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Requirement Number	Requirement Language	Requirement Number	Requirement
	Definition of Graduate Medical Education Graduate medical education is the crucial step of professional development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but		Definition of Graduate Medical Education Graduate medical education is the crucial between medical school and autonomous of the continuum of medical education the patient care under the supervision of fact
	serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship.		serve as role models of excellence, comp professionalism, and scholarship.
Int.A.	Graduate medical education transforms medical students into physician scholars who care for the patient, patient's family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many years later.	[None]	Graduate medical education transforms n who care for the patient, patient's family, integrate new knowledge into practice; ar physicians to serve the public. Practice p medical education persist many years late
	Graduate medical education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Graduate medical education develops physicians who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through		Graduate medical education has as a core responsibility for patient care. The care of appropriate faculty supervision and cond to attain the knowledge, skills, attitudes, j autonomous practice. Graduate medical e focus on excellence in delivery of safe, ed the health of the populations they serve. O strength that a diverse group of physician importance of inclusive and psychological Graduate medical education occurs in clin foundation for practice-based and lifelong development of the physician, begun in m
Int.A. (Continued)	faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None] - (Continued)	faculty modeling of the effacement of self that emphasizes joy in curiosity, problem This transformation is often physically, ef and occurs in a variety of clinical learning medical education and the well-being of p members, students, and all members of t
Int.B.	Definition of Specialty [The Review Committee must further specify]	[None]	Definition of Specialty [The Review Committee must further special
Int.C.	Length of Educational Program [The Review Committee must further specify]	4.1.	Length of Program [The Review Committee must further spec
	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education, consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the organiza financial and academic responsibility for education, consistent with the ACGME In
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is not a commonly utilized site of clinical activity site.

ial step of professional development us clinical practice. It is in this vital phase that residents learn to provide optimal culty members who not only instruct, but npassion, cultural sensitivity,

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

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

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

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ization or entity that assumes the ultimate or a program of graduate medical Institutional Requirements.

a rotation site for the program, the most ty for the program is the primary clinical

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Requirement Number	Requirement Language The program must be sponsored by one ACGME-accredited Sponsoring	Requirement Number	Requirement The program must be sponsored by one A
I.A.1.	Institution.	1.1.	Institution.
	Participating Sites		
I.B.	A participating site is an organization providing educational experiences or educational assignments/rotations for residents.	[None]	Participating Sites A participating site is an organization pro educational assignments/rotations for res
	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)		The program, with approval of its Sponso primary clinical site. (Core)
I.B.1.	[The Review Committee may specify which other specialties/programs must be present at the primary clinical site]	1.2.	[The Review Committee may specify whic present at the primary clinical site]
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 agreem each participating site that governs the re participating site providing a required ass
I.B.2.a)	The PLA must:	[None]	participating site providing a required as
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 <sup>-</sup>
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the design
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 leaparticipating sites. (Core)
I.B.3.a).	At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must be o program director as the site director, who that site, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core) [The Review Committee may further specify]	1.6.	The program director must submit any ac sites routinely providing an educational e one month full time equivalent (FTE) or m Data System (ADS). (Core) [The Review Committee may further spec
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Retention The program, in partnership with its Spor practices that focus on mission-driven, o retention of a diverse and inclusive workf faculty members, senior administrative G members of its academic community. (Co
			Resources The program, in partnership with its Spor availability of adequate resources for res
I.D.	Resources	1.8.	[The Review Committee must further spe
	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core)		Resources The program, in partnership with its Spor availability of adequate resources for resi
I.D.1.	[The Review Committee must further specify]	1.8.	[The Review Committee must further spe
	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for:	1 9	The program, in partnership with its Spor and safe learning and working environme
I.D.2. I.D.2.a)	and provide for: access to food while on duty; (Core)	1.9. 1.9.a.	and provide for: access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/rest f residents with proximity appropriate for s

e ACGME-accredited Sponsoring

# roviding educational experiences or residents.

soring Institution, must designate a

# nich other specialties/programs must be

ement (PLA) between the program and relationship between the program and the assignment. (Core)

y 10 years. <sup>(Core)</sup>

gnated institutional official (DIO). (Core) learning and working environment at all

one faculty member, designated by the ho is accountable for resident education at ram director. (Core)

additions or deletions of participating I experience, required for all residents, of more through the ACGME's Accreditation

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onsoring Institution, must engage in ongoing, systematic recruitment and rkforce of residents, fellows (if present), GME staff members, and other relevant Core)

oonsoring Institution, must ensure the esident education. (Core)

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oonsoring Institution, must ensure the esident education. (Core)

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onsoring Institution, must ensure healthy nents that promote resident well-being

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

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<b>Requirement Number</b>	Requirement Language	Requirement Number	Requirement
	clean and private facilities for lactation that have refrigeration capabilities, with		clean and private facilities for lactation th
I.D.2.c)	proximity appropriate for safe patient care; (Core)	1.9.c.	proximity appropriate for safe patient car
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropriate
I.D.2.e)	accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for residents with disat Institution's policy. (Core)
I.D.3.	Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Residents must have ready access to spe reference material in print or electronic for electronic medical literature databases w
	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed residents' education. (Core)		Other Learners and Health Care Personne The presence of other learners and other limited to residents from other programs, practice providers, must not negatively in education. (Core)
I.E.	[The Review Committee may further specify]	1.11.	[The Review Committee may further spec
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member appoi and accountability for the overall program 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 appoi and accountability for the overall program 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 and must verify the program director's lic
	Final approval of the program director resides with the Review Committee. (Core) [For specialties that require Review Committee approval of the program director,		Final approval of the program director res
II.A.1.a).(1)	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.	the Review Committee may further specif those specialties that do not require Revi 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 time adequate to maintain continuity of le [The Review Committee may further spec
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, provided with support adequate for admin size and configuration. (Core) [The Review Committee must further spe- program administration, and will determin the program director or both the program program director(s).]
II.A.3.	Qualifications of the program director:	2.5.	Qualifications of the Program Director The program director must possess spec documented educational and/or administ acceptable to the Review Committee. (Co

that have refrigeration capabilities, with are; (Core)

ate to the participating site; and, (Core) abilities consistent with the Sponsoring

pecialty-specific and other appropriate format. This must include access to with full text capabilities. (Core)

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er health care personnel, including, but not is, subspecialty fellows, and advanced impact the appointed residents'

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ointed as program director with authority am, including compliance with all e)

ointed as program director with authority am, including compliance with all e)

st approve a change in program director licensure and clinical appointment. (Core)

resides with the Review Committee. (Core)

mmittee approval of the program director, cify. This requirement will be deleted for eview Committee approval of the program

on of the program director for a length of leadership and program stability. (Core) ecify]

e, the program's leadership team, must be ninistration of the program based upon its

becify minimum dedicated time for nine whether program leadership refers to am director and associate/assistant

ecialty expertise and at least three years of strative experience, or qualifications Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement
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 spec documented educational and/or administr acceptable to the Review Committee. (Co
	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, or specialty qualifications that are acceptable to the Review Committee; and, (Core)		The program director must possess curre they are the program director by the Amer Osteopathic Board of, or specialty Review Committee. (Core)
II.A.3.b)	[The Review Committee may further specify acceptable specialty qualifications or that only ABMS and AOA certification will be considered acceptable]	2.5.a.	[The Review Committee may further spec that only ABMS and AOA certification will
	must include ongoing clinical activity. (Core)		The program director must demonstrate of
II.A.3.c)	[The Review Committee may further specify additional program director qualifications]	2.5.b.	[The Review Committee may further spec qualifications]
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. (Core)	2.6.	Program Director Responsibilities The program director must have responsi administration and operations; teaching a recruitment and selection, evaluation, and disciplinary action; supervision of resider context of patient care. (Core)
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 mod
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 co consistent with the needs of the commun Institution, and the mission(s) of the prog
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; (Core)	2.6.c.	The program director must administer and conducive to educating the residents in e 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 authors and non-physicians as faculty members a designation of core faculty members, and evaluate candidates prior to approval. (Co
II.A.4.a).(5)	have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.6.e.	The program director must have the authors supervising interactions and/or learning estandards 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 accura and requested by the DIO, GMEC, and AC
II.A.4.a).(7)	provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.6.g.	The program director must provide a learn residents have the opportunity to raise co provide feedback in a confidential manner intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew the appointment of a resident; (Core)	2.6.h.	The program director must ensure the pro Institution's policies and procedures rela- including when action is taken to suspen- the appointment of a resident. (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 pro Institution's policies and procedures on e (Core)

ecialty expertise and at least three years of strative experience, or qualifications core)

rrent certification in the specialty for which nerican Board of \_\_\_\_\_ or by the American y qualifications that are acceptable to the

ecify acceptable specialty qualifications or vill be considered acceptable]

e ongoing clinical activity. (Core)

ecify additional program director

nsibility, authority, and accountability for: g and scholarly activity; resident and promotion of residents, and lents; and resident education in the

odel of professionalism. (Core)

conduct the program in a fashion unity, the mission(s) of the Sponsoring ogram. (Core)

and maintain a learning environment a each of the ACGME Competency

thority to approve or remove physicians s at all participating sites, including the nd must develop and oversee a process to Core)

thority to remove residents from genvironments that do not meet the

Irate and complete information required ACGME. (Core)

arning and working environment in which concerns, report mistreatment, and ner as appropriate, without fear of

program's compliance with the Sponsoring lated to grievances and due process, and or dismiss, or not to promote or renew

program's compliance with the Sponsoring employment and non-discrimination.

