

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ouse call no more frequently than every our-week period). (Core)

s by fellows on at-home call must count y limit. The frequency of at-home call is limitation, but must satisfy the se of clinical work and education, when

s by fellows on at-home call must count y limit. The frequency of at-home call is limitation, but must satisfy the se of clinical work and education, when

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Roman Numeral		Requirement	
Requirement Number	Requirement Language	Number	Requirement
	At-home call must not be so frequent or taxing as to preclude rest or		At-home call must not be so frequent
VI.F.8.a).(1)	reasonable personal time for each fellow. (Core)	6.28.a.	reasonable personal time for each fell

ent Language nt or taxing as to preclude rest or ellow. (Core)