Requirement Number Requirement Language Number Definition of Graduate Medical Education Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of	Definition of Graduate Medical B Fellowship is advanced graduat residency program for physicial practice. Fellowship-trained phy subspecialty care, which may a community resource for experti new knowledge into practice, ar physicians. Graduate medical e
Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse	Fellowship is advanced graduat residency program for physicial practice. Fellowship-trained phy subspecialty care, which may a community resource for experti new knowledge into practice, ar
Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse	Fellowship is advanced graduat residency program for physicial practice. Fellowship-trained phy subspecialty care, which may a community resource for experti new knowledge into practice, an
residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse	Fellowship is advanced graduat residency program for physicial practice. Fellowship-trained phy subspecialty care, which may a community resource for experti new knowledge into practice, an
residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse	residency program for physicial practice. Fellowship-trained phy subspecialty care, which may a community resource for experti new knowledge into practice, a
practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse	practice. Fellowship-trained phy subspecialty care, which may a community resource for experti new knowledge into practice, a
subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse	subspecialty care, which may a community resource for experti new knowledge into practice, a
community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse	community resource for experti new knowledge into practice, ar
physicians. Graduate medical education values the strength that a diverse	
	bhysicians. Graduate medical e
	group of physicians brings to m
inclusive and psychologically safe learning environments.	inclusive and psychologically s
Fellows who have completed residency are able to practice autonomously	Fellows who have completed re
in their core specialty. The prior medical experience and expertise of	in their core specialty. The prior
fellows distinguish them from physicians entering residency. The fellow's	fellows distinguish them from p
care of patients within the subspecialty is undertaken with appropriate	care of patients within the subs
faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity,	faculty supervision and condition serve as role models of exceller
professionalism, and scholarship. The fellow develops deep medical	professionalism, and scholarsh
knowledge, patient care skills, and expertise applicable to their focused	knowledge, patient care skills, a
area of practice. Fellowship is an intensive program of subspecialty	area of practice. Fellowship is a
clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and	clinical and didactic education t of patients. Fellowship educatio
intellectually demanding, and occurs in a variety of clinical learning	intellectually demanding, and o
environments committed to graduate medical education and the well-	environments committed to grad
being of patients, residents, fellows, faculty members, students, and all	being of patients, residents, fell
Int.A. members of the health care team. [None]	members of the health care tear
In addition to clinical education, many fellowship programs advance	In addition to clinical education,
fellows' skills as physician-scientists. While the ability to create new	fellows' skills as physician-scie
knowledge within medicine is not exclusive to fellowship-educated	knowledge within medicine is n
physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to	physicians, the fellowship expen- pursue hypothesis-driven scien
the medical literature and patient care. Beyond the clinical subspecialty	the medical literature and patier
expertise achieved, fellows develop mentored relationships built on an	expertise achieved, fellows deve
Int.A (Continued) infrastructure that promotes collaborative research. [None] - (Continued)	infrastructure that promotes co
Definition of Subspecialty	Definition of Subspecialty
Critical care medicine is the internal medicine subspecialty that focuses on the	Critical care medicine is the intern
diagnosis, management, and prevention of complications in patients who are	diagnosis, management, and prev
severely ill and who usually require intensive monitoring and/or organ system Int.B. [None]	severely ill and who usually require support.
Length of Educational Program	
The educational program in critical care medicine must be 24 months in length.	Length of Program The educational program in critica
Int.C. (Core) 4.1.	(Core)

Education

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

residency are able to practice autonomously for medical experience and expertise of physicians entering residency. The fellow's ospecialty is undertaken with appropriate tional independence. Faculty members ence, compassion, cultural sensitivity, ship. The fellow develops deep medical , and expertise applicable to their focused an intensive program of subspecialty n that focuses on the multidisciplinary care tion is often physically, emotionally, and occurs in a variety of clinical learning raduate medical education and the wellellows, faculty members, students, and all am.

on, many fellowship programs advance ientists. While the ability to create new not exclusive to fellowship-educated perience expands a physician's abilities to entific inquiry that results in contributions to fent care. Beyond the clinical subspecialty evelop mentored relationships built on an collaborative research.

rnal medicine subspecialty that focuses on the evention of complications in patients who are ire intensive monitoring and/or organ system

cal care medicine must be 24 months in length.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir
Ι.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the		Sponsoring Institution The Sponsoring Institution is th
	ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		ultimate financial and academic medical education consistent w
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 most commonly utilized site of oprimary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsore 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 organiz or educational assignments/rota
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 it primary clinical site. (Core)
I.B.1.a)	A critical care medicine fellowship must function as an integral part of an ACGME-accredited program in internal medicine. (Core)	1.2.a.	A critical care medicine fellowship ACGME-accredited program in inte
I.B.1.b)	There must be a collaborative relationship with the program director of the internal medicine residency program to ensure compliance with the ACGME accreditation requirements. (Core)	1.2.b.	There must be a collaborative rela internal medicine residency progra accreditation requirements. (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 and each participating site that g program and the participating si
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 lea
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by tl (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 c 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 r by the program director, who is site, in collaboration with the pro
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 subr participating sites routinely prov for all fellows, of one month full ACGME's Accreditation Data Sy
I.B.5.	The program should ensure that fellows are not unduly burdened by required rotations at geographically distant sites. (Core)	1.6.a.	The program should ensure that fe rotations at geographically distant

the organization or entity that assumes the ic responsibility for a program of graduate with the ACGME Institutional Requirements.

ion is not a rotation site for the program, the of clinical activity for the program is the

red by one ACGME-accredited Sponsoring

nization providing educational experiences otations for fellows.

its Sponsoring Institution, must designate a

ip must function as an integral part of an nternal medicine. (Core)

elationship with the program director of the gram to ensure compliance with the ACGME re)

er of agreement (PLA) between the program at governs the relationship between the site providing a required assignment. (Core)

east every 10 years. (Core)

the designated institutional official (DIO).

clinical learning and working environment

e must be one faculty member, designated is accountable for fellow education for that program director. (Core)

bmit any additions or deletions of roviding an educational experience, required ull time equivalent (FTE) or more through the System (ADS). (Core)

fellows are not unduly burdened by required t sites. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Require
	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		Workforce Recruitment and Rete The program, in partnership with in practices that focus on missio and retention of a diverse and in
	present), fellows, faculty members, senior administrative GME staff		present), fellows, faculty member
I.C.	members, and other relevant members of its academic community. (Core)	1.7.	members, and other relevant me
I.D.	Resources	1.8.	Resources The program, in partnership with the availability of adequate reso
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 the availability of adequate reso
I.D.1.a)	The program, in partnership with its Sponsoring Institution, must:	[None]	
I.D.1.a).(1)	ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space; (Core)	1.8.a.	The program, in partnership with it program has adequate space avai examination rooms, computers, vis space. (Core)
I.D.1.a).(2)	ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work; (Core)	1.8.b.	The program, in partnership with it appropriate in-person or remote/vin using telecommunication technolog work. (Core)
I.D.1.a).(3)	provide access to an electronic health record (EHR); and, (Core)	1.8.c.	The program, in partnership with it to an electronic health record (EHF
I.D.1.a).(4)	provide fellows with access to training using simulation to support fellow education and patient safety. (Core)	1.8.d.	The program, in partnership with it with access to training using simul safety. (Core)
I.D.1.b)	There must be facilities to care for patients with acute myocardial infarction, severe trauma, shock, recent open-heart surgery, recent major thoracic or abdominal surgery, and severe neurologic and neurosurgical conditions. (Core)	1.8.e.	There must be facilities to care for severe trauma, shock, recent oper abdominal surgery, and severe ne
I.D.1.c)	Other services should be available, including anesthesiology, laboratory medicine, and radiology. (Detail)	1.8.f.	Other services should be available medicine, and radiology. (Detail)
I.D.1.d)	The program must provide fellows with a patient population representative of both the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. (Core)	1.8.g.	The program must provide fellows both the broad spectrum of clinical by subspecialists in this area, and program. (Core)
I.D.1.e)	The following must be available at the primary clinical site:	[None]	
I.D.1.e).(1)	timely bedside imaging services, including portable chest x-ray (CXR), bedside ultrasound, and echocardiogram for patients in the critical care units; and, (Core)	1.8.h.	Timely bedside imaging services, i ultrasound, and echocardiogram fo available at the primary clinical site
I.D.1.e).(2)	computed tomography (CT) imaging, including CT angiography. (Core)	1.8.i.	Computed tomography (CT) imagi available at the primary clinical site
I.D.1.f)	A supporting laboratory that provides complete and prompt laboratory evaluation must be available at the primary clinical site or at a participating site to allow reliable and timely return of laboratory test results. (Core)	1.8.j.	A supporting laboratory that provid evaluation must be available at the to allow reliable and timely return o
I.D.1.g)	The following support services must be available:	1.8.k.	The following support services mu
I.D.1.g).(1)	an active open heart surgery program; (Core)	1.8.k.1.	an active open heart surgery progr

tention

ith its Sponsoring Institution, must engage sion-driven, ongoing, systematic recruitment inclusive workforce of residents (if pers, senior administrative GME staff nembers of its academic community. (Core)

th its Sponsoring Institution, must ensure ources for fellow education. (Core)

th its Sponsoring Institution, must ensure ources for fellow education. (Core)

its Sponsoring Institution, must ensure that the ailable, including meeting rooms, classrooms, *v*isual and other educational aids, and office

its Sponsoring Institution, must ensure that virtual consultations, including those done ogy, are available in settings in which fellows

its Sponsoring Institution, must provide access IR). (Core)

its Sponsoring Institution, must provide fellows ulation to support fellow education and patient

or patients with acute myocardial infarction, en-heart surgery, recent major thoracic or eurologic and neurosurgical conditions. (Core)

le, including anesthesiology, laboratory

s with a patient population representative of al disorders and medical conditions managed d of the community being served by the

, including portable chest x-ray (CXR), bedside for patients in the critical care units, must be te. (Core)

ging, including CT angiography, must be te. (Core)

ides complete and prompt laboratory ne primary clinical site or at a participating site of laboratory test results. (Core)

ust be available:

gram; (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Require
I.D.1.g).(2)	an active emergency service; (Core)	1.8.k.2.	an active emergency service; (Cor
I.D.1.g).(3)	post-operative care and respiratory care services; (Core)	1.8.k.3.	post-operative care and respirator
I.D.1.g).(4)	nutritional support services; (Core)	1.8.k.4.	nutritional support services; (Core)
I.D.1.g).(5)	equipment necessary to care for critically ill patients, including bronchoscopy equipment; (Core)	1.8.k.5.	equipment necessary to care for crequipment; (Core)
I.D.1.g).(6)	equipment, expertise, and personnel to provide both continuous and intermittent renal replacement therapy in the critical care units; and, (Core)	1.8.k.6.	equipment, expertise, and personn renal replacement therapy in the c
I.D.1.g).(7)	critical care unit(s) located in a designated area within the hospital and constructed and designed specifically for the care of critically ill patients. (Core)	1.8.k.7.	critical care unit(s) located in a des constructed and designed specifica
I.D.1.g).(7).(a)	Whether operating in separate locations or in combined facilities, the program must provide the equivalent of a medical intensive care unit (MICU), a surgical intensive care unit (SICU), and a coronary intensive care unit (CICU). (Detail)	1.8.k.7.a.	Whether operating in separate loca must provide the equivalent of a m intensive care unit (SICU), and a c
I.D.1.g).(7).(b)	The MICU or its equivalent must be at the primary clinical site and should be the focus of a teaching service. (Core)	1.8.k.7.b.	The MICU or its equivalent must be focus of a teaching service. (Core)
I.D.1.g).(7).(c)	There must be an average daily census of at least five patients per fellow during assignments to critical care units. (Detail)	1.8.k.7.c.	There must be an average daily ce assignments to critical care units. (
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 healthy and safe learning and we 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; (C
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 slo for fellows with proximity appro
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 la with proximity appropriate for sa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures ap (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows wit Sponsoring Institution's policy.
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 appropriate reference material in include access to electronic med capabilities. (Core)
	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the		Other Learners and Health Care The presence of other learners a but not limited to residents from and advanced practice providers
I.E.	appointed fellows' education. (Core)	1.11.	appointed fellows' education. (C
Π.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty memi authority and accountability for with all applicable program requ
<u>יייי</u>		4.1.	

