Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremer
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 Educa Fellowship is advanced graduate me residency program for physicians wil practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and ed physicians. Graduate medical educa group of physicians brings to medica inclusive and psychologically safe le Fellows who have completed resider in their core specialty. The prior medica faculty supervision and conditional i serve as role models of excellence, of professionalism, and scholarship. Th knowledge, patient care skills, and e area of practice. Fellowship is an inte clinical and didactic education that fo of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, 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.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not ex physicians, the fellowship experienc pursue hypothesis-driven scientific is the medical literature and patient can expertise achieved, fellows develop infrastructure that promotes collabo
	Definition of Subspecialty		
Int.B.	Congenital cardiac surgery involves the diagnosis and treatment of patients with congenital defects of the heart and great vessels, congenital arterial, venous, pulmonary, tracheobronchial, and lymphatic circulatory systems, including those components intrinsic to the heart.		Definition of Subspecialty Congenital cardiac surgery involves the with congenital defects of the heart and venous, pulmonary, tracheobronchial, a including those components intrinsic to

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nedical education beyond a core who desire to enter more specialized ians serve the public by providing include core medical care, acting as a in their field, creating and integrating educating future generations of ration values the strength that a diverse cal care, and the importance of learning environments.

ency are able to practice autonomously edical experience and expertise of sicians entering residency. The fellow's ialty is undertaken with appropriate I independence. Faculty members compassion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused atensive program of subspecialty focuses on the multidisciplinary care s often physically, emotionally, and rs in a variety of clinical learning te medical education and the wells, faculty members, students, and all

any fellowship programs advance ets. While the ability to create new exclusive to fellowship-educated ace expands a physician's abilities to c inquiry that results in contributions to are. Beyond the clinical subspecialty o mentored relationships built on an orative research.

ne diagnosis and treatment of patients and great vessels, congenital arterial, and lymphatic circulatory systems, to the heart.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Number		Number	Kequiremen
Int.C.	Length of Educational Program The educational program in congenital cardiac surgery must be 24 months in length, preceded by completion of fellowship education as specified in III.A.1. (Core)	4.1.	Length of Program The educational program in congenital c length, preceded by completion of fellow (Core)
l.	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.		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by o
I.A.1.	Institution. ^(Core)	1.1.	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
	The program, with approval of its Sponsoring Institution, must designate a		The program, with approval of its Spo
I.B.1.	primary clinical site. (Core)	1.2.	primary clinical site. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least 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.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 l 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 an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.B.5.	The program must determine all rotations and assignments for both fellows and members of the faculty at all participating sites. (Core)	1.6.a.	The program must determine all rotation members of the faculty at all participating
I.B.6.	For each participating site, the program director must appoint all members of the faculty. (Core)	1.6.b.	For each participating site, the program faculty. (Core)

cardiac surgery must be 24 months in which be a surgery must be 24 months in which be a surgery must be surgery must be a surgery must be a surgery must be

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

oonsoring Institution, must designate a

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

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

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)

ons and assignments for both fellows and ing sites. (Core)

m director must appoint all members of the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	The Review Committee must approve all participating sites prior to addition.	4.0	The Review Committee must approve al
I.B.7.	(Core)	1.6.c.	(Core)
I.B.8.	Participating sites should be in geographic proximity to allow all fellows to attend joint conferences, basic science lectures, and morbidity and mortality reviews on a regular and documented basis in a central location. (Detail)		Participating sites should be in geograph joint conferences, basic science lectures a regular and documented basis in a cer
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-dri and retention of a diverse and inclusiv fellows, faculty members, senior adm 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)	Facilities providing patient care and laboratory support, including radiology, pathology, pediatric cardiology, anesthesiology, and intensive care, must be available to the program. (Core)	1.8.a.	Facilities providing patient care and labo pathology, pediatric cardiology, anesthes available to the program. (Core)
I.D.1.b)	There must be a dedicated congenital cardiac surgery service available to the program. (Core)	1.8.b.	There must be a dedicated congenital ca program. (Core)
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 lactatio with proximity appropriate for safe pa
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 I capabilities. (Core)

all participating sites prior to addition.

phic proximity to allow all fellows to attend es, and morbidity and mortality reviews on entral location. (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)

poratory support, including radiology, resiology, and intensive care, must be

cardiac surgery service available to the

Sponsoring Institution, must ensure ng environments that promote fellow

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

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

priate to the participating site; and,

sabilities consistent with the re)

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

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
	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) Personnel	1.11. Section 2	The presence of other learners and ot but not limited to residents from other and advanced practice providers, mus appointed fellows' education. (Core) 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
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 program director's licensure and clini
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 applicab must be provided with support adequa based upon its size and configuration
II.A.2.a)	At a minimum, the program director must be provided with support equal to a dedicated minimum of ten percent FTE for administration of the program. (Core)	2.3.a.	At a minimum, the program director must dedicated minimum of ten percent FTE for
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 Thoracic 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 Thoracic Surgery, or subspec acceptable to the Review Committee.
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

ient Language
ersonnel
d other health care personnel, including ther programs, subspecialty fellows, must not negatively impact the e)
r appointed as program director with e overall program, including compliance ements. (Core)
r appointed as program director with e overall program, including compliance ements. (Core)
uate Medical Education Committee program director and must verify the linical appointment. (Core)
ctor resides with the Review Committee.
icable, the program's leadership team, equate for administration of the program tion. (Core)
nust be provided with support equal to a FE for administration of the program. (Core)
ctor: ss subspecialty expertise and eview Committee. (Core)

