Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Requirement Number	Requirement Language 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-		Definition of Graduate Medical Educa Fellowship is advanced graduate me residency program for physicians wh practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and ed physicians. Graduate medical educat group of physicians brings to medica inclusive and psychologically safe le Fellows who have completed residen in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecia faculty supervision and conditional in serve as role models of excellence, of professionalism, and scholarship. Th knowledge, patient care skills, and ex- area of practice. Fellowship is an inte- clinical and didactic education that for of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate
Int.A.	being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	being of patients, residents, fellows, members of the health care team.
	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		In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient car expertise achieved, fellows develop r
Int.A (Continued)	infrastructure that promotes collaborative research.	[None] - (Continued)	infrastructure that promotes collabor
Int.B.	Definition of Subspecialty [The Review Committee must further specify]	[None]	Definition of Subspecialty [The Review Committee must further
Int.C.	Length of Educational Program	4.4	Length of Program [The Review Committee must further
пп. с .	[The Review Committee must further specify]	4.1.	If the Keview Committee must further

cation

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 sation values the strength that a diverse ical care, and the importance of learning environments.

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

any fellowship programs advance sts. 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.

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r specify]

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Sponsoring Institution		Spansoring 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 response 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.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by c 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 primary clinical site. (Core)		The program, with approval of its Spo primary clinical site. (Core)
I.B.1.	[The Review Committee may specify which other specialties/programs must be present at the primary clinical site and/or the expected relationship with a core program in the discipline]	1.2.	[The Review Committee may specify must be present at the primary clinica relationship with a core program in th
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
l.B.2.a)	The PLA must:	[None]	
l.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve
l.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 I by the program director, who is accou site, in collaboration with the program
	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)		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.4.	[The Review Committee may further specify]	1.6.	[The Review Committee may further s

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

y which other specialties/programs cal site and/or the expected the discipline]

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)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-driv and retention of a diverse and inclusiv present), fellows, faculty members, se members, and other relevant members
			Resources The program, in partnership with its S the availability of adequate resources
I.D.	Resources	1.8.	[The Review Committee must further s
	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)		Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	[The Review Committee must further specify]	1.8.	[The Review Committee must further s
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
	clean and private facilities for lactation that have refrigeration capabilities,		clean and private facilities for lactation
I.D.2.c)	with proximity appropriate for safe patient care; (Core) security and safety measures appropriate to the participating site; and, (Core)	1.9.c. 1.9.d.	with proximity appropriate for safe pat security and safety measures appropr (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core)
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in print include access to electronic medical li capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
	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)		The presence of other learners and othe but not limited to residents from other and advanced practice providers, mus appointed fellows' education. (Core)
I.E.	[The Review Committee may further specify]	1.11.	[The Review Committee may further s
II.	Personnel	Section 2	Section 2: Personnel

ion

Sponsoring Institution, must engage Iriven, ongoing, systematic recruitment sive workforce of residents (if senior administrative GME staff pers of its academic community. (Core)

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

er specify]

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

er specify]

Sponsoring Institution, must ensure ing environments that promote fellow

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

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

opriate to the participating site; and,

isabilities consistent with the ore)

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

rsonnel

other health care personnel, including her programs, subspecialty fellows, nust not negatively impact the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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) [For specialties that require Review Committee approval of the program director, the Review Committee may further specify. Program Requirement II.A.1.a).(1) will be deleted for those specialties that do not require Review Committee approval of the program director.]	2.2.a.	Final approval of the program director (Core) [For specialties that require Review C director, the Review Committee may f be deleted for those specialties that d approval of the program director.]
	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) [The Review Committee must further specify minimum dedicated time for program administration, and will determine whether program leadership refers to the program director or both the program director and		The program director and, as applicat must be provided with support adequ based upon its size and configuration [The Review Committee must further program administration, and will dete refers to the program director or both
II.A.2.	associate/assistant program director(s)]	2.3.	associate/assistant program director(Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.	Qualifications of the program director:	2.4.	[The Review Committee may further s
	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)		Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	[The Review Committee may further specify]	2.4.	[The Review Committee may further s

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

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

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

tor resides with the Review Committee.