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Requirement Number	Requirement Language	Requirement Number	Requirement
II.A.4.a).(9).(a)	Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Residents must not be required to sign a covenant. (Core)
	document verification of education for all residents within 30 days of completion		The program director must document ver
II.A.4.a).(10)	of or departure from the program; and, (Core)	2.6.j.	within 30 days of completion of or depart
II.A.4.a).(11)	provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core)	2.6.k.	The program director must provide verific education upon the resident's request, w
	provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s). (Core)		The program director must provide applic information related to the applicant's elig examination(s). (Core)
II.A.4.a).(12)	[This requirement may be omitted at the discretion of the Review Committee]	2.6.1.	[This requirement may be omitted at the o
II.B.	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice- ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the residents and themselves.	[None]	Faculty Faculty members are a foundational elem faculty members teach residents how to oprovide an important bridge allowing resi- ready, ensuring that patients receive the in- models for future generations of physicial commitment to excellence in teaching and dedication to lifelong learning. Faculty me fostering the growth and development of provide is enhanced by the opportunity to By employing a scholarly approach to pa graduate medical education system, impri- population. Faculty members ensure that patients red specialist in the field. They recognize and residents, community, and institution. Fa- levels of supervision to promote patient s effective learning environment by acting in to the well-being of the residents and the
	There must be a sufficient number of faculty members with competence to instruct and supervise all residents. (Core)		There must be a sufficient number of fact instruct and supervise all residents. (Core
II.B.1.	[The Review Committee may further specify]	2.7.	[The Review Committee may further spec
II.B.2.	Faculty members must:	[None]	
			Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty members must be role models of
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 com equitable, high-quality, cost-effective, pat
	demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching	2.8.b.	Faculty members must demonstrate a str residents, including devoting sufficient ti
II.B.2.c)	responsibilities; (Core) administer and maintain an educational environment conducive to educating	2.0.0.	their supervisory and teaching responsib Faculty members must administer and m
II.B.2.d)	residents; (Core)	2.8.c.	conducive to educating residents. (Core)
·	regularly participate in organized clinical discussions, rounds, journal clubs, and		Faculty members must regularly participa
II.B.2.e)	conferences; and, (Core)	2.8.d.	rounds, journal clubs, and conferences. (
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 of the skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)

# ent Language a non-competition guarantee or restrictive

verification of education for all residents arture from the program. (Core) ification of an individual resident's within 30 days. (Core)

licants who are offered an interview with igibility for the relevant specialty board

# e discretion of the Review Committee]

ement of graduate medical education – o care for patients. Faculty members esidents to grow and become practicene highest quality of care. They are role cians by demonstrating compassion, and patient care, professionalism, and a members experience the pride and joy of of future colleagues. The care they v to teach and model exemplary behavior. patient care, faculty members, through the approve the health of the individual and the

receive the level of care expected from a nd respond to the needs of the patients, Faculty members provide appropriate t safety. Faculty members create an g in a professional manner and attending hemselves.

iculty members with competence to ore)

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- of professionalism. (Core) mmitment to the delivery of safe, patient-centered care. (Core)
- trong interest in the education of time to the educational program to fulfill ibilities. (Core)
- maintain an educational environment e)
- pate in organized clinical discussions, . (Core)
- levelopment designed to enhance their

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<b>Requirement Number</b>	Requirement Language	Requirement Number	Requirement
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminating health
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their residents'
	in patient care based on their practice-based learning and improvement efforts. (Detail)		in patient care based on their practice-ba (Detail)
II.B.2.f).(4)	[The Review Committee may further specify additional faculty responsibilities]	2.8.e.4.	[The Review Committee may further spec
			Faculty Qualifications Faculty members must have appropriate a appropriate institutional appointments. (C
II.B.3.	Faculty Qualifications	2.9.	[The Review Committee may further spec
	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)		Faculty Qualifications Faculty members must have appropriate appropriate institutional appointments. (C
II.B.3.a)	[The Review Committee may further specify]	2.9.	[The Review Committee may further spec
II.B.3.b)	Physician faculty members must:	[None]	
	have current certification in the specialty by the American Board of or the American Osteopathic Board of, or possess qualifications judged acceptable to the Review Committee. (Core)		Physician faculty members must have cu American Board of or the Americar possess qualifications judged acceptable
II.B.3.b).(1)	[The Review Committee may further specify additional qualifications and/or requirements regarding non-physician faculty members]	2.10.	[The Review Committee may further spec requirements regarding non-physician fac
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)	2.11.	Core Faculty Core faculty members must have a signific supervision of residents and must devote effort to resident education and/or admin their activities, teach, evaluate, and provis (Core)
	Core faculty members must complete the annual ACGME Faculty Survey. (Core) [The Review Committee must specify the minimum number of core faculty and/or the core faculty-resident ratio]		Core faculty members must complete the [The Review Committee must specify the the core faculty-resident ratio]
	[The Review Committee may further specify either: (1)requirements regarding dedicated time and support for core faculty members' non-clinical responsibilities related to resident education and/or administration of the program, or		[The Review Committee may further spec (1)requirements regarding dedicated time non-clinical responsibilities related to res the program, or
II.B.4.a)	(2)requirements regarding the role and responsibilities of core faculty members, inclusive of both clinical and non-clinical activities, and the corresponding time commitment required to meet those responsibilities.]	2.11.a.	(2)requirements regarding the role and re inclusive of both clinical and non-clinical commitment required to meet those respo
II.C.	Program Coordinator	2.12.	Program Coordinator There must be a program coordinator. (Co
II.C.1.	There must be a program coordinator. (Core)	2.12.	Program Coordinator There must be a program coordinator. (Co

ent Language
Ith inequities, and patient safety; (Detail)
ts' well-being; and, (Detail)
based learning and improvement efforts.
ecify additional faculty responsibilities]
e qualifications in their field and hold
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e qualifications in their field and hold
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current certification in the specialty by the an Osteopathic Board of, or
ble to the Review Committee. (Core)
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ificant role in the education and
ote a significant portion of their entire
inistration, and must, as a component of
vide formative feedback to residents.
he annual ACGME Faculty Survey. (Core)
ne minimum number of core faculty and/or
ecify either:
ne and support for core faculty members'
esident education and/or administration of
responsibilities of core faculty members,
al activities, and the corresponding time
ponsibilities.]
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Core)

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	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)		The program coordinator must be provide adequate for administration of the progra (Core)
II.C.2.	[The Review Committee must further specify minimum dedicated time for the program coordinator]	2.12.a.	[The Review Committee must further spec program coordinator]
	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)		Other Program Personnel The program, in partnership with its Spon the availability of necessary personnel for program. (Core)
II.D.	[The Review Committee may further specify]	2.13.	[The Review Committee may further speci
III.	Resident Appointments	Section 3	Section 3: Resident Appointments
II.A.		3.2.	Eligibility Requirements An applicant must meet one of the followi appointment to an ACGME-accredited pro
III.A.1.	An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)	3.2.	Eligibility Requirements An applicant must meet one of the followi appointment to an ACGME-accredited pro
III.A.1.a)	graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)	3.2.a.	graduation from a medical school in the U Committee on Medical Education (LCME) osteopathic medicine in the United States Osteopathic Association Commission on (AOACOCA); or, (Core)
III.A.1.b)	graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)	3.2.b.	graduation from a medical school outside of the following additional qualifications: • holding a currently valid certificate from Foreign Medical Graduates (ECFMG) prior • holding a full and unrestricted license to licensing jurisdiction in which the ACGME
			graduation from a medical school outside of the following additional qualifications: • holding a currently valid certificate from Foreign Medical Graduates (ECFMG) prior
	holding a currently valid certificate from the Educational Commission for Foreign		<ul> <li>holding a full and unrestricted license to</li> </ul>

ided with dedicated time and support ram based upon its size and configuration.

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onsoring Institution, must jointly ensure for the effective administration of the

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wing qualifications to be eligible for program: (Core)

wing qualifications to be eligible for program: (Core)

e United States, accredited by the Liaison E) or graduation from a college of es, accredited by the American on Osteopathic College Accreditation

de of the United States, and meeting one s: (Core)

om the Educational Commission for ior to appointment; or, (Core)

to practice medicine in the United States ME-accredited program is located. (Core)

de of the United States, and meeting one s: (Core)

om the Educational Commission for ior to appointment; or, (Core)

to practice medicine in the United States ME-accredited program is located. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			graduation from a medical school outsid of the following additional qualifications
			<ul> <li>holding a currently valid certificate from Foreign Medical Graduates (ECFMG) price</li> </ul>
	holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)	3.2.b.	<ul> <li>holding a full and unrestricted license to licensing jurisdiction in which the ACGM</li> </ul>
	All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I)		All prerequisite post-graduate clinical ed transfer into ACGME-accredited residence ACGME-accredited residency programs, Royal College of Physicians and Surgeor College of Family Physicians of Canada ( located in Canada, or in residency progra
III.A.2.	Advanced Specialty Accreditation. (Core)	3.3.	Advanced Specialty Accreditation. (Core)
	Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)		Residency programs must receive verific competency in the required clinical field Milestones evaluations from the prior trai
	[The Review Committee may further specify prerequisite postgraduate clinical education]	3.3.a.	[The Review Committee may further speceducation]
	Resident Eligibility Exception The Review Committee for will allow the following exception to the resident eligibility requirements: (Core)		Resident Eligibility Exception The Review Committee for will all resident eligibility requirements: (Core)
	[Note: A Review Committee may permit the eligibility exception if the specialty requires completion of a prerequisite residency program prior to admission. If the specialty-specific Program Requirements define multiple program formats, the Review Committee may permit the exception only for the format(s) that require completion of a prerequisite residency program prior to admission. If this language is not applicable, this section will not appear in the specialty-specific requirements.]	3.3.b.	[Note: A Review Committee may permit the requires completion of a prerequisite res specialty-specific Program Requirements Review Committee may permit the excep completion of a prerequisite residency pro- language is not applicable, this section we requirements.]
	An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1III.A.2., but who does meet all of the following additional		An ACGME-accredited residency program international graduate applicant who doe listed in 3.2. – 3.3., but who does meet all
III.A.3.a)	qualifications and conditions: (Core)	3.3.b.1.	and conditions: <sup>(Core)</sup>
	evaluation by the program director and residency selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and, (Core)	3.3.b.1.a.	evaluation by the program director and re applicant's suitability to enter the program the summative evaluations of this training
	review and approval of the applicant's exceptional qualifications by the GMEC;	2244	review and approval of the applicant's ex
	and, (Core) verification of Educational Commission for Foreign Medical Graduates (ECFMG)	3.3.b.1.b.	and, (Core) verification of Educational Commission f
	certification. (Core)	3.3.b.1.c.	certification. (Core)
	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.3.b.2.	Applicants accepted through this excepti performance by the Clinical Competency matriculation. (Core)

ide of the United States, and meeting one ns: (Core)

om the Educational Commission for rior to appointment; or, (Core)

e to practice medicine in the United States ME-accredited program is located. (Core)

education required for initial entry or ncy programs must be completed in s, AOA-approved residency programs, eons of Canada (RCPSC)-accredited or a (CFPC)-accredited residency programs grams with ACGME International (ACGME-I) re)

fication of each resident's level of Id using ACGME, CanMEDS, or ACGME-I raining program upon matriculation. (Core)