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subspecialty expertise and view Committee. (Core)

current certification in the program director by the American ecialty qualifications that are e. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			The program director must demonstrate by one or more of the following: (Core)
			•peer-reviewed funding; (Detail)
			•publication of original research or review chapters in textbooks; (Detail)
	must include active participation in scholarly activity by one or more of the		 publication or presentation of case reponnt national professional and scientific socie
II.A.3.c)	following: (Core)	2.4.b.	•participation in national committees or e
			The program director must demonstrate by one or more of the following: (Core)
			•peer-reviewed funding; (Detail)
			•publication of original research or review chapters in textbooks; (Detail)
			 publication or presentation of case reponsion national professional and scientific socie
II.A.3.c).(1)	peer-reviewed funding; (Detail)	2.4.b.	•participation in national committees or e
			The program director must demonstrate by one or more of the following: (Core)
			•peer-reviewed funding; (Detail)
			 publication of original research or review chapters in textbooks; (Detail)
			 publication or presentation of case reponsion national professional and scientific socie
II.A.3.c).(2)	publication of original research or review articles in peer-reviewed journals or chapters in textbooks; (Detail)	2.4.b.	•participation in national committees or e

e active participation in scholarly activity

- iew articles in peer-reviewed journals or
- ports or clinical series at local, regional, or siety meetings; or, (Detail)
- r educational organizations. (Detail)
- e active participation in scholarly activity
- iew articles in peer-reviewed journals or
- ports or clinical series at local, regional, or ciety meetings; or, (Detail)
- r educational organizations. (Detail)
- te active participation in scholarly activity
- iew articles in peer-reviewed journals or
- ports or clinical series at local, regional, or siety meetings; or, (Detail)
- r educational organizations. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			The program director must demonstrate by one or more of the following: (Core)
			•peer-reviewed funding; (Detail)
			•publication of original research or review chapters in textbooks; (Detail)
			•publication or presentation of case repondent in the second seco
II.A.3.c).(3)	publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or, (Detail)	2.4.b.	•participation in national committees or e
			The program director must demonstrate by one or more of the following: (Core)
			•peer-reviewed funding; (Detail)
			•publication of original research or review chapters in textbooks; (Detail)
			•publication or presentation of case report national professional and scientific socie
II.A.3.c).(4)	participation in national committees or educational organizations. (Detail)	2.4.b.	•participation in national committees or e
II.A.3.d)	must include documented experience in education of congenital cardiac surgery fellows. (Core)	2.4.c.	The program director must possess doc congenital cardiac surgery fellows. (Core
II.A.3.d).(1)	This should include a minimum of five years' experience as a residency or fellowship faculty member and/or associate program director. (Detail)	2.4.c.1.	This should include a minimum of five ye fellowship faculty member and/or associ
II.A.4.	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)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
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 an consistent with the needs of the com Sponsoring Institution, and the missi
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 administe environment conducive to educating Competency domains. (Core)

te active participation in scholarly activity

iew articles in peer-reviewed journals or

ports or clinical series at local, regional, or siety meetings; or, (Detail)

educational organizations. (Detail)

te active participation in scholarly activity

iew articles in peer-reviewed journals or

ports or clinical series at local, regional, or siety meetings; or, (Detail)

r educational organizations. (Detail) ocumented experience in education of

pre)

years' experience as a residency or ciate program director. (Detail)

ponsibility, authority, and nd operations; teaching and scholarly ction, evaluation, and promotion of pervision of fellows; and fellow care. (Core)

e model of professionalism. (Core)

Ind conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core)

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

Roman Numeral		Reformatted	
Requirement		Requirement	
Number	Requirement Language	Number	Requirement
			The program director must have the a
	have the authority to approve or remove physicians and non-physicians		physicians and non-physicians as fac
	as faculty members at all participating sites, including the designation of		sites, including the designation of co
	core faculty members, and must develop and oversee a process to		develop and oversee a process to eva
II.A.4.a).(4)	evaluate candidates prior to approval; (Core)	2.5.d.	(Core)
	have the authority to remove fellows from supervising interactions and/or		The program director must have the a
	learning environments that do not meet the standards of the program;		supervising interactions and/or learni
II.A.4.a).(5)	(Core)	2.5.e.	the standards of the program. (Core)
	submit accurate and complete information required and requested by the		The program director must submit ac
II.A.4.a).(6)	DIO, GMEC, and ACGME; (Core)	2.5.f.	required and requested by the DIO, G
	provide a learning and working environment in which fellows have the		The program director must provide a
	opportunity to raise concerns, report mistreatment, and provide feedback		which fellows have the opportunity to
	in a confidential manner as appropriate, without fear of intimidation or		and provide feedback in a confidentia
II.A.4.a).(7)	retaliation; (Core)	2.5.g.	of intimidation or retaliation. (Core)
	ensure the program's compliance with the Sponsoring Institution's		The program director must ensure the
	policies and procedures related to grievances and due process, including		Sponsoring Institution's policies and
	when action is taken to suspend or dismiss, not to promote, or renew the		and due process, including when acti
II.A.4.a).(8)	appointment of a fellow; (Core)	2.5.h.	not to promote, or renew the appointr
			The program director must ensure the
	ensure the program's compliance with the Sponsoring Institution's		Sponsoring Institution's policies and
II.A.4.a).(9)	policies and procedures on employment and non-discrimination; (Core)	2.5.i.	discrimination. (Core)
	Fellows must not be required to sign a non-competition guarantee or		Fellows must not be required to sign
II.A.4.a).(9).(a)	restrictive covenant. (Core)	3.1.	restrictive covenant. (Core)
			The program director must document
	document verification of education for all fellows within 30 days of		fellows within 30 days of completion
II.A.4.a).(10)	completion of or departure from the program; (Core)	2.5.j.	(Core)
	provide verification of an individual fellow's education upon the fellow's		The program director must provide ve
II.A.4.a).(11)	request, within 30 days; and, (Core)	2.5.k.	education upon the fellow's request, v
	provide applicants who are offered an interview with information related to		The program director must provide an
	their eligibility for the relevant specialty board examination(s). (Core)		interview with information related to t
II.A.4.a).(12)		2.5.1.	specialty board examination(s). (Core