Committee approval of the program y further specify. Requirement 2.2. will t do not require Review Committee

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

er specify minimum dedicated time for termine whether program leadership th the program director and or(s)]

tor:

subspecialty expertise and view Committee. (Core)

specify]

tor

subspecialty expertise and view Committee. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	must include current certification in the subspecialty for which they are the program director by the American Board of or by the American Osteopathic Board of, or subspecialty qualifications that are acceptable to the Review Committee. (Core) [The Review Committee may further specify acceptable subspecialty qualifications or that only ABMS and AOA certification will be considered acceptable]		The program director must possess of subspecialty for which they are the p Board of or by the American O subspecialty qualifications that are a (Core) [The Review Committee may further s qualifications or that only ABMS and acceptable]
II.A.3.b)	[The Review Committee may further specify additional program director qualifications]	2.4.a.	[The Review Committee may further s [qualifications]
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]	education in the context of patient ca
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)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learning the standards of the program. (Core)
	submit accurate and complete information required and requested by the	2.5.f.	The program director must submit ac
II.A.4.a).(6) II.A.4.a).(7)	DIO, GMEC, and ACGME; (Core) provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5. <u>r</u> .	required and requested by the DIO, G The program director must provide a which fellows have the opportunity to mistreatment, and provide feedback i appropriate, without fear of intimidati
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when action not to promote, or renew the appoint

s current certification in the program director by the American Osteopathic Board of _____, or acceptable to the Review Committee.

r specify acceptable subspecialty d AOA certification will be considered

specify additional program director

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

e model of professionalism. (Core) and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core) ter and maintain a learning g the fellows in each of the ACGME

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

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 k in a confidential manner as ation or retaliation. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)		The program director must provide an interview with information related to the specialty board examination(s). (Core
II.A.4.a).(12)	[This requirement may be omitted at the discretion of the Review Committee]	2.5.1.	[This requirement may be omitted at t Committee]
	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 e education – faculty members teach fe Faculty members provide an importan and become practice ready, ensuring quality of care. They are role models is by demonstrating compassion, comm patient care, professionalism, and a d Faculty members experience the prid development of future colleagues. Th the opportunity to teach and model ex scholarly approach to patient care, fa graduate medical education system, i and the population.
	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and		Faculty members ensure that patients from a specialist in the field. They rec the patients, fellows, community, and provide appropriate levels of supervis Faculty members create an effective l professional manner and attending to
II.B.	themselves. There must be a sufficient number of faculty members with competence to instruct and supervise all follows. (Core)	[None]	themselves. There must be a sufficient number of
II.B.1.	instruct and supervise all fellows. (Core) [The Review Committee may further specify]	2.6.	Instruct and supervise all fellows. (Co [The Review Committee may further s
II.B.2	Faculty members must:	[None]	

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

in a non-competition guarantee or

ent verification of education for all n of 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)

t the discretion of the Review

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

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

of faculty members with competence to Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Requirement Number			Faculty Responsibilities Faculty members must be role models
II.B.2.a)	be role models of professionalism; (Core)	2.7.	[The Review Committee may further s responsibilities]
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 c equitable, high-quality, cost-effective,
	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their		Faculty members must demonstrate a fellows, including devoting sufficient
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.7.b.	fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and environment conducive to educating f
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly partied discussions, rounds, journal clubs, ar
	pursue faculty development designed to enhance their skills at least annually. (Core) [The Review Committee may further specify regarding faculty development]		Faculty members must pursue faculty their skills at least annually. (Core)
II.B.2.f)	[The Review Committee may further specify additional faculty responsibilities]	2.7.e.	[The Review Committee may further s development]
			Faculty Qualifications Faculty members must have appropria hold appropriate institutional appoint
II.B.3.	Faculty Qualifications	2.8.	[The Review Committee may further s
	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)		Faculty Qualifications Faculty members must have appropria hold appropriate institutional appoint
II.B.3.a)	[The Review Committee may further specify]	2.8.	[The Review Committee may further s
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of or the American Osteopathic Board of, or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty member the subspecialty by the American Boa Osteopathic Board of, or posse to the Review Committee. (Core)
II.B.3.b).(1)	[The Review Committee may further specify additional qualifications and/or requirements regarding non-physician faculty members]	2.9.	[The Review Committee may further s and/or requirements regarding non-pl

ent Language
lels of professionalism. (Core)
r specify additional faculty
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 ng fellows. (Core)
rticipate in organized clinical , and conferences. (Core)
Ilty development designed to enhance
r specify regarding faculty
priate qualifications in their field and intments. (Core)
r specify]
priate qualifications in their field and intments. (Core)
r specify]
mbara
mbers nbers must have current certification in Board of or the American ssess qualifications judged acceptable
r specify additional qualifications -physician faculty members]