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allow the following exception to the

t the eligibility exception if the specialty esidency program prior to admission. If the nts define multiple program formats, the eption only for the format(s) that require program prior to admission. If this n will not appear in the specialty-specific

am may accept an exceptionally qualified oes not satisfy the eligibility requirements all of the following additional qualifications

I residency selection committee of the ram, based on prior training and review of ing; and, (Core)

exceptional qualifications by the GMEC;

for Foreign Medical Graduates (ECFMG)

ption must have an evaluation of their cy Committee within 12 weeks of

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Resident Complement		· ·
	The program director must not appoint more residents than approved by the Review Committee. (Core)		Resident Complement The program director must not appoint m Review Committee. (Core)
III.B.	[The Review Committee may further specify minimum complement numbers]	3.4.	[The Review Committee may further spec
	Resident Transfers		
	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)		Resident Transfers The program must obtain verification of p summative competency-based performan transferring resident, and Milestones eva
III.C.	[The Review Committee may further specify]	3.5.	[The Review Committee may further spec
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is design innovation in graduate medical education affiliation, size, or location of the program
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must support the skillful physicians who provide compass
IV.	It is recognized programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician-scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized programs may place different public health, etc. It is expected that the program-specific goals for it and its grad program aiming to prepare physician-scief from one focusing on community health.
IV.A.	Educational Components The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the followin
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents, and faculty members; (Core)	4.2.a.	a set of program aims consistent with the needs of the community it serves, and the graduates, which must be made available 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 residents and faculty members; (Core)	4.2.b.	competency-based goals and objectives designed to promote progress on a trajec must be distributed, reviewed, and availa (Core)
	delineation of resident responsibilities for patient care, progressive responsibility		delineation of resident responsibilities fo
IV.A.3. IV.A.4.	for patient management, and graded supervision; (Core) a broad range of structured didactic activities; and, (Core)	4.2.c. 4.2.d.	for patient management, and graded sup a broad range of structured didactic activ
IV.A.4.	Residents must be provided with protected time to participate in core didactic	4.2.U.	Curriculum Organization and Resident Experiences Residents must be provided with protecter activities. (Core)
IV.A.4.a)	activities. (Core)	4.11.	[The Review Committee may specify requ
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that promote techniques. (Core)

t more residents than approved by the

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of previous educational experiences and a nance evaluation prior to acceptance of a valuations upon matriculation. (Core)

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esigned to encourage excellence and ion regardless of the organizational ram.

the development of knowledgeable, sionate care.

ifferent emphasis on research, leadership, e program aims will reflect the nuanced aduates; for example, it is expected that a scientists will have a different curriculum th.

#### ving educational components:

the Sponsoring Institution's mission, the the desired distinctive capabilities of its ble to program applicants, residents, and

es for each educational experience jectory to autonomous practice. These ilable to residents and faculty members;

for patient care, progressive responsibility upervision; (Core) ctivities; and, (Core)

Experiences – Didactic and Clinical

ected time to participate in core didactic

equired didactic and clinical experiences] ote patient safety-related goals, tools, and

Roman Numeral	Bequirement Lenguege	Reformatted	Demoisson
Requirement Number	Requirement Language	Requirement Number	Requirement
			The Competencies provide a conceptual domains for a trusted physician to enter a
			Competencies are core to the practice of are further defined by each specialty. The
IV.B.	ACGME Competencies	[None]	the Competencies are articulated through
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGME C
	Professionalism		ACGME Competencies – Professionalism Residents must demonstrate a commitme to ethical principles. (Core)
	Residents must demonstrate a commitment to professionalism and an adherence		
IV.B.1.a)	to ethical principles. (Core)	4.3.	Residents must demonstrate competence
			ACGME Competencies – Professionalism Residents must demonstrate a commitme to ethical principles. (Core)
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate competence
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect for oth
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that sup
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and autonomy
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, and th
IV.B.1.a).(1).(f)	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	respect and responsiveness to diverse pa limited to diversity in gender, age, culture origin, socioeconomic status, and sexual
IV.B.1.a).(1).(g)	ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)	4.3.g.	ability to recognize and develop a plan fo well-being; and, (Core)
IV.B.1.a).(1).(h)	appropriately disclosing and addressing conflict or duality of interest. (Core)	4.3.h.	appropriately disclosing and addressing
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
	Residents must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)		ACGME Competencies – Patient Care Residents must be able to provide patient centered, compassionate, equitable, appr of health problems and the promotion of
IV.B.1.b).(1)	[The Review Committee must further specify]	4.4.	[The Review Committee must further spec
	Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)		ACGME Competencies – Procedural Skill all medical, diagnostic, and surgical proc area of practice. (Core)
IV.B.1.b).(2)	[The Review Committee may further specify]	4.5.	[The Review Committee may further spec
	Medical Knowledge		
	Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)		ACGME Competencies – Medical Knowled Residents must demonstrate knowledge clinical, epidemiological, and social-beha inquiry, as well as the application of this
		1	

al framework describing the required er autonomous practice. These of all physicians, although the specifics 'he developmental trajectories in each of gh the Milestones for each specialty.

Competencies into the curriculum.

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others; (Core)

upersedes self-interest; (Core)

ny; (Core)

the profession; (Core)

patient populations, including but not ire, race, religion, disabilities, national ial orientation; (Core)

for one's own personal and professional

g conflict or duality of interest. (Core)

ent care that is patient- and familypropriate, and effective for the treatment of health. (Core)

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ills: Residents must be able to perform ocedures considered essential for the

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rledge je of established and evolving biomedical, havioral sciences, including scientific is knowledge to patient care. (Core)

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Requirement Number	· · · · · · · · · · · · · · · · · · ·	Requirement Number	Kequiremen
	Practice-based Learning and Improvement		ACGME Competencies – Practice-Based
	Residents must demonstrate the ability to investigate and evaluate their care of		must demonstrate the ability to investiga
	patients, to appraise and assimilate scientific evidence, and to continuously		to appraise and assimilate scientific evid
	improve patient care based on constant self-evaluation and lifelong learning;		patient care based on constant self-evalu
IV.B.1.d)	(Core)	4.7.	
IV.B.1.d).(1)	Residents must demonstrate competence in:	[None]	
	identifying strengths, deficiencies, and limits in one's knowledge and expertise;		Residents must demonstrate competence
IV.B.1.d).(1).(a)	(Core)	4.7.a.	and limits in one's knowledge and expert
			Residents must demonstrate competence
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	goals. (Core)
	identifician and nonformina announists learning activities. (Osus)	47.	Residents must demonstrate competence
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	appropriate learning activities. (Core)
			Residents must demonstrate competence
	systematically analyzing practice using quality improvement methods, including		using quality improvement methods, inclusion dispersition, and implementing charge
IV.B.1.d).(1).(d)	activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; (Core)	4.7.d.	care disparities, and implementing chang improvement. (Core)
<b>11.............</b>	with the goal of practice improvement, (oore)	4.7.d.	Residents must demonstrate competence
IV.B.1.d).(1).(e)	incorporating feedback and formative evaluation into daily practice; and, (Core)	4.7.e.	formative evaluation into daily practice. (
	locating appropriate and accimilating avidance from accontific studies related to		Residents must demonstrate competence
	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems. (Core)		assimilating evidence from scientific stud problems. (Core)
	[The Review Committee may further specify by adding to the list of sub-		[The Review Committee may further spec
IV.B.1.d).(1).(f)	competencies]	4.7.f.	competencies]
	Interpersonal and Communication Skills		
			ACGME Competencies – Interpersonal ar
	Residents must demonstrate interpersonal and communication skills that result		Residents must demonstrate interperson
	in the effective exchange of information and collaboration with patients, their		in the effective exchange of information a
IV.B.1.e)	families, and health professionals. (Core)	4.8.	families, and health professionals. (Core)
IV.B.1.e).(1)	Residents must demonstrate competence in	[None]	
			Residents must demonstrate competence
	communicating effectively with patients and patients' families, as appropriate,		patients and patients' families, as approp
	across a broad range of socioeconomic circumstances, cultural backgrounds,		socioeconomic circumstances, cultural b
	and language capabilities, learning to engage interpretive services as required to		learning to engage interpretive services a
IV.B.1.e).(1).(a)	provide appropriate care to each patient; (Core)	4.8.a.	each patient. <sup>(Core)</sup>
	communicating effectively with physicians, other health professionals, and health		Residents must demonstrate competence
IV.B.1.e).(1).(b)	related agencies; (Core)	4.8.b.	physicians, other health professionals, a
	working effectively as a member or leader of a health care team or other		Residents must demonstrate competence
IV.B.1.e).(1).(c)	professional group; (Core)	4.8.c.	leader of a health care team or other prof
<b></b>	educating patients, patients' families, students, other residents, and other health		Residents must demonstrate competence
IV.B.1.e).(1).(d)	professionals; (Core)	4.8.d.	families, students, other residents, and o
		4.0 -	Residents must demonstrate competence
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	physicians and health professionals. (Co
	maintaining comprehensive, timely, and legible health care records, if applicable.	4.9.6	Residents must demonstrate competence
IV.B.1.e).(1).(f)	(Core)	4.8.f.	and legible health care records, if applica

d Learning and Improvement Residents gate and evaluate their care of patients, idence, and to continuously improve fluation and lifelong learning. (Core)

ce in identifying strengths, deficiencies, ertise. (Core)

ce in setting learning and improvement

ice in identifying and performing

ice in systematically analyzing practice cluding activities aimed at reducing health nges with the goal of practice

ice in incorporating feedback and . (Core)

