Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		Definition of Graduate Medical Education Fellowship is advanced graduate media residency program for physicians who practice. Fellowship-trained physicians subspecialty care, which may also inclus a community resource for expertise in a integrating new knowledge into practic generations of physicians. Graduate m strength that a diverse group of physic the importance of inclusive and psycho- environments.
Int.A.	Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	Fellows who have completed residency autonomously in their core specialty. T expertise of fellows distinguish them fr residency. The fellow's care of patients undertaken with appropriate faculty su independence. Faculty members serve compassion, cultural sensitivity, profes fellow develops deep medical knowled expertise applicable to their focused ar intensive program of subspecialty clinit focuses on the multidisciplinary care o is often physically, emotionally, and into occurs in a variety of clinical learning e graduate medical education and the we fellows, faculty members, students, and team.
	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, many fellows' skills as physician-scientists. knowledge within medicine is not exclu physicians, the fellowship experience e pursue hypothesis-driven scientific inq to the medical literature and patient can subspecialty expertise achieved, fellow relationships built on an infrastructure research.
Int.B.	Definition of Subspecialty Emergency medical services is a clinical specialty that includes the care of patients in all environments outside of traditional medical care facilities, including clinics, offices, and hospitals. It includes evaluation and treatment of acute injury and illness in all age groups, planning and prevention, monitoring, and team oversight.	[None]	Definition of Subspecialty Emergency medical services is a clinical services is a clinical services in all environments outside of tractincluding clinics, offices, and hospitals. It is acute injury and illness in all age groups, performants oversight.

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dical education beyond a core to desire to enter more specialized ns serve the public by providing clude core medical care, acting as n their field, creating and tice, and educating future medical education values the icians brings to medical care, and hologically safe learning

cy are able to practice The prior medical experience and from physicians entering ts within the subspecialty is supervision and conditional re as role models of excellence, ressionalism, and scholarship. The dge, patient care skills, and area of practice. Fellowship is an nical and didactic education that of patients. Fellowship education ntellectually demanding, and renvironments committed to vell-being of patients, residents, nd all members of the health care

y fellowship programs advance . While the ability to create new clusive to fellowship-educated e expands a physician's abilities to nquiry that results in contributions are. Beyond the clinical ows develop mentored re that promotes collaborative

specialty that includes the care of aditional medical care facilities, t includes evaluation and treatment of , planning and prevention,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
	Length of Educational Program		Length of Program
	The educational program in emergency medical services must be 12 months.		The educational program in emergency m
Int.C.	(Core)	4.1.	(Core)
<u>l.</u>	Oversight	Section 1	Section 1: Oversight
	The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the organ the ultimate financial and academic res graduate medical education consistent Requirements.
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is not the most commonly utilized site of clini primary clinical site.
1.A.	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by one
I.A.1.	Institution. ^(Core)	1.1.	Institution. (Core)
	Participating Sites		
I.B.	A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization p experiences or educational assignment
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spon designate a primary clinical site. (Core)
I.B.1.a)	The Sponsoring Institution must also sponsor an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency program in emergency medicine. (Core)	1.2.a.	The Sponsoring Institution must also spon Graduate Medical Education (ACGME)-ac emergency medicine. (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 agree program and each participating site tha between the program and the participat assignment. (Core)
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ever
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the design (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinical l environment at all participating sites. (C
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must be by the program director, who is accoun site, in collaboration with the program of
	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)		The program director must submit any participating sites routinely providing a required for all fellows, of one month fu
I.B.4. I.B.5.	The program should be based at the primary clinical site. (Core)	1.6. 1.6.a.	through the ACGME's Accreditation Da The program should be based at the prima

_anguage
nedical services must be 12 months.
nization or entity that assumes sponsibility for a program of It with the ACGME Institutional
t a rotation site for the program, nical activity for the program is the
ne ACGME-accredited Sponsoring
providing educational nts/rotations for fellows.
nsoring Institution, must e)
nsor an Accreditation Council for
ccredited residency program in
eement (PLA) between the
at governs the relationship
ating site providing a required
ry 10 years. (Core)
ignated institutional official (DIO).
l learning and working (Core)
e one faculty member, designated
ntable for fellow education for that director. (Core)
/ additions or deletions of
an educational experience,
ull time equivalent (FTE) or more
ata System (ADS). (Core)
nary clinical site. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
I.B.6.	Required rotations to participating sites that are geographically distant from the sponsoring institution should offer special resources unavailable locally that significantly augment the overall educational experience of the program. (Detail)	1.6.b.	Required rotations to participating sites that the sponsoring institution should offer spect that significantly augment the overall educ (Detail)
I.B.7.	The number and location of participating sites must not preclude the satisfactory participation by all residents in conferences and other educational experiences. (Core)	1.6.c.	The number and location of participating s satisfactory participation by all residents in experiences. (Core)
	Workforce Recruitment and Retention		Workforce Recruitment and Retention
I.C.	The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	The program, in partnership with its Spe engage in practices that focus on missi recruitment and retention of a diverse a residents (if present), fellows, faculty m GME staff members, and other relevant community. (Core)
			Resources The program, in partnership with its Sp the availability of adequate resources for
I.D.	Resources	1.8.	
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its Spe the availability of adequate resources fo
I.D.1.a)	Adult and pediatric medical transports in all types of settings outside of traditional medical care settings must be available. (Core)	1.8.a.	Adult and pediatric medical transports in a traditional medical care settings must be a
I.D.1.b)	The following must be available at the primary clinical site or at a participating site:	1.8.b.	The following must be available at the prim site:
I.D.1.b).(1)	an emergency service that has access to adult and pediatric patients; (Core)	1.8.b.1.	an emergency service that has access to a
I.D.1.b).(2)	access to adult and pediatric inpatient facilities; (Core)	1.8.b.2.	access to adult and pediatric inpatient facil
I.D.1.b).(3)	disaster planning and response programs; and, (Core)	1.8.b.3.	disaster planning and response programs;
I.D.1.b).(4)	two-way communications between the primary clinical site and surrounding medical transportation services for provision of direct medical oversight. (Core)	1.8.b.4.	two-way communications between the prin medical transportation services for provisio (Core)
	The primary clinical site should organize and ensure provision of transportation		The primary clinical site should organize an
I.D.1.c)	for fellows to provide pre-hospital patient care. (Core)	1.8.c.	transportation for fellows to provide pre-ho
I.D.1.d)	There should be an air medical evacuation and inter-facility transportation service accessible from the primary clinical site. (Core)	1.8.d.	There should be an air medical evacuation service accessible from the primary clinica
I.D.1.e)	There must be a patient population that includes patients of all ages and genders, with a wide variety of clinical problems, and that is adequate in number and variety to meet the educational needs of the program. (Core)	1.8.e.	There must be a patient population that inc genders, with a wide variety of clinical prot number and variety to meet the educational
I.D.1.f)	Fellows must be provided with prompt, reliable systems for communication and interactions with supervisory physicians. (Core)	1.8.f.	Fellows must be provided with prompt, reliand interactions with supervisory physician
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its Spe healthy and safe learning and working e well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9. 1.9.a.	access to food while on duty; (Core)