ore)

ory care services; (Core)

e)

critically ill patients, including bronchoscopy

nnel to provide both continuous and intermittent e critical care units; and, (Core)

esignated area within the hospital and ically for the care of critically ill patients. (Core)

pocations or in combined facilities, the program medical intensive care unit (MICU), a surgical a coronary intensive care unit (CICU). (Detail)

be at the primary clinical site and should be the e)

census of at least five patients per fellow during . (Detail)

ith its Sponsoring Institution, must ensure working environments that promote fellow

(Core)

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

lactation that have refrigeration capabilities, safe patient care; (Core)

appropriate to the participating site; and,

vith disabilities consistent with the y. (Core)

ess to subspecialty-specific and other I in print or electronic format. This must nedical literature databases with full text

re Personnel

and other health care personnel, including m other programs, subspecialty fellows, ers, must not negatively impact the (Core)

mber appointed as program director with or the overall program, including compliance quirements. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Require
	There must be one feaulty member anneinted on presson director with		Program Director
	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance		There must be one faculty meml authority and accountability for
II.A.1.	with all applicable program requirements. (Core)	2.1.	with all applicable program requ
	The Sponsoring Institution's Graduate Medical Education Committee		The Sponsoring Institution's Gra
	(GMEC) must approve a change in program director and must verify the		(GMEC) must approve a change
II.A.1.a)	program director's licensure and clinical appointment. (Core)	2.2.	program director's licensure and
	Final approval of the program director resides with the Review Committee.		Final approval of the program di
II.A.1.a).(1)	(Core)	2.2.a.	(Core)
	The program director and, as applicable, the program's leadership team,		The program director and, as ap
	must be provided with support adequate for administration of the program		must be provided with support a
II.A.2.	based upon its size and configuration. (Core)	2.3.	based upon its size and configu
	At a minimum, the program director must be provided with the dedicated time		At a minimum, the program directo
	and support specified below for administration of the program: (Core)		and support specified below for ad
	Number of Approved Fellow Positions: <7 Minimum Support Required (FTE):		Number of Approved Fellow Position
			0.20
	Number of Approved Fellow Positions: 7-9 Minimum Support Required (FTE):		Number of Approved Fellow Position
	0.25		0.25
	Number of Approved Fellow Positions: 10-12 Minimum Support Required		Number of Approved Fellow Positio
	(FTE): 0.30 Number of Approved Fellow Positions: 13-15 Minimum Support Required		(FTE): 0.30 Number of Approved Fellow Position
	(FTE): 0.35		(FTE): 0.35
	Number of Approved Fellow Positions: 16-18 Minimum Support Required		Number of Approved Fellow Position
	(FTE): 0.40		(FTE): 0.40
	Number of Approved Fellow Positions: 19-21 Minimum Support Required		Number of Approved Fellow Positio
	(FTE): 0.45 Number of Approved Fellow Positions: >21 Minimum Support Required (FTE):		(FTE): 0.45 Number of Approved Fellow Positio
II.A.2.a)	0.50	2.3.a.	
	Programs must appoint at least one of the subspecialty-certified core faculty		Programs must appoint at least on
II.A.2.b)	members to be associate program director(s). (Core)	2.3.b.	members to be associate program

nber appointed as program director with r the overall program, including compliance quirements. (Core)

araduate Medical Education Committee le in program director and must verify the nd clinical appointment. (Core)

director resides with the Review Committee.

applicable, the program's leadership team, t adequate for administration of the program juration. (Core)

tor must be provided with the dedicated time administration of the program: (Core)

itions: <7 | Minimum Support Required (FTE):

itions: 7-9 | Minimum Support Required (FTE):

itions: 10-12 | Minimum Support Required

itions: 13-15 | Minimum Support Required

itions: 16-18 | Minimum Support Required

itions: 19-21 | Minimum Support Required

itions: >21 | Minimum Support Required (FTE):

one of the subspecialty-certified core faculty m director(s). (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Require
	The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core)		The associate program director(s) dedicated minimum time for admir
	Number of Approved Fellow Positions: <7 Minimum Aggregate Support Required (FTE): Refer to PR II.B.4.c) Number of Approved Fellow Positions: 7-9 Minimum Aggregate Support Required (FTE): 0.13 Number of Approved Fellow Positions: 10-12 Minimum Aggregate Support		Number of Approved Fellow Positi Required (FTE): Refer to PR PR 2 Number of Approved Fellow Positi Required (FTE): 0.13 Number of Approved Fellow Positi
	Required (FTE): 0.14 Number of Approved Fellow Positions: 13-15 Minimum Aggregate Support Required (FTE): 0.15 Number of Approved Fellow Positions: 16-18 Minimum Aggregate Support		Required (FTE): 0.14 Number of Approved Fellow Positi Required (FTE): 0.15 Number of Approved Fellow Positi
	Required (FTE): 0.16 Number of Approved Fellow Positions: 19-21 Minimum Aggregate Support Required (FTE): 0.17 Number of Approved Fellow Positions: 22-24 Minimum Aggregate Support Required (FTE): 0.18 Number of Approved Fellow Positions: 25-27 Minimum Aggregate Support		Required (FTE): 0.16 Number of Approved Fellow Positi Required (FTE): 0.17 Number of Approved Fellow Positi Required (FTE): 0.18 Number of Approved Fellow Positi
II.A.2.c)	Required (FTE): 0.24	2.3.c.	Required (FTE): 0.24
			Qualifications of the Program D The program director must poss
II.A.3.	Qualifications of the program director:	2.4.	qualifications acceptable to the
	must include subspecialty expertise and qualifications acceptable to the		Qualifications of the Program D The program director must pose
II.A.3.a)	Review Committee; and, (Core)	2.4.	qualifications acceptable to the
II.A.3.a).(1)	The program director must have at least three years of documented educational and/or administrative experience in an ACGME-accredited internal medicine residency or critical care medicine fellowship. (Core)	2.4.b.	The program director must have a and/or administrative experience in residency or critical care medicine
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Internal Medicine (ABIM) or by the American Osteopathic Board of Internal Medicine (AOBIM), or subspecialty qualifications that are acceptable to the Review Committee. (Core)	2.4.a.	The program director must poss subspecialty for which they are Board of Internal Medicine (ABIM Internal Medicine (AOBIM), or sub acceptable to the Review Comm
II.A.3.b).(1)	The Review Committee only accepts current ABIM or AOBIM certification in critical care medicine. (Core)	2.4.a.1.	The Review Committee only acce critical care medicine. (Core)
	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	2.5	Program Director Responsibiliti The program director must have accountability for: administratic activity; fellow recruitment and fellows, and disciplinary action;
II.A.4. II.A.4.a)	education in the context of patient care. (Core) The program director must:	2.5. [None]	education in the context of patie
		[[]	

s) must be provided with support equal to a inistration of the program as follows: (Core)

itions: <7 | Minimum Aggregate Support & 2.10.c.

itions: 7-9 | Minimum Aggregate Support

itions: 10-12 | Minimum Aggregate Support

itions: 13-15 | Minimum Aggregate Support

itions: 16-18 | Minimum Aggregate Support

itions: 19-21 | Minimum Aggregate Support

itions: 22-24 | Minimum Aggregate Support

itions: 25-27 | Minimum Aggregate Support

Director:

ssess subspecialty expertise and le Review Committee. (Core)

Director

ssess subspecialty expertise and Review Committee. (Core)

at least three years of documented educational e in an ACGME-accredited internal medicine ne fellowship. (Core)

ssess current certification in the re the program director by the American M) or by the American Osteopathic Board of ubspecialty qualifications that are mittee. (Core)

epts current ABIM or AOBIM certification in

ities

ve responsibility, authority, and tion and operations; teaching and scholarly d selection, evaluation, and promotion of n; supervision of fellows; and fellow tient care. (Core)

a role model of professionalism. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Require
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must desig consistent with the needs of the Sponsoring Institution, and the n
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must admi environment conducive to educa 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 physicians and non-physicians a sites, including the designation of develop and oversee a process t (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 supervising interactions and/or I the standards of the program. (C
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 subm required and requested by the D
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 provi which fellows have the opportun mistreatment, and provide feedb appropriate, without fear of intim
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 ensu Sponsoring Institution's policies and due process, including wher not to promote, or renew the app
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 ensu Sponsoring Institution's policies 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 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 docu fellows within 30 days of comple (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provi education upon the fellow's requ

sign and conduct the program in a fashion ne community, the mission(s) of the e mission(s) of the program. (Core) minister and maintain a learning

cating the fellows in each of the ACGME

ve the authority to approve or remove s as faculty members at all participating n of core faculty members, and must s to evaluate candidates prior to approval.

ve the authority to remove fellows from r learning environments that do not meet (Core)

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

ovide a learning and working environment in unity to raise concerns, report dback in a confidential manner as imidation or retaliation. (Core)

sure the program's compliance with the es and procedures related to grievances en action is taken to suspend or dismiss, opointment of a fellow. (Core)

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

o sign a non-competition guarantee or

cument verification of education for all letion of or departure from the program.

vide verification of an individual fellow's quest, within 30 days. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requir
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians		Faculty Faculty members are a foundate education – faculty members te Faculty members provide an im and become practice ready, ens quality of care. They are role mo
	by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		by demonstrating compassion, patient care, professionalism, a Faculty members experience th development of future colleague the opportunity to teach and mo scholarly approach to patient ca graduate medical education sys and the population.
II.B.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	Faculty members ensure that pa from a specialist in the field. Th the patients, fellows, communit provide appropriate levels of su Faculty members create an effe professional manner and attend themselves.
	There must be a sufficient number of faculty members with competence to		There must be a sufficient num
II.B.1.	instruct and supervise all fellows. (Core)	2.6.	instruct and supervise all fellow
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role r
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demons equitable, high-quality, cost-effe
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 demons fellows, including devoting suff fulfill their supervisory and teac
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must adminis environment conducive to educ
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly discussions, rounds, journal clu
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue f their skills at least annually. (Co
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have ap hold appropriate institutional ap
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 ap hold appropriate institutional ap
II.B.3.b)	Subspecialty physician faculty members must:	[None]	

ational element of graduate medical teach fellows how to care for patients. mportant bridge allowing fellows to grow nsuring that patients receive the highest models for future generations of physicians n, commitment to excellence in teaching and and a dedication to lifelong learning. the pride and joy of fostering the growth and ues. The care they provide is enhanced by model exemplary behavior. By employing a care, faculty members, through the ystem, improve the health of the individual

patients receive the level of care expected They recognize and respond to the needs of hity, and institution. Faculty members supervision to promote patient safety. fective learning environment by acting in a nding to the well-being of the fellows and

mber of faculty members with competence to ows. (Core)

models of professionalism. (Core)

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

nstrate a strong interest in the education of ficient time to the educational program to aching responsibilities. (Core)

ister and maintain an educational ucating fellows. (Core)

rly participate in organized clinical clubs, and conferences. (Core)

e faculty development designed to enhance Core)

ppropriate qualifications in their field and appointments. (Core)

ppropriate qualifications in their field and appointments. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Require
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Subspecialty physician faculty n the subspecialty by the America American Osteopathic Board of judged acceptable to the Review
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician fa certification in their specialty by Medical Specialties (ABMS) men Association (AOA) certifying boa acceptable to the Review Comm
II.B.3.c).(1)	ABIM- or AOBIM-certified clinical faculty members in cardiology, gastroenterology, hematology, infectious disease, nephrology, oncology, and pulmonary disease, must participate in the program. (Core)	2.9.a.1.	ABIM- or AOBIM-certified clinical fa gastroenterology, hematology, infe pulmonary disease, must participat
II.B.3.c).(2)	Faculty members from anesthesiology, cardiovascular surgery, emergency medicine, neurology, neurological surgery, obstetrics and gynecology, orthopaedic surgery, surgery, thoracic surgery, urology, and vascular surgery should be available to participate in the education of fellows. (Core)	2.9.a.2.	Faculty members from anesthesiol medicine, neurology, neurological orthopaedic surgery, surgery, thora should be available to participate in
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 supervision of fellows and must effort to fellow education and/or component of their activities, tea feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete (Core)

y Members

r members must have current certification in can Board of Internal Medicine or the of Internal Medicine, or possess qualifications w Committee. (Core)

faculty members must have current by the appropriate American Board of ember board or American Osteopathic oard, or possess qualifications judged mittee. (Core)

l faculty members in cardiology, fectious disease, nephrology, oncology, and pate in the program. (Core)

ology, cardiovascular surgery, emergency al surgery, obstetrics and gynecology, pracic surgery, urology, and vascular surgery e in the education of fellows. (Core)

ave a significant role in the education and st devote a significant portion of their entire or administration, and must, as a teach, evaluate, and provide formative

ete the annual ACGME Faculty Survey.

