Roman Numeral	Pequirement Lenguege	Reformatted Requirement Number	Demuirement
Requirement Number	Requirement Language	Number	Requirement
	Definition of Graduate Medical Education		
			Definition of Graduate Medical Educat
	Fellowship is advanced graduate medical education beyond a core		Fellowship is advanced graduate med
	residency program for physicians who desire to enter more specialized		residency program for physicians who
	practice. Fellowship-trained physicians serve the public by providing		practice. Fellowship-trained physiciar
	subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating		subspecialty care, which may also inc community resource for expertise in t
	new knowledge into practice, and educating future generations of		new knowledge into practice, and edu
	physicians. Graduate medical education values the strength that a diverse		physicians. Graduate medical educati
	group of physicians brings to medical care, and the importance of		group of physicians brings to medical
	inclusive and psychologically safe learning environments.		inclusive and psychologically safe lea
	Fellows who have completed residency are able to practice autonomously		Fellows who have completed residence
	<i>in their core specialty. The prior medical experience and expertise of</i>		in their core specialty. The prior medi
	fellows distinguish them from physicians entering residency. The fellow's		fellows distinguish them from physici
	care of patients within the subspecialty is undertaken with appropriate		care of patients within the subspecial
	faculty supervision and conditional independence. Faculty members		faculty supervision and conditional in
	serve as role models of excellence, compassion, cultural sensitivity,		serve as role models of excellence, co
	professionalism, and scholarship. The fellow develops deep medical		professionalism, and scholarship. The
	knowledge, patient care skills, and expertise applicable to their focused		knowledge, patient care skills, and ex
	area of practice. Fellowship is an intensive program of subspecialty		area of practice. Fellowship is an intel
	clinical and didactic education that focuses on the multidisciplinary care		clinical and didactic education that fo
	of patients. Fellowship education is often physically, emotionally, and		of patients. Fellowship education is o
	intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well-		<i>intellectually demanding, and occurs</i> <i>environments committed to graduate</i>
	being of patients, residents, fellows, faculty members, students, and all		being of patients, residents, fellows, f
Int.A.	members of the health care team.	[None]	members of the health care team.
	In addition to clinical education, many fellowship programs advance		In addition to clinical education, many
	fellows' skills as physician-scientists. While the ability to create new		fellows' skills as physician-scientists.
	knowledge within medicine is not exclusive to fellowship-educated		knowledge within medicine is not exc
	physicians, the fellowship experience expands a physician's abilities to		physicians, the fellowship experience
	pursue hypothesis-driven scientific inquiry that results in contributions to		pursue hypothesis-driven scientific in
	the medical literature and patient care. Beyond the clinical subspecialty		the medical literature and patient care
Int A (Continued)	expertise achieved, fellows develop mentored relationships built on an	[None] (Continued)	expertise achieved, fellows develop m
Int.A (Continued)	infrastructure that promotes collaborative research.	[None] - (Continued)	infrastructure that promotes collabora

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	<b>Definition of Subspecialty</b> Craniofacial surgery is a subspecialty of plastic surgery that includes the in- depth study and reconstructive treatment of disorders of the soft and hard tissues of the face and cranial areas, such as congenital anomalies and post- traumatic and other acquired conditions. Although craniofacial surgery includes combined intracranial and extracranial surgery, the broad scope of the subspecialty is applicable to other procedures in the craniofacial region.		<b>Definition of Subspecialty</b> Craniofacial surgery is a subspecialty of depth study and reconstructive treatmen tissues of the face and cranial areas, su traumatic and other acquired conditions combined intracranial and extracranial s subspecialty is applicable to other proce
Int D	Craniofacial surgeons should be able to manage any hard- or soft-tissue	[Nono]	Craniofacial surgeons should be able to
Int.B.	reconstruction problem of the craniofacial region.	[None]	reconstruction problem of the craniofacia
Int.C.	Length of Educational Program The length of the educational program in craniofacial surgery is 12 months. (Detail)	4.1.	<b>Length of Program</b> The length of the educational program ir (Detail)
l.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. <sup>(Core)</sup>	1.1.	The program must be sponsored by o Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is accou- site, in collaboration with the program
		· · • •	in the second of the second se

of plastic surgery that includes the innent of disorders of the soft and hard such as congenital anomalies and postns. Although craniofacial surgery includes al surgery, the broad scope of the poedures in the craniofacial region. to manage any hard- or soft-tissue acial region.

in craniofacial surgery is 12 months.

rganization or entity that assumes the sponsibility for a program of graduate the ACGME Institutional Requirements.