Language
that are geographically distant from becial resources unavailable locally ucational experience of the program.
sites must not preclude the in conferences and other educational
1
Sponsoring Institution, must ssion-driven, ongoing, systematic and inclusive workforce of members, senior administrative nt members of its academic
Sponsoring Institution, must ensure for fellow education. (Core)
Sponsoring Institution, must ensure for fellow education. (Core)
all types of settings outside of available. (Core)
rimary clinical site or at a participating
o adult and pediatric patients; (Core)
icilities; (Core)
ns; and, (Core)
rimary clinical site and surrounding sion of direct medical oversight.
and ensure provision of hospital patient care. (Core)
on and inter-facility transportation cal site. (Core)
includes patients of all ages and roblems, and that is adequate in onal needs of the program. (Core)
eliable systems for communication ians. (Core)
Sponsoring Institution, must ensure g environments that promote fellow

Emergency Medical Services Crosswalk

Roman Numeral		Reformatted	
Requirement Number	Poquiromont Languago	Requirement Number	Beguirement I
Number	Requirement Language	Number	Requirement L
	safe, quiet, clean, and private sleep/rest facilities available and accessible		safe, quiet, clean, and private sleep/res accessible for fellows with proximity a
.D.2.b)	for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	(Core)
.0.2.0)	clean and private facilities for lactation that have refrigeration	1.3.0.	clean and private facilities for lactation
.D.2.c)	capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	capabilities, with proximity appropriate
.0.2.0)	security and safety measures appropriate to the participating site; and,	1.0.0.	security and safety measures appropriate
.D.2.d)	(Core)	1.9.d.	(Core)
<u></u>	accommodations for fellows with disabilities consistent with the		accommodations for fellows with disab
.D.2.e)	Sponsoring Institution's policy. (Core)	1.9.e.	Sponsoring Institution's policy. (Core)
	Fellows must have ready access to subspecialty-specific and other		Fellows must have ready access to sub
	appropriate reference material in print or electronic format. This must		appropriate reference material in print
	include access to electronic medical literature databases with full text		include access to electronic medical lit
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Person
	The presence of other learners and other health care personnel, including		The presence of other learners and oth
	but not limited to residents from other programs, subspecialty fellows,		including but not limited to residents fr
	and advanced practice providers, must not negatively impact the		fellows, and advanced practice provide
I.E.	appointed fellows' education. (Core)	1.11.	the appointed fellows' education. (Core
II.	Personnel	Section 2	Section 2: Personnel
			Program Director
			There must be one faculty member app
			authority and accountability for the over
II.A.	Program Director	2.1.	compliance with all applicable program
			Program Director
	There must be one faculty member appointed as program director with		There must be one faculty member app
	authority and accountability for the overall program, including		authority and accountability for the over
I.A.1.	compliance with all applicable program requirements. (Core)	2.1.	compliance with all applicable program
	The Sponsoring Institution's Graduate Medical Education Committee		The Sponsoring Institution's Graduate
	(GMEC) must approve a change in program director and must verify the		(GMEC) must approve a change in prog
II.A.1.a)	program director's licensure and clinical appointment. (Core)	2.2.	program director's licensure and clinic
	Final approval of the program director resides with the Review		Final approval of the program director
II.A.1.a).(1)	Committee. (Core)	2.2.a.	Committee. (Core)
	The program director and, as applicable, the program's leadership team,		The program director and, as applicabl
	must be provided with support adequate for administration of the		must be provided with support adequation
I.A.2.	program based upon its size and configuration. (Core)	2.3.	program based upon its size and config
	At a minimum, the program director must be provided with the dedicated time		At a minimum, the program director must
	and support specified below for administration of the program: (Core)		and support specified below for administra
	Number of Approved Fellow Positions: 0-3 Minimum Support Required (FTE):		Number of Approved Fellow Positions: 0-3
	0.2		(FTE): 0.2
	Number of Approved Fellow Positions: 4-6 Minimum Support Required (FTE):		Number of Approved Fellow Positions: 4-6
	0.2		(FTE): 0.2
	Number of Approved Fellow Positions: 7-9 Minimum Support Required (FTE):		Number of Approved Fellow Positions: 7-9
	0.3		(FTE): 0.3
	Number of Approved Fellow Positions: 10 or more Minimum Support Required		Number of Approved Fellow Positions: 10
II.A.2.a)	(FTE): 0.35	2.3.a.	Required (FTE): 0.35

