

Common Program Requirements Post-Doctoral Educational Program Crosswalk

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement Language
Int.A.	<p>Definition of Post-Doctoral Education</p> <p><i>Post-doctoral education in a medical-related field is the crucial step of professional development between medical school or graduate school and autonomous contributions to clinical care. It is in this vital phase of the continuum of medical-related education that post-doctoral fellows learn to contribute to optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship.</i></p> <p><i>This education transforms medical students or graduate students into specialists who contribute to the care of the patient, patient's family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of specialists to serve the public. Practice patterns established during post-doctoral education persist many years later.</i></p> <p><i>Post-doctoral education in a medical-related field has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing post-doctoral fellows to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Post-doctoral education develops specialists who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. Post-doctoral education values the strength that a diverse group of specialists brings to medical care, and the importance of inclusive and psychologically safe learning environments.</i></p>	[None]	<p>Definition of Post-Doctoral Education</p> <p><i>Post-doctoral education in a medical-related field is the crucial step of professional development between medical school or graduate school and autonomous contributions to clinical care. It is in this vital phase of the continuum of medical-related education that post-doctoral fellows learn to contribute to optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship.</i></p> <p><i>This education transforms medical students or graduate students into specialists who contribute to the care of the patient, patient's family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of specialists to serve the public. Practice patterns established during post-doctoral education persist many years later.</i></p> <p><i>Post-doctoral education in a medical-related field has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing post-doctoral fellows to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Post-doctoral education develops specialists who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. Post-doctoral education values the strength that a diverse group of specialists brings to medical care, and the importance of inclusive and psychologically safe learning environments.</i></p>
Int.A. - (Continued)	<p><i>This education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the specialist, begun in pre-doctoral education, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to post-doctoral education and the well-being of patients, residents, post-doctoral fellows, fellows, faculty members, students, and all members of the health care team.</i></p>	[None] - (Continued)	<p><i>This education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the specialist, begun in pre-doctoral education, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to post-doctoral education and the well-being of patients, residents, post-doctoral fellows, fellows, faculty members, students, and all members of the health care team.</i></p>
Int.B.	practice-based and lifelong learning. The professional development of the specialist, begun in pre-doctoral education, continues through faculty	[None]	<p>Definition of Specialty <i>[The Review Committee must further specify]</i></p>
Int.C.	Length of Educational Program [The Review Committee must further specify]	4.1.	Length of Program [The Review Committee must further specify]
I.	Oversight	Section 1	Section 1: Oversight

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I.A.	<p>Sponsoring Institution</p> <p><i>The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of post-doctoral education, consistent with the ACGME Institutional Requirements.</i></p> <p><i>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.</i></p>	[None]	<p>Sponsoring Institution</p> <p><i>The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of post-doctoral education, consistent with the ACGME Institutional Requirements.</i></p> <p><i>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.</i></p>
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution.	1.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution.
I.B.	<p>Participating Sites</p> <p><i>A participating site is an organization providing educational experiences or educational assignments/rotations for post-doctoral fellows.</i></p>	[None]	<p>Participating Sites</p> <p><i>A participating site is an organization providing educational experiences or educational assignments/rotations for post-doctoral fellows.</i></p>
I.B.1.	<p>The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)</p> <p>[The Review Committee may specify which other specialties/programs must be present at the primary clinical site]</p>	1.2.	<p>The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)</p> <p>[The Review Committee may specify which other specialties/programs must be present at the primary clinical site]</p>
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 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)
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least every 10 years. (Core)
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the designated institutional official (DIO). (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinical learning and working environment at all participating sites. (Core)
I.B.3.a).	At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for post-doctoral fellow education at that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for post-doctoral fellow education at that site, in collaboration with the program director. (Core)
I.B.4.	<p>The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all post-doctoral fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)</p> <p>[The Review Committee may further specify]</p>	1.6.	<p>The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all post-doctoral fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)</p> <p>[The Review Committee may further specify]</p>

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I.C.	<p>Workforce Recruitment and Retention</p> <p>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 post-doctoral fellows, residents and fellows (if present), faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)</p>	1.7.	<p>Workforce Recruitment and Retention</p> <p>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 post-doctoral fellows, residents and fellows (if present), faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)</p>
I.D.	<p>Resources</p>	1.8.	<p>Resources</p> <p>The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for post-doctoral fellow education. (Core)</p> <p>[The Review Committee must further specify]</p>
I.D.1.	<p>The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for post-doctoral fellow education. (Core)</p> <p>[The Review Committee must further specify]</p>	1.8.	<p>Resources</p> <p>The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for post-doctoral fellow education. (Core)</p> <p>[The Review Committee must further specify]</p>
I.D.2.	<p>The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote post-doctoral fellow well-being and provide for:</p>	1.9.	<p>The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote post-doctoral fellow well-being and provide for:</p>
I.D.2.a)	<p>access to food while on duty; (Core)</p>	1.9.a.	<p>access to food while on duty; (Core)</p>
I.D.2.b)	<p>safe, quiet, clean, and private sleep/rest facilities available and accessible for post-doctoral fellows with proximity appropriate for safe patient care; (Core)</p>	1.9.b.	<p>b.safe, quiet, clean, and private sleep/rest facilities available and accessible for post-doctoral fellows with proximity appropriate for safe patient care; (Core)</p>
I.D.2.c)	<p>clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)</p>	1.9.c.	<p>clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)</p>
I.D.2.d)	<p>security and safety measures appropriate to the participating site; and, (Core)</p>	1.9.d.	<p>security and safety measures appropriate to the participating site; and, (Core)</p>
I.D.2.e)	<p>accommodations for post-doctoral fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)</p>	1.9.e.	<p>accommodations for post-doctoral fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)</p>
I.D.3.	<p>Post-doctoral fellows must have ready access to appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)</p>	1.10.	<p>Post-doctoral fellows must have ready access to appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)</p>
I.E.	<p>Other Learners and Health Care Personnel</p> <p>The presence of other learners and other health care personnel, including but not limited to post-doctoral fellows from other programs, residents, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed post-doctoral fellows' education. (Core)</p> <p>[The Review Committee may further specify]</p>	1.11.	<p>Other Learners and Health Care Personnel</p> <p>The presence of other learners and other health care personnel, including but not limited to post-doctoral fellows from other programs, residents, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed post-doctoral fellows' education. (Core)</p> <p>[The Review Committee may further specify]</p>
II.	<p>Personnel</p>	Section 2	<p>Section 2: Personnel</p>