ice in locating, appraising, and udies related to their patients' health

ecify by adding to the list of sub-

and Communication Skills onal and communication skills that result a and collaboration with patients, their e)

ce in communicating effectively with opriate, across a broad range of backgrounds, and language capabilities, as required to provide appropriate care to

ce in communicating effectively with and health-related agencies. (Core)

ce in working effectively as a member or ofessional group. (Core)

ce in educating patients, patients' other health professionals. (Core)

ce in acting in a consultative role to other core) ce in maintaining comprehensive, timely,

ce in maintaining comprehensive, timely, cable. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Residents must learn to communicate with patients and patients' families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. (Core)		Residents must learn to communicate wit partner with them to assess their care go life goals. (Core)
IV.B.1.e).(2)	[The Review Committee may further specify by adding to the list of sub- competencies]	4.8.g.	[The Review Committee may further spec competencies]
IV.B.1.f).	Systems-based Practice Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies - Systems-Based Residents must demonstrate an awarenes context and system of health care, includ determinants of health, as well as the abil to provide optimal health care. (Core)
IV.B.1.f).(1)	Residents 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.	Residents must demonstrate competence care delivery settings and systems releva
IV.B.1.f).(1).(b)	coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; (Core)	4.9.b.	Residents must demonstrate competence health care continuum and beyond as rele
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Residents must demonstrate competence 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.	Residents must demonstrate competence errors and implementing potential system
IV.B.1.f).(1).(e)	incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate;(Core)	4.9.e.	Residents must demonstrate competence value, equity, cost awareness, delivery an patient and/or population-based care as a
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Residents must demonstrate competence and its impact on individual patients' heal
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Residents must demonstrate competence promote patient safety and disclosure of (Detail)
	Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals. (Core)		Residents must learn to advocate for pati- achieve the patient's and patient's family' appropriate, end-of-life goals. (Core)
IV.B.1.f).(2)	[The Review Committee may further specify by adding to the list of sub- competencies]	4.9.h.	[The Review Committee may further spec competencies]

with patients and patients' families to goals, including, when appropriate, end-of-

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ness of and responsiveness to the larger uding the structural and social bility to call effectively on other resources

ce in working effectively in various health vant to their clinical specialty. <sup>(Core)</sup>

nce in coordinating patient care across the elevant to their clinical specialty. <sup>(Core)</sup>

ce in advocating for quality patient care

ce in participating in identifying system ems solutions. (Core)

ce in incorporating considerations of and payment, and risk-benefit analysis in s appropriate. (Core)

ce in understanding health care finances ealth decisions. (Core)

ce in using tools and techniques that of patient safety events (real or simulated).

atients within the health care system to ly's care goals, including, when

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Requirement Number	Requirement Language	Requirement Number	Requirement
			4.10. Curriculum Organization and Reside The curriculum must be structured to opt the length of the experiences, and the sup experiences include an appropriate blend responsibilities, clinical teaching, and did
			[The Review Committee must further spec
			4.11. Curriculum Organization and Reside Experiences Residents must be provided with protecte activities. (Core)
			[The Review Committee may specify requ
			4.12. Curriculum Organization and Reside The program must provide instruction an applicable for the specialty, including rec disorder. (Core)
IV.C.	Curriculum Organization and Resident Experiences	4.10 4.12.	[The Review Committee may further spec
IV.C.1.	The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core) [The Review Committee must further specify]	4.10.	Curriculum Organization and Resident Ex The curriculum must be structured to opt the length of the experiences, and the sup experiences include an appropriate blend responsibilities, clinical teaching, and did
	The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)		Curriculum Organization and Resident Exprogram must provide instruction and explicable for the specialty, including rec disorder. (Core)
IV.C.2.	[The Review Committee may specify required didactic and clinical experiences]	4.12.	[The Review Committee may further spec

dent Experiences – Curriculum Structure ptimize resident educational experiences, supervisory continuity. These educational nd of supervised patient care lidactic educational events. (Core)

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dent Experiences – Didactic and Clinical

cted time to participate in core didactic

quired didactic and clinical experiences]

dent Experiences – Pain Management and experience in pain management if ecognition of the signs of substance use

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Experiences – Curriculum Structure ptimize resident educational experiences, supervisory continuity. These educational nd of supervised patient care lidactic educational events. (Core)

Experiences – Pain Management: The experience in pain management if ecognition of the signs of substance use

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.		Scholarship Medicine is both an art and a science. Th who cares for patients. This requires the literature, appropriately assimilate new k The program and faculty must create an of such skills through resident participat activities may include discovery, integrat
IV.D.	The ACGME recognizes the diversity of residencies and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity of r programs prepare physicians for a variet scientists, and educators. It is expected to reflect its mission(s) and aims, and the n example, some programs may concentra improvement, population health, and/or to choose to utilize more classic forms of b scholarship.
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evidence its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evidence its mission(s) and aims. (Core)
	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)		The program, in partnership with its Spo adequate resources to facilitate resident activities. (Core)
IV.D.1.b)	[The Review Committee may further specify]	4.13.a.	[The Review Committee may further spec
IV.D.1.c)	The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)	4.13.b.	The program must advance residents' kn approach to evidence-based patient care
			Faculty Scholarly Activity Among their scholarly activity, programs at least three of the following domains: ( • Research in basic science, education, to
			<ul> <li>Research in basic science, education, in population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient safe</li> <li>Systematic reviews, meta-analyses, revitextbooks, or case reports</li> <li>Creation of curricula, evaluation tools, celectronic educational materials</li> <li>Contribution to professional committees boards</li> </ul>
IV.D.2.	Faculty Scholarly Activity	4.14.	<ul> <li>Innovations in education</li> </ul>

The physician is a humanistic scientist he ability to think critically, evaluate the v knowledge, and practice lifelong learning. In environment that fosters the acquisition pation in scholarly activities. Scholarly ration, application, and teaching.

f residencies and anticipates that iety of roles, including clinicians, d that the program's scholarship will e needs of the community it serves. For trate their scholarly activity on quality r teaching, while other programs might f biomedical research as the focus for

ce of scholarly activities consistent with

ce of scholarly activities consistent with

ponsoring Institution, must allocate nt and faculty involvement in scholarly

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knowledge and practice of the scholarly re. (Core)

ns must demonstrate accomplishments in (Core)

translational science, patient care, or

afety initiatives eview articles, chapters in medical

didactic educational activities, or

es, educational organizations, or editorial

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, programs r at least three of the following domains: (C
	<ul> <li>Research in basic science, education, translational science, patient care, or population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient safety initiatives</li> <li>Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports</li> <li>Creation of curricula, evaluation tools, didactic educational activities, or</li> </ul>		<ul> <li>Research in basic science, education, trapopulation health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient safet</li> <li>Systematic reviews, meta-analyses, revietextbooks, or case reports</li> <li>Creation of curricula, evaluation tools, di</li> </ul>
IV.D.2.a)	electronic educational materials • Contribution to professional committees, educational organizations, or editorial boards • Innovations in education	4.14.	electronic educational materials <ul> <li>Contribution to professional committees</li> <li>boards</li> <li>Innovations in education</li> </ul>
			The program must demonstrate disseminate external to the program by the following methods of the program by the program by the program by the following methods of the program by the following methods of the program by the program b
	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:		peer-reviewed publication. (Outcome)
IV.D.2.b)	[Review Committee will choose to require either IV.D.2.b).(1) or both IV.D.2.b).(1) and IV.D.2.b).(2)]	4.14.a.	[Review Committee will choose to require under 4.13.a.]
	faculty participation in grand rounds, posters, workshops, quality improvement		The program must demonstrate disseminate external to the program by the following meta- external to the program by the following meta- faculty participation in grand rounds, por presentations, podium presentations, gramprint/electronic resources, articles or public webinars, service on professional commiting pournal editorial board member, or editor;
IV.D.2.b).(1)	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,	4.14.a.	<ul> <li>peer-reviewed publication. (Outcome)</li> <li>[Review Committee will choose to require under 4.13.a.]</li> </ul>

- s must demonstrate accomplishments in (Core)
- translational science, patient care, or
- fety initiatives view articles, chapters in medical
- didactic educational activities, or
- es, educational organizations, or editorial

ination of scholarly activity within and methods:

posters, workshops, quality improvement rant leadership, non-peer-reviewed ublications, book chapters, textbooks, nittees, or serving as a journal reviewer, or; (Outcome)

re either the first bullet or both bullets

ination of scholarly activity within and methods:

posters, workshops, quality improvement rant leadership, non-peer-reviewed ublications, book chapters, textbooks, nittees, or serving as a journal reviewer, or; (Outcome)

re either the first bullet or both bullets

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
			The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:
			• 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)
			<ul> <li>peer-reviewed publication. (Outcome)</li> </ul>
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.	[Review Committee will choose to require either the first bullet or both bullets under 4.13.a.]
			Resident Scholarly Activity Residents must participate in scholarship. (Core)
IV.D.3.	Resident Scholarly Activity	4.15.	[The Review Committee may further specify]
	Residents must participate in scholarship. (Core)		Resident Scholarly Activity Residents must participate in scholarship. (Core)
IV.D.3.a)	[The Review Committee may further specify]	4.15.	[The Review Committee may further specify]
V.	Evaluation	Section 5	Section 5: Evaluation
			Resident Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)
V.A.	Resident Evaluation	5.1.	[The Review Committee may further specify under any requirement in 5.1.a-g.]
	Feedback and Evaluation		Resident Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)
V.A.1.	[The Review Committee may further specify under any requirement in V.A.1 V.A.1.f)]	5.1.	[The Review Committee may further specify under any requirement in 5.1.a-g.]
	Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational		Resident Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)
V.A.1.a)		5.1.	[The Review Committee may further specify under any requirement in 5.1.a-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)
	For block rotations of greater than three months in duration, evaluation must be		For block rotations of greater than three months in duration, evaluation must be
V.A.1.b).(1)		5.1.a.1.	documented at least every three months. (Core)
V.A.1.b).(2)	Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion. (Core)
V.A.1.c)		5.1.b.	The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones. <sup>(Core)</sup>
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)