Roman Numeral	Pequirement Lenguege	Reformatted Requirement	
Requirement Number	Requirement Language	Number	Require
	In addition to the program director, programs must have the minimum number of		In addition to the program director,
	core faculty members who are certified in critical care medicine by the ABIM or		core faculty members who are cert
	the AOBIM based on the number of approved fellow positions, as follows:		the AOBIM based on the number o
	(Core)		(Core)
	Number of Approved Positions: 1-3 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 1-3
	Certified Core Faculty: 2		Certified Core Faculty: 2
	Number of Approved Positions: 4-6 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 4-6
	Certified Core Faculty: 3		Certified Core Faculty: 3
	Number of Approved Positions: 7-9 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 7-9
	Certified Core Faculty: 4		Certified Core Faculty: 4
	Number of Approved Positions: 10-12 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 10
	Certified Core Faculty: 6		Certified Core Faculty: 6
	Number of Approved Positions: 13-15 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 13-
	Certified Core Faculty: 8 Number of Approved Positions: 16-18 Minimum Number of ABIM or AOBIM		Certified Core Faculty: 8 Number of Approved Positions: 16-
	Certified Core Faculty: 10		Certified Core Faculty: 10
	Number of Approved Positions: 19-21 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 19-
	Certified Core Faculty: 12		Certified Core Faculty: 12
	Number of Approved Positions: 22-24 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 22
	Certified Core Faculty: 14		Certified Core Faculty: 14
	Number of Approved Positions: 25-27 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 25-
II.B.4.b)	Certified Core Faculty: 16	2.10.b.	Certified Core Faculty: 16

or, programs must have the minimum number of ertified in critical care medicine by the ABIM or r of approved fellow positions, as follows:

- I-3 | Minimum Number of ABIM or AOBIM
- I-6 | Minimum Number of ABIM or AOBIM
- 7-9 | Minimum Number of ABIM or AOBIM
- 10-12 | Minimum Number of ABIM or AOBIM
- 13-15 | Minimum Number of ABIM or AOBIM
- 16-18 | Minimum Number of ABIM or AOBIM
- 19-21 | Minimum Number of ABIM or AOBIM
- 22-24 | Minimum Number of ABIM or AOBIM
- 25-27 | Minimum Number of ABIM or AOBIM

Roman Numera Requirement Num		Reformatted Requirement Number	Require
•			
	The required core faculty members must be provided with support equal to an		The required core faculty members
	aggregate minimum of 15 percent/FTE for educational and administrative		aggregate minimum of 15 percent/l
	responsibilities that do not involve direct patient care. Support must be provided	1	responsibilities that do not involve of
	based on the program size as follows: (Core)		based on the program size as follow
	Number of Approved Fellow Positions: 1-3 Minimum Aggregate Support		Number of Approved Fellow Positic
	Required (FTE): 0.15		Required (FTE): 0.15
	Number of Approved Fellow Positions: 4-6 Minimum Aggregate Support		Number of Approved Fellow Positio
	Required (FTE): 0.20 Number of Approved Fellow Positions: 7-9 Minimum Aggregate Support		Required (FTE): 0.20 Number of Approved Fellow Positic
	Required (FTE): 0.20		Required (FTE): 0.20
	Number of Approved Fellow Positions: 10-12 Minimum Aggregate Support		Number of Approved Fellow Positio
	Required (FTE): 0.20		Required (FTE): 0.20
	Number of Approved Fellow Positions: 13-15 Minimum Aggregate Support		Number of Approved Fellow Positio
	Required (FTE): 0.20		Required (FTE): 0.20
	Number of Approved Fellow Positions: 16-18 Minimum Aggregate Support		Number of Approved Fellow Position
	Required (FTE): 0.20		Required (FTE): 0.20
	Number of Approved Fellow Positions: 19-21 Minimum Aggregate Support		Number of Approved Fellow Positic
	Required (FTE): 0.25 Number of Approved Follow Desitions: 22-24 Minimum Aggregate Support		Required (FTE): 0.25
	Number of Approved Fellow Positions: 22-24 Minimum Aggregate Support Required (FTE): 0.25		Number of Approved Fellow Positic Required (FTE): 0.25
	Number of Approved Fellow Positions: 25-27 Minimum Aggregate Support		Number of Approved Fellow Positio
II.B.4.c)	Required (FTE): 0.25	2.10.c.	Required (FTE): 0.25
			Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordin
			Program Coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	There must be a program coordin
	The program coordinator must be provided with dedicated time and		The program coordinator must b
	support adequate for administration of the program based upon its size		support adequate for administrat
II.C.2.	and configuration. (Core)	2.11.a.	and configuration. (Core)

ers must be provided with support equal to an nt/FTE for educational and administrative e direct patient care. Support must be provided lows: (Core)

itions: 1-3 | Minimum Aggregate Support

itions: 4-6 | Minimum Aggregate Support

itions: 7-9 | Minimum Aggregate Support

itions: 10-12 | Minimum Aggregate Support

itions: 13-15 | Minimum Aggregate Support

itions: 16-18 | Minimum Aggregate Support

itions: 19-21 | Minimum Aggregate Support

itions: 22-24 | Minimum Aggregate Support

itions: 25-27 | Minimum Aggregate Support

dinator. (Core)

dinator. (Core)

t be provided with dedicated time and ration of the program based upon its size

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Require
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core)		At a minimum, the program coordin time and support specified below for administrative support must be pro (Core)
	Number of Approved Fellow Positions: 1-3 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0		Number of Approved Fellow Positi Coordinator Support: 0.30 Additi Administration of the Program: 0
	Number of Approved Fellow Positions: 4-6 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.20		Number of Approved Fellow Positi Coordinator Support: 0.30 Additi Administration of the Program: 0.2
	Number of Approved Fellow Positions: 7-9 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.38		Number of Approved Fellow Positi Coordinator Support: 0.30 Additi Administration of the Program: 0.3
	Number of Approved Fellow Positions: 10-12 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.44		Number of Approved Fellow Positi Coordinator Support: 0.30 Additi Administration of the Program: 0.4
	Number of Approved Fellow Positions: 13-15 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.50		Number of Approved Fellow Positi Coordinator Support: 0.30 Additi Administration of the Program: 0.5
II.C.2.a)	Number of Approved Fellow Positions: 16-18 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.56	2.11.b.	Number of Approved Fellow Positi Coordinator Support: 0.30 Additi Administration of the Program: 0.5
	Number of Approved Fellow Positions: 19-21 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.62		Number of Approved Fellow Positi Coordinator Support: 0.30 Additi Administration of the Program: 0.6
	Number of Approved Fellow Positions: 22-24 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.68		Number of Approved Fellow Positi Coordinator Support: 0.30 Additi Administration of the Program: 0.6
	Number of Approved Fellow Positions: 25-27 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.74		Number of Approved Fellow Positi Coordinator Support: 0.30 Additi Administration of the Program: 0.7
II.C.2.a) - (Continued)	Number of Approved Fellow Positions: 28-30 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.80	2.11.b (Continued)	Number of Approved Fellow Positi Coordinator Support: 0.30 Additi Administration of the Program: 0.8

dinator must be provided with the dedicated for administration of the program. Additional rovided based on the program size as follows:

itions: 1-3 | Minimum FTE Required for itional Aggregate FTE Required for

itions: 4-6 | Minimum FTE Required for itional Aggregate FTE Required for .20

itions: 7-9 | Minimum FTE Required for itional Aggregate FTE Required for .38

itions: 10-12 | Minimum FTE Required for itional Aggregate FTE Required for .44

itions: 13-15 | Minimum FTE Required for itional Aggregate FTE Required for .50

itions: 16-18 | Minimum FTE Required for itional Aggregate FTE Required for .56

sitions: 19-21 | Minimum FTE Required for litional Aggregate FTE Required for).62

itions: 22-24 | Minimum FTE Required for itional Aggregate FTE Required for .68

itions: 25-27 | Minimum FTE Required for itional Aggregate FTE Required for .74

sitions: 28-30 | Minimum FTE Required for litional Aggregate FTE Required for .80

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	
Requirement Number	Other Program Personnel		Require
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with ensure the availability of necess administration of the program. (0
	Personnel must include nurses and technicians who are skilled in critical care	<u> </u>	Personnel must include nurses and
II.D.1.	instrumentation, respiratory function, and laboratory medicine. (Detail)	2.12.a.	instrumentation, respiratory functio
III.	Fellow Appointments	Section 3	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)		Eligibility Requirements – Fellow All required clinical education for programs must be completed in an AOA-approved residency pro- International (ACGME-I) Advance College of Physicians and Surge College of Family Physicians of program located in Canada. (Cor
	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or	5.2.	Fellowship programs must recei
III.A.1.a)	CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	CanMEDS Milestones evaluation
III.A.1.b)	Prior to appointment in the fellowship, fellows should have completed an internal medicine or emergency medicine program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the fellowsh internal medicine or emergency me requirements in 3.2. (Core)
III.A.1.b).(1)	Fellows who did not complete an internal medicine or emergency medicine program that satisfies the requirements in III.A.1. must have completed at least three years of internal medicine or emergency medicine education prior to starting the fellowship, and must have met all the criteria in the "Fellow Eligibility Exception" section below. (Core)	3.2.a.1.a.	Fellows who did not complete an ir program that satisfies the requirem three years of internal medicine or starting the fellowship, and must ha Exception" section below. (Core)
III.A.1.c)	To be eligible for appointment at the F2 level, fellows must have completed a two- or three-year ACGME-, AOA-, ACGME-I, or RCPSC-accredited internal medicine subspecialty fellowship. (Core)	3.2.a.2.	To be eligible for appointment at th two- or three-year ACGME-, AOA-, medicine subspecialty fellowship. (
	Fellows who completed ACGME-, AOA-, ACGME-I, or RCPSC-accredited emergency medicine programs should have completed at least six months of direct patient care experience in internal medicine, of which at least three		Fellows who completed ACGME-, A emergency medicine programs sho direct patient care experience in inf
III.A.1.d)	months must have been in a MICU. (Core)	3.2.a.3.	months must have been in a MICU
	Fellow Eligibility Exception		Fellow Eligibility Exception
	The Review Committee for Internal Medicine will allow the following		The Review Committee for Intern
III.A.1.c)	exception to the fellowship eligibility requirements:	3.2.b.	exception to the fellowship eligit
	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the		An ACGME-accredited fellowshi qualified international graduate a eligibility requirements listed in
III.A.1.c).(1)	following additional qualifications and conditions: (Core)	3.2.b.1.	additional qualifications and con

ith its Sponsoring Institution, must jointly ssary personnel for the effective (Core)

nd technicians who are skilled in critical care ion, and laboratory medicine. (Detail)

wship Programs

for entry into ACGME-accredited fellowship in an ACGME-accredited residency program, rogram, a program with ACGME acced Specialty Accreditation, or a Royal geons of Canada (RCPSC)-accredited or of Canada (CFPC)-accredited residency ore)