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	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)		Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, of acceptable to the Review Committee.
II.B.3.c)	[The Review Committee may further specify]	2.9.a.	[The Review Committee may further s
	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)		Core Faculty Core faculty members must have a sig supervision of fellows and must devot effort to fellow education and/or admin component of their activities, teach, en feedback to fellows. (Core)
	[The Review Committee must specify the minimum number of core faculty and/or the core faculty-fellow ratio]		[The Review Committee must specify and/or the core faculty-fellow ratio]
	[The Review Committee may further specify either: (1)requirements regarding dedicated time and support for core faculty members' non-clinical responsibilities related to resident education and/or administration of the program, or		[The Review Committee may further s (1)requirements regarding dedicated t members' non-clinical responsibilities administration of the program, or
	(2)requirements regarding the role and responsibilities of core faculty members, inclusive of both clinical and non-clinical activities, and the corresponding time commitment required to meet those responsibilities.]		(2)requirements regarding the role and members, inclusive of both clinical an corresponding time commitment requ
II.B.4.	[The Review Committee may specify requirements specific to associate program director(s)]	2.10.	[The Review Committee may specify r program director(s)]
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator.
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator.
	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)		The program coordinator must be pro support adequate for administration o and configuration. (Core)
II.C.2.	[The Review Committee must further specify minimum dedicated time for the program coordinator]	2.11.a.	[The Review Committee must further s the program coordinator]

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

specify]

significant role in the education and vote a significant portion of their entire ministration, and must, as a , evaluate, and provide formative

by the minimum number of core faculty

specify either:

d time and support for core faculty es related to resident education and/or

and responsibilities of core faculty and non-clinical activities, and the quired to meet those responsibilities.]

requirements specific to associate

e annual ACGME Faculty Survey.

or. (Core)

or. (Core)

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

r specify minimum dedicated time for

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)		Other Program Personnel The program, in partnership with its S ensure the availability of necessary pe administration of the program. (Core)
II.D.	[The Review Committee may further specify]	2.12.	[The Review Committee may further s
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs [Review Committee to choose one of the following:]		Eligibility Requirements – Fellowship [Review Committee to choose one of t
	Option 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)		Option 1: All required clinical education fellowship programs must be complete residency program, an AOA-approved ACGME International (ACGME-I) Adva Royal College of Physicians and Surg- or College of Family Physicians of Cam program located in Canada. (Core)
III.A.1.	Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program or an AOA-approved residency program. (Core)	3.2.	Option 2: All required clinical education fellowship programs must be complete residency program or an AOA-approver
III.A.1.a)	[If Review Committee selected Option 1 above:] 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) [If Review Committee selected Option 2 above:] Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME Milestones evaluations from the core residency program. (Core)	3.2.a.	[If Review Committee selected Option Fellowship programs must receive ver level of competence in the required fie CanMEDS Milestones evaluations from [If Review Committee selected Option Fellowship programs must receive ver level of competence in the required fie evaluations from the core residency p [The Review Committee must further s clinical education]
	[The Review Committee must further specify prerequisite postgraduate		[The Review Committee must further s
III.A.1.b)	clinical education]	[None]	clinical education]

Sponsoring Institution, must jointly personnel for the effective

specify]

ip Programs
of the following:]

ation for entry into ACGME-accredited leted in an ACGME-accredited red residency program, a program with vanced Specialty Accreditation, or a irgeons of Canada (RCPSC)-accredited Canada (CFPC)-accredited residency

tion for entry into ACGME-accredited leted in an ACGME-accredited oved residency program. (Core)

on 1 above:] verification of each entering fellow's field using ACGME, ACGME-I, or om the core residency program. (Core)

on 2 above:] verification of each entering fellow's field using ACGME Milestones / program. (Core)

r specify prerequisite postgraduate

r specify prerequisite postgraduate

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Fellow Eligibility Exception		Fellow Eligibility Exception
	The Review Committee for will allow the following exception to the fellowship eligibility requirements:		The Review Committee for will fellowship eligibility requirements:
III.A.1.c)	[Note: Review Committees that selected Option 1 will decide whether or not to allow this exception. This section will be deleted for Review Committees that do not allow the exception and for Review Committees that selected Option 2]	3.2.b.	[Note: Review Committees that select not to allow this exception. This section Committees that do not allow the except that selected Option 2]
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship prog qualified international graduate applic eligibility requirements listed in 3.2, b additional qualifications and condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations o (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exce their performance by the Clinical Com of matriculation. (Core)
	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core) [The Review Committee may further specify minimum complement		Fellow Complement The program director must not appoir Review Committee. (Core) [The Review Committee may further s
III.B.	numbers] Fellow Transfers	3.3.	numbers]
	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)		Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, ar matriculation. (Core)
III.C.	[The Review Committee may further specify]	3.4.	[The Review Committee may further s

vill allow the following exception to the

cted Option 1 will decide whether or ction will be deleted for Review cception and for Review Committees

rogram may accept an exceptionally licant who does not satisfy the but who does meet all of the following ions: (Core)

and fellowship selection committee of ne program, based on prior training and s of training in the core specialty; and,

t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

pint more fellows than approved by the

specify minimum complement

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	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 o and innovation in graduate medical ec 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		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	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 objectiv designed to promote progress on a tra 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 concept 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 y it serves, and the desired distinctive must be made available to program nbers; (Core)