Language
est facilities available and
appropriate for safe patient care;
on that have refrigeration
te for safe patient care; (Core)
riate to the participating site; and,
abilities consistent with the
•)
ubspecialty-specific and other
t or electronic format. This must
literature databases with full text
onnel
ther health care personnel,
from other programs, subspecialty
ders, must not negatively impact re)
opointed as program director with
verall program, including
im requirements. (Core)
opointed as program director with
verall program, including
m requirements. (Core)
e Medical Education Committee
ogram director and must verify the
ical appointment. (Core)
r resides with the Review
ble, the program's leadership team,
ate for administration of the
figuration. (Core)
t be provided with the dedicated time

- st be provided with the dedicated time stration of the program: (Core)
- 0-3 | Minimum Support Required
- 4-6 | Minimum Support Required
- 7-9 | Minimum Support Required
- 10 or more | Minimum Support

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director: The program director must possess sul qualifications acceptable to the Review
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess sul qualifications acceptable to the Review
II.A.3.a).(1)	This must include at least three years' experience as a core physician faculty member in an ACGME-accredited emergency medicine program or emergency medical services program; (Core)	2.4.b.	This must include at least three years' experimentation member in an ACGME-accredited emerger emergency medical services program. (Co
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Emergency Medicine or by the American Osteopathic Board of Emergency Medicine, or subspecialty qualifications that are acceptable to the Review Committee; (Core)	2.4.a.	The program director must possess cur subspecialty for which they are the prog Board of Emergency Medicine or by the A Emergency Medicine, or subspecialty qua the Review Committee. (Core)
II.A.3.c)	continuation in his or her position for a length of time adequate to maintain continuity of leadership and program stability; (Detail)	2.4.c.	This must include continuation in his or her adequate to maintain continuity of leadersh
II.A.3.d)	must include current clinical activity in the practice of emergency medical services; and, (Core)	2.4.d.	This must include current clinical activity in services. (Core)
II.A.3.e)	should include demonstrated participation in academic societies and educational programs designed to enhance his or her educational and administrative skills. (Core)	2.4.e.	This should include demonstrated participa educational programs designed to enhance administrative skills. (Core)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have respon accountability for: administration and o scholarly activity; fellow recruitment and promotion of fellows, and disciplinary a and fellow education in the context of p
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role mo
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design and o consistent with the needs of the commu Sponsoring Institution, and the mission
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 administer a environment conducive to educating the Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the aut physicians and non-physicians as facult sites, including the designation of core develop and oversee a process to evalu (Core)
	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program;		The program director must have the aut supervising interactions and/or learning
II.A.4.a).(5)	(Core)	2.5.e.	the standards of the program. (Core)

Language
r: ubspecialty expertise and w Committee. (Core)
r ubspecialty expertise and w Committee. (Core)
perience as a core physician faculty gency medicine program or Core)
urrent certification in the ogram director by the American American Osteopathic Board of qualifications that are acceptable to
ner position for a length of time rship and program stability. (Detail)
in the practice of emergency medical
pation in academic societies and nee his or her educational and
onsibility, authority, and operations; teaching and and selection, evaluation, and action; supervision of fellows;
patient care. (Core)
nodel of professionalism. (Core)
d conduct the program in a fashion nunity, the mission(s) of the on(s) of the program. (Core)
r and maintain a learning the fellows in each of the ACGME
uthority to approve or remove ulty members at all participating re faculty members, and must luate candidates prior to approval.
uthority to remove fellows from ng environments that do not meet