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II.A.	Program Director	2.1.	Program Director 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)
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 appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)
II.A.1.a)	The Sponsoring Institution's GMEC must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's GMEC must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)
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. This requirement 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 resides with the Review Committee. (Core) [For specialties that require Review Committee approval of the program director, the Review Committee may further specify. This requirement will be deleted for those specialties that do not require Review Committee approval of the program director.]
II.A.1.b)	The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core) [The Review Committee may further specify]	2.3.	The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core) [The Review Committee may further specify]
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core) [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 associate/assistant program director(s).]	2.4.	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 associate/assistant program director(s).]
II.A.3.	Qualifications of the program director:	2.5.	Qualifications of the Program Director The program director must possess specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee. (Core)
II.A.3.a)	must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core)	2.5.	Qualifications of the Program Director The program director must possess specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee. (Core)

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II.A.3.b)	<p>must include current certification in the specialty for which they are the program director by the American Board of _____ or by the American Osteopathic Board of _____ if available for their field of study, or specialty qualifications that are acceptable to the Review Committee; and, (Core)</p> <p>[The Review Committee may further specify acceptable specialty qualifications or that only ABMS and AOA certification will be considered acceptable]</p>	2.5.a.	<p>The program director must possess current certification in the specialty for which they are the program director by the American Board of _____ or by the American Osteopathic Board of _____ if available for their field of study, or specialty qualifications that are acceptable to the Review Committee. (Core)</p> <p>[The Review Committee may further specify acceptable specialty qualifications or that only ABMS and AOA certification will be considered acceptable]</p>
II.A.3.c)	<p>must include ongoing contributions to clinical care. (Core)</p> <p>[The Review Committee may further specify additional program director qualifications]</p>	2.5.b.	<p>The program director must demonstrate ongoing clinical activity. (Core)</p> <p>[The Review Committee may further specify additional program director qualifications]</p>
II.A.4.	<p>Program Director Responsibilities</p> <p>The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; post-doctoral fellow recruitment and selection, evaluation, and promotion of post-doctoral fellows, and disciplinary action; supervision of post-doctoral fellows; and post-doctoral fellow education in the context of contributions to patient care. (Core)</p>	2.6.	<p>Program Director Responsibilities</p> <p>The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; post-doctoral fellow recruitment and selection, evaluation, and promotion of post-doctoral fellows, and disciplinary action; supervision of post-doctoral fellows; and post-doctoral fellow education in the context of contributions to patient care. (Core)</p>
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.6.a.	The program director must be a role model of professionalism. (Core)
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)	2.6.b.	The program director must 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)
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the post-doctoral fellows in each of the ACGME Competency domains; (Core)	2.6.c.	The program director must administer and maintain a learning environment conducive to educating the post-doctoral fellows in each of the ACGME Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.6.d.	The program director must have the 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)
II.A.4.a).(5)	have the authority to remove post-doctoral fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.6.e.	The program director must have the authority to remove post-doctoral fellows from supervising interactions and/or learning environments that do not meet the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.6.f.	The program director must submit accurate and complete information required and requested by the DIO, GMEC, and ACGME. (Core)
II.A.4.a).(7)	provide a learning and working environment in which post-doctoral 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)	2.6.g.	The program director must provide a learning and working environment in which post-doctoral 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)

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II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew the appointment of a post-doctoral fellow; (Core)	2.6.h.	The program director must ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew the appointment of a post-doctoral fellow. (Core)
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.6.i.	The program director must ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination. (Core)
II.A.4.a).(9).(a)	Post-doctoral fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Post-doctoral fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all post-doctoral fellows within 30 days of completion of or departure from the program; (Core)	2.6.j.	The program director must document verification of education for all post-doctoral fellows within 30 days of completion of or departure from the program. (Core)
II.A.4.a).(11)	provide verification of an individual post-doctoral fellow's education upon the post-doctoral fellow's request, within 30 days; and, (Core)	2.6.k.	The program director must provide verification of an individual post-doctoral fellow's education upon the post-doctoral fellow's request, within 30 days. (Core)
II.A.4.a).(12)	provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s). (Core) [Common Program Requirement II.A.4.a).(12) may be omitted at the discretion of the Review Committee]	2.6.l.	The program director must provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core) [Common Program Requirement 2.6.l. may be omitted at the discretion of the Review Committee]
II.B.	Faculty <i>Faculty members are a foundational element of post-doctoral education – faculty members teach post-doctoral fellows how to contribute to care for patients. Faculty members provide an important bridge allowing post-doctoral fellows to grow and become prepared to provide clinical care, ensuring that patients receive the highest quality of care. They are role models for future generations of specialists 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 post-doctoral education system, improve the health of the individual and the population.</i> <i>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, post-doctoral 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 post-doctoral fellows and themselves.</i>	[None]	Faculty <i>Faculty members are a foundational element of post-doctoral education – faculty members teach post-doctoral fellows how to contribute to care for patients. Faculty members provide an important bridge allowing post-doctoral fellows to grow and become prepared to provide clinical care, ensuring that patients receive the highest quality of care. They are role models for future generations of specialists 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 post-doctoral education system, improve the health of the individual and the population.</i> <i>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, post-doctoral 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 post-doctoral fellows and themselves.</i>

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II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all post-doctoral fellows. (Core) [The Review Committee may further specify]	2.7.	There must be a sufficient number of faculty members with competence to instruct and supervise all post-doctoral fellows. (Core) [The Review Committee may further specify]
II.B.2.	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty Responsibilities Faculty members must be role models of professionalism. (Core)
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.8.a.	Faculty members must demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care. (Core)
II.B.2.c)	demonstrate a strong interest in the education of post-doctoral fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	Faculty members must demonstrate a strong interest in the education of post-doctoral fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. (Core)
II.B.2.d)	administer and maintain an educational environment conducive to educating post-doctoral fellows; (Core)	2.8.c.	Faculty members must administer and maintain an educational environment conducive to educating post-doctoral fellows. (Core)
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.8.d.	Faculty members must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Core)
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually: (Core)	2.8.e.	Faculty members must pursue faculty development designed to enhance their skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminating health inequities, and patient safety; (Detail)
II.B.2.f).(3)	in fostering their own and their post-doctoral fellows' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their post-doctoral fellows' well-being; and, (Detail)
II.B.2.f).(4)	as contributors to patient care based on their practice-based learning and improvement efforts. (Detail) [The Review Committee may further specify additional faculty responsibilities]	2.8.e.4.	as contributors to patient care based on their practice-based learning and improvement efforts. (Detail) [The Review Committee may further specify additional faculty responsibilities]
II.B.3.	Faculty Qualifications	2.9.	Faculty Qualifications Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core) [The Review Committee may further specify]
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core) [The Review Committee may further specify]	2.9.	Faculty Qualifications Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core) [The Review Committee may further specify]
II.B.3.b)	Faculty members must:	[None]	