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

ship, fellows should have completed an nedicine program that satisfies the

internal medicine or emergency medicine ements in 3.2. must have completed at least or emergency medicine education prior to have met all the criteria in the "Fellow Eligibility

the F2 level, fellows must have completed a A-, ACGME-I, or RCPSC-accredited internal . (Core)

-, AOA-, ACGME-I, or RCPSC-accredited hould have completed at least six months of internal medicine, of which at least three CU. (Core)

rnal Medicine will allow the following gibility requirements:

hip program may accept an exceptionally e applicant who does not satisfy the n 3.2, but who does meet all of the following onditions: (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)		evaluation by the program direct the applicant's suitability to entor review of the summative evaluat (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 appli 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 Com (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 thi their performance by the Clinica of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not a Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verific and a summative competency-b acceptance of a transferring fell matriculation. (Core)
	 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 educational program must support the development of knowledgeable, skillful physicians who provide compassionate care. 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 		Section 4: Educational Program The ACGME accreditation syste and innovation in graduate med organizational affiliation, size, o The educational program must s knowledgeable, skillful physicia It is recognized that programs m leadership, public health, etc. It reflect the nuanced program-sp example, it is expected that a pr scientists will have a different co
IV.	community health. Educational Components	Section 4	community health.
IV.A.	The curriculum must contain the following educational components: 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	4.2.	Educational Components The curriculum must contain the a set of program aims consisten mission, the needs of the comm capabilities of its graduates, wh
IV.A.1.	 applicants, fellows, and faculty members; (Core) 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 	4.2.a.	applicants, fellows, and faculty competency-based goals and ol designed to promote progress o their subspecialty. These must l
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	fellows and faculty members; (C

ector and fellowship selection committee of nter the program, based on prior training and lations of training in the core specialty; and,

plicant's exceptional qualifications by the

mmission for Foreign Medical Graduates

this exception must have an evaluation of cal Competency Committee within 12 weeks

appoint more fellows than approved by the

fication of previous educational experiences -based performance evaluation prior to ellow, and Milestones evaluations upon

m

tem is designed to encourage excellence edical education regardless of the or location of the program.

t support the development of ians who provide compassionate care.

may place different emphasis on research, It is expected that the program aims will specific goals for it and its graduates; for program aiming to prepare physiciancurriculum from one focusing on

the following educational components:

ent with the Sponsoring Institution's munity it serves, and the desired distinctive which must be made available to program y members; (Core)

objectives for each educational experience s on a trajectory to autonomous practice in t be distributed, reviewed, and available to (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibil responsibility for patient manag subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core) formal educational activities that promote patient safety-related goals,	4.11.	Curriculum Organization and Fe Experiences Fellows must be provided with p didactic activities. (Core) formal educational activities tha
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core) ACGME Competencies The Competencies provide a co- required domains for a trusted p These Competencies are core to the specifics are further defined trajectories in each of the Comp Milestones for each subspecialt subspecialty-specific patient ca
IV.B.	ACGME Competencies	[None]	refining the other competencies
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3.	ACGME Competencies – Profest Fellows must demonstrate a con adherence to ethical principles.
IV.B.1.b)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the	[None]	ACGME Competencies – Patient Fellows must be able to provide centered, compassionate, equita
IV.B.1.b).(1)	treatment of health problems and the promotion of health. (Core)	4.4.	treatment of health problems an
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in the evaluation and management of patients with:	[None]	
IV.B.1.b).(1).(a).(i)	acute lung injury, including radiation, inhalation, and trauma; (Core)	4.4.a.	patients with acute lung injury, incl (Core)
IV.B.1.b).(1).(a).(ii)	acute metabolic disturbances, including overdosages and intoxication syndromes; (Core)	4.4.b.	Fellows must demonstrate competent patients with acute metabolic distu- intoxication syndromes. (Core)
IV.B.1.b).(1).(a).(iii)	anaphylaxis and acute allergic reactions in the critical care unit; (Core)	4.4.c.	Fellows must demonstrate compet patients with anaphylaxis and acut (Core)
IV.B.1.b).(1).(a).(iv)	cardiovascular diseases in the critical care unit; (Core)	4.4.d.	Fellows must demonstrate compet patients with cardiovascular diseas
IV.B.1.b).(1).(a).(v)	circulatory failure; (Core)	4.4.e.	Fellows must demonstrate competed patients with circulatory failure. (Competed to the circulatory failure) and the circulatory failure is the circulatory fa
IV.B.1.b).(1).(a).(vi)	end-of-life issues and palliative care; (Core)	4.4.f.	Fellows must demonstrate compet patients with end-of-life issues and

bilities for patient care, progressive agement, and graded supervision in their

es beyond direct patient care; and, (Core) Fellow Experiences – Didactic and Clinical

protected time to participate in core

hat promote patient safety-related goals,

conceptual framework describing the d physician to enter autonomous practice. to the practice of all physicians, although ed by each subspecialty. The developmental npetencies are articulated through the alty. The focus in fellowship is on care and medical knowledge, as well as es acquired in residency.

II ACGME Competencies into the curriculum.

essionalism commitment to professionalism and an s. (Core)

ent Care

de patient care that is patient- and familylitable, appropriate, and effective for the and the promotion of health. (Core)

ncluding radiation, inhalation, and trauma.

betence in the evaluation and management of sturbances, including overdosages and

betence in the evaluation and management of cute allergic reactions in the critical care unit.

betence in the evaluation and management of eases in the critical care unit. (Core)

petence in the evaluation and management of Core)

betence in the evaluation and management of nd palliative care. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir
IV.B.1.b).(1).(a).(vii)	hypertensive emergencies; (Core)	4.4.g.	Fellows must demonstrate competent patients with hypertensive emerge
IV.B.1.b).(1).(a).(viii)	immunosuppressed conditions in the critical care unit; (Core)	4.4.h.	Fellows must demonstrate competents with immunosuppressed of
IV.B.1.b).(1).(a).(ix)	metabolic, nutritional, and endocrine effects of critical illness, and hematologic and coagulation disorders associated with critical illness; (Core)	4.4.i.	Fellows must demonstrate competed patients with metabolic, nutritional hematologic and coagulation disor
IV.B.1.b).(1).(a).(x)	multi-organ system failure; (Core)	4.4.j.	Fellows must demonstrate competed patients withmulti-organ system fa
IV.B.1.b).(1).(a).(xi)	peri-operative critically ill patients, including hemodynamic and ventilatory support; (Core)	4.4.k.	Fellows must demonstrate compet patients with peri-operative critical ventilatory support. (Core)
IV.B.1.b).(1).(a).(xii)	renal disorders in the critical care unit, including electrolyte and acid-base disturbance and acute renal failure; (Core)	4.4.1.	Fellows must demonstrate competed patients with renal disorders in the acid-base disturbance and acute r
IV.B.1.b).(1).(a).(xiii)	respiratory failure, including acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders; (Core)	4.4.m.	Fellows must demonstrate compet patients with respiratory failure, ind acute and chronic respiratory failur neuromuscular respiratory drive di
IV.B.1.b).(1).(a).(xiv)	sepsis and sepsis syndrome; and, (Core)	4.4.n.	Fellows must demonstrate competed patients with sepsis and sepsis systems of the sepsis and sepsis systems of the sepsis systems of the sepsis systems of the sepsis systems of the sepsis and sepsis systems of the sepsis systems of the sepsis systems of the sepsis and sepsis systems of the sepsis systems of the sepsis sepsis and sepsis systems of the sepsis sep
IV.B.1.b).(1).(a).(xv)	severe organ dysfunction resulting in critical illness, to include disorders of the endocrine, gastrointestinal, hematologic, immune, musculoskeletal, and neurologic, systems, as well as infections and malignancies; and, (Core)	4.4.0.	Fellows must demonstrate competents with severe organ dysfund disorders of the endocrine, gastroi musculoskeletal, and neurologic, semalignancies.
IV.B.1.b).(1).(a).(xv).(a)	shock syndromes. (Core)	4.4.p.	Fellows must demonstrate comper patients with shock syndromes. (C
IV.B.1.b).(2) IV.B.1.b).(2).(a)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core) Fellows must demonstrate competence in the ability to:	4.5. [None]	ACGME Competencies – Procec Fellows must be able to perform procedures considered essentia
IV.B.1.b).(2).(a).(i)	perform diagnostic and therapeutic procedures relevant to their specific career paths; and, (Core)	4.5.a.	Fellows must demonstrate compet therapeutic procedures relevant to
IV.B.1.b).(2).(a).(ii)	treat their patients' conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective. (Core)	4.5.b.	Fellows must demonstrate compete conditions with practices that are prefective, timely, and cost-effective
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in interpreting data derived from various bedside devices commonly employed to monitor patients; and, (Core)	4.5.c.	Fellows must demonstrate competed bedside devices commonly employed and the second sec
IV.B.1.b).(2).(c)	Fellows must demonstrate competence in procedural and technical skills, including:	4.5.d.	Fellows must demonstrate competincluding airway management. (Co
IV.B.1.b).(2).(c).(i)	airway management; (Core)	4.5.d.	Fellows must demonstrate competincluding airway management. (Co
IV.B.1.b).(2).(c).(ii)	use of a variety of positive pressure ventilatory modes, including: (Core)	4.5.e.	Fellows must demonstrate competincluding use of a variety of positiv (Core)

irement Language

betence in the evaluation and management of gencies. (Core)

betence in the evaluation and management of d conditions in the critical care unit. (Core)

betence in the evaluation and management of al, and endocrine effects of critical illness, and corders associated with critical illness. (Core)

betence in the evaluation and management of failure. (Core)

betence in the evaluation and management of cally ill patients, including hemodynamic and

betence in the evaluation and management of he critical care unit, including electrolyte and e renal failure. (Core)

betence in the evaluation and management of including acute respiratory distress syndrome, lure in obstructive lung diseases, and disorders. (Core)

petence in the evaluation and management of syndrome. (Core)

betence in the evaluation and management of inction resulting in critical illness, to include rointestinal, hematologic, immune, s, systems, as well as infections and

betence in the evaluation and management of (Core)

edural Skills

rm all medical, diagnostic, and surgical tial for the area of practice. (Core)

betence in the ability to perform diagnostic and to their specific career paths. (Core)

betence in the ability to treat their patients' e patient-centered, safe, scientifically based, ve. (Core)

betence in interpreting data derived from various loyed to monitor patients. (Core)

betence in procedural and technical skills, Core)

betence in procedural and technical skills, Core)

betence in procedural and technical skills, tive pressure ventilatory modes, including:

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir
IV.B.1.b).(2).(c).(ii).(a)	initiation and maintenance of, and weaning off of, ventilatory support; (Detail)	4.5.e.1.	initiation and maintenance of, and
IV.B.1.b).(2).(c).(ii).(b)	respiratory care techniques; and, (Detail)	4.5.e.2.	respiratory care techniques; and, (
IV.B.1.b).(2).(c).(ii).(c)	liberation from mechanical ventilatory support, including terminal extubation. (Detail)	4.5.e.3.	liberation from mechanical ventilat (Detail)
IV.B.1.b).(2).(c).(iii)	use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry; (Core)	4.5.f.	Fellows must demonstrate competincluding use of reservoir masks a masks for delivery of supplementa incentive spirometry. (Core)
IV.B.1.b).(2).(c).(iv)	therapeutic flexible fiber-optic bronchoscopy procedures limited to indications for therapeutic removal of airway secretions, diagnostic aspiration of airway secretions or lavaged fluid, or airway management (Core)	4.5.g.	Fellows must demonstrate compe- including therapeutic flexible fiber- indications for therapeutic remova airway secretions or lavaged fluid,
IV.B.1.b).(2).(c).(v)	diagnostic and therapeutic procedures including paracentesis, lumbar puncture, thoracentesis, endotracheal intubation, and related procedures; (Core)	4.5.h.	Fellows must demonstrate competincluding diagnostic and therapeut puncture, thoracentesis, endotract (Core)
IV.B.1.b).(2).(c).(vi)	placement and management of chest tubes and pleural drainage systems; (Core)	4.5.i.	Fellows must demonstrate competincluding placement and manager systems. (Core)
IV.B.1.b).(2).(c).(vii)	operation of bedside hemodynamic monitoring systems; (Core)	4.5.j.	Fellows must demonstrate competing operation of bedside her
IV.B.1.b).(2).(c).(viii)	emergency cardioversion; (Core)	4.5.k.	Fellows must demonstrate competincluding emergency cardioversion
IV.B.1.b).(2).(c).(ix)	interpretation of intracranial pressure monitoring; (Core)	4.5.1.	Fellows must demonstrate competincluding interpretation of intracrar
IV.B.1.b).(2).(c).(x)	nutritional support; (Core)	4.5.m.	Fellows must demonstrate compe- including nutritional support. (Core
IV.B.1.b).(2).(c).(xi)	technical and procedural skills of critical care ultrasound, including image acquisition, image interpretation at the point of care, and use of ultrasound to place intravascular and intracavitary tubes and catheters; (Core)	4.5.n.	Fellows must demonstrate competincluding technical and procedural image acquisition, image interpretaultrasound to place intravascular a
IV.B.1.b).(2).(c).(xii)	use of transcutaneous pacemakers; and, (Core)	4.5.0.	Fellows must demonstrate compe- including use of transcutaneous pa
IV.B.1.b).(2).(c).(xiii)	use of paralytic agents and sedative and analgesic drugs in the critical care unit. (Core)	4.5.p.	Fellows must demonstrate competincluding use of paralytic agents a care unit. (Core)
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medica Fellows must demonstrate know biomedical, clinical, epidemiolo including scientific inquiry, as v patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate sufficient knowledge in the following areas:	[None]	
IV.B.1.c).(1).(a)	pericardiocentesis; (Core)	4.6.a.	Fellows must demonstrate sufficie
IV.B.1.c).(1).(b)	placement of percutaneous tracheostomies; (Core)	4.6.b.	Fellows must demonstrate sufficie tracheostomies. (Core)

irement Language

nd weaning off of, ventilatory support; (Detail) l, (Detail)

atory support, including terminal extubation.

betence in procedural and technical skills, and continuous positive airway pressure atal oxygen, humidifiers, nebulizers, and

betence in procedural and technical skills, er-optic bronchoscopy procedures limited to val of airway secretions, diagnostic aspiration of d, or airway management. (Core)

betence in procedural and technical skills, eutic procedures including paracentesis, lumbar acheal intubation, and related procedures.

betence in procedural and technical skills, ement of chest tubes and pleural drainage

betence in procedural and technical skills, emodynamic monitoring systems. (Core)

betence in procedural and technical skills, ion. (Core)

betence in procedural and technical skills, ranial pressure monitoring. (Core)

petence in procedural and technical skills, pre)

betence in procedural and technical skills, ral skills of critical care ultrasound, including etation at the point of care, and use of r and intracavitary tubes and catheters. (Core) betence in procedural and technical skills,

pacemakers. (Core)

betence in procedural and technical skills, and sedative and analgesic drugs in the critical

cal Knowledge

owledge of established and evolving logical, and social-behavioral sciences, s well as the application of this knowledge to

ient knowledge in pericardiocentesis. (Core) ient knowledge in placement of percutaneous

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir
	imaging techniques commonly employed in the evaluation of patients with critical illness, including the technical and procedural use of ultrasound, and interpretation of ultrasound images at the point of care for medical decision		Fellows must demonstrate sufficie commonly employed in the evalua the technical and procedural use o
IV.B.1.c).(1).(c)	making; (Core)	4.6.c.	images at the point of care for me
IV.B.1.c).(1).(d)	screening tests and procedures; and, (Core)	4.6.d.	Fellows must demonstrate sufficie procedures. (Core)
IV.B.1.c).(1).(e)	renal replacement therapy. (Core)	4.6.e.	Fellows must demonstrate sufficie (Core)
IV.B.1.c).(2)	Fellows must demonstrate knowledge of the indications, contraindications, and complications of placement of arterial, central venous, and pulmonary artery balloon flotation catheters. (Core)	4.6.f.	Fellows must demonstrate knowle complications of placement of arte balloon flotation catheters. (Core)
IV.B.1.c).(3)	Fellows must demonstrate knowledge of:	[None]	
IV.B.1.c).(3).(a)	the basic sciences, with particular emphasis on biochemistry and physiology, including cell and molecular biology and immunology, as they relate to critical care medicine; (Core)	4.6.g.	Fellows must demonstrate knowle emphasis on biochemistry and phy and immunology, as they relate to
IV.B.1.c).(3).(b)	the ethical, economic, and legal aspects of critical illness; (Core)	4.6.h.	Fellows must demonstrate knowle aspects of critical illness. (Core)
IV.B.1.c).(3).(c)	the psychosocial and emotional effects of critical illness on patients and patients' families; (Core)	4.6.i.	Fellows must demonstrate knowle of critical illness on patients and p
IV.B.1.c).(3).(d)	the recognition and management of the critically ill from disasters, including, (Core)	4.6.j.	Fellows must demonstrate knowle the critically ill from disasters, inclu biological agents, inhalation, and t
IV.B.1.c).(3).(d).(i)	those caused by chemical and biological agents, inhalation, and trauma; (Detail)	4.6 i	Fellows must demonstrate knowle the critically ill from disasters, inclu biological agents, inhalation, and t
TV.D. 1.0).(0).(0).(1)	the use of paralytic agents and sedative and analgesic drugs in the critical care	4.0.j.	Fellows must demonstrate knowle
IV.B.1.c).(3).(e)	unit; (Core)	4.6.k.	sedative and analgesic drugs in th
,,,,,,	detection and prevention of iatrogenic and nosocomial problems in critical care		Fellows must demonstrate knowle
IV.B.1.c).(3).(f)	medicine; and, (Core)	4.6.I.	and nosocomial problems in critica
IV.B.1.c).(3).(g)	monitoring and supervising special services, including: (Core)	4.6.m.	Fellows must demonstrate knowle services, including: (Core)
IV.B.1.c).(3).(g).(i)	respiratory care units; (Detail)	4.6.m.1.	respiratory care units; (Detail)
IV.B.1.c).(3).(g).(ii)	respiratory care techniques and services; and, (Detail)	4.6.m.2.	respiratory care techniques and se
IV.B.1.c).(3).(g).(iii)	pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness. (Detail)	4.6.m.3.	pharmacokinetics, pharmacodyna critical illness. (Detail)
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 – Practic Fellows must demonstrate the a of patients, to appraise and ass continuously improve patient ca 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 – Interpe Fellows must demonstrate inter result in the effective exchange patients, their families, and hea

irement Language

eient knowledge in imaging techniques uation of patients with critical illness, including of ultrasound, and interpretation of ultrasound

nedical decision making. (Core)

ient knowledge in screening tests and

ient knowledge in renal replacement therapy.

rledge of the indications, contraindications, and rterial, central venous, and pulmonary artery

ledge of the basic sciences, with particular hysiology, including cell and molecular biology to critical care medicine. (Core)

ledge of the ethical, economic, and legal

ledge of the psychosocial and emotional effects patients' families. (Core)

ledge of the recognition and management of cluding, those caused by chemical and d trauma. (Core)

ledge of the recognition and management of cluding, those caused by chemical and d trauma. (Core)

ledge of the use of paralytic agents and the critical care unit. (Core)

ledge of detection and prevention of iatrogenic ical care medicine. (Core)

ledge of monitoring and supervising special

services; and, (Detail)

namics, and drug metabolism and excretion in

tice-Based Learning and Improvement a ability to investigate and evaluate their care asimilate scientific evidence, and to care based on constant self-evaluation and

personal and Communication Skills erpersonal and communication skills that le of information and collaboration with ealth professionals. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Require
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 – System Fellows must demonstrate an av larger context and system of he social determinants of health, as other resources to provide optim
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	 4.10. Curriculum Organization a Structure The curriculum must be structure experiences, the length of the ex- continuity. These educational ex- supervised patient care response educational events. (Core) 4.11. Curriculum Organization a Clinical Experiences Fellows must be provided with p didactic activities. (Core) 4.12. Curriculum Organization a The program must provide instr- management if applicable for the the signs of substance use diso
	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 Fe The curriculum must be structur experiences, the length of the ex continuity. These educational ex supervised patient care response
IV.C.1.		4.10.	educational events. (Core)
IV.C.1.a)	Rotations must be of sufficient length to provide longitudinal relationships with faculty members to allow for meaningful assessment and feedback. (Core)	4.10.a.	Rotations must be of sufficient leng faculty members to allow for mean
IV.C.1.b)	Rotations must be structured to allow fellows to function as part of an effective interprofessional team that works together towards the shared goals of patient safety and quality improvement. (Core)	4.10.b.	Rotations must be structured to all interprofessional team that works t safety and quality improvement. (C
IV.C.1.c)	Schedules must be structured to minimize conflicting inpatient responsibilities. (Core)	4.10.c.	Schedules must be structured to m (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fe The program must provide instr management if applicable for the the signs of substance use diso
IV.C.3.	The program must provide opportunities to manage adult patients with a wide variety of serious illnesses and injuries requiring treatment in a critical care setting. (Detail)	4.11.a.	The program must provide opportuvariety of serious illnesses and injusetting. (Detail)
IV.C.4.	A minimum of 12 months must be devoted to clinical experiences. (Core)	4.11.b.	A minimum of 12 months must be
IV.C.4.a)	At least six months must be devoted to the care of critically ill medical patients (i.e., MICU/CICU or equivalent). (Core)	4.11.b.1.	At least six months must be devote (i.e., MICU/CICU or equivalent). (C

irement Language

ems-Based Practice awareness of and responsiveness to the nealth care, including the structural and as well as the ability to call effectively on timal health care. (Core)

and Fellow Experiences – Curriculum

tured to optimize fellow educational experiences, and the supervisory experiences include an appropriate blend of nsibilities, clinical teaching, and didactic

and Fellow Experiences – Didactic and

protected time to participate in core

and Fellow Experiences – Pain Management struction and experience in pain the subspecialty, including recognition of sorder. (Core)

Fellow Experiences – Curriculum Structure tured to optimize fellow educational experiences, and the supervisory experiences include an appropriate blend of nsibilities, clinical teaching, and didactic

ngth to provide longitudinal relationships with aningful assessment and feedback. (Core)

allow fellows to function as part of an effective s together towards the shared goals of patient (Core)

minimize conflicting inpatient responsibilities.