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

e authority to remove fellows from rning environments that do not meet e)

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

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

the program's compliance with the of procedures related to grievances ction is taken to suspend or dismiss, ntment of a fellow. (Core)

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

in a non-competition guarantee or

nt verification of education for all not or or departure from the program.

verification of an individual fellow's t, within 30 days. (Core)

applicants who are offered an their eligibility for the relevant re)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
	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 Faculty members are a foundational of education – faculty members teach for Faculty members provide an importa- and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a of Faculty members experience the prior development of future colleagues. The the opportunity to teach and model effect and model effect and model effect and model effect and the population.
П.В.	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 members ensure that patients from a specialist in the field. They red the patients, fellows, community, and provide appropriate levels of supervi Faculty members create an effective professional 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 instruct and supervise all fellows. (Co
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 model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of 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
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
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.2.g)	participate regularly in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship, such as offering guidance and technical support with research design and statistical analysis for fellows involved in research. (Core)	2.7.f.	Faculty members must participate regula journal clubs, and research conferences inquiry and scholarship, such as offering research design and statistical analysis

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

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

of faculty members with competence to Core)

lels of professionalism. (Core)

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

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

and maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

ularly in clinical discussions, rounds, es in a manner that promotes a spirit of ng guidance and technical support with is for fellows involved in research. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Faculty Qualifications Faculty members must have appropri
II.B.3.	Faculty Qualifications	2.8.	hold appropriate institutional appoint
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropri
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
	Faculty members must be appointed for at least two years to ensure continuity		Faculty members must be appointed for
II.B.3.a).(1)	in the supervision of fellows. (Detail)	2.8.a.	in the supervision of fellows. (Detail)
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of Thoracic Surgery or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa qualifications judged acceptable to th
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 F certifying board of the American Osteop there is no AOA board that offers certific
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member I Association (AOA) certifying board, o acceptable to the Review Committee.
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 si supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core)
	Faculty members must complete the annual ACGME Faculty Survey.	0.40 -	Faculty members must complete the
II.B.4.a)	(Core)	2.10.a.	(Core)
II.B.4.b)	In addition to the program director, there must be at least one core faculty member for each approved fellowship position. (Core)	2.10.b.	In addition to the program director, there member for each approved fellowship po
11.0.1.0/		2.10.0.	Program Coordinator
II.C.	Program Coordinator	2.11.	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)
II.C.2.a)	The program coordinator must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. (Core)	2.11.b.	The program coordinator must be provid minimum of 20 percent FTE for administ

oriate qualifications in their field and ntments. (Core)

riate qualifications in their field and ntments. (Core)

or at least two years to ensure continuity

nbers

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

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

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 , evaluate, and provide formative

e annual ACGME Faculty Survey.

re must be at least one core faculty position. (Core)

or. (Core)

or. (Core)

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

vided with support equal to a dedicated istration of the program. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	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 pe administration of the program. (Core)
II.D.1.	Qualified professional and technical staff members must be available in pediatric and surgical services, including radiology, pathology, pediatric cardiology, anesthesiology, and intensive care. (Detail)	2.12.a.	Qualified professional and technical staff pediatric and surgical services, including cardiology, anesthesiology, and intensive
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship
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 program located in Canada. (Core)	3.2.	All required clinical education for entr programs must be completed in an AC an AOA-approved residency program, International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canad program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ver level of competence in the required fie CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment in the program, fellows must have successfully completed a thoracic surgery program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, fello a thoracic surgery program that satisfies
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based p acceptance of a transferring fellow, ar matriculation. (Core)
III.C.1.	Fellow transfers must be approved by the Review Committee and by the American Board of Thoracic Surgery prior to appointment. (Core)	3.4.a.	Fellow transfers must be approved by the American Board of Thoracic Surgery price

Sponsoring Institution, must jointly personnel for the effective

aff members must be available in ng radiology, pathology, pediatric ive care. (Detail)

p Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, m, a program with ACGME Specialty Accreditation, or a Royal s of Canada (RCPSC)-accredited or nada (CFPC)-accredited residency