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V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	The program must provide that informatic Committee for its synthesis of progressiv improvement toward unsupervised practi
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	The program director or their designee, w Committee, must meet with and review wi annual evaluation of performance, includi Milestones. (Core)
V.A.1.d).(2)	assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designee, w Committee, must assist residents in deve capitalize on their strengths and identify a
V.A.1.d).(3)	develop plans for residents failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designee, w Committee, must develop plans for reside institutional policies and procedures. (Co
V.A.1.e)	At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a summa includes their readiness to progress to th (Core)
V.A.1.f).	The evaluations of a resident's performance must be accessible for review by the resident. (Core)	5.1.g.	The evaluations of a resident's performan resident. (Core)
V.A.2.	Final Evaluation	5.2.	Resident Evaluation: Final Evaluation The program director must provide a final completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each resident upon completion of the program. (Core)	5.2.	Resident Evaluation: Final Evaluation The program director must provide a fina 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 residents are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The specialty-specific Milestones, and wh Case Logs, must be used as tools to ensu autonomous practice upon completion of
V.A.2.a).(2)	The final evaluation must: become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional		The final evaluation must become part of maintained by the institution, and must be
V.A.2.a).(2).(a) V.A.2.a).(2).(b)	policy; (Core) verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.b. 5.2.c.	accordance with institutional policy. (Cord The final evaluation must verify that the re knowledge, skills, and behaviors necessa
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared with 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 b (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 C of the program faculty, at least one of who
V.A.3.a).(1)	Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents. (Core)	5.3.b.	Additional members must be faculty mem programs, or other health professionals w experience with the program's residents.
V.A.3.b)	The Clinical Competency Committee must:	[None]	1

tion to the Clinical Competency sive resident performance and ctice. (Core)

with input from the Clinical Competency with each resident their documented semiuding progress along the specialty-specific

with input from the Clinical Competency veloping individualized learning plans to y areas for growth. (Core)

with input from the Clinical Competency dents failing to progress, following Core)

native evaluation of each resident that the next year of the program, if applicable.

ance must be accessible for review by the

nal evaluation for each resident upon

nal evaluation for each resident upon

when applicable the specialty-specific isure residents are able to engage in of the program. (Core)

of the resident's permanent record be accessible for review by the resident in ore)

e resident has demonstrated the sary to enter autonomous practice. (Core) h the resident upon completion of the

t be appointed by the program director.

Committee must include three members /hom is a core faculty member. (Core)

embers from the same program or other s who have extensive contact and s. (Core)

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· ·			The Clinical Competency Committee must review all resident evaluations at least
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	semi-annually. (Core)
	determine each resident's progress on achievement of the specialty-specific		The Clinical Competency Committee must determine each resident's progress on
V.A.3.b).(2)	Milestones; and, (Core)	5.3.d.	achievement of the specialty-specific Milestones. (Core)
			The Clinical Competency Committee must meet prior to the residents' semi-
	meet prior to the residents' semi-annual evaluations and advise the program		annual evaluations and advise the program director regarding each resident's
V.A.3.b).(3)	director regarding each resident's progress. (Core)	5.3.e.	progress. (Core)
			Faculty Evaluation
VB	Ecoulty Evoluction	E A	The program must have a process to evaluate each faculty member's
V.B.	Faculty Evaluation	5.4.	performance as it relates to the educational program at least annually. (Core)
	The program must have a process to evaluate each faculty member's		Faculty Evaluation The program must have a process to evaluate each faculty member's
V.B.1.		5.4.	performance as it relates to the educational program at least annually. (Core)
	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty		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,		development related to their skills as an educator, clinical performance,
V.B.1.a)		5.4.a.	professionalism, and scholarly activities. (Core)
· · ·	This evaluation must include written, anonymous, and confidential evaluations by		This evaluation must include written, anonymous, and confidential evaluations by
V.B.1.b)		5.4.b.	the residents. (Core)
	Faculty members must receive feedback on their evaluations at least annually.		Faculty members must receive feedback on their evaluations at least annually.
V.B.2.		5.4.c.	(Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational evaluations should be incorporated into
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development plans. (Core)
			Program Evaluation and Improvement
			The program director must appoint the Program Evaluation Committee to conduct
V.C.	Program Evaluation and Improvement	5.5.	and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
v.c.		5.5.	
	The program director must appoint the Program Evaluation Committee to conduct		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		and document the Annual Program Evaluation as part of the program's
V.C.1.		5.5.	continuous improvement process. (Core)
	The Program Evaluation Committee must be composed of at least two program		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		faculty members, at least one of whom is a core faculty member, and at least one
V.C.1.a)		5.5.a.	resident. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
	review of the program's self-determined goals and progress toward meeting		Program Evaluation Committee responsibilities must include review of the
V.C.1.b).(1)	them; (Core)	5.5.b.	program's self-determined goals and progress toward meeting them. <sup>(Core)</sup>
			Program Evaluation Committee responsibilities must include guiding ongoing
	guiding ongoing program improvement, including development of new goals,		program improvement, including development of new goals, based upon
V.C.1.b).(2)	based upon outcomes; and, (Core)	5.5.c.	outcomes. (Core)
			Program Evaluation Committee responsibilities must include review of the
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.	current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)
v.o.1.0j.(3)	opportanties, and threats as related to the program's mission and anns. (Core)	J.J.U.	and threats as related to the program's mission and dims. (COR)
	The Program Evaluation Committee should consider the outcomes from prior		The Program Evaluation Committee should consider the outcomes from prior
	Annual Program Evaluation(s), aggregate resident and faculty written evaluations		Annual Program Evaluation(s), aggregate resident and faculty written evaluations
	,		
V.C.1.c)	of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	of the program, and other relevant data in its assessment of the program. (Core)
V.C.1.c)	of the program, and other relevant data in its assessment of the program. (Core) The Program Evaluation Committee must evaluate the program's mission and	5.5.e.	of the program, and other relevant data in its assessment of the program. (Core) The Program Evaluation Committee must evaluate the program's mission and

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V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including and discussed with the residents and the submitted to the DIO. (Core)
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
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited education achieve board certification. One measure program is the ultimate pass rate.
	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.		The program director should encourage a certifying examination offered by the appl Specialties (ABMS) member board or Ame certifying board.
V.C.3.	[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.]	[None]	[If certification in the specialty is not offer 5.6.f. will be omitted.]
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 offer(s) an annual written exam, in the pre aggregate pass rate of those taking the ex higher than the bottom fifth percentile of p
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 members offer(s) a biennial written exam, in the pre aggregate pass rate of those taking the ex higher than the bottom fifth percentile of p
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 members offer(s) an annual oral exam, in the precess aggregate pass rate of those taking the ex higher than the bottom fifth percentile of p
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 members offer(s) a biennial oral exam, in the preced pass rate of those taking the examination the bottom fifth percentile of programs in
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.a. the time period specified in the requireme rate will have met this requirement, no ma for pass rate in that specialty. <sup>(Outcome)</sup>
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort	5.6.e.	Programs must report, in ADS, board cert of board-eligible residents that graduated

ing the action plan, must be distributed to he members of the teaching faculty, and be

ly and submit it to the DIO. (Core)

on is to educate physicians who seek and re of the effectiveness of the educational

e all eligible program graduates to take the oplicable American Board of Medical merican Osteopathic Association (AOA)

fered by the ABMS and/or the AOA, 5.6 -

ber board and/or AOA certifying board preceding three years, the program's examination for the first time must be of programs in that specialty. (Outcome)

ber board and/or AOA certifying board preceding six years, the program's examination for the first time must be of programs in that specialty. <sup>(Outcome)</sup>

ber board and/or AOA certifying board ceding three years, the program's examination for the first time must be of programs in that specialty. <sup>(Outcome)</sup>

nber board and/or AOA certifying board ceding six years, the program's aggregate on for the first time must be higher than in that specialty. <sup>(Outcome)</sup>

.a.-c., any program whose graduates over nent have achieved an 80 percent pass natter the percentile rank of the program

ertification status annually for the cohort et a seven years earlier. <sup>(Core)</sup>