curate and complete information MEC, and ACGME. (Core)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement L
	provide a learning and working environment in which fellows have the		The program director must provide a le
	opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or		in which fellows have the opportunity t mistreatment, and provide feedback in
II.A.4.a).(7)	retaliation; (Core)	2.5.g.	appropriate, without fear of intimidation
	ensure the program's compliance with the Sponsoring Institution's		The program director must ensure the
	policies and procedures related to grievances and due process, including		Sponsoring Institution's policies and p
	when action is taken to suspend or dismiss, not to promote, or renew the		and due process, including when action
II.A.4.a).(8)	appointment of a fellow; (Core)	2.5.h.	not to promote, or renew the appointme
			The program director must ensure the
	ensure the program's compliance with the Sponsoring Institution's		Sponsoring Institution's policies and p
II.A.4.a).(9)	policies and procedures on employment and non-discrimination; (Core)	2.5.i.	non-discrimination. (Core)
	Fellows must not be required to sign a non-competition guarantee or		Fellows must not be required to sign a
II.A.4.a).(9).(a)	restrictive covenant. (Core)	3.1.	restrictive covenant. (Core)
			The program director must document v
	document verification of education for all fellows within 30 days of		fellows within 30 days of completion of
II.A.4.a).(10)	completion of or departure from the program; (Core)	2.5.j.	(Core)
	provide verification of an individual fellow's education upon the fellow's	2.5.k.	The program director must provide veri education upon the fellow's request, wi
II.A.4.a).(11)	request, within 30 days; and, (Core)	2.J.K.	The program director must provide app
	provide applicants who are offered an interview with information related		interview with information related to the
II.A.4.a).(12)		2.5.1.	specialty board examination(s). (Core)
	Faculty		
			Faculty
	Faculty members are a foundational element of graduate medical		Faculty members are a foundational ele
	education – faculty members teach fellows how to care for patients.		education – faculty members teach fell
	Faculty members provide an important bridge allowing fellows to grow		Faculty members provide an important
	and become practice ready, ensuring that patients receive the highest		and become practice ready, ensuring the
	quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and		quality of care. They are role models fo
	patient care, professionalism, and a dedication to lifelong learning.		physicians by demonstrating compass teaching and patient care, professional
	Faculty members experience the pride and joy of fostering the growth		learning. Faculty members experience
	and development of future colleagues. The care they provide is enhanced		growth and development of future colle
	by the opportunity to teach and model exemplary behavior. By employing		enhanced by the opportunity to teach a
	a scholarly approach to patient care, faculty members, through the		By employing a scholarly approach to
	graduate medical education system, improve the health of the individual		through the graduate medical education
	and the population.		the individual and the population.
	Faculty members ensure that patients receive the level of care expected		Faculty members ensure that patients i
	from a specialist in the field. They recognize and respond to the needs of		from a specialist in the field. They reco
	the patients, fellows, community, and institution. Faculty members		of the patients, fellows, community, and
	provide appropriate levels of supervision to promote patient safety.		provide appropriate levels of supervision
	Faculty members create an effective learning environment by acting in a		Faculty members create an effective lea
l	professional manner and attending to the well-being of the fellows and		professional manner and attending to t
II.B.	themselves.	[None]	themselves.
	There must be a sufficient number of faculty members with competence		There must be a sufficient number of fa
II.B.1.	to instruct and supervise all fellows. (Core)	2.6.	to instruct and supervise all fellows. (C

learning and working environment to raise concerns, report n a confidential manner as on or retaliation. (Core)

e program's compliance with the procedures related to grievances on is taken to suspend or dismiss, nent of a fellow. (Core)

e program's compliance with the procedures on employment and

a non-competition guarantee or

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

erification of an individual fellow's within 30 days. (Core) oplicants who are offered an

heir eligibility for the relevant

element of graduate medical llows how to care for patients. In bridge allowing fellows to grow that patients receive the highest for future generations of sion, commitment to excellence in alism, and a dedication to lifelong the pride and joy of fostering the lleagues. The care they provide is and model exemplary behavior. to patient care, faculty members, fon system, improve the health of

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

faculty members with competence Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
II.B.1.a)	There must be at least two subspecialty physician faculty members, in addition to the program director, who devote a minimum of five hours per week of their time to supervision of the fellows. (Core)	2.6.a.	There must be at least two subspecialty physician faculty members, in addition to the program director, who devote a minimum of five hours per week of their time to supervision of the fellows. (Core)
II.B.1.b)	Consultants and/or program faculty members should be available for consultation and academic lectures. (Detail)	2.6.b.	Consultants and/or program faculty members should be available for consultation and academic lectures. (Detail)
II.B.1.b).(1)	Consultants and/or program faculty members should include those with special expertise in air medical services, biostatistics, cardiology, critical care, disaster and mass casualty incident management, epidemiology, forensics, hazardous materials and mass exposure to toxins, mass gatherings, neurology, pediatrics, pharmacology, psychiatry, public health, pulmonary medicine, resuscitation, toxicology, and trauma surgery. (Detail)	2.6.b.1.	Consultants and/or program faculty members should include those with special expertise in air medical services, biostatistics, cardiology, critical care, disaster and mass casualty incident management, epidemiology, forensics, hazardous materials and mass exposure to toxins, mass gatherings, neurology, pediatrics, pharmacology, psychiatry, public health, pulmonary medicine, resuscitation, toxicology, and trauma surgery. (Detail)
II.B.2	Faculty members must:	[None]	En sulta De su sus it illitas
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role models of professionalism. (Core)
II.D.2.a)	demonstrate commitment to the delivery of safe, equitable, high-quality,	2.1.	Faculty members must demonstrate commitment to the delivery of safe,
II.B.2.b)	cost-effective, patient-centered care; (Core)	2.7.a.	equitable, high-quality, cost-effective, patient-centered care. (Core)
	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their	0.7.h	Faculty members must demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.7.b.	fulfill their supervisory and teaching responsibilities. (Core)
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and maintain an educational environment conducive to educating fellows. (Core)
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Core)
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty development designed to enhance their skills at least annually. (Core)
II.B.2.f).(1)	Faculty members should participate in faculty development programs designed to enhance the effectiveness of their teaching. (Detail)	2.7.f.	Faculty members should participate in faculty development programs designed to enhance the effectiveness of their teaching. (Detail)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)
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 appropriate qualifications in their field and hold appropriate institutional appointments. (Core)
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Members Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)
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 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)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement La
	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		Core Faculty Core faculty members must have a sign supervision of fellows and must devote entire effort to fellow education and/or component of their activities, teach, eve
II.B.4.		2.10.	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 the an (Core)
II.B.4.b)	In addition to the program director there must be at least two core physician faculty members with EMS board certification whose practice makes them available for consultation by fellows. (Core)	2.10.b.	In addition to the program director there m faculty members with EMS board certificat available for consultation by fellows. (Core
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator. (
II.C.1.		2.11.	Program Coordinator There must be a program coordinator. (
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be provi support adequate for administration of and configuration. (Core)
II.C.2.a)	The program coordinator must be provided with support equal to a dedicated	2.11.b.	The program coordinator must be provided minimum of 0.2 FTE for administration of t
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its Sp ensure the availability of necessary per administration of the program. (Core)
III.		Section 3	Section 3: Fellow Appointments
III.A.		[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship P All required clinical education for entry fellowship programs must be complete residency program, an AOA-approved r with ACGME International (ACGME-I) A or a Royal College of Physicians and Su accredited or College of Family Physician residency program located in Canada.
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program.	3.2.a.	Fellowship programs must receive veri level of competence in the required field CanMEDS Milestones evaluations from (Core)
III.A.1.b)	Prior to entry into the program fellows must have successfully completed a residency program that satisfies III.A.1., excluding transitional year programs.	3.2.a.1.	Prior to entry into the program fellows mus residency program that satisfies 3.2., exclu (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Emergency Medicine will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Emergency M exception to the fellowship eligibility re