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

ellows must have successfully completed es the requirements in 3.2. (Core)

pint more fellows than approved by the

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

the Review Committee and by the rior to appointment. (Core)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremen
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical 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
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 capabilities of its graduates, which me applicants, fellows, and faculty memb
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 objective designed to promote progress on a transfer their subspecialty. These must be dis- 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 f responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow E Experiences Fellows must be provided with protec 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 pron tools, and techniques. (Core)
			ACGME Competencies The Competencies provide a conceptor required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competenc Milestones for each subspecialty. The subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu

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:

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)

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

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

ected time to participate in core

omote patient safety-related goals,

ptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each subspecialty. The developmental ncies are articulated through the he focus in fellowship is on nd medical knowledge, as well as quired in residency.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a) IV.B.1.b)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
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 proficient skills in the care of children and adults, including: (Core)	4.4.a.	Fellows must demonstrate proficient skill including: (Core)
IV.B.1.b).(1).(a).(i)	conducting pre-operative evaluations; (Core)	4.4.a.1.	conducting pre-operative evaluations; (C
IV.B.1.b).(1).(a).(ii)	making therapeutic decisions; (Core)	4.4.a.2.	making therapeutic decisions; (Core)
IV.B.1.b).(1).(a).(iii)	performing technical operative procedures; and, (Core)	4.4.a.3.	performing technical operative procedure
IV.B.1.b).(1).(a).(iii).(a)	Fellows must document, in the ACGME Case Log System, a minimum of 150 major congenital cardiac surgery procedures as primary surgeon. (Core)	4.4.a.3.a.	Fellows must document, in the ACGME (major congenital cardiac surgery proced
IV.B.1.b).(1).(a).(iii).(a) .(i)	A minimum of 50 of these cases must be performed as primary surgeon in the first year of the program. (Core)	4.4.a.3.b.	A minimum of 50 of these cases must be first year of the program. (Core)
IV.B.1.b).(1).(a).(iv)	developing and implementing post-operative management plans. (Core)	4.4.a.4.	developing and implementing post-opera
IV.B.1.b).(1).(b)	must demonstrate competence in providing continuity of patient care longitudinally, including outpatient and inpatient care, and appropriate use of referrals, consultations, and community resources. (Core)	4.4.b.	Fellows must demonstrate competence i longitudinally, including outpatient and in referrals, consultations, and community r
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 develop competence in performing congenital cardiac procedures, including: (Core)	4.5.a.	Fellows must develop competence in per including: (Core)
IV.B.1.b).(2).(a).(i)	ventricular septal defects; (Core)	4.5.a.1.	ventricular septal defects; (Core)
IV.B.1.b).(2).(a).(ii)	atrioventricular septal defects; (Core)	4.5.a.2.	atrioventricular septal defects; (Core)
IV.B.1.b).(2).(a).(iii)	arterial switches, which must include a combination of arterial switch Norwood, Damus-Kaye-Stansel, and truncus arteriosus repair; (Core)	4.5.a.3.	arterial switches, which must include a ca Damus-Kaye-Stansel, and truncus arterio
IV.B.1.b).(2).(a).(iv)	arch reconstructions, including coarctation procedures; (Core)	4.5.a.4.	arch reconstructions, including coarctation
IV.B.1.b).(2).(a).(v)	repair of tetralogy of Fallot; (Core)	4.5.a.5.	repair of tetralogy of Fallot; (Core)
IV.B.1.b).(2).(a).(vi)	Glenn/Fontan procedures; and, (Core)	4.5.a.6.	Glenn/Fontan procedures; (Core)
IV.B.1.b).(2).(a).(vii)	systemic-to-pulmonary artery shunt procedures; (Core)	4.5.a.7.	systemic-to-pulmonary artery shunt proc
IV.B.1.b).(2).(a).(viii)	Fontan procedures; (Core)	4.5.a.8.	Fontan procedures; (Core)
IV.B.1.b).(2).(a).(ix)	anomalous pulmonary venous connection repair; (Core)	4.5.a.9.	anomalous pulmonary venous connectio
IV.B.1.b).(2).(a).(x)	pulmonary artery banding; (Core)	4.5.a.10.	pulmonary artery banding; (Core)
IV.B.1.b).(2).(a).(xi)	vascular ring procedures; (Core)	4.5.a.11.	vascular ring procedures; (Core)
IV.B.1.b).(2).(a).(xii)	coronary artery procedures; and, (Core)	4.5.a.12.	coronary artery procedures; and, (Core)
IV.B.1.b).(2).(a).(xiii)	reoperative procedures in patients greater than five years of age. (Core)	4.5.a.13	reoperative procedures in patients greate

GME Competencies into the curriculum.

alism

tment to professionalism and an re)

re

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

kills in the care of children and adults,

(Core)

ures; and, (Core)

E Case Log System, a minimum of 150 edures as primary surgeon. (Core)

be performed as primary surgeon in the

erative management plans. (Core)

e in providing continuity of patient care inpatient care, and appropriate use of y resources. (Core)

l Skills

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

performing congenital cardiac procedures,

combination of arterial switch Norwood, priosus repair; (Core)

tion procedures; (Core)

ocedures; (Core)

tion repair; (Core)

ater than five years of age. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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)	special diagnostic techniques for the management of congenital cardiac lesions; (Core)	4.6.a.	Fellows must demonstrate competence i techniques for the management of conge
IV.B.1.c).(1).(b)	the methods and techniques of cardiac catheterization; and, (Core)	4.6.b.	Fellows must demonstrate competence i techniques of cardiac catheterization. (Co
IV.B.1.c).(1).(c)	imaging techniques, including echocardiography, computed tomography (CT) scans, and magnetic resonance imaging (MRI) scans, and the interpretation of such findings. (Core)	4.6.c.	Fellows must demonstrate competence i techniques, including echocardiography, magnetic resonance imaging (MRI) scan findings. (Core)
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 of patients, to appraise and assimilate continuously improve patient care bas 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 interperson result in the effective exchange of info 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 awarend larger context and system of health ca social determinants of health, as well other resources to provide optimal he