VI         Approciation for the safety and quality of care rendered to patients by today's residence in the safety and quality of care rendered to patients by today's residents in their future practice         * Excellence in the safety and quality of care rendered to patients by today's residents in their future practice         * Excellence in the safety and quality of care rendered to patients by today's residents in their future practice         * Excellence in the safety and quality of care rendered to patients by today's residents in their future practice         * Excellence in the safety and quality of care rendered to patients by today's residents in their future practice         * Excellence in the safety and quality of care rendered to patients by today's residents in their future practice         * Excellence in the safety and quality of care rendered to patients by today's residents in their future practice         * Excellence in the safety and quality of care rendered to patients         * Excellence in the safety and quality of care rendered to patients by today's residents in their future practice         * Excellence in the safety and quality of care rendered to patients         * Excellence in the safety and quality of care rendered to patients by today's residents in their future practice         * Excellence in the safety and quality of care rendered to patients by today's residents in their future practice         * Excellence in the safety and quality of care rendered to patients by today's residents in their future practice         * Excellence in the safety and the safety and quality of care rendered to patients faculty members, and in members of the health care team         * Excellence in the safety and quality the proceent.           VIA.1.a)         Patient Safety care Safety, Causity inprovem	Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
The Learning and Working Environment         The Learning and Working           Residency education must occur in the context of a learning and working environment that emphasizes the following principles:         Residency education environment that emphasizes the following principles:           • Excelience in the safety and quality of care rendered to patients by residents today         • Excelience in the safety and quality of care rendered to patients by roday's residents in their future practice         • Excelience in the safety and quality of care rendered to patients by today's residents in their future practice         • Excelience in the safety excelience in professionalism         • Excelience in professionalism           • Appreciation for the privilege of caring for patients         • Oromitiment to the well-being of the students, residents, faculity members, and all members of the health care team         • Excelience in the safety excelience in the safety excelience in the safety excellence in the safety excellence in the safety excellence in the safety excellence in the safety excellence in the safety excellence in the safety excellence in the safety excellence in the safety excellence in the safety excellence in the safety excellence in the safety excellence in the safety excellence in the safety excellence in t				
Residency education must occur in the context of a learning and working environment that emphasizes the following principles:         Residency education environment that emphasizes the following principles:         Residency education environment that emphasizes biday           • Excollence in the safety and quality of care rendered to patients by residents today         • Excollence in the safety and quality of care rendered to patients by today's residents in their future practice         • Excollence in the safety esidents in their future practice         • Excollence in the safety esidents in their future practice         • Excollence in the safety esidents in their future esidents in their future practice         • Excollence in the sa residents in their future esidents in their safety in orde esidents esident in the safety in orde esidents in the interviewent esidents in their is facily, residents, and fellows must actively participate in patient esidents in their esident is esident in their is facily events rechanisms to assees esidents in their responsibilities in reporting patient safety esident in the arring are essential for the success of any patient safety program. Feedential for the success of any patient safety program. Feedential for the success of any patient safety prog				Section 6: The Learning and Working Env
environment that emphasizes the following principles:       environment that emphasizes the following principles:       environment that emphasizes the following principles:         • Excellence in the safety and quality of care rendered to patients by residents today       • Excellence in the safety and quality of care rendered to patients by today's residents in their future practice       • Excellence in the safety and quality of care rendered to patients by today's residents in their future practice       • Excellence in professionalism       • Excellence in the safety and quality of care rendered to patients by today's residents in their future practice         • Excellence in the safety and quality of care rendered to patients       • Excellence in the safety and quality of care rendered to patients safety for the students, residents, faculty members, and all members of the hot the safety and Quality Improvement.       • Excellence in the safety for the students, residents, faculty members, and all members of the hot the safety and Quality Improvement.       • Commitment to the wall-being of the students, residents, faculty members, and all members of the hot the safety and Quality Improvement.       • Commitment to the wall-being of the students, residents, faculty members, and all members of the hot the safety and Quality Improvement.       • Counties of Safety for the stafety for the stafety.         VIA.1.       Patient Safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assees the knowledge, skills, and attributes of the seronnel to ward safety in order to identify areas for improvement.       (None)         VIA.1.a)(1) (a)       Patie		The Learning and Working Environment		The Learning and Working Environment
Ioday     today       • Excellence in the safety and quality of care rendered to patients by today's residents in their future practice     • Excellence in professionalism       • Excellence in professionalism     • Excellence in professionalism       • Appreciation for the privilege of caring for patients     • Appreciation for the professionalism       • Commitment to the well-being of the students, residents, faculty members, and all members of the health care team     • Commitment to the all members of the health care team       VIA.     Patient Safety, Quality Improvement, Supervision, and Accountability     [None]       VIA.1.     Patient Safety     [None]       Culture of Safety     A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.     [None]       VIA.1.a).(1)     The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)     6.1.       Patient Safety Peunts     Patient Safety Peunts     Patient Safety Peunts 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 ward safety vulnerabilities.       VIA.1.a).(2).(a)     Residents, fellows, faculty members, and other clinical staft members must:				Residency education must occur in the c environment that emphasizes the followi
residents in their future practice       residents in their future         • Excellence in professionalism       • Excellence in professionalism         • Appreciation for the privilege of caring for patients       • Appreciation for the privilege of caring for patients         • Appreciation for the privilege of caring for patients       • Appreciation for the privilege of caring for patients         • Commitment to the well-being of the students, residents, faculty members, and all members of the health care team       Section 6         VI.A.       Patient Safety.       [None]         VI.A.1.a)       Patient Safety and Quality improvement.       [None]         VI.A.1.a)       Patient Safety.       [None]         Culture of safety       Culture of Safety       Culture of Safety         A cuture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.       [None]       Culture of safety requires continuous identification of vulnerabilities and a safety in order to identify areas for improvement.       [None]       The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety requires continuous identify reas for improving patient safety, and are essential for the success of an instruct to developing true completence in the ability to identify causes and institute sustainable systems-based changes to a				• Excellence in the safety and quality of c today
Appreciation for the privilege of caring for patients     Commitment to the well-being of the students, residents, faculty members, and all members of the health care team     Section 6     Section 6     Section 6     Section 7     Section 7     Section 8     Section 8     Section 8     Section 8     Section 9     Sec				• Excellence in the safety and quality of c residents in their future practice
Commitment to the well-being of the students, residents, faculty members, and all members of the health care team     VIA.     Patient Safety, Quality Improvement, Supervision, and Accountability     [None]     VIA.1.a)     Patient Safety Quality Improvement     (None]     VIA.1.a)     Patient Safety Quality Improvement     (None]     VIA.1.a)     Patient Safety     A culture of Safety     A culture of Safety     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.     Inone]     toward safety in order to identify areas for improvement.     Inone]     toward safety in order to identify areas for improvement.     Inone]     toward safety in order to identify areas for improvement.     Inone]     toward safety in order to identify areas for improvement.     Inone]     toward safety in order to identify areas for improvement.     Inone]     toward safety in order to identify areas 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.     VI.A.1.a).(2).(a)     Residents, fellows, faculty members, and other clinical staff members must:     [None]     Residents, fellows, faculty members, and other clinical staff members must:     (None]     Residents, fellows, faculty members are to the voltey or sheets and unsafe     know their responsibilities in reporting patient safety reports.     (Core)     Residents must participate as team members in real and/or simulated     Residents must participate as team members in real and/or simulated		• Excellence in professionalism		• Excellence in professionalism
VI         all members of the health care team         Section 6         all members of the health care team           VI.A.         Patient Safety, Quality Improvement, Supervision, and Accountability         [None]         VI.A.1.           VI.A.1.         Patient Safety and Quality Improvement         [None]         VI.A.1.a)           VI.A.1.         Patient Safety and Quality Improvement         [None]         Culture of Safety           VI.A.1.a)         Patient Safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.         [None]         Culture of Safety           VI.A.1.a).(1)         The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)         6.1.         safety systems and contribute to a culture of safety. (Core)         6.1.         safety systems and contribute to a culture competence in the ability to identify causes 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.         Patient Safety systems and unsafe their institution's patient safety reports. (Core)         Safety vulnerabilities.           VI.A.1.a).(2).(a).(i)         Residents, fellows, faculty members, and other clinical staff members must: <t< td=""><td></td><td><ul> <li>Appreciation for the privilege of caring for patients</li> </ul></td><td></td><td>Appreciation for the privilege of caring</td></t<>		<ul> <li>Appreciation for the privilege of caring for patients</li> </ul>		Appreciation for the privilege of caring
VI.A.1.       Patient Safety and Quality Improvement       [None]         VI.A.1.a)       Patient Safety       [None]         Culture of Safety       Culture of Safety       Culture of Safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.       [None]         VI.A.1.a).(1)       The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)       6.1.         Patient Safety Events       Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.         VI.A.1.a).(2).(a)       Residents, fellows, faculty members, and other clinical staff members must:       [None]         VI.A.1.a).(2).(a).(ii)       Residents, including how to report such events; and, (Core)       6.2.         Residents must participate as team members in real and/or simulated       Residents must participate as team members in real and/or simulated	/I		Section 6	<ul> <li>Commitment to the well-being of the stu all members of the health care team</li> </ul>
VI.A.1.a)         Patient Safety         Culture of Safety           Culture of Safety         Culture of Safety         Culture of Safety           VI.A.1.a).(1)         Culture of Safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.         [None]         Culture of Safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.         [None]         Culture of Safety and Safety in order to identify areas for improvement.           VI.A.1.a).(1).(a)         The program, its faculty, residents, and fellows must actively participate in patient Safety systems and contribute to a culture of safety. (Core)         6.1.         Safety systems and contribute to a culture of safety. (Core)           Patient Safety Events         Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.         [None]           VI.A.1.a).(2).(a)         Residents, fellows, faculty members, and other clinical staff members must:         [None]	/I.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
Culture of Safety         Culture of Safety           A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.         [None]           VI.A.1.a).(1)         The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety events.         [None]           VI.A.1.a).(1).(a)         The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)         6.1.           Patient Safety Events         Patient Safety Systems and contribute to a culture 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.           VI.A.1.a).(2).(a)         Residents, fellows, faculty members, and other clinical staff members must:         [None]           know their responsibilities in reporting patient safety events; and, (Core)         6.2.         Residents, fellows, faculty in condet with summary information of their institution's patient safety reports.           (Core)         (Core)         Residents must participate as team members in real and/or simulated         6.2.a.	/I.A.1.	Patient Safety and Quality Improvement	[None]	
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.       Culture of Safety A culture of safety rewillingness 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.       Incell       Culture of Safety A culture of safety rewillingness to transparently deal with them. An effective organization has formal mechanisms to assess to the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.       Incell       The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)       6.1.       Safety Systems and contribute to a culture of safety. (Core)         VI.A.1.a).(1).(a)       Patient Safety Events       Patient Safety Events       Patient Safety Events         Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.       Incentify acuses and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.         VI.A.1.a).(2).(a)       Residents, fellows, faculty members, and other clinical staff membe	/I.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1).(a)       safety systems and contribute to a culture of safety. (Core)       6.1.       safety systems and contribute to a culture of safety. (Core)         Patient Safety Events       Patient Safety Events       Patient Safety Events       Patient Safety Events         Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.       [None]       safety vulnerabilities.         VI.A.1.a).(2)       Residents, fellows, faculty members, and other clinical staff members must:       [None]       safety responsibilities in reporting patient safety events; and, (Core)       6.2.       the clinical site, including how to report such events; and, (Core)       6.2.       the clinical site, including with summarging core.         VI.A.1.a).(2).(a).(ii)       be provided with summary information of their institution's patient safety reports. (Core)       6.2.a.       Residents must participate as team members in real and/or simulated       Residents must participate as team members in real and/or simulated	/I.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.		A culture of safety requires continuous id willingness to transparently deal with the mechanisms to assess the knowledge, si toward safety in order to identify areas fo
Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patientPatient Safety Events Reporting, investigati conditions are pivotal 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.Patient Safety Events Reporting, investigati conditions are pivotal for the success of any learning are essential causes and institute safety vulnerabilities.Patient Safety Events Reporting investigati conditions are pivotal for the success of any patient safety program. Feedback and experiential learning are essential causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.Patient Safety Events Reporting institute sustainable safety vulnerabilities.VI.A.1.a).(2).(a)Residents, fellows, faculty members, and other clinical staff members must:[None]Residents, fellows, fa their responsibilities their responsibilitiesVI.A.1.a).(2).(a).(ii)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.a.Residents, fellows, fa provided with summary information of their institution's patient safety reports. (Core)Residents must participate as team members in real and/or simulate	/I.A.1.a).(1).(a)			The program, its faculty, residents, and for safety systems and contribute to a cultur
VI.A.1.a).(2).(a).(i)Residents in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)6.2.Residents, fellows, fa their responsibilities the clinical site, including the clinical site, including how to report such events; and, (Core)6.2.VI.A.1.a).(2).(a).(ii)be provided with summary information of their institution's patient safety reports. (Core)6.2.a.Residents, fellows, fa provided with summary (Core)VI.A.1.a).(2).(a).(iii)Residents must participate as team members in real and/or simulatedResidents must participate		Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-up o conditions are pivotal mechanisms for in for the success of any patient safety prog learning are essential to developing true causes and institute sustainable systems safety vulnerabilities.
know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)their responsibilities the clinical site, including the clinical site, including how to report such events; and, (Core)6.2.their responsibilities the clinical site, including the clinical site, including the clinical site, including the clinical site, including provided with summary information of their institution's patient safety reports.6.2.Residents, fellows, fa provided with summary (Core)VI.A.1.a).(2).(a).(ii)Residents must participate as team members in real and/or simulatedResidents must participateResidents must participate	/I.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A. 1.a).(2).(a).(ii)       (Core)         Residents must participate as team members in real and/or simulated       Residents must participate as team members in real and/or simulated	/I.A.1.a).(2).(a).(i)	conditions at the clinical site, including how to report such events; and, (Core) be provided with summary information of their institution's patient safety reports.		Residents, fellows, faculty members, and their responsibilities in reporting patient the clinical site, including how to report s Residents, fellows, faculty members, and provided with summary information of th
	/I.A.1.a).(2).(a).(ii)	(Core)	6.2.a.	(Core)
as root cause analyses or other activities that include analysis, as well as as root cause analyse	/I.A.1.a).(2) (b)	interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as	6.3	Residents must participate as team mem interprofessional clinical patient safety a as root cause analyses or other activities formulation and implementation of action