gnificant role in the education and te a significant portion of their r administration, and must, as a valuate, and provide formative

annual ACGME Faculty Survey.

must be at least two core physician ation whose practice makes them re)

. (Core)

. (Core)

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

ed with support equal to a dedicated f the program. (Core)

ponsoring Institution, must jointly ersonnel for the effective

Programs

ry into ACGME-accredited ted in an ACGME-accredited I residency program, a program Advanced Specialty Accreditation, Surgeons of Canada (RCPSC)cians of Canada (CFPC)-accredited . (Core)

rification of each entering fellow's eld using ACGME, ACGME-I, or m the core residency program.

ust have successfully completed a cluding transitional year programs.

Medicine will allow the following requirements:

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement La
	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 fellowship progr qualified international graduate applica eligibility requirements listed in 3.2, but
III.A.1.c).(1)	following additional qualifications and conditions: (Core)	3.2.b.1.	following additional qualifications and
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director and of the applicant's suitability to enter the training and review of the summative ev specialty; and, (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's e GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this excepted their performance by the Clinical Comp weeks of matriculation. (Core)
	Fellow Complement		
III.B.	The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoint the Review Committee. (Core)
	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		Fellow Transfers The program must obtain verification or experiences and a summative compete evaluation prior to acceptance of a tran
III.C.	upon matriculation. (Core)	3.4.	evaluations upon matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is deal and innovation in graduate medical edu organizational affiliation, size, or location
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must support knowledgeable, skillful physicians who
n./	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on		It is recognized that programs may place research, leadership, public health, etc. aims will reflect the nuanced program-s graduates; for example, it is expected the physician-scientists will have a different
IV.	community health. Educational Components	Section 4	on community health.
			Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follow
	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		a set of program aims consistent with t mission, the needs of the community it distinctive capabilities of its graduates,
IV.A.1.	applicants, fellows, and faculty members; (Core)	4.2.a.	program applicants, fellows, and facult

Language gram may a

gram may accept an exceptionally cant who does not satisfy the out who does meet all of the d conditions: (Core)

d fellowship selection committee he program, based on prior evaluations of training in the core

exceptional qualifications by the

on for Foreign Medical Graduates

eption must have an evaluation of npetency Committee within 12

nt more fellows than approved by

of previous educational tency-based performance ansferring fellow, and Milestones e)

lesigned to encourage excellence ducation regardless of the tion of the program.

ort the development of no provide compassionate care.

ace different emphasis on tc. It is expected that the program n-specific goals for it and its I that a program aiming to prepare ent curriculum from one focusing

wing educational components:

n the Sponsoring Institution's it serves, and the desired es, which must be made available to alty members; (Core)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement L
Number	competency-based goals and objectives for each educational experience	Number	competency-based goals and objective
	designed to promote progress on a trajectory to autonomous practice in		experience designed to promote progra
	their subspecialty. These must be distributed, reviewed, and available to		autonomous practice in their subspeci
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	reviewed, and available to fellows and
	delineation of fellow responsibilities for patient care, progressive		delineation of fellow responsibilities fo
	responsibility for patient management, and graded supervision in their		responsibility for patient management,
IV.A.3.	subspecialty; (Core)	4.2.c.	subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyon
			Curriculum Organization and Fellow Ex
			Experiences
	Fellows must be provided with protected time to participate in core		Fellows must be provided with protected
IV.A.4.a)	didactic activities. (Core)	4.11.	didactic activities. (Core)
	formal educational activities that promote patient safety-related goals,		formal educational activities that prom
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)
			ACGME Competencies
			The Competencies provide a conceptu
			required domains for a trusted physicia
			These Competencies are core to the pr
			the specifics are further defined by eac
			developmental trajectories in each of the
			through the Milestones for each subsp
			on subspecialty-specific patient care a
IV.B.	ACGME Competencies	[None]	refining the other competencies acquir
	The program must integrate the following ACGME Competencies into the		The program must integrate all ACGME
IV.B.1.	curriculum:	[None]	curriculum.
	Professionalism		
			ACGME Competencies – Professionalis
	Fellows must demonstrate a commitment to professionalism and an		Fellows must demonstrate a commitme
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	adherence to ethical principles. (Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
			ACGME Competencies – Patient Care
	Fellows must be able to provide patient care that is patient- and family-		Fellows must be able to provide patien
N/P(4 h) / (4)	centered, compassionate, equitable, appropriate, and effective for the	4.4.	centered, compassionate, equitable, ap
IV.B.1.b).(1)	treatment of health problems and the promotion of health. (Core)		treatment of health problems and the p
	Fellows must demonstrate competence in the practice of patient evaluation and		Fellows must demonstrate competence in
IV.B.1.b).(1).(a)	treatment of patients of all ages and genders requiring emergency medical services by: (Core)	4.4.a.	and treatment of patients of all ages and g medical services by: (Core)
IV.B.1.b).(1).(a).(i)	gathering accurate, essential information in a timely manner; (Core)	4.4.a.1.	gathering accurate, essential information i
1v.D.1.D).(1).(a).(l)	evaluating and comprehensively treating acutely-ill and injured patients in the	4.4.a. i.	evaluating and comprehensively treating a
IV.B.1.b).(1).(a).(ii)	pre-hospital setting; (Core)	4.4.a.2.	pre-hospital setting; (Core)
···	prioritizing and stabilizing multiple patients in the pre-hospital setting while	ד. ד .מ.ב.	prioritizing and stabilizing multiple patients
IV.B.1.b).(1).(a).(iii)	performing other responsibilities simultaneously; (Core)	4.4.a.3.	performing other responsibilities simultane
IV.B.1.b).(1).(a).(iv)	properly sequencing critical actions for patient care; (Core)	4.4.a.4.	properly sequencing critical actions for pa
······································	integrating information obtained from patient history, physical examination,	п.т. ч .т.	integrating information obtained from patie
	physiologic recordings, and test results to arrive at an accurate assessment		physiologic recordings, and test results to
IV.B.1.b).(1).(a).(v)	and treatment plan; (Core)	4.4.a.5.	and treatment plan; (Core)
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ves for each educational
ress on a trajectory to
cialty. These must be distributed, I faculty members; (Core)
for patient care, progressive
t, and graded supervision in their
t, and graded supervision in their
nd direct patient care; and, (Core)
Experiences – Didactic and Clinical
ted time to participate in core
note patient safety-related goals,
ual framework describing the
ian to enter autonomous practice.
practice of all physicians, although
ch subspecialty. The
the Competencies are articulated
pecialty. The focus in fellowship is
and medical knowledge, as well as
ired in residency.
E Competencies into the
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nent to professionalism and an
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nt care that is patient- and family-
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appropriate, and effective for the promotion of health. (Core) in the practice of patient evaluation genders requiring emergency in in a timely manner; (Core)
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appropriate, and effective for the promotion of health. (Core) in the practice of patient evaluation genders requiring emergency in a timely manner; (Core) acutely-ill and injured patients in the ts in the pre-hospital setting while neously; (Core)
appropriate, and effective for the promotion of health. (Core) in the practice of patient evaluation genders requiring emergency in a timely manner; (Core) acutely-ill and injured patients in the ts in the pre-hospital setting while neously; (Core) atient care; (Core)
appropriate, and effective for the promotion of health. (Core) in the practice of patient evaluation genders requiring emergency in a timely manner; (Core) acutely-ill and injured patients in the ts in the pre-hospital setting while neously; (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
IV.B.1.b).(1).(a).(vi)	integrating relevant biological, psychosocial, social, economic, ethnic, and familial factors into the evaluation and treatment of their patients; and, (Core)	4.4.a.6.	integrating relevant biological, psychosocia familial factors into the evaluation and trea
	planning and implementing therapeutic treatment, including pharmaceutical, medical device, behavioral, and surgical therapies. (Core)	4.4.a.7.	planning and implementing therapeutic tre medical device, behavioral, and surgical th
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural Sk Fellows must be able to perform all mee procedures considered essential for the
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in the practice of technical skills of patients of all ages and genders requiring emergency medical services by: (Core)	4.5.a.	Fellows must demonstrate competence in patients of all ages and genders requiring (Core)
IV.B.1.b).(2).(a).(i)	performing physical examinations relevant to the practice of emergency medical services; (Core)	4.5.a.1.	performing physical examinations relevant medical services; (Core)
IV.B.1.b).(2).(a).(ii)	performing the following key index procedures: (Core)	4.5.a.2.	performing the following key index procedu
IV.B.1.b).(2).(a).(ii).(a)	participation in a mass casualty/disaster triage at an actual event or drill; (Core)	4.5.a.2.a.	participation in a mass casualty/disaster tr (Core)
IV.B.1.b).(2).(a).(ii).(b)	participation in a sentinel event investigation; (Core)	4.5.a.2.b.	participation in a sentinel event investigation
IV.B.1.b).(2).(a).(ii).(c)	conduction of a quality management audit; (Core)	4.5.a.2.c.	conduction of a quality management audit;
IV.B.1.b).(2).(a).(ii).(d)	participation in a mass gathering medical plan and its implementation; (Core)	4.5.a.2.d.	participation in a mass gathering medical p
IV.B.1.b).(2).(a).(ii).(e)	participation in the revision or development of an emergency medical services protocol; (Core)	4.5.a.2.e.	participation in the revision or developmen protocol; (Core)
IV.B.1.b).(2).(a).(ii).(f)	obtaining vascular access in the prehospital setting; (Core)	4.5.a.2.f.	obtaining vascular access in the prehospit
IV.B.1.b).(2).(a).(ii).(g)	management of a cardiac arrest in the pre-hospital setting; (Core)	4.5.a.2.g.	management of a cardiac arrest in the pre-
IV.B.1.b).(2).(a).(ii).(h)	management of a compromised airway in the pre-hospital setting; (Core)	4.5.a.2.h.	management of a compromised airway in
IV.B.1.b).(2).(a).(ii).(gi	provision of direct medical oversight on-scene, or by radio or phone; (Core)	4.5.a.2.i.	provision of direct medical oversight on-sc
IV.B.1.b).(2).(a).(ii).(gj	participation in hazardous materials response training; (Core)	4.5.a.2.j.	participation in hazardous materials respon
IV.B.1.b).(2).(a).(ii).(k)	participation in tactical EMS training; (Core)	4.5.a.2.k.	participation in tactical EMS training; (Core
l)	participation in confined space, technical rescue, or collapse/trench training; and, (Core)	4.5.a.2.l.	participation in confined space, technical read and, (Core)
IV.B.1.b).(2).(a).(ii).(m)	participation in vehicle rescue/extrication training. (Core)	4.5.a.2.m.	participation in vehicle rescue/extrication to
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 – Medical Know Fellows must demonstrate knowledge of biomedical, clinical, epidemiological, ar including scientific inquiry, as well as th to patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of the following:	4.6 .a.	Fellows must demonstrate competence in
1.0).(1)		т.v.а.	