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

e in their knowledge of special diagnostic ngenital cardiac lesions. (Core)

e in their knowledge of the methods and (Core)

e in their knowledge of imaging ny, computed tomography (CT) scans, and ans, and the interpretation of such

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)

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

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremen
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
			 4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protect didactic activities. (Core) 4.12. Curriculum Organization and Fe The program must provide instruction management if applicable for the substruction
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	the signs of substance use disorder.
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 incluc patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Fellows must continue to provide care for their post-operative patients until discharge or until an individual patient's post-operative conditions are stable and only non-surgical. (Core)	4.10.a.	Fellows must continue to provide care for discharge or until an individual patient's only non-surgical. (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 management if applicable for the sub- the signs of substance use disorder.
IV.C.3.	Didactic Curriculum	4.11.a.	Didactic Curriculum The curriculum must include the followin
IV.C.3.a)	The curriculum must include the following types of conferences:	4.11.a.	Didactic Curriculum The curriculum must include the followin
IV.C.3.a).(1)		4.11.a.1.	a monthly review of all current complicat and pathological correlation of surgical s
IV.C.3.a).(2)	3 3 3 (1	4.11.a.2.	a course or a structured series of confer basic and clinical sciences fundamental
IV.C.3.a).(2).(a)	This experience must not be limited to textbook review. (Core)	4.11.a.2.a.	This experience must not be limited to te
IV.C.3.a).(3)	regular, organized clinical teaching, including grand rounds, ward rounds, and clinical conferences; and, (Core)	4.11.a.3.	regular, organized clinical teaching, inclu clinical conferences; and, (Core)
IV.C.3.a).(4)	a regular review of recent literature in a journal club format. (Core)	4.11.a.4.	a regular review of recent literature in a
IV.C.3.b)	Fellows and faculty members must attend conferences. (Core)	4.11.b.	Fellows and faculty members must atten

Fellow Experiences – Curriculum

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

Fellow Experiences – Didactic and

ected time to participate in core

Fellow Experiences – Pain Management ion and experience in pain ubspecialty, including recognition of r. (Core)

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

o for their post-operative patients until 's post-operative conditions are stable and

w Experiences – Pain Management ion and experience in pain ubspecialty, including recognition of r. (Core)

ving types of conferences:

ving types of conferences:

cations and deaths, including radiological Il specimens and autopsy findings; (Core)

ferences that ensures education in the al to congenital cardiac surgery; (Core)

textbook review. (Core)

cluding grand rounds, ward rounds, and

a journal club format. (Core) end conferences. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Conferences must be scheduled to permit regular attendance by fellows and		Conferences must be scheduled to perm
IV.C.3.b).(1)	faculty members. (Detail)	4.11.b.1.	faculty members. (Detail)
IV.C.3.b).(2)	Participation by fellows and faculty members in conferences must be documented. (Detail)	4.11.b.2.	Participation by fellows and faculty mem documented. (Detail)
IV.C.3.c)	Fellows should actively participate in the planning and production conferences. (Core)	4.11.c.	Fellows should actively participate in the (Core)
IV.C.4.	Fellow Experiences Fellows must have clearly defined educational responsibilities for other fellows, medical students (where appropriate), and professional personnel. (Detail)	4.11.d.	Fellow Experiences Fellows must have clearly defined educa medical students (where appropriate), ar
IV.C.4.a)	A fellow and a thoracic surgery resident must not have primary responsibility for the same patients. (Core)	4.11.d.1.	A fellow and a thoracic surgery resident the same patients. (Core)
IV.C.4.b)	A fellow must not be a teaching assistant for thoracic surgery residents and general surgery chief residents. (Core)	4.11.d.2.	A fellow must not be a teaching assistan general surgery chief residents. (Core)
IV.C.4.c)	In order to count toward the 150 required major congenital cases, fellows must not include more than the maximum numbers for the following procedures: (Core)	4.11.d.4.	In order to count toward the 150 required not include more than the maximum num (Core)
IV.C.4.c).(1)	ten secundum atrial septal defect and/or patent foramen ovale closures; (Core)	4.11.d.4.a.	ten secundum atrial septal defect and/or
IV.C.4.c).(2)	five patent ductus arteriosus (PDA) ligations and/or divisions; (Core)	4.11.d.4.b.	five patent ductus arteriosus (PDA) ligati
IV.C.4.c).(3)	eight pulmonary valve repairs/replacements (with or without transannular patch); (Core)	4.11.d.4.c.	eight pulmonary valve repairs/replaceme (Core)
IV.C.4.c).(4)	eight right ventricle-to-pulmonary artery conduit insertions/replacements; and, (Core)	4.11.d.4.d.	eight right ventricle-to-pulmonary artery ((Core)
IV.C.4.c).(5)	eight other valve repairs or replacements in patients 18 years of age or younger. (Core)	4.11.d.4.e.	eight other valve repairs or replacements (Core)
IV.C.4.d)	Fellows should have exposure to patients with:	[None]	
IV.C.4.d).(1)	total and partial anomalous pulmonary venous connection; (Core)	4.11.d.5.	Fellows should have exposure to patient pulmonary venous connection. (Core)
IV.C.4.d).(2)	aortic arch anomalies causing tracheal compression (vascular rings); (Core)	4.11.d.6.	Fellows should have exposure to patient tracheal compression (vascular rings). (C
IV.C.4.d).(3)	anomalous aortic origin of a coronary artery; (Core)	4.11.d.7.	Fellows should have exposure to patient coronary artery. (Core)
IV.C.4.d).(4)	exposure to extracorporeal membrane oxygenation (ECMO) cannulation and decannulation; (Core)	4.11.d.8.	Fellows should have exposure to patient membrane oxygenation (ECMO) cannula
IV.C.4.d).(5)	placement of epicardial pacing systems; (Core)	4.11.d.9.	Fellows should have exposure to patient systems. (Core)
IV.C.4.d).(6)	ventricular assist device (VAD) insertion; and, (Core)	4.11.d.10.	Fellows should have exposure to patient insertion. (Core)
IV.C.4.d).(7)	heart transplantation. (Core)	4.11.d.11.	Fellows should have exposure to patient