## nvironment

## t

context of a learning and working ving principles:

<sup>r</sup> care rendered to patients by residents

f care rendered to patients by today's

## g for patients

tudents, residents, faculty members, and

identification of vulnerabilities and a hem. An effective organization has formal skills, and attitudes of its personnel for improvement.

fellows must actively participate in patient ure of safety. (Core)

of safety events, near misses, and unsafe improving patient safety, and are essential rogram. Feedback and experiential le competence in the ability to identify ms-based changes to ameliorate patient

nd other clinical staff members must know It safety events and unsafe conditions at t such events. (Core)

nd other clinical staff members must be their institution's patient safety reports.

mbers in real and/or simulated and quality improvement activities, such es that include analysis, as well as ons. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritizing evaluating success of improvement effor
	Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)		Residents and faculty members must rec benchmarks related to their patient popu
VI.A.1.a).(3).(a)	[The Review Committee may further specify]	6.4.	[The Review Committee may further spec
			Supervision and Accountability Although the attending physician is ultim patient, every physician shares in the res efforts in the provision of care. Effective Sponsoring Institutions, define, widely co chain of responsibility and accountability patient care.
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate me effective care to patients; ensures each r knowledge, and attitudes required to ent medicine; and establishes a foundation f
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is ultim patient, every physician shares in the res efforts in the provision of care. Effective Sponsoring Institutions, define, widely co chain of responsibility and accountability patient care.
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate me effective care to patients; ensures each r knowledge, and attitudes required to ente medicine; and establishes a foundation f
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Residents and faculty members must info in that patient's care when providing dire available to residents, faculty members, o and patients. (Core)
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members must info in that patient's care when providing dire available to residents, faculty members, o and patients. (Core)
	The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)		The program must demonstrate that the a for all residents is based on each resider patient complexity and acuity. Supervision methods, as appropriate to the situation.
VI.A.2.a).(2)	[The Review Committee may specify which activities require different levels of supervision.]	6.6.	[The Review Committee may specify whic supervision.]

ng activities for care improvement and orts.

eceive data on quality metrics and pulations. (Core)

## ecify]

timately responsible for the care of the responsibility and accountability for their re programs, in partnership with their communicate, and monitor a structured lity as it relates to the supervision of all

nedical education provides safe and resident's development of the skills, nter the unsupervised practice of for continued professional growth.

timately responsible for the care of the responsibility and accountability for their re programs, in partnership with their communicate, and monitor a structured lity as it relates to the supervision of all

nedical education provides safe and resident's development of the skills, nter the unsupervised practice of for continued professional growth.

form each patient of their respective roles rect patient care. This information must be , other members of the health care team,

form each patient of their respective roles rect patient care. This information must be , other members of the health care team,

e appropriate level of supervision in place lent's level of training and ability, as well as sion may be exercised through a variety of on. (Core)

hich activities require different levels of

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
•	Levels of Supervision		
VI.A.2.b)	To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate resident supervis and responsibility, the program must use supervision.
			Direct Supervision The supervising physician is physically p portions of the patient interaction. [The Review Committee may further spec
VI.A.2.b).(1)	Direct Supervision	6.7.	The supervising physician and/or patient resident and the supervising physician is care through appropriate telecommunicat [The RC may choose to eliminate this piec
			Direct Supervision The supervising physician is physically p portions of the patient interaction. [The Review Committee may further spec
VI.A.2.b).(1).(a)	the supervising physician is physically present with the resident during the key portions of the patient interaction; or, [The Review Committee may further specify]	6.7.	The supervising physician and/or patient resident and the supervising physician is care through appropriate telecommunicat [The RC may choose to eliminate this piec
VI.A.2.b).(1).(a).(i)	PGY-1 residents 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 PGY-1 residents progress to be supervised indirectly]	6.7.a.	PGY-1 residents must initially be supervis above definition. (Core) [The Review Committee may describe the residents progress to be supervised indir
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the resident and the supervising physician 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 The supervising physician is physically p portions of the patient interaction. [The Review Committee may further spect The supervising physician and/or patient resident and the supervising physician is care through appropriate telecommunicat [The RC may choose to eliminate this piece
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not providin supervision but is immediately available t available to provide appropriate direct su
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available to procedures/encounters with feedback pro
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 prequired. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority and independence, and a supervisory role in program director

vision while providing for graded authority se the following classification of

present with the resident during the key

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nt is not physically present with the is concurrently monitoring the patient cation technology. iece of the definition]

present with the resident during the key

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nt is not physically present with the is concurrently monitoring the patient cation technology. iece of the definition]

vised directly, only as described in the

he conditions under which PGY-1 directly]

present with the resident during the key

ecify]

nt is not physically present with the is concurrently monitoring the patient cation technology. iece of the definition]

ling physical or concurrent visual or audio e to the resident for guidance and is supervision.

to provide review of provided after care is delivered. Il presence of a supervising physician is

nd responsibility, conditional n patient care delegated to each resident tor and faculty members. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement
VI.A.2.d).(1)	The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate each criteria, guided by the Milestones. (Core)
	Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each	0.0.0.	Faculty members functioning as supervis of care to residents based on the needs o
VI.A.2.d).(2)	resident. (Core)	6.9.b.	resident. (Core)
VI.A.2.d).(3)	Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Senior residents or fellows should serve in in recognition of their progress toward in each patient and the skills of the individua
VI.A.2.e)	Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circums must communicate with the supervising f
VI.A.2.e).(1)	Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)	6.10.a.	Each resident must know the limits of the circumstances under which the resident i independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must be knowledge and skills of each resident and appropriate level of patient care authority
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Spons residents and faculty members concernin responsibilities of physicians, including b appropriately rested and fit to provide the
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Spons residents and faculty members concernin responsibilities of physicians, including b appropriately rested and fit to provide the
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on residents to fulfill non-physician obligations; (Core)	6.12.a.	The learning objectives of the program m reliance on residents to fulfill non-physici
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 m responsibilities. (Core) [The Review Committee may further spec
VI.B.2.c)	include efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program m meaning that each resident finds in the ex protecting time with patients, providing a progressive independence and flexibility, 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 provide a culture of professionalism that responsibility. (Core)
VI.B.4.	Residents and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Residents and faculty members must den personal role in the safety and welfare of including the ability to report unsafe cond
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)		Programs, in partnership with their Spons professional, equitable, respectful, and ci safe and that is free from discrimination, mistreatment, abuse, or coercion of stude

ch resident's abilities based on specific

vising physicians must delegate portions s of the patient and the skills of each

e in a supervisory role to junior residents independence, based on the needs of dual resident or fellow. (Detail) mstances and events in which residents

g faculty member(s). (Core)

heir scope of authority, and the tis permitted to act with conditional

be of sufficient duration to assess the and to delegate to the resident the ity and responsibility. (Core)

nsoring Institutions, must educate ning the professional and ethical g but not limited to their obligation to be he care required by their patients. (Core)

onsoring Institutions, must educate ning the professional and ethical g but not limited to their obligation to be he care required by their patients. (Core)

must be accomplished without excessive ician obligations. <sup>(Core)</sup>

must ensure manageable patient care

ecify]

must include efforts to enhance the experience of being a physician, including administrative support, promoting ty, and enhancing professional

th the Sponsoring Institution, must at supports patient safety and personal

emonstrate an understanding of their of patients entrusted to their care, inditions and safety events. (Core)

onsoring Institutions, must provide a civil environment that is psychologically n, sexual and other forms of harassment, idents, residents, faculty, and staff. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Spons process for education of residents and fa and a confidential process for reporting, i concerns. (Core)
	Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.		Well-Being Psychological, emotional, and physical w of the competent, caring, and resilient ph to life inside and outside of medicine. We the joy in medicine while managing their of responsibility to support other members components of professionalism; they are learned, and nurtured in the context of oth
VI.C.	Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares residents with the skills and attitudes needed to thrive throughout their careers.	[None]	Residents and faculty members are at risk Programs, in partnership with their Spons responsibility to address well-being as ot Physicians and all members of the health well-being of each other. A positive cultur models constructive behaviors, and prepa attitudes needed to thrive throughout the
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in partimust include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)	6.13.a.	attention to scheduling, work intensity, an resident well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)	6.13.b.	evaluating workplace safety data and add faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal resident and faculty member well- being; and, (Core)	6.13.c.	policies and programs that encourage op being; and, (Core)
VI.C.1.c).(1)	Residents 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.	Residents must be given the opportunity dental care appointments, including those (Core)
VI.C.1.d)	education of residents and faculty members in:	6.13.d.	education of residents and faculty member
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 disorders, suicidal ideation, or potential for those who experience these conditions; (
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 themse 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-scree
	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24		providing access to confidential, affordab counseling, and treatment, including acce
VI.C.1.e)	hours a day, seven days a week. (Core)	6.13.e.	hours a day, seven days a week. (Core)
VI.C.2.	There are circumstances in which residents 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 residents unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which resider including but not limited to fatigue, illness parental, or caregiver leave. Each program absence for residents unable to perform t
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and proc patient care and ensure continuity of patient

nsoring Institutions, should have a faculty regarding unprofessional behavior g, investigating, and addressing such

well-being are critical in the development ohysician and require proactive attention Vell-being requires that physicians retain ir own real-life stresses. Self-care and is of the health care team are important re also skills that must be modeled, other aspects of residency training.