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

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

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

ical learning and working environment

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

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and		Workforce Recruitment and Retentior The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	These resources must include:	[None]	
I.D.1.a).(1)	inpatient facilities with a sufficient number of beds, support staff members, and operating suites with technologically current equipment; (Core)	1.8.a.	These resources must include inpatient beds, support staff members, and opera equipment. (Core)
I.D.1.a).(2)	outpatient facilities, with support staff members and operating suites; and, (Core)	1.8.b.	These resources must include outpatien and operating suites. (Core)
I.D.1.a).(3)	clinic and office space for fellows' participation in the pre-operative evaluation, treatment, and post-operative follow-up of patients for whom they have responsibility. (Core)	1.8.c.	These resources must include clinic and the pre-operative evaluation, treatment, for whom they have responsibility. (Core
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)

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

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

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

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

nt facilities with a sufficient number of rating suites with technologically current

ent facilities, with support staff members

nd office space for fellows' participation in t, and post-operative follow-up of patients re)

Sponsoring Institution, must ensure ng environments that promote fellow

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

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

priate to the participating site; and,

sabilities consistent with the re)

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

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requirement Language
<u></u>	Other Learners and Health Care Personnel		Other Learners and Health Care Personnel
.Е.	The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)
	Personnel	Section 2	Section 2: Personnel
I.A.	Program Director	2.1.	Program Director There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)
I.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)
II.A.1.a)		2.2.	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director resides with the Review Committee. (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)		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)
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)
	Number of Approved Fellow Positions: 1-4   Minimum Support Required (FTE): 0.1		Number of Approved Fellow Positions: 1-4   Minimum Support Required (FTE): 0.1
II.A.2.a)	Number of Approved Fellow Positions: 5 or more   Minimum Support Required (FTE): 0.2	2.3.a.	Number of Approved Fellow Positions: 5 or more   Minimum Support Required (FTE): 0.2
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director: The program director must possess subspecialty expertise and qualifications acceptable to the Review Committee. (Core)
	must include subspecialty expertise and qualifications acceptable to the		Qualifications of the Program Director The program director must possess subspecialty expertise and
II.A.3.a)	Review Committee; and, (Core) must include current certification in the subspecialty for which they are the program director by the American Board of Plastic Surgery or subspecialty qualifications that are acceptable to the Review Committee. (Core)	2.4.	qualifications acceptable to the Review Committee. (Core)The program director must possess current certification in the subspecialty for which they are the program director by the American Board of Plastic Surgery or subspecialty qualifications that are acceptable to the Review Committee. (Core)
I.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	must include requisite clinical experience in craniofacial surgery acceptable to		The program director must possess requ
II.A.3.c)	the Review Committee. (Detail)	2.4.b.	surgery acceptable to the Review Comm
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient car
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core) design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the	2.5.a.	The program director must be a role r The program director must design an consistent with the needs of the com
II.A.4.a).(2) II.A.4.a).(3)	mission(s) of the program; (Core) administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.b. 2.5.c.	Sponsoring Institution, and the mission The program director must administer environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of con develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when acti not to promote, or renew the appointr
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)

quisite clinical experience in craniofacial nmittee. (Detail)

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

# model of professionalism. (Core)

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

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

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

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

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

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

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

# n a non-competition guarantee or

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
		Humber	Kequirement
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request, v
	provide applicants who are offered an interview with information related to		The program director must provide an
II.A.4.a).(12)	their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	interview with information related to t specialty board examination(s). (Core
	Faculty		
	<ul> <li>Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients.</li> <li>Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning.</li> <li>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.</li> <li>Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety.</li> <li>Faculty members create an effective learning environment by acting in a</li> </ul>		<ul> <li>Faculty</li> <li>Faculty members are a foundational electron – faculty members teach fele</li> <li>Faculty members provide an importar and become practice ready, ensuring quality of care. They are role models for by demonstrating compassion, command patient care, professionalism, and a de Faculty members experience the pride development of future colleagues. The the opportunity to teach and model existence is cholarly approach to patient care, factor graduate medical education system, is and the population.</li> <li>Faculty members ensure that patients from a specialist in the field. They rect the patients, fellows, community, and provide appropriate levels of supervise Faculty members create an effective levels</li> </ul>
II.B.	professional manner and attending to the well-being of the fellows and themselves.	[None]	professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.2	Faculty members must:	[None]	
			Faculty Responsibilities Faculty members must be role models
II.B.2.a)	be role models of professionalism; (Core)	2.7.	
II.B.2.b)		2.7.a.	Faculty members must demonstrate c equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly parti discussions, rounds, journal clubs, ar

verification of an individual fellow's t, within 30 days. (Core) applicants who are offered an o their eligibility for the relevant

re)

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

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

of faculty members with competence to Core)

els of professionalism. (Core)

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

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

nd maintain an educational

g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requiremen
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of Plastic Surgery or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa qualifications judged acceptable to th
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program F certifying board of the American Osteopa there is no AOA board that offers certific
	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)		Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member I Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.3.c)		2.9.a.	
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sign supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core)
	Faculty members must complete the annual ACGME Faculty Survey.	2 40 -	Faculty members must complete the a
<b>II.B.4.a)</b> II.B.4.b)	(Core) The core faculty-to-fellow ratio must be 1:1. (Core)	<b>2.10.a.</b> 2.10.b.	(Core) The core faculty-to-fellow ratio must be 7
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)
II.C.2.a)	The program coordinator must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. (Core)	2.11.b.	The program coordinator must be provid minimum of 20 percent FTE for administ

Ity development designed to enhance

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

mbers

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

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

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

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

e annual ACGME Faculty Survey.

e 1:1. (Core)

tor. (Core)

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provided with dedicated time and n of the program based upon its size