rmit regular attendance by fellows and

mbers in conferences must be

ne planning and production conferences.

cational responsibilities for other fellows, and professional personnel. (Detail) nt must not have primary responsibility for

ant for thoracic surgery residents and

ed major congenital cases, fellows must umbers for the following procedures:

or patent foramen ovale closures; (Core) ations and/or divisions; (Core)

nents (with or without transannular patch);

y conduit insertions/replacements; and,

nts in patients 18 years of age or younger.

nts with total and partial anomalous

nts with aortic arch anomalies causing (Core)

ents with anomalous aortic origin of a

nts with exposure to extracorporeal ulation and decannulation. (Core) nts with placement of epicardial pacing

ents with ventricular assist device (VAD)

nts with heart transplantation. (Core)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremen
	Scholarship		
	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly activities integration, application, and teaching
IV.D.	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]	The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, pope 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 consistent with its mission(s) and ain
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 consistent with its mission(s) and ain
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 scholarly 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, t 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 his requires the ability to think critically, by assimilate new knowledge, and fram and faculty must create an sition of such skills through fellow as defined in the subspecialty-specific factivities may include discovery, ng.

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

dence of scholarly activities, aims. (Core)

dence of scholarly activities, aims. (Core)

Sponsoring Institution, must allocate ow and faculty involvement in

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

It safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

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Requirement Number	Requirement Language	Requirement 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
	•Research in basic science, education, translational science, patient care, or population health		•Research in basic science, education or population health
	 Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical 		 Peer-reviewed grants Quality improvement and/or patient s Systematic reviews, meta-analyses, i
	textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials		textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials
IV.D.2.a)	 Contribution to professional committees, educational organizations, or editorial boards Innovations in education 	4.14.	 Contribution to professional commit editorial boards Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fo
	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor;		faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resource chapters, textbooks, webinars, servic serving as a journal reviewer, journal
IV.D.2.b).(1)	(Outcome)	4.14.a.1.	(Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication; or, (Outco
IV.D.2.b).(3)	publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings. (Detail)	4.14.a.3.	publication or presentation of case repor national professional and scientific socie
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Faculty members must support fellows' p activities. (Core)
IV.D.3.a)	Faculty members must support fellows' participation, as appropriate, in scholarly activities. (Core)	4.15.	Fellow Scholarly Activity Faculty members must support fellows' p activities. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
			Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)		Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin
V.A.1.a)		5.1.	educational assignment. (Core)

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

t 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;

come)

orts or clinical series at local, regional, or ciety meetings. (Detail)

' participation, as appropriate, in scholarly

' participation, as appropriate, in scholarly

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

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Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremen
V.A.1.a).(1)	The program director must meet with each fellow quarterly to review the fellow's surgical results and outcomes to ensure progress in obtaining the required surgical experiences and developing all required proficiencies. (Detail)	5.1.h.	The program director must meet with ea surgical results and outcomes to ensure surgical experiences and developing all
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 the must be documented at least every the
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 (Coro)	5.1.a.2.	Longitudinal experiences such as con clinical responsibilities must be evalued
V.A.1.b).(2)	at completion. (Core)	5.1.d.2.	at completion. (Core)
V.A.1.b).(3)	Rotations exceeding two months in duration must have a mid-rotation evaluation. (Core)	5.1.a.3.	Rotations exceeding two months in dura evaluation. (Core)
V.A.1.b).(4)	No more than three months per year may be spent in non-congenital cardiac surgery rotations. (Core)	4.11.d.3.	No more than three months per year ma surgery rotations. (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 objection the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty i other professional staff members); ar
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 perfo 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 designer Competency Committee, must meet we documented semi-annual evaluation 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 sur that includes their readiness to progr 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 performation 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)
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)

each fellow quarterly to review the fellow's re progress in obtaining the required Il required proficiencies. (Detail)

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

ration must have a mid-rotation

nay be spent in non-congenital cardiac

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

/ 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 st 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 gress to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, 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).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the knowledge, skills, and behaviors 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 Competence 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 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 so
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)

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

art of the fellow's permanent record nust 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 ospecialty-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) n, confidential evaluations by the

back on their evaluations at least

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Requirement Number	Requirement Language	Requirement Number	Requirement Language
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational evaluations should be incorporated into
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development plans. (Core)
v.c.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement 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)
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
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 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)
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 responsibilities must include review of the program's self-determined goals and progress toward meeting them. (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 responsibilities must include guiding ongoing program improvement, including development of new goals, 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 responsibilities must include review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (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 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)
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 must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)
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, 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)
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Self-Study and submit it to the DIO. (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited 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.
	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.		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
V.C.3.		[None]	Association (AOA) certifying board.