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cial, social, economic, ethnic, and
eatment of their patients; and, (Core)
reatment, including pharmaceutical, therapies. (Core)
Skills
edical, diagnostic, and surgical he area of practice. (Core)
in the practice of technical skills of
g emergency medical services by:
nt to the practice of emergency
dures: (Core)
triage at an actual event or drill;
ition; (Core)
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I plan and its implementation; (Core)
ent of an emergency medical services
bital setting; (Core)
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n the pre-hospital setting; (Core) scene, or by radio or phone; (Core) oonse training; (Core) ore) I rescue, or collapse/trench training; n training. (Core)
n the pre-hospital setting; (Core) scene, or by radio or phone; (Core) oonse training; (Core) ore) I rescue, or collapse/trench training; n training. (Core) wledge
n the pre-hospital setting; (Core) scene, or by radio or phone; (Core) oonse training; (Core) ore) I rescue, or collapse/trench training; n training. (Core)
n the pre-hospital setting; (Core) scene, or by radio or phone; (Core) oonse training; (Core) ore) I rescue, or collapse/trench training; n training. (Core) wledge e of established and evolving
n the pre-hospital setting; (Core) scene, or by radio or phone; (Core) ponse training; (Core) ore) I rescue, or collapse/trench training; n training. (Core) wledge e of established and evolving and social-behavioral sciences,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
	clinical manifestations and management of acutely-ill and injured patients in the		clinical manifestations and management o
IV.B.1.c).(1).(a)	pre-hospital setting; (Core)	4.6.a.1.	the pre-hospital setting; (Core)
IV.B.1.c).(1).(b)	disaster planning and response; (Core)	4.6.a.2.	disaster planning and response; (Core)
IV.B.1.c).(1).(c)	evidence-based decision making; (Core)	4.6.a.3.	evidence-based decision making; (Core)
IV.B.1.c).(1).(d)	procedures and techniques necessary for the stabilization and treatment of patients in the pre-hospital setting; (Core)	4.6.a.4.	procedures and techniques necessary for patients in the pre-hospital setting; (Core)
IV.B.1.c).(1).(e)	provision of medical care in mass gatherings; (Core)	4.6.a.5.	provision of medical care in mass gatherin
IV.B.1.c).(1).(f)	public safety answering points, dispatch centers, emergency communication centers' operation, and medical oversight; (Core)	4.6.a.6.	public safety answering points, dispatch ce centers' operation, and medical oversight;
IV.B.1.c).(1).(g)	experimental design and statistical analysis of data as related to emergency medical services clinical outcomes and epidemiologic research; (Core)	4.6.a.7.	experimental design and statistical analysi medical services clinical outcomes and ep
IV.B.1.c).(1).(h)	models, function, management, and financing of emergency medical services systems; (Core)	4.6.a.8.	models, function, management, and finance systems; (Core)
IV.B.1.c).(1).(i)	principles of quality improvement and patient safety; and, (Core)	4.6.a.9.	principles of quality improvement and patie
IV.B.1.c).(1).(j)	principles of epidemiology and research methodologies in emergency medical services. (Core)	4.6.a.10.	principles of epidemiology and research m services. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Based Fellows must demonstrate the ability to care of patients, to appraise and assimi continuously improve patient care based and 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 – Interpersonal a Fellows must demonstrate interpersona result in the effective exchange of infor patients, their families, and health profe
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Base Fellows must demonstrate an awarenes larger context and system of health care social determinants of health, as well as other resources to provide optimal heal

of acutely-ill and injured patients in

or the stabilization and treatment of

rings; (Core)

centers, emergency communication ht; (Core)

vsis of data as related to emergency epidemiologic research; (Core)

ncing of emergency medical services

tient safety; and, (Core)

methodologies in emergency medical

sed Learning and Improvement to investigate and evaluate their milate scientific evidence, and to sed on constant self-evaluation