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

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

yond direct patient care; and, (Core) / 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		Reformatted	
Requirement Number	Requirement Language The program must integrate the following ACGME Competencies into the	Requirement Number	Requirement
IV.B.1.	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
	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)		ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1)	[The Review Committee must further specify]	4.4.	[The Review Committee must further
	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)		ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2)	[The Review Committee may further specify]	4.5.	[The Review Committee may further s
	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)		ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c)	[The Review Committee must further specify]	4.6.	[The Review Committee must further s
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care 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 interperso 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 awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he

GME Competencies into the curriculum.

nalism Itment to professionalism and an re)

re

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

r specify]

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

specify]

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

er specify]

ased Learning and Improvement ty 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 professionals. (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 Number	Requirement Language	Reformatted Requirement Number	Requirement Langua
Requirement Number	Requirement Language	Requirement Number	4.10. Curriculum Organization and Fellow Exp Structure The curriculum must be structured to optimiz experiences, the length of the experiences, and continuity. These educational experiences inde supervised patient care responsibilities, clinic educational events. (Core) [The Review Committee must further specify] 4.11. Curriculum Organization and Fellow Exp Clinical Experiences Fellows must be provided with protected time didactic activities. (Core)
	Curriculum Organization and Fellow Experiences [The Review Committee may specify required didactic and clinical		[The Review Committee may specify required experiences] 4.12. Curriculum Organization and Fellow Exp The program must provide instruction and ex management if applicable for the subspecialty the signs of substance use disorder. (Core)
IV.C.		4.10 4.12.	[The Review Committee may further specify]
	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 Experien The curriculum must be structured to optimiz experiences, the length of the experiences, an continuity. These educational experiences ind supervised patient care responsibilities, clinic educational events. (Core)
IV.C.1.	[The Review Committee must further specify]	4.10.	[The Review Committee must further specify]
	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)		Curriculum Organization and Fellow Experien The program must provide instruction and ex management if applicable for the subspecialty the signs of substance use disorder. (Core)
IV.C.2.	[The Review Committee may further specify]	4.12.	[The Review Committee may further specify]

ent Language Fellow Experiences – Curriculum to optimize fellow educational riences, and the supervisory riences include an appropriate blend of lities, clinical teaching, and didactic er specify] Fellow Experiences – Didactic and tected time to participate in core y required didactic and clinical Fellow Experiences – Pain Management ion and experience in pain ubspecialty, including recognition of er. (Core) r specify] v Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory riences include an appropriate blend of lities, clinical teaching, and didactic er specify] w Experiences – Pain Management ion and experience in pain ubspecialty, including recognition of

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
	Scholarship Medicine is both an art and a science. The physician is a humanistic		Scholarship Medicine is both an art and a science.
	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		scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The program environment that fosters the acquisiti
	participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		participation in scholarly activities as Program Requirements. Scholarly acti integration, application, and teaching.
	The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly		The ACGME recognizes the diversity of programs prepare physicians for a var scientists, and educators. It is expected will reflect its mission(s) and aims, an serves. For example, some programs
IV.D.	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]	activity on quality improvement, population other programs might choose to utiliz research as the focus for scholarship.
			Program Responsibilities The program must demonstrate evide consistent with its mission(s) and aim
IV.D.1.	Program Responsibilities	4.13.	[The Review Committee may further s
	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)		Program Responsibilities The program must demonstrate evide consistent with its mission(s) and aim
IV.D.1.a)	[The Review Committee may further specify]	4.13.	[The Review Committee may further s
	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)		The program in partnership with its S adequate resources to facilitate fellow scholarly activities. (Core)
IV.D.1.b)	[The Review Committee may further specify]	4.13.a.	[The Review Committee may further s
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ce. The physician is a humanistic is requires the ability to think critically, y assimilate new knowledge, and ram and faculty must create an sition of such skills through fellow as defined in the subspecialty-specific activities may include discovery, ng.

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

dence of scholarly activities, ims. (Core)

specify]

dence of scholarly activities, ims. (Core)

specify]

Sponsoring Institution, must allocate ow and faculty involvement in

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
IV.D.2.a)	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of 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 •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: [Review Committee will choose to require either IV.D.2.b).(1) or both IV.D.2.b).(1) and IV.D.2.b).(2)]	4.14.a.	The program must demonstrate disse and external to the program by the fo [Review Committee will choose to rec and 4.14.a.2]
	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)		faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resourc chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(1)	[The Review Committee may further specify]	4.14.a.1.	[The Review Committee may further s
	peer-reviewed publication. (Outcome)		peer-reviewed publication. (Outcome)
IV.D.2.b).(2)	[The Review Committee may further specify] Fellow Scholarly Activity	4.14.a.2.	[The Review Committee may further s Fellow Scholarly Activity
IV.D.3.	[The Review Committee may further specify]	4.15.	[The Review Committee may further s