Fellow Experiences – Pain Management truction and experience in pain the subspecialty, including recognition of sorder. (Core)

rtunities to manage adult patients with a wide njuries requiring treatment in a critical care

e devoted to clinical experiences. (Core)

oted to the care of critically ill medical patients (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir
IV.C.4.a).(1)	This required MICU/CICU experience may be reduced up to three months by equivalent (month-for-month) ICU experience completed during a previous two-to three-year ACGME-, AOA-, or RCPSC-accredited internal medicine subspecialty fellowship. (Detail)	4.11.b.1.a.	This required MICU/CICU experie equivalent (month-for-month) ICU to three-year ACGME-, AOA-, or F subspecialty fellowship. (Detail)
IV.C.4.b)	At least three months must be devoted to the care of critically ill non-medical patients. (Core)	4.11.b.2.	At least three months must be dev patients. (Core)
IV.C.4.b).(1)	This experience should consist of at least one month of direct patient care activity, with the remainder being fulfilled by either consultative activities or in direct care of such patients. (Detail)	4.11.b.2.a.	This experience should consist of activity, with the remainder being f direct care of such patients. (Detail
IV.C.5.	Fellows entering at the F1 level who have completed an ACGME-, AOA-, ACGME-I-, or RCPSC-accredited emergency medicine program, but who have not completed the prerequisite clinical experiences in internal medicine described in Section III.A.1.d), must complete these experiences during the beginning of the F1 year prior to being allowed to supervise any internal medicine residents. (Core)	4.11.c.	Fellows entering at the F1 level wh ACGME-I-, or RCPSC-accredited not completed the prerequisite clin described in Section 3.2.a.3., mus beginning of the F1 year prior to be medicine residents. ^(Core)
10.0.0.	Twelve additional months must be devoted to appropriate clinical or elective		Twelve additional months must be
IV.C.6.	experiences or scholarly activity. (Core)	4.11.d.	experiences or scholarly activity.
IV.C.7.	Fellows must be informed of the clinical outcomes of their patients who are discharged from the critical care units. (Detail)	4.11.e.	Fellows must be informed of the cl discharged from the critical care u
IV.C.8.	Fellows must have clinical experience in the evaluation and management of patients:	4.11.f.	Fellows must have clinical experie patients:
IV.C.8.a)	with trauma; (Core)	4.11.f.1.	with trauma; (Core)
IV.C.8.b)	with neurosurgical emergencies; (Core)	4.11.f.2.	with neurosurgical emergencies; (
IV.C.8.c)	with critical obstetric and gynecologic disorders; and, (Core)	4.11.f.3.	with critical obstetric and gynecold
IV.C.8.d)	after discharge from the critical care unit. (Core)	4.11.f.4.	after discharge from the critical ca
IV.C.9.	Fellows must have experience in managing patients with tracheostomies, including their specific complications. (Detail)	4.11.g.	Fellows must have experience in r including their specific complicatio
IV.C.10.	Fellows must have experience in the role of critical care medicine consultant in the inpatient setting. (Core)	4.11.h.	Fellows must have experience in t the inpatient setting. (Core)
IV.C.11.	The educational program must provide fellows individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competence development in the foundational educational experiences of the subspecialty. (Core)	4.11.i.	The educational program must pro experiences to allow them to partic practice or to further skill/competen educational experiences of the sub
IV.C.12.	Direct supervision of procedures performed by each fellow must occur until proficiency has been acquired and documented by the program director. (Core)	4.11.j.	Direct supervision of procedures p proficiency has been acquired and
IV.C.13.	Faculty members must teach and supervise the fellows in the performance and interpretation of procedures. Procedures must be documented in each fellow's record, giving indications, outcomes, diagnoses, and supervisor(s). (Core)	4.11.k.	Faculty members must teach and interpretation of procedures. Proce record, giving indications, outcome
IV.C.14.	Required Didactic Experience	4.11.I.	Required Didactic Experience The educational program must inc knowledge content in the subspec
IV.C.14.a)	The educational program must include didactic instruction based upon the core knowledge content in the subspecialty area. (Core)	4.11.l.	Required Didactic Experience The educational program must inc knowledge content in the subspec
IV.C.14.a).(1)	The program must ensure that fellows have an opportunity to review all content from conferences that they could not attend. (Core)	4.11.I.1.	The program must ensure that fell from conferences that they could r

irement Language

ience may be reduced up to three months by U experience completed during a previous twor RCPSC-accredited internal medicine

evoted to the care of critically ill non-medical

of at least one month of direct patient care g fulfilled by either consultative activities or in tail)

who have completed an ACGME-, AOA-, d emergency medicine program, but who have linical experiences in internal medicine ust complete these experiences during the being allowed to supervise any internal

be devoted to appropriate clinical or elective . (Core)

clinical outcomes of their patients who are units. (Detail)

rience in the evaluation and management of

(Core)

ologic disorders; and, (Core)

care unit. (Core)

n managing patients with tracheostomies, tions. (Detail)

the role of critical care medicine consultant in

provide fellows individualized educational rticipate in opportunities relevant to their future tence development in the foundational subspecialty. (Core)

performed by each fellow must occur until nd documented by the program director. (Core)

d supervise the fellows in the performance and ocedures must be documented in each fellow's mes, diagnoses, and supervisor(s). (Core)

nclude didactic instruction based upon the core ecialty area. (Core)

nclude didactic instruction based upon the core ecialty area. (Core)

ellows have an opportunity to review all content d not attend. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Require
IV.C.14.a).(2)	Fellows must have a sufficient number of didactic sessions to ensure fellow- fellow and fellow-faculty interaction. (Core)	4.11.l.2.	Fellows must have a sufficient nun fellow and fellow-faculty interaction
IV.C.15.	Fellows must be provided a patient- or case-based approach to clinical teaching that includes interactions between fellows and the teaching faculty member, bedside teaching, discussion of pathophysiology, and the application of current evidence in diagnostic and therapeutic decisions. (Core) The teaching must occur:	4.11.m.	Fellows must be provided a patien that includes interactions between bedside teaching, discussion of pa evidence in diagnostic and therape
IV.C.15.a)	with a frequency and duration to ensure a meaningful teaching relationship between the assigned teaching faculty member and the fellow; and,(Core)	4.11.m.1.	The teaching must occur with a free teaching relationship between the fellow. ^(Core)
IV.C.15.b)	on all inpatient, telemedicine, and consultative services. (Core)	4.11.m.2.	The teaching must occur on all inp services. (Core)
IV.C.16.	Fellows must receive instruction in practice management relevant to the subspecialty. (Detail)	4.11.n.	Fellows must receive instruction in subspecialty. (Detail)
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 sch scientist who cares for patients. evaluate the literature, appropria practice lifelong learning. The pre environment that fosters the acco participation in scholarly activitie Program Requirements. Scholar integration, application, and teac The ACGME recognizes the diver programs prepare physicians for scientists, and educators. It is en will reflect its mission(s) and aim serves. For example, some prog activity on quality improvement, other programs might choose to research as the focus for scholar
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate consistent with its mission(s) ar
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 consistent with its mission(s) ar
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 adequate resources to facilitate scholarly activities. (Core)

umber of didactic sessions to ensure fellowion. (Core)

ent- or case-based approach to clinical teaching en fellows and the teaching faculty member, pathophysiology, and the application of current apeutic decisions. (Core)

frequency and duration to ensure a meaningful ne assigned teaching faculty member and the

npatient, telemedicine, and consultative

in practice management relevant to the

science. The physician is a humanistic ts. This requires the ability to think critically, priately assimilate new knowledge, and program and faculty must create an acquisition of such skills through fellow vities as defined in the subspecialty-specific larly activities may include discovery, eaching.

iversity of fellowships and anticipates that for a variety of roles, including clinicians, expected that the program's scholarship aims, and the needs of the community it ograms may concentrate their scholarly nt, population health, and/or teaching, while to utilize more classic forms of biomedical olarship.

te evidence of scholarly activities, and aims. (Core)

te evidence of scholarly activities, and aims. (Core)

ith its Sponsoring Institution, must allocate te fellow and faculty involvement in

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Require
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, p accomplishments in at least thre •Research in basic science, educ or population health •Peer-reviewed grants •Quality improvement and/or pat •Systematic reviews, meta-analy textbooks, or case reports •Creation of curricula, evaluation electronic educational materials •Contribution to professional co editorial boards •Innovations in education
IV.D.2.a)	 Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education 	4.14.	Faculty Scholarly Activity Among their scholarly activity, p accomplishments in at least three •Research in basic science, educ or population health •Peer-reviewed grants •Quality improvement and/or pat •Systematic reviews, meta-analy textbooks, or case reports •Creation of curricula, evaluation electronic educational materials •Contribution to professional con editorial boards •Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate and external to the program by t
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor. (Outcome)		faculty participation in grand rou improvement presentations, poo peer-reviewed print/electronic re chapters, textbooks, webinars, s serving as a journal reviewer, jou (Outcome)
IV.D.2.b).(1).(a)	At least 50 percent of the core faculty members who are certified in critical care medicine by the ABIM or AOBIM (see Program Requirements II.B.4.b)-d)) must annually engage in a variety of scholarly activities, as listed in Program Requirement IV.D.2.b).(1). (Core)	4.14.a.1.a.	At least 50 percent of the core fact medicine by the ABIM or AOBIM (s annually engage in a variety of sch Requirement 4.14.a.1. (Core)
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity While in the program all fellows mu scholarly activities: participation in improvement presentations, podiur reviewed print/electronic resources textbooks, webinars, service on pro- reviewer, journal editorial board me

rement	Language
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programs must demonstrate ree of the following domains: (Core) ucation, translational science, patient care,

atient safety initiatives lyses, review articles, chapters in medical

on tools, didactic educational activities, or Is

committees, educational organizations, or

programs must demonstrate ree of the following domains: (Core) ucation, translational science, patient care,

atient safety initiatives lyses, review articles, chapters in medical

on tools, didactic educational activities, or Is

committees, educational organizations, or

e dissemination of scholarly activity within / the following methods:

ounds, posters, workshops, quality odium presentations, grant leadership, nonresources, articles or publications, book , service on professional committees, or ournal editorial board member, or editor.

culty members who are certified in critical care (see Program Requirements 2.10.b.-c.) must cholarly activities, as listed in Program

nust engage in at least one of the following in grand rounds, posters, workshops, quality um presentations, grant leadership, non-peeres, articles or publications, book chapters, professional committees, or serving as a journal member, or editor. (Outcome)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Require
IV.D.3.a)	While in the program all fellows must engage in at least one of the following scholarly activities: participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor. (Outcome)	4.15.	Fellow Scholarly Activity While in the program all fellows mu scholarly activities: participation in improvement presentations, podium reviewed print/electronic resources textbooks, webinars, service on pro- reviewer, journal editorial board me
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback an Faculty members must directly of feedback on fellow performance educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback an Faculty members must directly of feedback on fellow performance 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 Faculty members must directly of feedback on fellow performance educational assignment. (Core)
V.A.1.a).(1)	Assessment of procedural competence should include a formal evaluation process and not be based solely on a minimum number of procedures performed. (Core)	5.1.h.	Assessment of procedural competer process and not be based solely o performed. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented (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 th must be documented at least ev
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 a clinical responsibilities must be 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 ol the Competencies and the subs (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., fac other professional staff member
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 C synthesis of progressive fellow 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 de Competency Committee, must n documented semi-annual evalua along the subspecialty-specific

nust engage in at least one of the following in grand rounds, posters, workshops, quality um presentations, grant leadership, non-peeres, articles or publications, book chapters, professional committees, or serving as a journal member, or editor. (Outcome)

nd Evaluation v observe, evaluate, and frequently provide ce during each rotation or similar e)

nd Evaluation / observe, evaluate, and frequently provide ce during each rotation or similar

nd Evaluation

y observe, evaluate, and frequently provide ce during each rotation or similar

etence should include a formal evaluation on a minimum number of procedures

ed at the completion of the assignment.