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II.B.3.b).(1)	<p>have current certification in the specialty by the American Board of _____ or the American Osteopathic Board of _____, if available for their field of study, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>[The Review Committee may further specify additional qualifications]</p>	2.10.	<p>Faculty members must have current certification in the specialty by the American Board of _____ or the American Osteopathic Board of _____, if available for their field of study, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>[The Review Committee may further specify additional qualifications]</p>
II.B.4.	<p>Core Faculty</p> <p>Core faculty members must have a significant role in the education and supervision of post-doctoral fellows and must devote a significant portion of their entire effort to post-doctoral fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to post-doctoral fellows. (Core)</p>	2.11.	<p>Core Faculty</p> <p>Core faculty members must have a significant role in the education and supervision of post-doctoral fellows and must devote a significant portion of their entire effort to post-doctoral fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to post-doctoral fellows. (Core)</p>
II.B.4.a)	<p>Core faculty members must complete the annual ACGME Faculty Survey. (Core)</p> <p>[The Review Committee must specify the minimum number of core faculty and/or the core faculty-post-doctoral fellow ratio]</p> <p>[The Review Committee may further specify either:</p> <p>(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</p> <p>(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.]</p> <p>[The Review Committee may specify requirements specific to associate program director(s)]</p>	2.11.a.	<p>Core faculty members must complete the annual ACGME Faculty Survey. (Core)</p> <p>[The Review Committee must specify the minimum number of core faculty and/or the core faculty-post-doctoral fellow ratio]</p> <p>[The Review Committee may further specify either:</p> <p>(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</p> <p>(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.]</p> <p>[The Review Committee may specify requirements specific to associate program director(s)]</p>
II.C.	Program Coordinator	2.12.	Program Coordinator There must be a program coordinator. (Core)
II.C.1.	There must be a program coordinator. (Core)	2.12.	Program Coordinator There must be a program coordinator. (Core)
II.C.2.	<p>The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)</p> <p>[The Review Committee must further specify minimum dedicated time for the program coordinator]</p>	2.12.a.	<p>The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)</p> <p>[The Review Committee must further specify minimum dedicated time for the program coordinator]</p>

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	<p>Other Program Personnel</p> <p>The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)</p>		<p>Other Program Personnel</p> <p>The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)</p>
II.D.	[The Review Committee may further specify]	2.13.	[The Review Committee may further specify]
III.	Post-Doctoral Fellow Appointments	Section 3	Section 3: Post-Doctoral Fellow Appointments
II.A.	Eligibility Requirements	3.2.	<p>Eligibility Requirements</p> <p>An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)</p>
III.A.1.	An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)	3.2.	<p>Eligibility Requirements</p> <p>An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)</p>
III.A.1.a)	<p>graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME); graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or graduation from an accredited doctoral program in a clinically related discipline; or, (Core)</p> <p>[The Review Committee may further specify regarding “accredited doctoral program in a clinically related discipline”]</p>	3.2.a.	<p>graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME); graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or graduation from an accredited doctoral program in a clinically related discipline; or, (Core)</p> <p>[The Review Committee may further specify regarding “accredited doctoral program in a clinically related discipline”]</p>
III.A.1.b)	graduation from a medical school outside of the United States, and holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment. (Core)	3.2.b.	graduation from a medical school outside of the United States, and holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment. (Core)
III.B.	<p>Post-Doctoral Fellow Complement</p> <p>The program director must not appoint more post-doctoral fellows than approved by the Review Committee. (Core)</p> <p>[The Review Committee may further specify minimum complement numbers]</p>	3.4.	<p>Post-Doctoral Fellow Complement</p> <p>The program director must not appoint more post-doctoral fellows than approved by the Review Committee. (Core)</p> <p>[The Review Committee may further specify minimum complement numbers]</p>
III.C.	<p>Post-Doctoral Fellow Transfers</p> <p>The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring post-doctoral fellow, and Milestones evaluations upon matriculation. (Core)</p> <p>[The Review Committee may further specify]</p>	3.5.	<p>Post-Doctoral Fellow Transfers</p> <p>The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring post-doctoral fellow, and Milestones evaluations upon matriculation. (Core)</p> <p>[The Review Committee may further specify]</p>

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IV.	<p>Educational Program</p> <p><i>The ACGME accreditation system is designed to encourage excellence and innovation in post-doctoral education regardless of the organizational affiliation, size, or location of the program.</i></p> <p><i>The educational program must support the development of knowledgeable, skillful specialists who contribute to compassionate care.</i></p> <p><i>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.</i></p>	Section 4	<p>Section 4: Educational Program</p> <p><i>The ACGME accreditation system is designed to encourage excellence and innovation in post-doctoral education regardless of the organizational affiliation, size, or location of the program.</i></p> <p><i>The educational program must support the development of knowledgeable, skillful specialists who contribute to compassionate care.</i></p> <p><i>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.</i></p>
IV.A.	<p>Educational Components</p> <p>The curriculum must contain the following educational components:</p>	4.2.	<p>Educational Components</p> <p>The curriculum must contain the following educational components:</p>
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, post-doctoral fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, post-doctoral fellows, and faculty members; (Core)
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to post-doctoral fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to post-doctoral fellows and faculty members; (Core)
IV.A.3.	delineation of post-doctoral fellow responsibilities for patient care, progressive responsibility for contributions to patient care, and graded supervision; and, (Core)	4.2.c.	delineation of post-doctoral fellow responsibilities for patient care, progressive responsibility for contributions to patient care, and graded supervision; (Core)
IV.A.4.	a broad range of structured didactic activities; and, (Core)	4.2.d.	a broad range of structured didactic activities; and, (Core)
IV.A.4.a)	Post-doctoral fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	<p>Curriculum Organization and Post-Doctoral Fellow Experiences – Didactic and Clinical Experiences</p> <p>Post-doctoral fellows must be provided with protected time to participate in core didactic activities. (Core)</p> <p>[The Review Committee may specify required didactic and clinical experiences]</p>
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	<p>ACGME Competencies</p> <p><i>The Competencies provide a conceptual framework describing the required domains for a trusted specialist to enter autonomous practice. These Competencies are core to the practice of all specialists, although the specifics are further defined by each specialty. The developmental trajectories in each of the Competencies are articulated through the Milestones for each specialty.</i></p>