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

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
II.D.	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)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
II.D.1. III.	In addition to plastic surgery faculty members, the craniofacial team should include specialists in dentistry, neurological surgery, ophthalmology, otolaryngology, oral surgery, and orthodontics. (Detail) <b>Fellow Appointments</b>	2.12.a. Section 3	In addition to plastic surgery faculty men include specialists in dentistry, neurologi otolaryngology, oral surgery, and orthod Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an AG an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canad program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required find CanMEDS Milestones evaluations from
III.A.1.b)	Admission to a craniofacial surgery educational program is open to those who have satisfactorily completed a plastic surgery residency program that satisfies the requirements in III.A.1. (Detail)	3.2.a.1.	Admission to a craniofacial surgery educe have satisfactorily completed a plastic su the requirements in 3.2. (Detail)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Plastic Surgery will allow the following exception to the fellowship eligibility requirements: An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the	3.2.b.	Fellow Eligibility Exception The Review Committee for Plastic Surgers exception to the fellowship eligibility An ACGME-accredited fellowship pro- qualified international graduate applic
III.A.1.c).(1)	eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core) evaluation by the program director and fellowship selection committee of	3.2.b.1.	eligibility requirements listed in 3.2, b additional qualifications and condition evaluation by the program director an
III.A.1.c).(1).(a)	the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	the applicant's suitability to enter the review of the summative evaluations of (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissio (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Com of matriculation. (Core)

# Sponsoring Institution, must jointly personnel for the effective

embers, the craniofacial team should ogical surgery, ophthalmology, odontics. (Detail)

#### ip Programs

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

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

ucational program is open to those who surgery residency program that satisfies

# urgery will allow the following y requirements:

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

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

t's exceptional qualifications by the

# sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Fellow Complement		
III.B.	The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)
	Fellow Transfers		
III.C.	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, an matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical ec organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on		It is recognized that programs may pla leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu
IV.	community health. Educational Components	Section 4	community health.
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which me applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objective designed to promote progress on a tra- their subspecialty. These must be dis- fellows and faculty members; (Core)
	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their		delineation of fellow responsibilities f
IV.A.3.	subspecialty; (Core)	4.2.c.	subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow E Experiences Fellows must be provided with protec didactic activities. (Core)
	formal educational activities that promote patient safety-related goals,	4.9.5	formal educational activities that pron
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)

pint more fellows than approved by the

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

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

port the development of who provide compassionate care.

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

#### lowing educational components:

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

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

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

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

ected time to participate in core

omote patient safety-related goals,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competenc Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqu
IV.D.	The program must integrate the following ACGME Competencies into the	[none]	
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(2)	Fellows must demonstrate competence in: (Core)	[None]	
IV.B.1.b).(2).(a)	the surgical methods of craniofacial surgery, including rigid fixation of skull facial bones and training in the fabrication of dental splints; (Core)	4.4.a.	Fellows must demonstrate competence i surgery, including rigid fixation of skull fa fabrication of dental splints. (Core)
IV.B.1.b).(2).(b)	pre-operative assessment and decision making regarding methods and timing of intervention in craniofacial disorders; (Core)	4.4.b.	Fellows must demonstrate competence i decision making regarding methods and disorders. (Core)
IV.B.1.b).(2).(c)	management of craniofacial patients from the pre-operative through the post- operative stages; and, (Core)	4.4.c.	Fellows must demonstrate competence i from the pre-operative through the post-
IV.B.1.b).(2).(d)	knowledge of critical care in the post-operative management of craniofacial patients. (Core)	4.4.d.	Fellows must demonstrate competence i operative management of craniofacial pa
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(3).(a)	Fellows must demonstrate competence in the four essential phases of total patient care: pre-operative evaluation, therapeutic decision making, operative experience, and post-operative management., including: (Core)	4.5.a.	Fellows must demonstrate competence i patient care: pre-operative evaluation, th experience, and post-operative manager
IV.B.1.b).(3).(a).(i) IV.B.1.b).(3).(a).(ii)	craniosynostosis; (Core) congenital and developmental deformities of the face that may be related to craniosynostosis, including midface hypoplasia and facial asymmetries; (Core)	4.5.a.1. 4.5.a.2.	craniosynostosis; (Core) congenital and developmental deformitie craniosynostosis, including midface hypo
IV.B.1.b).(3).(a).(iii)	syndromal malformations of the face, such as Treacher Collins, hemifacial microsomia; (Core)	4.5.a.3.	syndromal malformations of the face, su microsomia; (Core)
IV.B.1.b).(3).(a).(iv)	congenital orbital dysmorphologies, including orbitofacial clefts and hypertelorism; (Core)	4.5.a.4.	congenital orbital dysmorphologies, inclu hypertelorism; (Core)
IV.B.1.b).(3).(a).(v) IV.B.1.b).(3).(a).(vi)	facial cleft deformities; (Core) atrophic and hypertrophic disorders, such as Romberg's disease, bone dysplasia; (Core)	4.5.a.5. 4.5.a.6.	facial cleft deformities; (Core) atrophic and hypertrophic disorders, suc dysplasia; (Core)

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

#### GME Competencies into the curriculum.

alism

tment to professionalism and an re)