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grams must demonstrate of the following domains: (Core) ion, translational science, patient care,
nt safety initiatives s, review articles, chapters in medical
ools, didactic educational activities, or
nittees, educational organizations, or
grams must demonstrate of the following domains: (Core) ion, translational science, patient care,
nt safety initiatives s, review articles, chapters in medical
ools, didactic educational activities, or
nittees, educational organizations, or
semination of scholarly activity within following methods:
require either 4.14.a.1 or both 4.14.a.1
ls, posters, workshops, quality m presentations, grant leadership, non urces, articles or publications, book vice on professional committees, or nal editorial board member, or editor;
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Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement Language
	Independent Practice		Independent Practice
	Fellowship programs may assign fellows to engage in the independent		Fellowship programs may assign fellows to enga
IV.E.	practice of their core specialty during their fellowship program.	[None]	practice of their core specialty during their fellow
	If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)		If programs permit their fellows to utilize the inde it must not exceed 20 percent of their time per we academic year. Core)
IV.E.1.	[This section will be deleted for those Review Committees that choose not to permit the independent practice option. For those that choose to permit this option, the Review Committee may further specify.]		[This section will be deleted for those Review Con to permit the independent practice option. For the this option, the Review Committee may further sp
V.	Evaluation	Section 5	Section 5: Evaluation
			Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate feedback on fellow performance during each rota educational assignment. (Core)
			[The Review Committee may further specify]
V.A.	Fellow Evaluation	5.1.	[The Review Committee may further specify unde – 5.1.g]
			Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate feedback on fellow performance during each rota educational assignment. (Core)
	Feedback and Evaluation		[The Review Committee may further specify]
V.A.1.	[The Review Committee may further specify under any requirement in V.A.1V.A.1.f)]	5.1.	[The Review Committee may further specify unde – 5.1.g]
			Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate feedback on fellow performance during each rota educational assignment. (Core)
	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)		[The Review Committee may further specify]
		E 4	[The Review Committee may further specify unde
V.A.1.a)	[The Review Committee may further specify] Evaluation must be documented at the completion of the assignment.	5.1.	– 5.1.g] Evaluation must be documented at the completio
V.A.1.b)	(Core)	5.1.a.	(Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than three months i must be documented at least every three months.
	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and		Longitudinal experiences such as continuity clini clinical responsibilities must be evaluated at leas
V.A.1.b).(2)	at completion. (Core)	5.1.a.2.	at completion. (Core)

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dependent practice option, week or 10 weeks of an

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inic in the context of other ast every three months and

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Requirement Number	Requirement Language	Requirement Number	Requirement Language
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones; (Core)	5.1.c.	The program director or their designee, with input from the Clinical Competency Committee, must meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones. (Core)
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designee, with input from the Clinical Competency Committee, must assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designee, with input from the Clinical Competency Committee, must develop plans for fellows failing to progress, following institutional policies and procedures. (Core)
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	f 5.1.f.	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a final evaluation for each fellow upon completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a final evaluation for each fellow upon completion of the program. (Core)
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, 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)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy. (Core)
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 fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared with the fellow upon completion of the program. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement
			Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the program		A Clinical Competency Committee mu
V.A.3.	director. (Core)	5.3.	director. (Core)
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competence
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a co
	be faculty members from the same program or other programs, or other		be faculty members from the same pr
	health professionals who have extensive contact and experience with the		health professionals who have extens
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
			The Clinical Competency Committee r
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	least semi-annually. (Core)
	determine each fellow's progress on achievement of the subspecialty-		The Clinical Competency Committee r
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.c.	progress on achievement of the subs
			The Clinical Competency Committee r
	meet prior to the fellows' semi-annual evaluations and advise the program		annual evaluations and advise the pro
V.A.3.b).(3)	director regarding each fellow's progress. (Core)	5.3.d.	fellow's progress. (Core)
			Faculty Evaluation
			The program must have a process to
			performance as it relates to the educa
V.B.	Faculty Evaluation	5.4.	(Core)
			Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to
	performance as it relates to the educational program at least annually.		performance as it relates to the educa
V.B.1.	(Core)	5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with th
	in faculty development related to their skills as an educator, clinical		in faculty development related to their
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
	This evaluation must include written, confidential evaluations by the		This evaluation must include written,
V.B.1.b)	fellows. (Core)	5.4.b.	fellows. (Core)
	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedba
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational eva
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development pla
			Program Evaluation and Improvement
			The program director must appoint th
			conduct and document the Annual Pr
V.C.	Program Evaluation and Improvement	5.5.	program's continuous improvement p
			Program Evaluation and Improvement
	The program director must appoint the Program Evaluation Committee to		The program director must appoint th
	conduct and document the Annual Program Evaluation as part of the		conduct and document the Annual Pr
V.C.1	program's continuous improvement process. (Core)	5.5.	program's continuous improvement p
	The Program Evaluation Committee must be composed of at least two		The Program Evaluation Committee m
	program faculty members, at least one of whom is a core faculty member,		program faculty members, at least on
V.C.1.a)	and at least one fellow. (Core)	5.5.a.	and at least one fellow. (Core)
v.c.1.b)	Program Evaluation Committee responsibilities must include:	[None]	