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IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGME Competencies into the curriculum.
IV.B.1.a)	Professionalism Post-doctoral fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professionalism Post-doctoral fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)
IV.B.1.a).(1)	Post-doctoral fellows must demonstrate competence in:	4.3.	ACGME Competencies – Professionalism Post-doctoral fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	Post-doctoral fellows must demonstrate competence in compassion, integrity, and respect for others. (Core)
IV.B.1.a).(1).(b)	responsiveness to patient care needs that supersedes self-interest; (Core)	4.3.b.	Post-doctoral fellows must demonstrate competence in responsiveness to patient care needs that supersedes self-interest. (Core)
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	Post-doctoral fellows must demonstrate competence in cultural humility. (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	Post-doctoral fellows must demonstrate competence in respect for patient privacy and autonomy. (Core)
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	Post-doctoral fellows must demonstrate competence in accountability to patients, society, and the profession. (Core)
IV.B.1.a).(1).(f)	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	Post-doctoral fellows must demonstrate competence in respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation. (Core)
IV.B.1.a).(1).(g)	ability to recognize and develop a plan for one’s own personal and professional well-being; and, (Core)	4.3.g.	Post-doctoral fellows must demonstrate competence in ability to recognize and develop a plan for one’s own personal and professional well-being. (Core)
IV.B.1.a).(1).(h)	appropriately disclosing and addressing conflict or duality of interest. (Core)	4.3.h.	Post-doctoral fellows must demonstrate competence in appropriately disclosing and addressing conflict or duality of interest. (Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Post-doctoral fellows must be able to contribute to patient care in a way that is patient- and family-centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core) [The Review Committee must further specify]	4.4.	ACGME Competencies – Patient Care Post-doctoral fellows must be able to contribute to patient care in a way that is patient- and family-centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core) [The Review Committee must further specify]
IV.B.1.b).(2)	Post-doctoral fellows must be able to perform all procedures considered essential for the area of practice. (Core) [The Review Committee may further specify]	4.5.	ACGME Competencies – Procedural Skills Post-doctoral fellows must be able to perform all procedures considered essential for the area of practice. (Core) [The Review Committee may further specify]

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IV.B.1.c)	<p>Medical Knowledge</p> <p>Post-doctoral 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 in their contributions to patient care. (Core)</p> <p>[The Review Committee must further specify]</p>	4.6.	<p>ACGME Competencies – Medical Knowledge</p> <p>Post-doctoral 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 in their contributions to patient care. (Core)</p> <p>[The Review Committee must further specify]</p>
IV.B.1.d)	<p>Practice-based Learning and Improvement</p> <p>Post-doctoral fellows must demonstrate the ability to investigate and evaluate their contributions to the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)</p>	4.7.	<p>ACGME Competencies – Practice-Based Learning and Improvement</p> <p>Post-doctoral fellows must demonstrate the ability to investigate and evaluate their contributions to the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)</p>
IV.B.1.d).(1)	Post-doctoral fellows must demonstrate competence in:	[None]	
IV.B.1.d).(1).(a)	identifying strengths, deficiencies, and limits in one’s knowledge and expertise; (Core)	4.7.a.	Post-doctoral fellows must demonstrate competence in identifying strengths, deficiencies, and limits in one’s knowledge and expertise. (Core)
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	Post-doctoral fellows must demonstrate competence in setting learning and improvement goals. (Core)
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	Post-doctoral fellows must demonstrate competence in identifying and performing appropriate learning activities. (Core)
IV.B.1.d).(1).(d)	systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; (Core)	4.7.d.	Post-doctoral fellows must demonstrate competence in systematically analyzing their contributions to care using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement. (Core)
IV.B.1.d).(1).(e)	incorporating feedback and formative evaluation into daily practice; and, (Core)	4.7.e.	Post-doctoral fellows must demonstrate competence in incorporating feedback and formative evaluation into daily practice. (Core)
IV.B.1.d).(1).(f)	<p>locating, appraising, and assimilating evidence from scientific studies related to their patients’ health problems. (Core)</p> <p>[The Review Committee may further specify by adding to the list of sub-competencies]</p>	4.7.f.	<p>Post-doctoral fellows must demonstrate competence in locating, appraising, and assimilating evidence from scientific studies related to their patients’ health problems. (Core)</p> <p>[The Review Committee may further specify by adding to the list of sub-competencies]</p>
IV.B.1.e)	<p>Interpersonal and Communication Skills</p> <p>Post-doctoral 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)</p>	4.8.	<p>ACGME Competencies – Interpersonal and Communication Skills</p> <p>Post-doctoral 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)</p>
IV.B.1.e).(1)	Post-doctoral fellows must demonstrate competence in:	[None]	

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IV.B.1.e).(1).(a)	communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient; (Core)	4.8.a.	Post-doctoral fellows must demonstrate competence in communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient. (Core)
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health-related agencies; (Core)	4.8.b.	Post-doctoral fellows must demonstrate competence in communicating effectively with physicians, other health professionals, and health-related agencies. (Core)
IV.B.1.e).(1).(c)	working effectively as a member or leader of a health care team or other professional group; (Core)	4.8.c.	Post-doctoral fellows must demonstrate competence in working effectively as a member or leader of a health care team or other professional group. (Core)
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Post-doctoral fellows must demonstrate competence in educating patients, patients' families, students, and other health professionals. (Core)
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Post-doctoral fellows must demonstrate competence in acting in a consultative role to other physicians and health professionals. (Core)
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core) [The Review Committee may further specify by adding to the list of sub-competencies]	4.8.f.	Post-doctoral fellows must demonstrate competence in maintaining comprehensive, timely, and legible health care records, if applicable. (Core) [The Review Committee may further specify by adding to the list of sub-competencies]
IV.B.1.f).	Systems-based Practice Post-doctoral 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 effectively collaborate with other providers and use resources to provide optimal health care. (Core)	4.9.	ACGME Competencies - Systems-Based Practice Post-doctoral 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 effectively collaborate with other providers and use resources to provide optimal health care. (Core)
IV.B.1.f).(1)	Post-doctoral fellows must demonstrate competence in:	[None]	
IV.B.1.f).(1).(a)	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	Post-doctoral fellows must demonstrate competence in working effectively in various health care delivery settings and systems relevant to their clinical specialty. (Core)
IV.B.1.f).(1).(b)	helping to coordinate patient care across the health care continuum and beyond as relevant to their specialty; (Core)	4.9.b.	Post-doctoral fellows must demonstrate competence in helping to coordinate patient care across the health care continuum and beyond as relevant to their specialty. (Core)
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Post-doctoral fellows must demonstrate competence in advocating for quality patient care and optimal patient care systems. (Core)
IV.B.1.f).(1).(d)	participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.d.	Post-doctoral fellows must demonstrate competence in participating in identifying system errors and implementing potential systems solutions. (Core)
IV.B.1.f).(1).(e)	incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate;(Core)	4.9.e.	Post-doctoral fellows must demonstrate competence in incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate. (Core)