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V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wri years, the program's aggregate pass for the first time must be higher than 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 wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
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 first time must be higher than the both 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 ora the program's aggregate pass rate of first time must be higher than the bott 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 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 cohort of board-eligible fellows that g

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

IS member board and/or AOA oral 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 oral 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 cified in the requirement have achieved et this requirement, no matter the ass rate in that subspecialty.

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

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			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environme
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environmo Fellowship education must occur in t environment that emphasizes the foll
	•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
	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team		•Commitment to the well-being of the members, and all members of the hea
VI.	members, and an members of the nearth care team	Section 6	
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 and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safe improvement.
	The program, its faculty, residents, and fellows must actively participate in		The program, its faculty, residents, an
VI.A.1.a).(1).(a)	patient safety systems and contribute to a culture of safety. (Core)	6.1.	patient safety systems and contribute
	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		Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti
VI.A.1.a).(2)	changes to ameliorate patient safety vulnerabilities.	[None]	changes to ameliorate patient safety w
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

g Environment

nent the context of a learning and working llowing principles:

of care rendered to patients by

i of care rendered to patients by ce

oviding care for patients

e students, residents, fellows, faculty ealth care team

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

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

t-up of safety events, near misses, and anisms for improving patient safety, f 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.

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VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team men interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	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 re benchmarks related to their patient po
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe Supervision in the setting of graduate
VI.A.2.a)	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 professional growth.	[None]	and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
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 fello of the health care team, and patients.

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

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

tizing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

ultimately responsible for the care of in the responsibility and provision of care. Effective programs, Institutions, define, widely ured chain of responsibility and pervision of all patient care.

ate 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 provision of care. Effective programs, Institutions, define, widely ured chain of responsibility and pervision of all patient care.

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

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

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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 t 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 prog 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 physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority 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
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills	6.9.b.	Faculty members functioning as super portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circle fellows must communicate with the set
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)

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.

cally present with the fellow during the con.

oviding physical or concurrent visual ntely 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)

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

ory 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

Roman Numeral Requirement		Reformatted Requirement	
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	Faculty supervision assignments must be of sufficient duration to assess		Faculty supervision assignments mus
	the knowledge and skills of each fellow and to delegate to the fellow the		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 autho
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concerning responsibilities of physicians, including to be appropriately rested and fit to pr patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their Sp
	fellows and faculty members concerning the professional and ethical		fellows and faculty members concerni
	responsibilities of physicians, including but not limited to their obligation		responsibilities of physicians, includin
VI.B.1.	to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	to be appropriately rested and fit to pr patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
	be accomplished without excessive reliance on fellows to fulfill non-	[]	The learning objectives of the program
VI.B.2.a)	physician obligations; (Core)	6.12.a.	excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in t including protecting time with patients 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)
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
	Programs, in partnership with their Sponsoring Institutions, must provide		Programs, in partnership with their Sp
	a professional, equitable, respectful, and civil environment that is		a professional, equitable, respectful, a
	psychologically safe and that is free from discrimination, sexual and other		psychologically safe and that is free fi
	forms of harassment, mistreatment, abuse, or coercion of students,		forms of harassment, mistreatment, a
VI.B.5.	fellows, faculty, and staff. (Core)	6.12.f.	fellows, faculty, and staff. (Core)
	Programs, in partnership with their Sponsoring Institutions, should have a		Programs, in partnership with their Sp
	process for education of fellows and faculty regarding unprofessional		process for education of fellows and f
VI.B.6.	behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	behavior and a confidential process for addressing such concerns. (Core)
VI.D.U.		v. 12.y.	

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 ill non-physician obligations. (Core) am must ensure manageable patient

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

o with the Sponsoring Institution, must I that supports patient safety and

demonstrate an understanding of their ire 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 I faculty regarding unprofessional for reporting, investigating, and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Well Deing		
	Well-Being		Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		development of the competent, carin
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the jo
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		professionalism; they are also skills nurtured in the context of other aspe
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at r
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident		same responsibility to address well-k
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout		clinical learning environment models prepares fellows with the skills and a
VI.C.	their careers.	[None]	their careers.
	The responsibility of the program, in partnership with the Sponsoring		The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourag
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunit
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or poten
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(2)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-s
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (
-	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fel
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, il
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient		appropriate length of absence for fell
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)

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

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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

nity to attend medical, mental health, uding those scheduled during their

embers in:

urnout, depression, and substance use ential for violence, including means to conditions; (Core)

hemselves and how to seek

-screening. (Core)