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

e in the surgical methods of craniofacial facial bones and training in the

e in pre-operative assessment and nd timing of intervention in craniofacial

e in management of craniofacial patients st-operative stages. (Core)

e in knowledge of critical care in the postpatients. (Core)

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

e in the four essential phases of total therapeutic decision making, operative jement, including: (Core)

ties of the face that may be related to poplasia and facial asymmetries; (Core) such as Treacher Collins, hemifacial

cluding orbitofacial clefts and

uch as Romberg's disease, bone

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	craniofacial manifestations of systemic disorders, such as neurofibromatosis		craniofacial manifestations of systemic d
IV.B.1.b).(3).(a).(vii)	and vascular malformations and lymphatic disorders; (Core)	4.5.a.7.	and vascular malformations and lymphat
IV.B.1.b).(3).(a).(viii)	post-traumatic complex skull and facial deformities; (Core)	4.5.a.8.	post-traumatic complex skull and facial d
IV.B.1.b).(3).(a).(ix)	congenital and acquired disorders of the facial skeleton and occlusal relationships; and, (Core)	4.5.a.9.	congenital and acquired disorders of the relationships; and, (Core)
IV.B.1.b).(3).(a).(x)	craniofacial concepts in the exposure and/or reconstruction in cranial base oncologic surgery. (Core)	4.5.a.10.	craniofacial concepts in the exposure and oncologic surgery. (Core)
	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Know Fellows must demonstrate knowledge biomedical, clinical, epidemiological, a including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competency in the knowledge of the sciences of embryology, anatomy, physiology, and pathology as these relate to the diagnosis and treatment of diseases of the craniofacial areas, to include knowledge of the diagnosis and management of disease and deformity involving the jaws, teeth, and occlusion. (Core)	4.6.a.	Fellows must demonstrate competency in embryology, anatomy, physiology, and pa diagnosis and treatment of diseases of the knowledge of the diagnosis and manage the jaws, teeth, and occlusion. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperson result in the effective exchange of info patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awarend larger context and system of health ca social determinants of health, as well other resources to provide optimal he

c disorders, such as neurofibromatosis natic disorders; (Core) I deformities; (Core)

ne facial skeleton and occlusal

and/or reconstruction in cranial base

#### nowledge ge of established and evolving

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

y in the knowledge of the sciences of I pathology as these relate to the f the craniofacial areas, to include gement of disease and deformity involving

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

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

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

Roman Numeral		Reformatted Requirement	
Requirement Number	r Requirement Language	Number	Requiremer
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	<ul> <li>4.10. Curriculum Organization and Fe Structure</li> <li>The curriculum must be structured to experiences, the length of the experi These educational experiences inclu patient care responsibilities, clinical events. (Core)</li> <li>4.11. Curriculum Organization and Fe Clinical Experiences</li> <li>Fellows must be provided with prote didactic activities. (Core)</li> <li>4.12. Curriculum Organization and Fe The program must provide instruction management if applicable for the subthe signs of substance use disorder.</li> </ul>
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow The curriculum must be structured to experiences, the length of the experi These educational experiences inclu patient care responsibilities, clinical events. (Core)
IV.C.1.a) IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of	4.10.a. <b>4.12.</b>	Fellows must continue to provide care for discharge or until the patients' post-ope episode of care is concluded. (Core) Curriculum Organization and Fellow The program must provide instructio management if applicable for the sub the signs of substance use disorder.

to optimize fellow educational griences, and the supervisory continuity. lude an appropriate blend of supervised al teaching, and didactic educational

Fellow Experiences – Didactic and

tected time to participate in core

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

w Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory continuity. lude an appropriate blend of supervised al teaching, and didactic educational

e for their own post-operative patients until perative conditions are stable and the