han three months in duration, evaluation every three months. (Core)

as continuity clinic in the context of other be evaluated at least every three months and

objective performance evaluation based on ospecialty-specific Milestones, and must:

aculty members, peers, patients, self, and ers); and, (Core)

Clinical Competency Committee for its w performance and improvement toward

designee, with input from the Clinical meet with and review with each fellow their uation of performance, including progress c Milestones. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir
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 de Competency Committee, must a learning plans to capitalize on th 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 de Competency Committee, must d progress, following institutional
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	f 5.1.f.	At least annually, there must be that includes their readiness to 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 per by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluat The program director must prov completion of the program. (Cor
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 Evaluat The program director must prov completion of the program. (Cor
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milest subspecialty-specific Case Logs are able to engage in autonomo program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must becom maintained by the institution, an fellow in accordance with institu
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify knowledge, skills, and behavior (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be sha the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committ director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Comp members, at least one of whom be faculty members from the sa health professionals who have of program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Comm least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Comm progress on achievement of the
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Comm annual evaluations and advise t fellow's progress. (Core)

juirement Language
r designee, with input from the Clinical
st assist fellows in developing individualized
on their strengths and identify areas for
r designee, with input from the Clinical
st develop plans for fellows failing to
onal policies and procedures. (Core)
be a summative evaluation of each fellow
to progress to the next year of the program, i
performance must be accessible for review

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ovide a final evaluation for each fellow upon core)

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ovide a final evaluation for each fellow upon core)

estones, and when applicable the ogs, must be used as tools to ensure fellows nous practice upon completion of the

ome part of the fellow's permanent record and must be accessible for review by the itutional policy. (Core)

fy that the fellow has demonstrated the ors necessary to enter autonomous practice.

hared with the fellow upon completion of

ee

ittee must be appointed by the program

npetency Committee must include three m is a core faculty member. Members must same program or other programs, or other e extensive contact and experience with the

mittee must review all fellow evaluations at

mittee must determine each fellow's ne subspecialty-specific Milestones. (Core)

mittee must meet prior to the fellows' semie the program director regarding each

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a proce performance as it relates to the (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a proce performance as it relates to the (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a r teaching abilities, engagement v in faculty development related to performance, professionalism, a
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include wr fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive f annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty education program-wide faculty developm
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improv The program director must apport conduct and document the Ann program's continuous improver
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 Improv The program director must apport conduct and document the Ann program's continuous improver
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 Commi program faculty members, at lea and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee program's self-determined goals (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 ongoing program improvement, 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 current operating environment t opportunities, and threats as re (Core)
	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)	5.5.0	The Program Evaluation Commi prior Annual Program Evaluatio evaluations of the program, and
V.C.1.c)	the program. (Core) The Program Evaluation Committee must evaluate the program's mission	5.5.e.	the program. (Core) The Program Evaluation Commi
V.C.1.d)	and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	and aims, strengths, areas for ir

cess to evaluate each faculty member's e educational program at least annually.

cess to evaluate each faculty member's e educational program at least annually.

a review of the faculty member's clinical t with the educational program, participation I to their skills as an educator, clinical , and scholarly activities. (Core) written, confidential evaluations by the

e feedback on their evaluations at least

onal evaluations should be incorporated into ment plans. (Core)

ovement

point the Program Evaluation Committee to inual Program Evaluation as part of the ement process. (Core)

ovement

point the Program Evaluation Committee to nual Program Evaluation as part of the ement process. (Core)

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

e responsibilities must include review of the als and progress toward meeting them.

e responsibilities must include guiding nt, including development of new goals,

e responsibilities must include review of the t to identify strengths, challenges, related to the program's mission and aims.

mittee should consider the outcomes from ion(s), aggregate fellow and faculty written nd other relevant data in its assessment of

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Require
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, distributed to and discussed with teaching faculty, and be submitted
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 (Core)
V.C.3.	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	Board Certification One goal of ACGME-accredited e seek and achieve board certifica the educational program is the u The program director should end take the certifying examination o of Medical Specialties (ABMS) m Association (AOA) certifying boa
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 A certifying board offer(s) an annua years, the program's aggregate p for the first time must be higher to programs in that subspecialty. (C
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 A certifying board offer(s) a biennia years, the program's aggregate p for the first time must be higher programs in that subspecialty. (0
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)		For subspecialties in which the A certifying board offer(s) an annu the program's aggregate pass ra first time must be higher than the 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 A certifying board offer(s) a biennia the program's aggregate pass ra first time must be higher than the 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 graduates over the time period s an 80 percent pass rate will have percentile rank of the program fo (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, b cohort of board-eligible fellows t

n, including the action plan, must be rith the fellows and the members of the tted to the DIO. (Core)

in a Self-Study and submit it to the DIO.

d education is to educate physicians who cation. One measure of the effectiveness of ultimate pass rate.

ncourage all eligible program graduates to offered by the applicable American Board member board or American Osteopathic oard.

ABMS member board and/or AOA nual written exam, in the preceding three e pass rate of those taking the examination or than the bottom fifth percentile of (Outcome)

ABMS member board and/or AOA nial written exam, in the preceding six e pass rate of those taking the examination or than the bottom fifth percentile of (Outcome)

ABMS member board and/or AOA nual oral exam, in the preceding three years, rate of those taking the examination for the the bottom fifth percentile of programs in

ABMS member board and/or AOA nial oral exam, in the preceding six years, rate of those taking the examination for the the bottom fifth percentile of programs in

ed in 5.6. – 5.6.c., any program whose specified in the requirement have achieved ve met this requirement, no matter the for pass rate in that subspecialty.

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

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Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requirement Language
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles: •Excellence in the safety and quality of care rendered to patients by fellows today •Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice •Excellence in professionalism •Appreciation for the privilege of providing care for patients		Section 6: The Learning and Working Environment The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles: •Excellence in the safety and quality of care rendered to patients by fellows today •Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice •Excellence in professionalism •Appreciation for the privilege of providing care for patients
	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team		•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team
VI.		Section 6	
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.
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, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.		Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, and other clinical staff members must know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Require
			Residents, fellows, faculty mem
	be provided with summary information of their institution's patient safety		must be provided with summary
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
	interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as		interprofessional clinical patient
VI.A.1.a).(2).(b)	well as formulation and implementation of actions. (Core)	6.3.	such as root cause analyses or well as formulation and implement
VI.A. 1.a).(2).(b)		0.0.	
	Quality Metrics		Quality Metrics
	Access to data is essential to prioritizing activities for care improvement		Access to data is essential to pr
VI.A.1.a).(3)	and evaluating success of improvement efforts.	[None]	and evaluating success of impro
	Fellows and faculty members must receive data on quality metrics and		Fellows and faculty members m
VI.A.1.a).(3).(a)	benchmarks related to their patient populations. (Core)	6.4.	benchmarks related to their patie
			Supervision and Accountability
			Although the attending physicia
			the patient, every physician sha
			accountability for their efforts in
			programs, in partnership with th
			communicate, and monitor a str
			accountability as it relates to the
			Supervision in the setting of gra
			and effective care to patients; er
			skills, knowledge, and attitudes
			practice of medicine; and establ
VI.A.2.	Supervision and Accountability	[None]	professional growth.
l			Supervision and Accountability
	Although the attending physician is ultimately responsible for the care of		Although the attending physicia
	the patient, every physician shares in the responsibility and		the patient, every physician sha
	accountability for their efforts in the provision of care. Effective		accountability for their efforts in
	programs, in partnership with their Sponsoring Institutions, define, widely		programs, in partnership with th
	communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		communicate, and monitor a str accountability as it relates to the
	accountability as it relates to the supervision of an patient care.		
	Supervision in the setting of graduate medical education provides safe		Supervision in the setting of gra
	and effective care to patients; ensures each fellow's development of the		and effective care to patients; er
	skills, knowledge, and attitudes required to enter the unsupervised		skills, knowledge, and attitudes
	practice of medicine; and establishes a foundation for continued		practice of medicine; and establ
VI.A.2.a)	professional growth.	[None]	, professional growth.
			Fellows and faculty members m
			roles in that patient's care when
	Fellows and faculty members must inform each patient of their respective		information must be available to
VI.A.2.a).(1)	roles in that patient's care when providing direct patient care. (Core)	6.5.	of the health care team, and pati
			Fellows and faculty members m
			roles in that patient's care when
	This information must be available to fellows, faculty members, other		information must be available to
VI.A.2.a).(1).(a)	members of the health care team, and patients. (Core)	6.5.	of the health care team, and pati

mbers, and other clinical staff members ary information of their institution's patient

am members in real and/or simulated ent safety and quality improvement activities, or other activities that include analysis, as mentation of actions. (Core)

prioritizing activities for care improvement provement efforts.

must receive data on quality metrics and atient populations. (Core)

y

cian is ultimately responsible for the care of hares in the responsibility and in the provision of care. Effective their Sponsoring Institutions, define, widely structured chain of responsibility and the supervision of all patient care.

raduate medical education provides safe ensures each fellow's development of the es required to enter the unsupervised ablishes a foundation for continued

y

cian is ultimately responsible for the care of hares in the responsibility and in the provision of care. Effective their Sponsoring Institutions, define, widely structured chain of responsibility and the supervision of all patient care.

raduate medical education provides safe ensures each fellow's development of the es required to enter the unsupervised ablishes a foundation for continued

must inform each patient of their respective en providing direct patient care. This to fellows, faculty members, other members atients. (Core)

must inform each patient of their respective en providing direct patient care. This to fellows, faculty members, other members atients. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir
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 place for all fellows is based on as well as patient complexity an through a variety of methods, as
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 s authority and responsibility, the classification of supervision.
			Direct Supervision The supervising physician is ph key portions of the patient intera The supervising physician and/o
VI.A.2.b).(1)	Direct Supervision:	6.7.	the fellow and the supervising p patient care through appropriate
			Direct Supervision The supervising physician is ph key portions of the patient intera
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/o the fellow and the supervising p patient care through appropriate
			Direct Supervision The supervising physician is ph key portions of the patient inter
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/o the fellow and the supervising p patient care through appropriate
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 no or audio supervision but is imm guidance and is available to pro
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 av procedures/encounters with fee
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive aut independence, and a supervisor fellow must be assigned by the (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 evalues and the program director must evalues a specific criteria, guided by the M

te that the appropriate level of supervision in on each fellow's level of training and ability, and acuity. Supervision may be exercised as appropriate to the situation. (Core)

v supervision while providing for graded he program must use the following

physically present with the fellow during the eraction.

d/or patient is not physically present with physician is concurrently monitoring the ate telecommunication technology.

physically present with the fellow during the eraction.

d/or patient is not physically present with physician is concurrently monitoring the ate telecommunication technology.

physically present with the fellow during the eraction.

d/or patient is not physically present with physician is concurrently monitoring the ate telecommunication technology.

not providing physical or concurrent visual mediately available to the fellow for rovide appropriate direct supervision.

available to provide review of eedback provided after care is delivered. n physical presence of a supervising

uthority and responsibility, conditional ory role in patient care delegated to each e program director and faculty members.