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' semiorogram 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

valuations should be incorporated into plans. (Core)

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

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

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language review of the program's self-determined goals and progress toward	Requirement Number	Requirement Program Evaluation Committee respo program's self-determined goals and
V.C.1.b).(1) V.C.1.b).(2)	meeting them; (Core) guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	(Core) Program Evaluation Committee respo ongoing program improvement, inclu- based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includistributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
	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		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima The program director should encoura take the certifying examination offered of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.	Association (AOA) certifying board. [If certification in the subspecialty is not offered by the ABMS and/or the AOA, V.C.3.a)-V.C.3.f) will be omitted.]	[None]	[If certification in the subspecialty is r AOA, 5.6 – 5.6.f will be omitted.]
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

oonsibilities must include review of the d progress toward meeting them.

oonsibilities must include guiding luding development of new goals,

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

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

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

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

Self-Study and submit it to the DIO.

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

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

s not offered by the ABMS and/or the

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

MS 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)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
	For subspecialties in which the ABMS member board and/or AOA		For subspecialties in which the ABMS
	certifying board offer(s) an annual oral exam, in the preceding three years,		certifying board offer(s) an annual ora
	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		the program's aggregate pass rate of first time must be higher than the bott
V.C.3.c)	that subspecialty. (Outcome)	5.6.b.	that subspecialty. (Outcome)
	For subspecialties in which the ABMS member board and/or AOA		For subspecialties in which the ABMS
	certifying board offer(s) a biennial oral exam, in the preceding six years,		certifying board offer(s) a biennial ora
	the program's aggregate pass rate of those taking the examination for the		the program's aggregate pass rate of
	first time must be higher than the bottom fifth percentile of programs in		first time must be higher than the both
V.C.3.d)	that subspecialty. (Outcome)	5.6.c.	that subspecialty. (Outcome)
	For each of the exams referenced in V.C.3.a)-d), any program whose		For each of the exams referenced in 5
	graduates over the time period specified in the requirement have achieved		graduates over the time period specif
	an 80 percent pass rate will have met this requirement, no matter the		an 80 percent pass rate will have met
V.C.3.e)	percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	percentile rank of the program for pas (Outcome)
v.c.s.e)	Programs must report, in ADS, board certification status annually for the	5.0.0.	Programs must report, in ADS, board
V.C.3.f)		5.6.e.	cohort of board-eligible fellows that g
,			
			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		Fellowship education must occur in the
	environment that emphasizes the following principles:		environment that emphasizes the follo
	•Excellence in the safety and quality of care rendered to patients by		•Excellence in the safety and quality of
	fellows today		fellows today
	•Excellence in the safety and quality of care rendered to patients by		•Excellence in the safety and quality of
	today's fellows in their future practice		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		•Commitment to the well-being of the
	members, and all members of the health care team		members, and all members of the hea
VI.		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		
			Culture of Safety
	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective		A culture of safety requires continuou
	organization has formal mechanisms to assess the knowledge, skills, and		and a willingness to transparently dea organization has formal mechanisms
	attitudes of its personnel toward safety in order to identify areas for		attitudes of its personnel toward safe
VI.A.1.a).(1)	improvement.	[None]	improvement.

MS 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

MS 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

n 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.

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

g Environment

ment the context of a learning and working Illowing principles:

of care rendered to patients by

/ of care rendered to patients by ce

oviding care for patients

ne 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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, an patient safety systems and contribute
VI.A.1.a).(1).(a)	Patient Safety Systems and contribute to a culture of safety. (Core) Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechar and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
	Residents, fellows, faculty members, and other clinical staff members	[News]	
VI.A.1.a).(2).(a) VI.A.1.a).(2).(a).(i)	must: know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	[None] 6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, 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 mer interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)		[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)		Fellows and faculty members must re benchmarks related to their patient pe
VI.A.1.a).(3).(a)	[The Review Committee may further specify]	6.4.	[The Review Committee may further s
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structur accountability as it relates to the supervision in the setting of graduate
VI.A.2.	Supervision and Accountability	[None]	and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.

ent Language and fellows must actively participate in ite to a culture of safety. (Core)

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

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

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

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

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

specify]