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IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Post-doctoral fellows must demonstrate competence in understanding health care finances and its impact on individual patients' health decisions. (Core)
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Post-doctoral fellows must demonstrate competence in using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)
IV.B.1.f).(2)	Post-doctoral fellows must learn to advocate for patients within the health care system, directly or through collaboration with other providers, to achieve the patient's and patient's family's care goals. (Core) [The Review Committee may further specify by adding to the list of sub-competencies]	4.9.h.	Post-doctoral fellows must learn to advocate for patients within the health care system, directly or through collaboration with other providers, to achieve the patient's and patient's family's care goals. (Core) [The Review Committee may further specify by adding to the list of sub-competencies]
IV.C.	Curriculum Organization and Post-Doctoral Fellow Experiences	4.10. - 4.11.	4.10. Curriculum Organization and Post-Doctoral Fellow Experiences – Curriculum Structure The curriculum must be structured to optimize post-doctoral 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) [The Review Committee must further specify] 4.11. Curriculum Organization and Post-Doctoral Fellow Experiences – Didactic and Clinical Experiences Post-doctoral fellows must be provided with protected time to participate in core didactic activities. (Core) [The Review Committee may specify required didactic and clinical experiences]
IV.C.1.	The curriculum must be structured to optimize post-doctoral 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) [The Review Committee must further specify] [The Review Committee may specify required didactic and clinical experiences]	4.10.	Curriculum Organization and Post-Doctoral Fellow Experiences – Curriculum Structure The curriculum must be structured to optimize post-doctoral 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) [The Review Committee must further specify]

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IV.D.	<p>Scholarship</p> <p><i>Medicine is both an art and a science. 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 post-doctoral fellow participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.</i></p> <p><i>The ACGME recognizes the diversity of post-doctoral education programs and anticipates that programs prepare specialists for a variety of roles, including contributors to clinical care, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.</i></p>	[None]	<p>Scholarship</p> <p><i>Medicine is both an art and a science. 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 post-doctoral fellow participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.</i></p> <p><i>The ACGME recognizes the diversity of post-doctoral education programs and anticipates that programs prepare specialists for a variety of roles, including contributors to clinical care, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.</i></p>
IV.D.1.	Program Responsibilities	4.12.	<p>Program Responsibilities</p> <p>The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)</p>
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)	4.12.	<p>Program Responsibilities</p> <p>The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)</p>
IV.D.1.b)	<p>The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate post-doctoral fellow and faculty involvement in scholarly activities. (Core)</p> <p>[The Review Committee may further specify]</p>	4.12.a.	<p>The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate post-doctoral fellow and faculty involvement in scholarly activities. (Core)</p> <p>[The Review Committee may further specify]</p>
IV.D.1.c)	The program must advance post-doctoral fellows' knowledge and practice of the scholarly approach to evidence-based contributions to patient care. (Core)	4.12.b.	The program must advance post-doctoral fellows' knowledge and practice of the scholarly approach to evidence-based contributions to patient care. (Core)
IV.D.2.	Faculty Scholarly Activity	4.13.	<p>Faculty Scholarly Activity</p> <p>Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)</p> <ul style="list-style-type: none"> • 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

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IV.D.2.a)	<p>Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)</p> <ul style="list-style-type: none"> • 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 	4.13.	<p>Faculty Scholarly Activity Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)</p> <ul style="list-style-type: none"> • 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
IV.D.2.b)	<p>The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:</p> <p>[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)]</p>	4.13.a.	<p>The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:</p> <p>[Review Committee will choose to require either 4.13.a.1. or both 4.13.a.1. and 4.13.a.2.]</p>
IV.D.2.b).(1)	<p>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)</p>	4.13.a.1.	<p>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)</p>
IV.D.2.b).(2)	<p>peer-reviewed publication. (Outcome)</p>	4.13.a.2.	<p>peer-reviewed publication. (Outcome)</p>
IV.D.3.	<p>Post-Doctoral Fellow Scholarly Activity</p>	4.14.	<p>Post-Doctoral Fellow Scholarly Activity Post-doctoral fellows must participate in scholarship. (Core)</p> <p>[The Review Committee may further specify]</p>
IV.D.3.a)	<p>Post-doctoral fellows must participate in scholarship. (Core) [The Review Committee may further specify]</p>	4.14.	<p>Post-Doctoral Fellow Scholarly Activity Post-doctoral fellows must participate in scholarship. (Core)</p> <p>[The Review Committee may further specify]</p>
V.	<p>Evaluation</p>	Section 5	<p>Section 5: Evaluation</p>
V.A.	<p>Post-Doctoral Fellow Evaluation</p>	5.1.	<p>Post-Doctoral Fellow Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on post-doctoral fellow performance during each rotation or similar educational assignment. (Core)</p> <p>[The Review Committee may further specify under any requirement in 5.1.a. – 5.1.g.]</p>

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V.A.1.	Feedback and Evaluation [The Review Committee may further specify under any requirement in V.A.1.-V.A.1.f)]	5.1.	Post-Doctoral Fellow Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on post-doctoral fellow performance during each rotation or similar educational assignment. (Core) [The Review Committee may further specify under any requirement in 5.1.a. – 5.1.g.]
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on post-doctoral fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Post-Doctoral Fellow Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on post-doctoral fellow performance during each rotation or similar educational assignment. (Core) [The Review Committee may further specify under any requirement in 5.1.a. – 5.1.g.]
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the completion of the assignment. (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)
V.A.1.b).(2)	Longitudinal experiences must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences must be evaluated at least every three months and at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones. (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.	The program must use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members). (Core)
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive post-doctoral fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	The program must provide that information to the Clinical Competency Committee for its synthesis of progressive post-doctoral 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 post-doctoral fellow their documented semi-annual evaluation of performance, including progress along the specialty-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 post-doctoral fellow their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones. (Core)
V.A.1.d).(2)	assist post-doctoral 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 post-doctoral 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 post-doctoral 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 post-doctoral fellows failing to progress, following institutional policies and procedures. (Core)
V.A.1.e)	The evaluations of a post-doctoral fellow’s performance must be accessible for review by the post-doctoral fellow. (Core)	5.1.f.	At least annually, there must be a summative evaluation of each post-doctoral fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)

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V.A.1.f).	The evaluations of a resident's performance must be accessible for review by the resident. (Core)	5.1.g.	The evaluations of a post-doctoral fellow's performance must be accessible for review by the post-doctoral fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Final Evaluation The program director must provide a final evaluation for each post-doctoral fellow upon completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each post-doctoral fellow upon completion of the program. (Core)	5.2.	Final Evaluation The program director must provide a final evaluation for each post-doctoral fellow upon completion of the program. (Core)
V.A.2.a).(1)	The specialty-specific Milestones, and, when applicable, the specialty-specific Case Logs, must be used as tools to ensure post-doctoral fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The specialty-specific Milestones, and, when applicable, the specialty-specific Case Logs, must be used as tools to ensure post-doctoral 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 post-doctoral fellow's permanent record maintained by the institution, and must be accessible for review by the post-doctoral fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become part of the post-doctoral fellow's permanent record maintained by the institution, and must be accessible for review by the post-doctoral fellow in accordance with institutional policy. (Core)
V.A.2.a).(2).(b)	verify that the post-doctoral 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 post-doctoral fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. (Core)
V.A.2.a).(2).(c)	be shared with the post-doctoral fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared with the post-doctoral fellow upon completion of the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee must be appointed by the program director. (Core)
V.A.3.a)	At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. (Core)	5.3.a.	At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. (Core)
V.A.3.a).(1)	Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's post-doctoral fellows. (Core)	5.3.b.	Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's post-doctoral fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all post-doctoral fellow evaluations at least semi-annually; (Core)	5.3.c.	The Clinical Competency Committee must review all post-doctoral fellow evaluations at least semi-annually. (Core)
V.A.3.b).(2)	determine each post-doctoral fellow's progress on achievement of the specialty-specific Milestones; and, (Core)	5.3.d.	The Clinical Competency Committee must determine each post-doctoral fellow's progress on achievement of the specialty-specific Milestones. (Core)
V.A.3.b).(3)	meet prior to the post-doctoral fellows' semi-annual evaluations and advise the program director regarding each post-doctoral fellow's progress. (Core)	5.3.e.	The Clinical Competency Committee must meet prior to the post-doctoral fellows' semi-annual evaluations and advise the program director regarding each post-doctoral fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)