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Fellows must participate in clinical, basic science, and research conferences;		Fellows must participate in clinical, basic
	monthly morbidity and mortality sessions; other conferences focused specifically		monthly morbidity and mortality session
IV.C.3.	on craniofacial surgery. (Core)	4.11.a.	on craniofacial surgery. (Core)
	Conferences must be conducted regularly and as scheduled, and the topics of		Conferences must be conducted regular
IV.C.3.a)		4.11.a.1.	each must be linked to the goals and ob
IV.C.4.	Basic science components to the curriculum must include:	[None]	
IV.C.4.a)	normal and abnormal embryology and fetal development of the head and neck, with special emphasis on the development of the cranium, the maxillary and mandibular complex, the mechanisms of clefting, and the development of the temporomandibular joint and surrounding musculature; (Detail)	4.11.b.	Basic science components to the curricul embryology and fetal development of the on the development of the cranium, the mechanisms of clefting, and the develop and surrounding musculature. (Detail)
IV.C.4.b)	normal growth, development, and anatomy of the cranium and face, with special attention to dental development and occlusion and to the consequences of congenital anomalies, trauma, surgery, and radiation; (Detail)	4.11.c.	Basic science components to the curricu development, and anatomy of the craniu dental development and occlusion and to anomalies, trauma, surgery, and radiation
IV.C.4.c)	interpretation of dental radiographs, cephalometric analysis, and study models; (Detail)	4.11.d.	Basic science components to the curricu dental radiographs, cephalometric analy
IV.C.4.d)	construction of splints and their use in craniofacial and maxillofacial surgery; (Detail)	4.11.e.	Basic science components to the curricular and their use in craniofacial and maxillof
IV.C.4.e)	interpretation of sophisticated diagnostic imaging modalities used in craniofacial surgery, such as computed tomography, magnetic resonance imaging, and arteriography; (Detail)	4.11.f.	Basic science components to the curricu sophisticated diagnostic imaging modali as computed tomography, magnetic reso (Detail)
IV.C.4.f)	standards of beauty and normalcy as they relate to the face, and an understanding of the relationship of cephalometric values to soft-tissue features; (Detail)	4.11.g.	Basic science components to the curricular and normalcy as they relate to the face, relationship of cephalometric values to s
IV.C.4.g)	bone healing, including primary healing, malunion, nonunion, osteomyelitis, and the physiology and methods of bone grafting; (Detail)	4.11.h.	Basic science components to the curricu including primary healing, malunion, nor physiology and methods of bone grafting
IV.C.4.h)	use of alloplastic materials used for reconstruction; and, (Detail)	4.11.i.	Basic science components to the curricum materials used for reconstruction. (Detai
IV.C.4.i)	congenital, developmental, and secondary deformities of the head and face, including the embryology, pathogenesis, anatomy, natural history, and the course of disease following treatment. (Detail)	4.11.j.	Basic science components to the curricu developmental, and secondary deformiti embryology, pathogenesis, anatomy, na following treatment. (Detail)
IV.C.5.	The curriculum should include education and experience in the following areas: (Outcome)	[None]	
IV.C.5.a)	diagnostic methods and treatment techniques of temporomandibular joint disorders; (Outcome)	4.11.k.	The curriculum should include education and treatment techniques of temporoma
IV.C.5.b)	aesthetic contour deformities, such as masseteric hypertrophy and frontal cranial remodeling; (Outcome)	4.11.l.	The curriculum should include education deformities, such as masseteric hypertro (Outcome)
IV.C.5.c)	elective orthognathic surgery for orthodontic problems; (Outcome)	4.11.m.	The curriculum should include education surgery for orthodontic problems. (Outco
IV.C.5.d)	surgical correction of congenital clefts of the lip and palate, with emphasis on both primary and late repairs and revisions; and, (Outcome)	4.11.n.	The curriculum should include education of congenital clefts of the lip and palate, repairs and revisions. (Outcome)

sic science, and research conferences; ns; other conferences focused specifically

arly and as scheduled, and the topics of bjectives for the course of study. (Detail)

culum must include normal and abnormal he head and neck, with special emphasis e maxillary and mandibular complex, the opment of the temporomandibular joint

culum must include normal growth, ium and face, with special attention to to the consequences of congenital ion. (Detail)

culum must include interpretation of lysis, and study models. (Detail)

culum must include construction of splints ofacial surgery. (Detail)

culum must include interpretation of alities used in craniofacial surgery, such sonance imaging, and arteriography.

culum must include standards of beauty e, and an understanding of the soft-tissue features. (Detail)

culum must include bone healing, onunion, osteomyelitis, and the ng. (Detail)

culum must include use of alloplastic ail)

culum must include congenital, ities of the head and face, including the natural history, and the course of disease

on and experience in diagnostic methods andibular joint disorders. (Outcome)

on and experience in aesthetic contour rophy and frontal cranial remodeling.

on and experience in elective orthognathic come)

on and experience in surgical correction e, with emphasis on both primary and late

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.5.e)	reconstructive management of defects after ablative surgery for malignancy about the maxillofacial region, including pedicle and free flap surgery and bone grafting techniques. (Outcome)	4.11.o.	The curriculum should include education management of defects after ablative su maxillofacial region, including pedicle an techniques. (Outcome)
IV.C.6.	Programs in craniofacial surgery must provide a sufficient number and variety of surgical experiences to ensure that fellows receive sufficient exposure to a wide range of diseases and injuries to the soft and hard tissues of the craniofacial region. (Core)	4.11.p.	Programs in craniofacial surgery must p surgical experiences to ensure that fello range of diseases and injuries to the sof region. (Core)
IV.C.7.	Fellows must actively participate in an integrated craniofacial team with sufficient patient volume to provide an exposure to diverse craniofacial problems. (Core)	4.11.q.	Fellows must actively participate in an ir sufficient patient volume to provide an e problems. (Core)
IV.C.8.	Fellows should not act on a regular basis as teaching assistants to the chief resident in plastic surgery. If the craniofacial surgery fellow and the plastic surgery resident each contribute significantly to a complex case, then both may receive credit as surgeon for the experience. (Core)	4.11.r.	Fellows should not act on a regular basis resident in plastic surgery. If the craniofa surgery resident each contribute significa receive credit as surgeon for the experie
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The prograt environment that fosters the acquisite participation in scholarly activities as Program Requirements. Scholarly activities integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow scholarly activities. (Core)

on and experience in reconstructive surgery for malignancy about the and free flap surgery and bone grafting

provide a sufficient number and variety of lows receive sufficient exposure to a wide oft and hard tissues of the craniofacial

integrated craniofacial team with exposure to diverse craniofacial

sis as teaching assistants to the chief ofacial surgery fellow and the plastic icantly to a complex case, then both may rience. (Core)