risk for burnout and depression. Insoring Institutions, have the same other aspects of resident competence. Ith care team share responsibility for the ture in a clinical learning environment epares residents with the skills and heir careers.

rtnership with the Sponsoring Institution,

and work compression that impacts

ddressing the safety of residents and

optimal resident and faculty member well-

ty to attend medical, mental health, and ose scheduled during their working hours.

bers in:

out, depression, and substance use I for violence, including means to assist ;; (Core)

selves and how to seek appropriate care;

eening. (Core)

able mental health assessment, ccess to urgent and emergent care 24

lents may be unable to attend work, ess, family emergencies, and medical, ram must allow an appropriate length of n their patient care responsibilities. (Core) ocedures in place to ensure coverage of atient care. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented with the resident who is or was unable to prov
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all residents and signs of fatigue and sleep deprivation, ale mitigation processes. (Detail)
VI.D.1.	Programs must educate all residents 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 residents and signs of fatigue and sleep deprivation, ale mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its Spor adequate sleep facilities and safe transpo be too fatigued to safely return home. (Co
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each resident must be based on PGY level, patient safety, resident 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 responsibilities for each resid safety, resident ability, severity and comp available support services. (Core) [Optimal clinical workload may be further
VI.L. I.	Teamwork	0.17.	
	Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system. (Core)		Teamwork Residents must care for patients in an en- communication and promotes safe, interp specialty and larger health system. (Core)
VI.E.2.	[The Review Committee may further specify]	6.18.	[The Review Committee may further spec
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignmer care, including their safety, frequency, an
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assignmer care, including their safety, frequency, an
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 Spons monitor effective, structured hand-off pro care and patient safety. (Core)
VI.E.3.c)	Programs must ensure that residents are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that residents are members in the hand-off process. (Outco
	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.		Clinical Experience and Education Programs, in partnership with their Spons effective program structure that is configu- educational and clinical experience opport opportunities for rest and personal activity [The Review Committee may further spec
VI.F.	[The Review Committee may further specify under any requirement in VI.F.]	[None]	[The Review Committee may further spec

ent Language ithout fear of negative consequences for ovide the clinical work. (Core)

nd faculty members in recognition of the alertness management, and fatigue

nd faculty members in recognition of the alertness management, and fatigue

onsoring Institution, must ensure portation options for residents who may Core)

sident must be based on PGY level, patient nplexity of patient illness/condition, and

er specified by each Review Committee]

environment that maximizes erprofessional, team-based care in the re)

ecify]

ents to optimize transitions in patient and structure. (Core)

ents to optimize transitions in patient and structure. (Core)

onsoring Institutions, must ensure and processes to facilitate both continuity of

re competent in communicating with team come)

nsoring Institutions, must design an igured to provide residents with portunities, as well as reasonable ivities.

ecify under any requirement in 6.20. –

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
-			
	Maximum Hours of Clinical and Educational Work per Week		
	Clinical and advantional work hours must be limited to no more than 80 hours nor		Maximum Hours of Clinical and Educatio
	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		Clinical and educational work hours mus week, averaged over a four-week period,
VI.F.1.	educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	educational activities, clinical work done
			Mandatory Time Free of Clinical Work and
			Residents should have eight hours off be
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	education periods. (Detail)
			Mandatory Time Free of Clinical Work and
	Residents should have eight hours off between scheduled clinical work and		Residents should have eight hours off be
VI.F.2.a)	education periods. (Detail)	6.21.	education periods. (Detail)
	Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Residents must have at least 14 hours fre
VI.F.2.b)		0.21.a.	hours of in-house call. (Core) Residents must be scheduled for a minin
	Residents 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		work and required education (when avera
VI.F.2.c)	cannot be assigned on these free days. (Core)	6.21.b.	cannot be assigned on these free days. (
,			Maximum Clinical Work and Education P
			Clinical and educational work periods for
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	continuous scheduled clinical assignment
			Maximum Clinical Work and Education P
	Clinical and educational work periods for residents must not exceed 24 hours of		Clinical and educational work periods for
VI.F.3.a)	continuous scheduled clinical assignments. (Core)	6.22.	continuous scheduled clinical assignme
	Up to four hours of additional time may be used for activities related to patient		Up to four hours of additional time may b
	safety, such as providing effective transitions of care, and/or resident education.		safety, such as providing effective transit
VI.F.3.a).(1)	Additional patient care responsibilities must not be assigned to a resident during this time. (Core)	6.22.a.	Additional patient care responsibilities m this time. (Core)
		0.22.0.	
			Clinical and Educational Work Hour Exce In rare circumstances, after handing off a
			their own initiative, may elect to remain o
			following circumstances: to continue to
			unstable patient; to give humanistic atter
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	family; or to attend unique educational ev
			Clinical and Educational Work Hour Exce
	In rare circumstances, after handing off all other responsibilities, a resident, on		In rare circumstances, after handing off a
	their own initiative, may elect to remain or return to the clinical site in the		their own initiative, may elect to remain o
	following circumstances: to continue to provide care to a single severely ill or		following circumstances: to continue to
VI.F.4.a)	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.	unstable patient; to give humanistic atter family; or to attend unique educational ev
vi.i .4.a)	These additional hours of care or education must be counted toward the 80-hour	0.23.	These additional hours of care or educational e
VI.F.4.b)	weekly limit. (Detail)	6.23.a.	weekly limit. (Detail)
- 1	A Review Committee may grant rotation-specific exceptions for up to 10 percent		A Review Committee may grant rotation-
	or a maximum of 88 clinical and educational work hours to individual programs		or a maximum of 88 clinical and educatio
VI.F.4.c)	based on a sound educational rationale.	6.24.	based on a sound educational rationale.
	In preparing a request for an exception, the program director must follow the		In preparing a request for an exception, t
<b></b>	clinical and educational work hour exception policy from the ACGME Manual of		clinical and educational work hour excep
VI.F.4.c).(1)	Policies and Procedures. (Detail)	6.24.a.	Policies and Procedures. (Detail)

tional Work per Week

ust be limited to no more than 80 hours per d, inclusive of all in-house clinical and ne from home, and all moonlighting. (Core)

and Education between scheduled clinical work and

and Education between scheduled clinical work and

free of clinical work and education after 24

imum of one day in seven free of clinical eraged over four weeks). At-home call . (Core)

Period Length

for residents must not exceed 24 hours of nents. (Core)

Period Length

for residents must not exceed 24 hours of nents. (Core)

y be used for activities related to patient sitions of care, and/or resident education. must not be assigned to a resident during

ceptions

ff all other responsibilities, a resident, on n or return to the clinical site in the o provide care to a single severely ill or tention to the needs of a patient or patient's events. (Detail)

ceptions

ff all other responsibilities, a resident, on n or return to the clinical site in the o provide care to a single severely ill or tention to the needs of a patient or patient's events. (Detail)

ation must be counted toward the 80-hour

n-specific exceptions for up to 10 percent tional work hours to individual programs e.

, the program director must follow the eption policy from the ACGME Manual of

		Defermentie	
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educational p resident's fitness for work nor compromi
VI.F.5.a)	Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educational p resident's fitness for work nor compromi
VI.F.5.b)	Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by residents in internal and ex ACGME Glossary of Terms) must be cour weekly limit. (Core)
VI.F.5.c)	PGY-1 residents are not permitted to moonlight. (Core)	6.25.b.	PGY-1 residents are not permitted to mod
	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (Core) [The maximum number of consecutive weeks of night float, and maximum		In-House Night Float Night float must occur within the context requirements. (Core) [The maximum number of consecutive we
VI.F.6.	number of months of night float per year may be further specified by the Review Committee.]	6.26.	number of months of night float per year Committee.]
VI.F.7.	Maximum In-House On-Call Frequency Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequency Residents must be scheduled for in-hous third night (when averaged over a four-we
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities by re toward the 80-hour maximum weekly limi subject to the every-third-night limitation, one day in seven free of clinical work and weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities by re toward the 80-hour maximum weekly limi subject to the every-third-night limitation, one day in seven free of clinical work and weeks. (Core)
	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)	6.28.a.	At-home call must not be so frequent or t personal time for each resident. (Core)

e ability of the resident to achieve the program, and must not interfere with the nise patient safety. (Core)

e ability of the resident to achieve the program, and must not interfere with the nise patient safety. (Core)

external moonlighting (as defined in the unted toward the 80-hour maximum

oonlight. (Core)

xt of the 80-hour and one-day-off-in-seven

weeks of night float, and maximum ar may be further specified by the Review

use call no more frequently than every week period). (Core)

residents on at-home call must count mit. The frequency of at-home call is not on, but must satisfy the requirement for nd education, when averaged over four

residents on at-home call must count mit. The frequency of at-home call is not on, but must satisfy the requirement for nd education, when averaged over four

r taxing as to preclude rest or reasonable