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	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 and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structure accountability as it relates to the supe
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensures 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 fellow of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when provi information must be available to fellow of the health care team, and patients.
	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)		The program must demonstrate that the program must demonstrate that the place for all fellows is based on each as well as patient complexity and acute through a variety of methods, as approximately and acute through a variety of methods.
VI.A.2.a).(2)	[The Review Committee may specify which activities require different levels of supervision.]	6.6.	[The Review Committee may specify v levels of supervision.]
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
			Direct Supervision The supervising physician is physical key portions of the patient interaction
			[The Review Committee may further s The supervising physician and/or pati the fellow and the supervising physic patient care through appropriate telec
VI.A.2.b).(1)	Direct Supervision:	6.7.	[The Review Committee may choose t definition; The Review Committee may

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

nte 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)

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)

which activities require different

ervision while providing for graded ogram must use the following

ally present with the fellow during the on.

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

e to eliminate this piece of the nay further specify]

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			Direct Supervision The supervising physician is physica key portions of the patient interaction
			[The Review Committee may further s
	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,		The supervising physician and/or pa the fellow and the supervising physic patient care through appropriate tele
VI.A.2.b).(1).(a)	[The Review Committee may further specify]	6.7.	[The Review Committee may choose definition; The Review Committee mat
			Direct Supervision The supervising physician is physica key portions of the patient interaction
			[The Review Committee may further s
	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.		The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate tele
VI.A.2.b).(1).(b)	[The Review Committee may choose not to permit VI.A.2.b).(1).(b);The Review Committee may further specify]	6.7.	[The Review Committee may choose definition; The Review Committee ma
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 pro- or audio supervision but is immediat guidance and is available to provide
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 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 progr (Core)
VI.A.2.d)	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 Milest
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)		Faculty members functioning as superportions of care to fellows based on the of each fellow. (Core)
	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs		Fellows should serve in a supervisor in recognition of their progress towa
VI.A.2.d).(3)	of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	of each patient and the skills of the ir

cally present with the fellow during the ion.

specify]

batient is not physically present with sician is concurrently monitoring the lecommunication technology.

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cally present with the fellow during the ion.

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patient is not physically present with sician is concurrently monitoring the lecommunication technology.

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roviding physical or concurrent visual ately available to the fellow for appropriate direct supervision.

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

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

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

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

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

Requirement Language	Reformatted Requirement Number	Requiremen
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 circ fellows must communicate with the s
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)
Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care author
Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
The learning objectives of the program must:	[None]	
be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
ensure manageable patient care responsibilities; and, (Core)		The learning objectives of the program care responsibilities. (Core)
[The Review Committee may further specify]	6.12.b.	[The Review Committee may further s
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 including protecting time with patient promoting progressive independence professional relationships. (Core)
The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t personal responsibility. (Core)
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 of
Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students,	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core) 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) Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core) Professionalism Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core) The learning objectives of the program must: be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core) ensure manageable patient care responsibilities; and, (Core) [The Review Committee may further specify] 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) The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core) 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) Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other	Requirement Language Requirement Number Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core) 6.10. 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. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core) 6.11. Professionalism 6.12. Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicans, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core) 6.12. The learning objectives of the program must: [None] be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core) 6.12.a. 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 program director, in partnership with the Sponsoring institution, must personal responsibility. (Core) 6.12.c. The rearin

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

ust be of sufficient duration to assess llow 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

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

specify]

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)
		Ŭ	
	Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and re 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 t nurtured in the context of other aspec
	Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout		Fellows and faculty members are at ri Programs, in partnership with their Sp same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a
VI.C.	their careers.	[None]	their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in plantitution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burn disorders, suicidal ideation, or potent 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).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-so
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affor counseling, and treatment, including 24 hours a day, seven days a week. (0

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

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

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

n partnership with the Sponsoring

sity, and work compression that

d addressing the safety of fellows and

ge optimal fellow and faculty member

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

mbers in:

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

emselves and how to seek

screening. (Core)