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

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

dence of scholarly activities, ims. (Core)

dence of scholarly activities, ims. (Core)

Sponsoring Institution, must allocate ow and faculty involvement in

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	Innovations in education
IV.D.2.a) IV.D.2.b)	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education 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	4.14. 4.14.a.	<ul> <li>Faculty Scholarly Activity</li> <li>Among their scholarly activity, progra accomplishments in at least three of the Research in basic science, education or population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient set systematic reviews, meta-analyses, intextbooks, or case reports</li> <li>Creation of curricula, evaluation tool electronic educational materials</li> <li>Contribution to professional committee ditorial boards</li> <li>Innovations in education</li> <li>The program must demonstrate disset and external to the program by the for faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resources</li> </ul>
	chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor;	444.54	chapters, textbooks, webinars, servic serving as a journal reviewer, journal
IV.D.2.b).(1)	(Outcome) peer-reviewed publication. (Outcome)	4.14.a.1.	(Outcome)
IV.D.2.b).(2)		4.14.a.2.	peer-reviewed publication. (Outcome)
	Evaluation Fellow Evaluation	Section 5	Section 5: Evaluation Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)

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

t safety initiatives , review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

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

t safety initiatives , review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

ls, posters, workshops, quality m presentations, grant leadership, nonurces, articles or publications, book vice on professional committees, or al editorial board member, or editor;

ıe)

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

Roman Numeral		Reformatted Requirement	
<b>Requirement Number</b>	Requirement Language	Number	Requirement
			Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durir educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than the must be documented at least every the
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as cor clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation along the subspecialty-specific Milest
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sun that includes their readiness to progre applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performation by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)

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

#### aluation

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

the completion of the assignment.

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

continuity clinic in the context of other aluated at least every three months and

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

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

cal Competency Committee for its formance and improvement toward

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

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

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

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

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requiremen
	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, mu
	are able to engage in autonomous practice upon completion of the		are able to engage in autonomous pra
, , ,	program. (Core)	5.2.a.	program. (Core)
	The final evaluation must:	[None]	
	become part of the fellow's permanent record maintained by the		The final evaluation must become par
	institution, and must be accessible for review by the fellow in accordance	5.2.b.	maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(a)	with institutional policy; (Core)	J.Z.D.	
	varify that the follow has demonstrated the knowledge skills, and		The final evaluation must verify that t
	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	knowledge, skills, and behaviors neco (Core)
V.A.2.a).(2).(b)	benaviors necessary to enter autonomous practice, and, (Core)	5.2.6.	The final evaluation must be shared v
$(\Lambda \Lambda 2 a) (2) (a)$	be shared with the fellow upon completion of the program. (Core)	5.2.d.	program. (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.U.	
	A Clinical Competency Committee must be enneinted by the pressure		Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the program	5.3.	A Clinical Competency Committee mu
	director. (Core)	5.3.	director. (Core)
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competence
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a c
	be faculty members from the same program or other programs, or other		be faculty members from the same pr
	health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	health professionals who have extens program's fellows. (Core)
-	The Clinical Competency Committee must:	[None]	program s renows. (Core)
V.A.J.D)	The chinical competency committee must.		The Clinical Competency Committee
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee least semi-annually. (Core)
, , ,	determine each fellow's progress on achievement of the subspecialty-	5.5.5.	The Clinical Competency Committee
	specific Milestones; and, (Core)	5.3.c.	progress on achievement of the subs
•		0.0.0.	The Clinical Competency Committee
	meet prior to the fellows' semi-annual evaluations and advise the program		annual evaluations and advise the pro-
	director regarding each fellow's progress. (Core)	5.3.d.	fellow's progress. (Core)
•		0.0.4.	Faculty Evaluation
			The program must have a process to
			performance as it relates to the educa
V.B.	Faculty Evaluation	5.4.	(Core)
V.D.		0.1.	Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to
	performance as it relates to the educational program at least annually.		performance as it relates to the educa
	(Core)	5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with the
	in faculty development related to their skills as an educator, clinical		in faculty development related to thei
	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
-	This evaluation must include written, confidential evaluations by the		This evaluation must include written,
	fellows. (Core)	5.4.b.	fellows. (Core)
,	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedba
			-
	annually. (Core)	5.4.C.	annually. (Core)
V.B.2.	annually. (Core) Results of the faculty educational evaluations should be incorporated into	5.4.c.	annually. (Core) Results of the faculty educational eva

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

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

t the fellow has demonstrated the eccessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

ency Committee must include three a core faculty member. Members must program or other programs, or other ensive contact and experience with the

e must review all fellow evaluations at

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

to evaluate each faculty member's ıcational program at least annually.

to evaluate each faculty member's icational program at least annually.

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

back on their evaluations at least

valuations should be incorporated into plans. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requirement
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee m program faculty members, at least on and at least one fellow. (Core)
V.C.1.b) V.C.1.b).(1)	Program Evaluation Committee responsibilities must include: review of the program's self-determined goals and progress toward meeting them; (Core)	[None] 5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
	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 educa seek and achieve board certification. the educational program is the ultima
	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 encoura take the certifying examination offered of Medical Specialties (ABMS) member
V.C.3.		[None]	Association (AOA) certifying board.

ent

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

ent

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

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

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

bonsibilities must include guiding luding development of new goals,

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

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

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

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

self-Study and submit it to the DIO.