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V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator and clinical specialist, professionalism, and scholarly activities. (Core)
V.B.1.b)	This evaluation must include written, confidential evaluations by the post-doctoral fellows. (Core)	5.4.b.	This evaluation must include written, confidential evaluations by the post-doctoral fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback on their evaluations at least annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1.	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one post-doctoral fellow. (Core)	5.5.a.	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one post-doctoral fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities must include review of the program's self-determined goals and progress toward meeting them. (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsibilities must include guiding ongoing program improvement, including development of new goals, based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsibilities must include review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the post-doctoral fellows and members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the post-doctoral fellows and members of the teaching faculty, and be submitted to the DIO. (Core)

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V.C.2.	The program must complete a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must complete a Self-Study and submit it to the DIO. (Core)
V.C.3.	<p><i>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.</i></p> <p><i>The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.</i></p> <p>[If certification in the specialty is not offered by the ABMS and/or the AOA, V.C.3.a)-V.C.3.f) will be omitted.]</p>	[None]	<p>Board Certification <i>One goal of ACGME-accredited education is to educate specialists who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate certifying exam pass rate.</i></p> <p><i>The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.</i></p> <p>[If certification in the specialty is not offered by the ABMS and/or the AOA, 5.6. – 5.6.e. will be omitted.]</p>
V.C.3.a)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program’s aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.	Board Certification For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program’s aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)
V.C.3.b)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program’s aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.a.	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program’s aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)
V.C.3.c)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program’s aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.b.	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program’s aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)
V.C.3.d)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program’s aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.c.	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program’s aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty. (Outcome)	5.6.d.	For each of the exams referenced in 5.6. – 5.6.c., any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty. (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible post-doctoral fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board certification status annually for the cohort of board-eligible post-doctoral fellows that graduated seven years earlier. (Core)

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VI	<p>The Learning and Working Environment</p> <p><i>Post-doctoral education must occur in the context of a learning and working environment that emphasizes the following principles:</i></p> <ul style="list-style-type: none"> • <i>Excellence in the safety and quality of contributions to care of patients by post-doctoral fellows today</i> • <i>Excellence in the safety and quality of care rendered to patients by today's post-doctoral fellows in their future practice</i> • <i>Excellence in professionalism</i> • <i>Appreciation for the privilege of providing care for patients</i> • <i>Commitment to the well-being of the students, post-doctoral fellows, faculty members, and all members of the health care team</i> 	Section 6	<p>Section 6: The Learning and Working Environment</p> <p><i>Post-doctoral education must occur in the context of a learning and working environment that emphasizes the following principles:</i></p> <ul style="list-style-type: none"> • <i>Excellence in the safety and quality of contributions to care of patients by post-doctoral fellows today</i> • <i>Excellence in the safety and quality of care rendered to patients by today's post-doctoral fellows in their future practice</i> • <i>Excellence in professionalism</i> • <i>Appreciation for the privilege of providing care for patients</i> • <i>Commitment to the well-being of the students, post-doctoral fellows, faculty members, and all members of the health care team</i>
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	<p>Culture of Safety</p> <p><i>A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.</i></p>	[None]	<p>Culture of Safety</p> <p><i>A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.</i></p>
VI.A.1.a).(1).(a)	The program, its faculty, post-doctoral fellows, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, post-doctoral fellows, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)
VI.A.1.a).(2)	<p>Patient Safety Events</p> <p><i>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.</i></p>	[None]	<p>Patient Safety Events</p> <p><i>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.</i></p>
VI.A.1.a).(2).(a)	Post-doctoral fellows, residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Post-doctoral fellows, residents, fellows, faculty members, and other clinical staff members must know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events. (Core)

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VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Post-doctoral fellows, residents, fellows, faculty members, and other clinical staff members must be provided with summary information of their institution's patient safety reports. (Core)
VI.A.1.a).(2).(b)	Post-doctoral 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.	Post-doctoral 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)
VI.A.1.a).(3)	Quality Metrics <i>Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.</i>	[None]	Quality Metrics <i>Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.</i>
VI.A.1.a).(3).(a)	Post-doctoral fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core) [The Review Committee may further specify]	6.4.	Post-doctoral fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core) [The Review Committee may further specify]
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability <i>Although the attending specialist is ultimately responsible for the care of the patient, every specialist 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 contributions to patient care.</i> <i>Supervision in the setting of post-doctoral education provides safe and effective contributions to care of patients; ensures each post-doctoral fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised participation in care; and establishes a foundation for continued professional growth.</i>
VI.A.2.a)	<i>Although the attending specialist is ultimately responsible for the care of the patient, every specialist 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 contributions to patient care.</i> <i>Supervision in the setting of post-doctoral education provides safe and effective contributions to care of patients; ensures each post-doctoral fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised participation in care; and establishes a foundation for continued professional growth.</i>	[None]	Supervision and Accountability <i>Although the attending specialist is ultimately responsible for the care of the patient, every specialist 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 contributions to patient care.</i> <i>Supervision in the setting of post-doctoral education provides safe and effective contributions to care of patients; ensures each post-doctoral fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised participation in care; and establishes a foundation for continued professional growth.</i>