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fell
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, ill
	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 fello
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)
	The program must have policies and procedures in place to ensure		The program must have policies and
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure c
	These policies must be implemented without fear of negative		These policies must be implemented
	consequences for the fellow who is or was unable to provide the clinical		consequences for the fellow who is o
VI.C.2.b)	work. (Core)	6.14.b.	work. (Core)
			Fatigue Mitigation
			Programs must educate all fellows an
\ <i>4</i> D			the signs of fatigue and sleep depriva
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
			Fatigue Mitigation
	Programs must educate all fellows and faculty members in recognition of		Programs must educate all fellows an
	the signs of fatigue and sleep deprivation, alertness management, and		the signs of fatigue and sleep depriva
VI.D.1.	fatigue mitigation processes. (Detail)	6.15.	fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
	adequate sleep facilities and safe transportation options for fellows who		adequate sleep facilities and safe tran
VI.D.2.	may be too fatigued to safely return home. (Core)	6.16.	may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities		
			Clinical Responsibilities
	The clinical responsibilities for each fellow must be based on PGY level,		The clinical responsibilities for each f
	patient safety, fellow ability, severity and complexity of patient		patient safety, fellow ability, severity a
	illness/condition, and available support services. (Core)		illness/condition, and available suppo
	[Optimal clinical workload may be further specified by each Review	0.47	[Optimal clinical workload may be fur
VI.E.1.	Committee]	6.17.	Committee]
	Teamwork		
			Teamwork
	Fellows must care for patients in an environment that maximizes		Fellows must care for patients in an e
	communication and promotes safe, interprofessional, team-based care in		communication and promotes safe, in
	the subspecialty and larger health system. (Core)		the subspecialty and larger health sys
VI.E.2.	[The Review Committee may further specify]	6.18.	[The Review Committee may further s
		Ì	Transitions of Care
			Programs must design clinical assign
VI.E.3.	Transitions of Care	6.19.	patient care, including their safety, free
			Transitions of Care
	Programs must design clinical assignments to optimize transitions in		Programs must design clinical assign
VI.E.3.a)	patient care, including their safety, frequency, and structure. (Core)	6.19.	patient care, including their safety, free
/	Programs, in partnership with their Sponsoring Institutions, must ensure		Programs, in partnership with their Sp
	and monitor effective, structured hand-off processes to facilitate both		and monitor effective, structured hand
VI.E.3.b)	continuity of care and patient safety. (Core)	6.19.a.	continuity of care and patient safety.
			containing of care and patient culoty.

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

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 I)

and faculty members in recognition of vation, alertness management, and I)

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)

urther specified by each Review

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

specify]

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

gnments to optimize transitions in frequency, and structure. (Core) Sponsoring Institutions, must ensure and-off processes to facilitate both y. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
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 are competent in communicating with team members in the hand-off process. (Outcome)
	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.		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.
VI.F.	[The Review Committee may further specify under any requirement in VI.F.· VI.F.8.a).(1)]	[None]	[The Review Committee may further specify under any requirement in 6.20 – 6.28.a]
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work and Education Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and	6.21.	Mandatory Time Free of Clinical Work and Education Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Period Length Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Period Length Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour Exceptions In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)

Requirement Language	Reformatted Requirement Number	Requirement
In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
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.	6.24.	A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a source
In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. (Detail)	6.24.a.	In preparing a request for an exceptio the clinical and educational work hou Manual of Policies and Procedures. (D
Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
goals and objectives of the educational program, and must not interfere		Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
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)
seven requirements. (Core) [The maximum number of consecutive weeks of night float, and maximum		In-House Night Float Night float must occur within the cont seven requirements. (Core) [The maximum number of consecutive number of months of night float per ye
Review Committee.] Maximum In-House On-Call Frequency	6.26.	Review Committee.]
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.	Fellows must be scheduled for in-hou every third night (when averaged over
At-Home Call	6.28.	At-Home Call Time spent on patient care activities k 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. (Core
	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail) These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail) A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. (Detail) Moonlighting 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) 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) In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core) [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.] 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)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail) 6.23. 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 arationale. In preparing a request for an exception, the program director must follow the clinical and educational work houre sto individual programs based on a sound educational rationale. In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. (Detail) 6.24.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) 7. Time spent by fellows in internal and external monlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core) 1. H-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core) (The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.] 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.

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

ducation must be counted toward the

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

tion, the program director must follow our exception policy from the ACGME (Detail)

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

h the ability of the fellow to achieve the onal program, and must not interfere or compromise patient safety. (Core) d external moonlighting (as defined in st be counted toward the 80-hour

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

ive weeks of night float, and maximum year may be further specified by the

ncy

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

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
			At-Home Call
	Time spent on patient care activities by fellows on at-home call must		Time spent on patient care activities t
	count toward the 80-hour maximum weekly limit. The frequency of at-		count toward the 80-hour maximum w
	home call is not subject to the every-third-night limitation, but must satisfy		home call is not subject to the every-t
	the requirement for one day in seven free of clinical work and education,		the requirement for one day in seven
VI.F.8.a)	when averaged over four weeks. (Core)	6.28.	when averaged over four weeks. (Core
	At-home call must not be so frequent or taxing as to preclude rest or		At-home call must not be so frequent
VI.F.8.a).(1)	reasonable personal time for each fellow. (Core)	6.28.a.	reasonable personal time for each fell

by fellows on at-home call must weekly limit. The frequency of aty-third-night limitation, but must satisfy n free of clinical work and education, ore) nt or taxing as to preclude rest or

ellow. (Core)