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in a graduates over the time period speci- an 80 percent pass rate will have met percentile rank of the program for pa- (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Section 6: The Learning and Working The Learning and Working Environm Fellowship education must occur in t environment that emphasizes the foll
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea

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

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

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

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

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

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

g Environment

nent the context of a learning and working llowing principles:

of care rendered to patients by

*i* of care rendered to patients by ce

oviding care for patients

e students, residents, fellows, faculty ealth care team

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	Kequirement
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		
			Culture of Safety
	A culture of safety requires continuous identification of vulnerabilities		A culture of safety requires continuou
	and a willingness to transparently deal with them. An effective		and a willingness to transparently dea
	organization has formal mechanisms to assess the knowledge, skills, and		organization has formal mechanisms
	attitudes of its personnel toward safety in order to identify areas for		attitudes of its personnel toward safet
VI.A.1.a).(1)	improvement.	[None]	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.	The program, its faculty, residents, an patient safety systems and contribute
	Patient Safety Events		
			Patient Safety Events
	Reporting, investigation, and follow-up of safety events, near misses, and		Reporting, investigation, and follow-up
	unsafe conditions are pivotal mechanisms for improving patient safety,		unsafe conditions are pivotal mechani
	and are essential for the success of any patient safety program. Feedback		and are essential for the success of ar
	and experiential learning are essential to developing true competence in		and experiential learning are essential
	the ability to identify causes and institute sustainable systems-based		the ability to identify causes and instit
VI.A.1.a).(2)	changes to ameliorate patient safety vulnerabilities.	[None]	changes to ameliorate patient safety v
	Residents, fellows, faculty members, and other clinical staff members	[None]	
VI.A.1.a).(2).(a)	must:	[None]	
			Residents, fellows, faculty members, a
	know their responsibilities in reporting patient safety events and unsafe		must know their responsibilities in rep
V = A + (2) (2) (3) (1)	conditions at the clinical site, including how to report such events; and, (Core)	6.2.	unsafe conditions at the clinical site, in (Core)
VI.A.1.a).(2).(a).(i)		0.2.	Residents, fellows, faculty members, a
	be provided with summary information of their institution's patient safety		must be provided with summary inform
VI.A.1.a).(2).(a).(ii)	reports. (Core)	6.2.a.	safety reports. (Core)
	Fellows must participate as team members in real and/or simulated		Fellows must participate as team mem
	interprofessional clinical patient safety and quality improvement activities,		interprofessional clinical patient safety
	such as root cause analyses or other activities that include analysis, as		such as root cause analyses or other a
VI.A.1.a).(2).(b)	well as formulation and implementation of actions. (Core)	6.3.	well as formulation and implementatio
	Quality Metrics		·
			Quality Metrics
	Access to data is essential to prioritizing activities for care improvement		Access to data is essential to prioritizi
VI.A.1.a).(3)	and evaluating success of improvement efforts.	[None]	and evaluating success of improveme
	Fellows and faculty members must receive data on quality metrics and		Fellows and faculty members must rec
VI.A.1.a).(3).(a)	benchmarks related to their patient populations. (Core)	6.4.	benchmarks related to their patient po

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

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

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

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

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

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

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

populations. (Core)

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the in partnership with their Sponsoring communicate, and monitor a structur accountability as it relates to the sup Supervision in the setting of graduate
VI.A.2.	Supervision and Accountability	[None]	and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the in partnership with their Sponsoring communicate, and monitor a structur accountability as it relates to the sup
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the place for all fellows is based on each as well as patient complexity and acut through a variety of methods, as approximately and acuted through a struct of methods.
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow super- authority and responsibility, the prog classification of supervision.

s ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely fured chain of responsibility and upervision of all patient care.

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

s ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely tured chain of responsibility and upervision of all patient care.

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

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

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

It the appropriate level of supervision in ch fellow's level of training and ability, cuity. Supervision may be exercised opropriate to the situation. (Core)

ervision while providing for graded ogram must use the following

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate teleo
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate teleo
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate telec
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s

cally present with the fellow during the on.

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

cally present with the fellow during the on.

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

cally present with the fellow during the on.