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

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

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	The program must have policies and procedures in place to ensure		The program must have policies and
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure c
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 consequences for the fellow who is ownerk. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva 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 an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
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 f patient safety, fellow ability, severity a illness/condition, and available suppo
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, in the subspecialty and larger health sys
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

nt Language d procedures in place to ensure
continuity of patient care. (Core)
d without fear of negative or was unable to provide the clinical
and faculty members in recognition of vation, alertness management, and l)
and faculty members in recognition of vation, alertness management, and l)
Sponsoring Institution, must ensure ansportation options for fellows who home. (Core)
n fellow must be based on PGY level, y and complexity of patient port services. (Core)
environment that maximizes interprofessional, team-based care in ystem. (Core)
gnments to optimize transitions in requency, and structure. (Core)
gnments to optimize transitions in requency, and structure. (Core)
Sponsoring Institutions, must ensure nd-off processes to facilitate both . (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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Number	Requirement Language	Number	Requirement
	Maximum Hours of Clinical and Educational Work per Week		· · ·
			Maximum Hours of Clinical and Educa
	Clinical and educational work hours must be limited to no more than 80		Clinical and educational work hours r
	hours per week, averaged over a four-week period, inclusive of all in-		hours per week, averaged over a four
	house clinical and educational activities, clinical work done from home,		house clinical and educational activit
VI.F.1.	and all moonlighting. (Core)	6.20.	and all moonlighting. (Core)
			Mandatory Time Free of Clinical Work
			Fellows should have eight hours off b
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	education periods. (Detail)
			Mandatory Time Free of Clinical Work
	Fellows should have eight hours off between scheduled clinical work and		Fellows should have eight hours off b
VI.F.2.a)	education periods. (Detail)	6.21.	education periods. (Detail)
	Fellows must have at least 14 hours free of clinical work and education		Fellows must have at least 14 hours f
VI.F.2.b)	after 24 hours of in-house call. (Core)	6.21.a.	after 24 hours of in-house call. (Core)
	Fellows must be scheduled for a minimum of one day in seven free of		Fellows must be scheduled for a mini
	clinical work and required education (when averaged over four weeks). At-		clinical work and required education (
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	6.21.b.	home call cannot be assigned on thes
			Maximum Clinical Work and Educatio
VI.F.3.	Maximum Clinical Work and Education Pariod Longth	6.22.	Clinical and educational work periods hours of continuous scheduled clinic
VI.F.J.	Maximum Clinical Work and Education Period Length	0.22.	
	Clinical and advantional work pariods for follows must not even ad 24		Maximum Clinical Work and Educatio
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 clinic
vi.i .j.aj		0.22.	
	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		Up to four hours of additional time ma patient safety, such as providing effect
	fellow education. Additional patient care responsibilities must not be		fellow education. Additional patient ca
VI.F.3.a).(1)	assigned to a fellow during this time. (Core)	6.22.a.	assigned to a fellow during this time.
			Clinical and Educational Work Hour E
			In rare circumstances, after handing of on their own initiative, may elect to re
			the following circumstances: to conti
			severely ill or unstable patient; to give
			of a patient or patient's family; or to a
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	(Detail)
			Clinical and Educational Work Hour E
	In rare circumstances, after handing off all other responsibilities, a fellow,		In rare circumstances, after handing of
	on their own initiative, may elect to remain or return to the clinical site in		on their own initiative, may elect to re
	the following circumstances: to continue to provide care to a single		the following circumstances: to conti
	severely ill or unstable patient; to give humanistic attention to the needs		severely ill or unstable patient; to give
	of a patient or patient's family; or to attend unique educational events.		of a patient or patient's family; or to a
VI.F.4.a)	(Detail)	6.23.	(Detail)
	These additional hours of care or education must be counted toward the		These additional hours of care or edu
VI.F.4.b)	80-hour weekly limit. (Detail)	6.23.a.	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 f between scheduled clinical work and

rk and Education between scheduled clinical work and

free of clinical work and education e)

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)

may be used for activities related to fective transitions of care, and/or care responsibilities must not be e. (Core)

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 attend 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 attend 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.		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun
VI.F.4.c)	The Review Committee for Thoracic Surgery will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	The Review Committee for Thoracic Sur exceptions to the 80-hour limit to the res
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 goals and objectives of the education with the fellow's fitness for work nor
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 con seven requirements. (Core)
VI.F.6.a)	Fellows must not have more than four consecutive weeks of night float assignment, and night float cannot exceed one month per year. (Core)	6.26.a.	Fellows must not have more than four co assignment, and night float cannot exce
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 every third night (when averaged ove
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor
	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,		At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every- the requirement for one day in seven
VI.F.8.a)	when averaged over four weeks. (Core)At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28. 6.28.a.	when averaged over four weeks. (Cor At-home call must not be so frequent
VI.F.8.a).(1)		v.20.a.	reasonable personal time for each fel

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

Surgery will not consider requests for residents' work week.

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

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

nd external moonlighting (as defined in state in the st

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

consecutive weeks of night float ceed one month per year. (Core)

ıcy

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

s by fellows on at-home call must n weekly limit. The frequency of aty-third-night limitation, but must satisfy en free of clinical work and education, ore)

s by fellows on at-home call must n weekly limit. The frequency of aty-third-night limitation, but must satisfy en free of clinical work and education, ore)

nt or taxing as to preclude rest or fellow. (Core)