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VI.A.2.a).(1)	Post-doctoral fellows and faculty members must ensure patients are informed of the specialist involved in their care, and of their respective roles in contributing to patient care. (Core)	6.5.	Post-doctoral fellows and faculty members must ensure patients are informed of the specialist involved in their care, and of their respective roles in contributing to patient care. This information must be available to post-doctoral fellows, faculty members, other members of the health care team, and patients. (Core)
VI.A.2.a).(1).(a)	This information must be available to post-doctoral fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Post-doctoral fellows and faculty members must ensure patients are informed of the specialist involved in their care, and of their respective roles in contributing to patient care. This information must be available to post-doctoral fellows, faculty members, other members of the health care team, and patients. (Core)
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all post-doctoral fellows is based on each post-doctoral 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 Review Committee may specify which activities require different levels of supervision.]	6.6.	The program must demonstrate that the appropriate level of supervision in place for all post-doctoral fellows is based on each post-doctoral 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 Review Committee may specify which activities require different levels of supervision.]
VI.A.2.b)	Levels of Supervision To promote appropriate post-doctoral fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision <i>To promote appropriate post-doctoral fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision.</i>
VI.A.2.b).(1)	Direct Supervision	6.7.	Direct Supervision <i>The supervising specialist is physically present with the post-doctoral fellow during the key portions of the interactions around patient care.</i> [The Review Committee may further specify] <i>The supervising specialist and/or patient is not physically present with the post-doctoral fellow and the supervising specialist is concurrently monitoring the patient care through appropriate telecommunication technology.</i> [The Review Committee may choose not to permit this requirement. The Review Committee may further specify.]
VI.A.2.b).(1).(a)	the supervising specialist is physically present with the post-doctoral fellow during the key portions of the interactions around patient care; or, [The Review Committee may further specify]	6.7.	Direct Supervision <i>The supervising specialist is physically present with the post-doctoral fellow during the key portions of the interactions around patient care.</i> [The Review Committee may further specify] <i>The supervising specialist and/or patient is not physically present with the post-doctoral fellow and the supervising specialist is concurrently monitoring the patient care through appropriate telecommunication technology.</i> [The Review Committee may choose not to permit this requirement. The Review Committee may further specify.]

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VI.A.2.b).(1).(a).(i)	Post-doctoral fellows must initially be supervised directly, only as described in VI.A.2.b).(1).(a). (Core) [The Review Committee may describe the conditions under which post-doctoral fellows progress to be supervised indirectly]	6.7.a.	Post-doctoral fellows must initially be supervised directly, only as described in the above definition. (Core) [The Review Committee may describe the conditions under which post-doctoral fellows progress to be supervised indirectly]
VI.A.2.b).(1).(b)	the supervising specialist and/or patient is not physically present with the post-doctoral fellow and the supervising specialist is concurrently monitoring the patient care through appropriate telecommunication technology. [The RC may choose not to permit this requirement. The Review Committee may further specify]	6.7.	Direct Supervision <i>The supervising specialist is physically present with the post-doctoral fellow during the key portions of the interactions around patient care.</i> [The Review Committee may further specify] <i>The supervising specialist and/or patient is not physically present with the post-doctoral fellow and the supervising specialist is concurrently monitoring the patient care through appropriate telecommunication technology.</i> [The Review Committee may choose not to permit this requirement. The Review Committee may further specify.]
VI.A.2.b).(2)	Indirect Supervision: the supervising specialist is not providing physical or concurrent visual or audio supervision but is immediately available to the post-doctoral fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision <i>The supervising specialist is not providing physical or concurrent visual or audio supervision but is immediately available to the post-doctoral fellow for guidance and is available to provide appropriate direct supervision.</i>
VI.A.2.b).(3)	Oversight – the supervising specialist is available to provide review of post-doctoral fellow involvement in procedures/encounters, with feedback provided after care is delivered.	[None]	Oversight <i>The supervising specialist is available to provide review of post-doctoral fellow involvement in procedures/encounters, with feedback provided after care is delivered.</i>
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 physical presence of a supervising specialist is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in contributions to patient care delegated to each post-doctoral fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in contributions to patient care delegated to each post-doctoral fellow must be assigned by the program director and faculty members. (Core)
VI.A.2.d).(1)	The program director must evaluate each post-doctoral fellow’s abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate each post-doctoral fellow’s abilities based on specific criteria, guided by the Milestones. (Core)
VI.A.2.d).(2)	Faculty members functioning as supervising specialists must delegate portions of care involvement to post-doctoral fellows based on contributions to care needed and the skills of each post-doctoral fellow. (Core)	6.9.b.	Faculty members functioning as supervising specialists must delegate portions of care involvement to post-doctoral fellows based on contributions to care needed and the skills of each post-doctoral fellow. (Core)
VI.A.2.d).(3)	Senior post-doctoral fellows should serve in a supervisory role to junior post-doctoral fellows in recognition of their progress toward independence, based on the contributions to care needed for each patient and the skills of the individual post-doctoral fellow or fellow. (Detail)	6.9.c.	Senior post-doctoral fellows should serve in a supervisory role to junior post-doctoral fellows in recognition of their progress toward independence, based on the contributions to care needed for each patient and the skills of the individual post-doctoral fellow or fellow. (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which post-doctoral fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circumstances and events in which post-doctoral fellows must communicate with the supervising faculty member(s). (Core)

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VI.A.2.e).(1)	Each post-doctoral fellow must know the limits of their scope of authority, and the circumstances under which the post-doctoral fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each post-doctoral fellow must know the limits of their scope of authority, and the circumstances under which the post-doctoral fellow is permitted to act with conditional independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each post-doctoral fellow and to delegate to the post-doctoral fellow the appropriate level of involvement in patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each post-doctoral fellow and to delegate to the post-doctoral fellow the appropriate level of involvement in patient care authority and responsibility. (Core)
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sponsoring Institutions, must educate post-doctoral fellows and faculty members concerning the professional and ethical responsibilities of specialists, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate post-doctoral fellows and faculty members concerning the professional and ethical responsibilities of specialists, 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 Sponsoring Institutions, must educate post-doctoral fellows and faculty members concerning the professional and ethical responsibilities of specialists, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on post-doctoral fellows to fulfill non-specialist obligations; (Core)	6.12.a.	The learning objectives of the program must be accomplished without excessive reliance on post-doctoral fellows to fulfill non-specialist obligations. (Core)
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core) [The Review Committee may further specify]	6.12.b.	The learning objectives of the program must ensure manageable patient care responsibilities. (Core) [The Review Committee may further specify]
VI.B.2.c)	include efforts to enhance the meaning that each post-doctoral fellow finds in the experience of being a specialist, 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 must include efforts to enhance the meaning that each post-doctoral fellow finds in the experience of being a specialist, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)
VI.B.4.	Post-doctoral 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.	Post-doctoral 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)
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, post-doctoral fellows, faculty, and staff. (Core)	6.12.f.	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, post-doctoral fellows, faculty, and staff. (Core)