aluate each fellow's abilities based on Milestones. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir
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 portions of care to fellows base of each fellow. (Core)
	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)		Fellows should serve in a super in recognition of their progress of each patient and the skills of
VI.A.2.d).(3) VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)		Programs must set guidelines for fellows must communicate with
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limit circumstances under which the 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 assignment the knowledge and skills of each appropriate level of patient care
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with th fellows and faculty members co responsibilities of physicians, in to be appropriately rested and fi patients. (Core)
	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their		Professionalism Programs, in partnership with th fellows and faculty members co responsibilities of physicians, in to be appropriately rested and fi
VI.B.1. VI.B.2.	patients. (Core) The learning objectives of the program must:	6.12. [None]	patients. (Core)
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 prevention of the
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the pr 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 pathe the meaning that each fellow fin including protecting time with p promoting progressive indepen- professional relationships. (Cor
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 partner provide a culture of professiona 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 m personal role in the safety and v including the ability to report un
	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,		Programs, in partnership with the a professional, equitable, respectively solve and that is forms of harassment, mistreatmeters.
VI.B.5.	fellows, faculty, and staff. (Core)	6.12.f.	fellows, faculty, and staff. (Core)

as supervising physicians must delegate sed on the needs of the patient and the skills

ervisory role to junior fellows and residents is toward independence, based on the needs of the individual resident or fellow. (Detail) is for circumstances and events in which th the supervising faculty member(s). (Core)

nits of their scope of authority, and the net fellow is permitted to act with conditional

ents must be of sufficient duration to assess ach fellow and to delegate to the fellow the re authority and responsibility. (Core)

their Sponsoring Institutions, must educate concerning the professional and ethical including but not limited to their obligation I fit to provide the care required by their

their Sponsoring Institutions, must educate concerning the professional and ethical including but not limited to their obligation I fit to provide the care required by their

program must be accomplished without to fulfill non-physician obligations. (Core) program must ensure manageable patient

program must include efforts to enhance finds in the experience of being a physician, patients, providing administrative support, endence and flexibility, and enhancing ore)

ership with the Sponsoring Institution, must nalism that supports patient safety and

must demonstrate an understanding of their I welfare of patients entrusted to their care, unsafe conditions and safety events. (Core)

their Sponsoring Institutions, must provide bectful, and civil environment that is is free from discrimination, sexual and other tment, abuse, or coercion of students, re)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Require
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 th process for education of fellows behavior and a confidential proc addressing such concerns. (Cor
	Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and		Well-Being Psychological, emotional, and p development of the competent, o proactive attention to life inside requires that physicians retain th own real-life stresses. Self-care members of the health care tean professionalism; they are also s
	nurtured in the context of other aspects of fellowship training.		nurtured in the context of other a
	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		Fellows and faculty members are Programs, in partnership with th same responsibility to address w competence. Physicians and all responsibility for the well-being clinical learning environment mo
VI.C.	prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	prepares fellows with the skills a their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program 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 int impacts fellow well-being; (Core
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data 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 enco 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 oppor and dental care appointments, ir working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty
	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to		identification of the symptoms o disorders, suicidal ideation, or p
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience the
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms i 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 s providing access to confidential
VI.C.1.e)	counseling, and treatment, including access to urgent and emergent care	6.13.e.	counseling, and treatment, inclu 24 hours a day, seven days a we

their Sponsoring Institutions, should have a vs and faculty regarding unprofessional ocess for reporting, investigating, and ore)

physical well-being are critical in the t, caring, and resilient physician and require le and outside of medicine. Well-being the joy in medicine while managing their re and responsibility to support other am are important components of skills that must be modeled, learned, and er aspects of fellowship training.

are at risk for burnout and depression. their Sponsoring Institutions, have the s well-being as other aspects of resident all members of the health care team share of of each other. A positive culture in a models constructive behaviors, and s and attitudes needed to thrive throughout

am, in partnership with the Sponsoring

ntensity, and work compression that re)

ta and addressing the safety of fellows and

courage optimal fellow and faculty member

ortunity to attend medical, mental health, including those scheduled during their

ty members in:

of burnout, depression, and substance use potential for violence, including means to nese conditions; (Core)

s in themselves and how to seek

self-screening. (Core)

al, affordable mental health assessment, luding access to urgent and emergent care veek. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Require
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	6.14.	There are circumstances in which including but not limited to fatig medical, parental, or caregiver le appropriate length of absence for care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure	6.14.a.	The program must have policies coverage of patient care and ens
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical	6.14.b.	These policies must be impleme consequences for the fellow who work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellow the signs of fatigue and sleep de fatigue mitigation processes. (De
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellow the signs of fatigue and sleep de fatigue mitigation processes. (De
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with adequate sleep facilities and saf may be too fatigued to safely ret
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for e patient safety, fellow ability, sev illness/condition, and available s
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients ir communication and promotes sa the subspecialty and larger heal
VI.E.2.a)	The program must provide educational experiences that allow fellows to interact with and learn from other health care professionals, such as physicians in other specialties, advanced practice providers, nurses, social workers, physical therapists, case managers, language interpreters, and dieticians, to achieve effective, interdisciplinary, and interprofessional team-based care. (Core)	6.18.a.	The program must provide educati with and learn from other health ca specialties, advanced practice prov therapists, case managers, langua effective, interdisciplinary, and inte
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical a patient care, including their safe
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in	6.19.	Transitions of Care Programs must design clinical a patient care, including their safe
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both	6.19.a.	Programs, in partnership with th and monitor effective, structured continuity of care and patient sa

hich fellows may be unable to attend work, tigue, illness, family emergencies, and r leave. Each program must allow an for fellows unable to perform their patient

es and procedures in place to ensure nsure continuity of patient care. (Core)

nented without fear of negative who is or was unable to provide the clinical

lows and faculty members in recognition of deprivation, alertness management, and (Detail)

lows and faculty members in recognition of deprivation, alertness management, and (Detail)

vith its Sponsoring Institution, must ensure safe transportation options for fellows who return home. (Core)

r each fellow must be based on PGY level, everity and complexity of patient e support services. (Core)

s in an environment that maximizes safe, interprofessional, team-based care in ealth system. (Core)

ational experiences that allow fellows to interact care professionals, such as physicians in other roviders, nurses, social workers, physical uage interpreters, and dieticians, to achieve iterprofessional team-based care. (Core)

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

I assignments to optimize transitions in afety, frequency, and structure. (Core) their Sponsoring Institutions, must ensure red hand-off processes to facilitate both safety. (Core)

Roman Numeral	De suite mont l'en succes	Reformatted Requirement	
Requirement Number	Requirement Language	Number	Require
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 fello team members in the hand-off pr
	Clinical Experience and Education		
	Descrete in partnership with their Changering Institutions, must design		Clinical Experience and Educatio
	Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with		Programs, in partnership with the an effective program structure the
	educational and clinical experience opportunities, as well as reasonable		educational and clinical experien
VI.F.	opportunities for rest and personal activities.	[None]	opportunities for rest and person
	Maximum Hours of Clinical and Educational Work per Week		
			Maximum Hours of Clinical and E
	Clinical and educational work hours must be limited to no more than 80		Clinical and educational work ho
	hours per week, averaged over a four-week period, inclusive of all in-		hours per week, averaged over a
	house clinical and educational activities, clinical work done from home,	6.20	house clinical and educational ad
VI.F.1.	and all moonlighting. (Core)	6.20.	and all moonlighting. (Core)
			Mandatory Time Free of Clinical Fellows should have eight hours
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	education periods. (Detail)
VI.I .Z.		0.21.	Mandatory Time Free of Clinical
	Fellows should have eight hours off between scheduled clinical work and		Fellows should have eight hours
VI.F.2.a)	education periods. (Detail)	6.21.	education periods. (Detail)
/	Fellows must have at least 14 hours free of clinical work and education		Fellows must have at least 14 ho
VI.F.2.b)	after 24 hours of in-house call. (Core)	6.21.a.	after 24 hours of in-house call. (C
	Fellows must be scheduled for a minimum of one day in seven free of		Fellows must be scheduled for a
	clinical work and required education (when averaged over four weeks). At-		clinical work and required educa
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	6.21.b.	home call cannot be assigned or
			Maximum Clinical Work and Edu
			Clinical and educational work pe
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	hours of continuous scheduled of
			Maximum Clinical Work and Edu
	Clinical and educational work periods for fellows must not exceed 24	6.22	Clinical and educational work pe hours of continuous scheduled of
VI.F.3.a)	hours of continuous scheduled clinical assignments. (Core)	6.22.	
	Up to four hours of additional time may be used for activities related to		Up to four hours of additional tim
	patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be		patient safety, such as providing fellow education. Additional patie
VI.F.3.a).(1)	assigned to a fellow during this time. (Core)	6.22.a.	assigned to a fellow during this t
•1.1.10.0.1.		0.22.0.	
			Clinical and Educational Work He
			In rare circumstances, after hanc on their own initiative, may elect
			the following circumstances: to o
			severely ill or unstable patient; to
			of a patient or patient's family; of
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	(Detail)

lows are competent in communicating with process. (Outcome)

tion

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

d Educational Work per Week hours must be limited to no more than 80 r a four-week period, inclusive of all inactivities, clinical work done from home,

al Work and Education rs off between scheduled clinical work and

al Work and Education rs off between scheduled clinical work and

nours free of clinical work and education (Core)

a minimum of one day in seven free of cation (when averaged over four weeks). Aton these free days. (Core)

ducation Period Length periods for fellows must not exceed 24 d clinical assignments. (Core)

ducation Period Length periods for fellows must not exceed 24 d clinical assignments. (Core)

time may be used for activities related to ng effective transitions of care, and/or atient care responsibilities must not be s time. (Core)

Hour Exceptions

nding off all other responsibilities, a fellow, ct to remain or return to the clinical site in o continue to provide care to a single to give humanistic attention to the needs or to attend unique educational events.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir
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 H In rare circumstances, after han on their own initiative, may elec the following circumstances: to severely ill or unstable patient; to of a patient or patient's family; o (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 of 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 percent or a maximum of 88 clin individual programs based on a
VI.F.4.c)	The Review Committee for Internal Medicine will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Interna exceptions to the 80-hour limit to the second
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere goals and objectives of the educ with the fellow's fitness for work
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 goals and objectives of the educ with the fellow's fitness for work
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 interna the ACGME Glossary of Terms) 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 th 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 Free Fellows must be scheduled for i every third night (when average
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activ count toward the 80-hour maxin home call is not subject to the e the requirement for one day in s when averaged over four weeks
	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education,		At-Home Call Time spent on patient care activ count toward the 80-hour maxin home call is not subject to the e the requirement for one day in s
VI.F.8.a)	when averaged over four weeks. (Core)	6.28.	when averaged over four weeks

A Hour Exceptions anding off all other responsibilities, a fellow, ect to remain or return to the clinical site in to continue to provide care to a single t; to give humanistic attention to the needs ; or to attend unique educational events.

or education must be counted toward the

nt rotation-specific exceptions for up to 10 linical and educational work hours to a sound educational rationale.

nal Medicine will not consider requests for the fellows' work week.

re with the ability of the fellow to achieve the lucational program, and must not interfere ork nor compromise patient safety. (Core)

re with the ability of the fellow to achieve the lucational program, and must not interfere ork nor compromise patient safety. (Core) nal and external moonlighting (as defined in

nal and external moonlighting (as defined in s) must be counted toward the 80-hour

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

requency r in-house call no more frequently than ged over a four-week period). (Core)

tivities by fellows on at-home call must imum weekly limit. The frequency of ate every-third-night limitation, but must satisfy a seven free of clinical work and education, ks. (Core)

tivities by fellows on at-home call must imum weekly limit. The frequency of ate every-third-night limitation, but must satisfy a seven free of clinical work and education, ks. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Require
	At-home call must not be so frequent or taxing as to preclude rest or		At-home call must not be so frequ
VI.F.8.a).(1)	reasonable personal time for each fellow. (Core)	6.28.a.	reasonable personal time for eac

rement Language equent or taxing as to preclude rest or ach fellow. (Core)