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

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

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

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

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

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

ory role to junior fellows and residents ard independence, based on the needs individual resident or fellow. (Detail) rcumstances and events in which supervising faculty member(s). (Core)

Roman Numeral Requirement Number	Requirement Lenguage	Reformatted Requirement Number	Doguiromon
Requirement Number	Requirement Language Each fellow must know the limits of their scope of authority, and the	Number	Requiremen Each fellow must know the limits of t
VI.A.2.e).(1)	circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe o
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)

# ent Language their scope of authority, and the ow is permitted to act with conditional

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

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

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

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

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

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

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

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

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

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

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

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

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

embers in:

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

hemselves and how to seek

-screening. (Core)

ffordable mental health assessment, ng access to urgent and emergent care . (Core)

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

nd procedures in place to ensure e continuity of patient care. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Numbe		Number	Requirement
	These policies must be implemented without fear of negative		These policies must be implemented
VI.C.2.b)	consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	consequences for the fellow who is of work. (Core)
1.0.2.0)		0.14.0.	Fatigue Mitigation
			Programs must educate all fellows an
			the signs of fatigue and sleep depriva
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
			Fatigue Mitigation
	Programs must educate all fellows and faculty members in recognition of		Programs must educate all fellows an
	the signs of fatigue and sleep deprivation, alertness management, and		the signs of fatigue and sleep depriva
VI.D.1.	fatigue mitigation processes. (Detail)	6.15.	fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
VI.D.2.	adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.L.	Clinical Responsibilities		
			Clinical Responsibilities
	The clinical responsibilities for each fellow must be based on PGY level,		The clinical responsibilities for each f
	patient safety, fellow ability, severity and complexity of patient		patient safety, fellow ability, severity a
VI.E.1.	illness/condition, and available support services. (Core)	6.17.	illness/condition, and available suppo
	Lines of authority should be defined by programs, and all fellows must have a		Lines of authority should be defined by p
	working knowledge of these expected reporting relationships to maximize		working knowledge of these expected re
VI.E.1.a)	quality care and patient safety. (Detail)	6.17.a.	quality care and patient safety. (Detail)
	There must be written lines of responsibility describing the clinical		There must be written lines of responsibility
	responsibilities of and relationship between craniofacial surgery fellows and		responsibilities of and relationship betwe
)/I E 1 b)	plastic surgery residents, and these must be supplied to the Review Committee	6 17 h	plastic surgery residents, and these mus
VI.E.1.b)	at the time of a program's review. (Core)	6.17.b.	at the time of a program's review. (Core)
	Teamwork		Teamwork
	Fellows must care for patients in an environment that maximizes		Fellows must care for patients in an e
	communication and promotes safe, interprofessional, team-based care in		communication and promotes safe, in
VI.E.2.	the subspecialty and larger health system. (Core)	6.18.	the subspecialty and larger health sys
	Effective surgical practices entail the involvement of interdisciplinary team		Effective surgical practices entail the invo
VI.E.2.a)	members with a mix of complementary skills. (Outcome)	6.18.a.	members with a mix of complementary s
	Fellows must collaborate with fellow surgical residents, and especially with		Fellows must collaborate with fellow surg
	faculty members, other physicians outside of the specialty, and non-physician		faculty members, other physicians outsic
	health care providers, to best formulate treatment plans for an increasingly		health care providers, to best formulate t
VI.E.2.b)	diverse patient population. (Detail)	6.18.b.	diverse patient population. (Detail)
	Fellows must assume personal responsibility to complete all tasks to which they		Fellows must assume personal responsi
	are assigned (or which they voluntarily assume) in a timely fashion. These tasks must be completed in the hours assigned, or, if that is not possible, fellows must		are assigned (or which they voluntarily a must be completed in the hours assigned
	learn and utilize the established methods for handing off remaining tasks to		learn and utilize the established methods
VI.E.2.c)	another member of the team so that patient care is not compromised. (Detail)	6.18.c.	another member of the team so that patie
/			Transitions of Care
			Programs must design clinical assign
VI.E.3.	Transitions of Care	6.19.	patient care, including their safety, fre

# nt Language d without fear of negative

or was unable to provide the clinical

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

and faculty members in recognition of /ation, alertness management, and

Sponsoring Institution, must ensure ansportation options for fellows who home. (Core)

#### e fellow must be based on PGY level, and complexity of patient port services. (Core)

*r* programs, and all fellows must have a reporting relationships to maximize

ibility describing the clinical ween craniofacial surgery fellows and ust be supplied to the Review Committee re)

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

volvement of interdisciplinary team skills. (Outcome)

rgical residents, and especially with side of the specialty, and non-physician e treatment plans for an increasingly

sibility to complete all tasks to which they assume) in a timely fashion. These tasks ned, or, if that is not possible, fellows must ods for handing off remaining tasks to atient care is not compromised. (Detail)

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

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requiremen
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both		Programs, in partnership with their Sp and monitor effective, structured han
VI.E.3.b)	continuity of care and patient safety. (Core)	6.19.a.	continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ac
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours n hours per week, averaged over a four house clinical and educational activiti and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off k education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education ( home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effect fellow education. Additional patient ca assigned to a fellow during this time.

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

Sponsoring Institutions, must ensure and-off processes to facilitate both *y*. (Core)

are competent in communicating with ess. (Outcome)

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

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

rk and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

e free of clinical work and education

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

ion Period Length

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

ion Period Length

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

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

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requirement
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sound
VI.F.4.c)	The Review Committee for Plastic Surgery will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	The Review Committee for Plastic Surge exceptions to the 80-hour limit to the res
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged over

• Exceptions g off all other responsibilities, a fellow, remain or return to the clinical site in ntinue to provide care to a single ive humanistic attention to the needs

attend unique educational events.

#### Exceptions

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

ducation must be counted toward the

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

gery will not consider requests for esidents' work week.

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

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

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

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

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

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

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

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