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VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of post-doctoral 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 Sponsoring Institutions, should have a process for education of post-doctoral fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)
VI.C.	<p>Well-Being</p> <p><i>Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient specialist and require proactive attention to life inside and outside of medicine. Well-being requires that specialists retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of post-doctoral education.</i></p> <p><i>Post-doctoral 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 post-doctoral fellow competence. Specialists 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 post-doctoral fellows with the skills and attitudes needed to thrive throughout their careers.</i></p>	[None]	<p>Well-Being</p> <p><i>Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient specialist and require proactive attention to life inside and outside of medicine. Well-being requires that specialists retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of post-doctoral education.</i></p> <p><i>Post-doctoral 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 post-doctoral fellow competence. Specialists 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 post-doctoral fellows with the skills and attitudes needed to thrive throughout their careers.</i></p>
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts post-doctoral fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity, and work compression that impacts post-doctoral fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of post-doctoral fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and addressing the safety of post-doctoral fellows and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal post-doctoral fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage optimal post-doctoral fellow and faculty member well-being; and, (Core)
VI.C.1.c).(1)	Post-doctoral 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.	Post-doctoral fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)
VI.C.1.d)	education of post-doctoral fellows and faculty members in:	6.13.d.	education of post-doctoral fellows and faculty members in:
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-screening. (Core)
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)

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VI.C.2.	There are circumstances in which post-doctoral fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for post-doctoral fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which post-doctoral fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for post-doctoral fellows unable to perform their patient care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of their contributions to patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and procedures in place to ensure coverage of their contributions to patient care and ensure continuity of patient care. (Core)
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the post-doctoral fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented without fear of negative consequences for the post-doctoral fellow who is or was unable to provide the clinical work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all post-doctoral fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all post-doctoral fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all post-doctoral fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for post-doctoral fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for post-doctoral fellows who may be too fatigued to safely return home. (Core)
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical care contributions for each post-doctoral fellow must be based on PGY level, patient safety, post-doctoral fellow ability, severity and complexity of patient illness/condition, and available support services. (Core) [Optimal clinical workload may be further specified by each Review Committee]	6.17.	Clinical Responsibilities The clinical care contributions for each post-doctoral fellow must be based on PGY level, patient safety, post-doctoral fellow ability, severity and complexity of patient illness/condition, and available support services. (Core) [Optimal clinical workload may be further specified by each Review Committee]
VI.E.2.	Teamwork Post-doctoral fellows must contribute to care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system. (Core) [The Review Committee may further specify]	6.18.	Teamwork Post-doctoral fellows must contribute to care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system. (Core) [The Review Committee may further specify]
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care involvement, including their safety, frequency, and structure. (Core)

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Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement Language
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care involvement, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care involvement, including their safety, frequency, and structure. (Core)
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)
VI.E.3.c)	Programs must ensure that post-doctoral fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that post-doctoral fellows are competent in communicating with team members in the hand-off process. (Outcome)
VI.F.	<p>Clinical Experience and Education</p> <p><i>Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide post-doctoral fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.</i></p> <p>[The Review Committee may further specify under any requirement in VI.F.]</p>	[None]	<p>Clinical Experience and Education</p> <p><i>Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide post-doctoral fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.</i></p> <p>[The Review Committee may further specify under any requirement in 6.20. – 6.28.a.]</p>
VI.F.1.	<p>Maximum Hours of Clinical and Educational Work per Week</p> <p>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)</p>	6.20.	<p>Maximum Hours of Clinical and Educational Work per Week</p> <p>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)</p>
VI.F.2.	<p>Mandatory Time Free of Clinical Work and Education</p>	6.21.	<p>Mandatory Time Free of Clinical Work and Education</p> <p>Post-doctoral fellows should have eight hours off between scheduled clinical work and education periods. (Detail)</p>
VI.F.2.a)	Post-doctoral fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	<p>Mandatory Time Free of Clinical Work and Education</p> <p>Post-doctoral fellows should have eight hours off between scheduled clinical work and education periods. (Detail)</p>
VI.F.2.b)	Post-doctoral fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Post-doctoral 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)	Post-doctoral fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)	6.21.b.	Post-doctoral fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)
VI.F.3.	<p>Maximum Clinical Work and Education Period Length</p>	6.22.	<p>Maximum Clinical Work and Education Period Length</p> <p>Clinical and educational work periods for post-doctoral fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)</p>
VI.F.3.a)	Clinical and educational work periods for post-doctoral fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	<p>Maximum Clinical Work and Education Period Length</p> <p>Clinical and educational work periods for post-doctoral fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)</p>

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Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement Language
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 post-doctoral fellow education. Additional patient care responsibilities must not be assigned to a post-doctoral 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 post-doctoral fellow education. Additional patient care responsibilities must not be assigned to a post-doctoral 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 post-doctoral fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to help 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)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a post-doctoral fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to help 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 Exceptions In rare circumstances, after handing off all other responsibilities, a post-doctoral fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to help 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)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.	6.24.	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.
VI.F.4.c).(1)	In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the <i>ACGME Manual of Policies and Procedures</i> . (Detail)	6.24.a.	In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the <i>ACGME Manual of Policies and Procedures</i> . (Detail)
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the ability of the post-doctoral fellow to achieve the goals and objectives of the educational program, and must not interfere with the post-doctoral fellow's fitness for work nor compromise patient safety. (Core)
VI.F.5.a)	Moonlighting must not interfere with the ability of the post-doctoral fellow to achieve the goals and objectives of the educational program, and must not interfere with the post-doctoral fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the ability of the post-doctoral fellow to achieve the goals and objectives of the educational program, and must not interfere with the post-doctoral fellow's fitness for work nor compromise patient safety. (Core)
VI.F.5.b)	Time spent by post-doctoral fellows in internal and external moonlighting (as defined in the <i>ACGME Glossary of Terms</i>) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by post-doctoral fellows in internal and external moonlighting (as defined in the <i>ACGME Glossary of Terms</i>) must be counted toward the 80-hour maximum weekly limit. (Core)
VI.F.5.c)	PGY-1 post-doctoral fellows are not permitted to moonlight. (Core)	6.25.b.	PGY-1 post-doctoral fellows are not permitted to moonlight. (Core)

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VI.F.6.	<p>In-House Night Float</p> <p>Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (Core)</p> <p>[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.]</p>	6.26.	<p>In-House Night Float</p> <p>Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (Core)</p> <p>[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.]</p>
VI.F.7.	<p>Maximum In-House On-Call Frequency</p> <p>Post-doctoral fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)</p>	6.27.	<p>Maximum In-House On-Call Frequency</p> <p>Post-doctoral fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)</p>
VI.F.8.	<p>At-Home Call</p>	6.28.	<p>At-Home Call</p> <p>Time spent on patient care activities by post-doctoral fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)</p>
VI.F.8.a)	<p>Time spent on patient care activities by post-doctoral fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)</p>	6.28.	<p>At-Home Call</p> <p>Time spent on patient care activities by post-doctoral fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)</p>
VI.F.8.a).(1)	<p>At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each post-doctoral fellow. (Core)</p>	6.28.a.	<p>At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each post-doctoral fellow. (Core)</p>