I and Communication Skills nal and communication skills that ormation and collaboration with ofessionals. (Core)

sed Practice

ess of and responsiveness to the are, including the structural and as the ability to call effectively on ealth care. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement Language
Number	Requirement Language	Number	Requirement Language 4.10. Curriculum Organization and Fellow Experiences – Curriculum Structure 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) 4.11. Curriculum Organization and Fellow Experiences – Didactic and Clinical Experiences Fellows must be provided with protected time to participate in core didactic activities. (Core) 4.12. Curriculum Organization and Fellow Experiences – Pain Management The program must provide instruction and experience in pain
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Fellow Experiences – Curriculum Structure 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)
IV.C.1.a)	Clinical experiences should be structured to facilitate learning in a manner that allows the fellows to function as part of an effective interprofessional team that works together towards the shared goals of patient safety and quality improvement. (Detail)	4.10.a.	Clinical experiences should be structured to facilitate learning in a manner that allows the fellows to function as part of an effective interprofessional team that works together towards the shared goals of patient safety and quality improvement. (Detail)
, IV.C.1.b)	The program director is responsible for determining the duration of the clinical experiences for fellows on all rotations. (Core)	4.10.b.	The program director is responsible for determining the duration of the clinical experiences for fellows on all rotations. (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 Fellow Experiences – Pain Management 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)
IV.C.3.	Didactic Experiences	4.11.a.	Didactic Experiences The core curriculum must include a didactic program based upon the core knowledge content of emergency medical services and consistent with the required outcomes specified for medical knowledge. (Core)
IV.C.3.a) IV.C.3.b)	The core curriculum must include a didactic program based upon the core knowledge content of emergency medical services and consistent with the required outcomes specified for medical knowledge. (Core) There must be regularly scheduled didactic sessions. (Core)	4.11.a. 4.11.b.	Didactic Experiences The core curriculum must include a didactic program based upon the core knowledge content of emergency medical services and consistent with the required outcomes specified for medical knowledge. (Core) There must be regularly scheduled didactic sessions. (Core)
IV.C.3.b).(1)	Didactic sessions must include presentations based on the defined curriculum, administrative seminars, journal review, morbidity and mortality conferences, and research seminars, and should include joint conferences co-sponsored with other disciplines. (Core)	4.11.b.1.	Didactic sessions must include presentations based on the defined curriculum, administrative seminars, journal review, morbidity and mortality conferences, and research seminars, and should include joint conferences co- sponsored with other disciplines. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
IV.C.3.b).(1).(a)	Educational methods should include problem-based learning, evidence-based learning, laboratory-based instruction, and computer-based instruction. (Detail)	4.11.b.1.a.	Educational methods should include proble learning, laboratory-based instruction, and (Detail)
IV.C.3.b).(1).(b)	The program must provide an educational justification if alternative methods of education are used. (Detail)	4.11.b.1.b.	The program must provide an educational of education are used. (Detail)
IV.C.3.b).(1).(c)	All planned didactic experiences must have an evaluative component to measure fellow participation and educational effectiveness, including faculty member-fellow interaction. (Core)	4.11.b.1.c.	All planned didactic experiences must have measure fellow participation and education member-fellow interaction. (Core)
IV.C.3.b).(1).(d)	At a minimum, teaching rounds during which specific EMS medicine patient management issues are discussed in-depth by members of the faculty must occur bi-weekly, on average. (Core)	4.11.b.1.d.	At a minimum, teaching rounds during white management issues are discussed in-dept occur bi-weekly, on average. (Core)
IV.C.3.c)	Fellows must attend a minimum of three hours of departmental or interdepartmental conferences per week, on average, dedicated to EMS and developed by the program faculty members, which may include conferences with EMS provider organizations and EMS training programs. (Core)	4.11.c.	Fellows must attend a minimum of three he interdepartmental conferences per week, o developed by the program faculty members with EMS provider organizations and EMS
IV.C.3.c).(1)	Fellows must participate, on average, in at least 70 percent of the planned didactic experiences offered. (Core)	4.11.c.1.	Fellows must participate, on average, in at didactic experiences offered. (Core)
IV.C.3.c).(2)	Fellows must participate in planning and conducting didactic experiences, and delivery of didactic experiences to the core emergency medicine program. (Core)	4.11.c.2.	Fellows must participate in planning and co delivery of didactic experiences to the core (Core)
IV.C.3.a).(3)	All planned didactic experiences must be supervised by faculty members. (Detail)	4.11.c.3.	All planned didactic experiences must be s (Detail)
IV.C.3.a).(3).(a)	Each core physician faculty member must attend, on average, at least 25 percent of planned didactic experiences. (Core)	4.11.c.3.a.	Each core physician faculty member must percent of planned didactic experiences. (0
IV.C.3.a).(3).(b)	Faculty members must present more than 50 percent of planned didactic experiences. (Core)	4.11.c.3.b.	Faculty members must present more than experiences. (Core)
IV.C.4.	Fellow Experiences Fellows' experiences must include the following:	4.11.d.	Fellow Experiences Fellows' experiences must include 12 mon physician responsible for providing direct p in the pre-hospital setting, as well as super health providers in the pre-hospital setting.
IV.C.4.a)	12 months as the primary or consulting physician responsible for providing direct patient evaluation and management in the pre-hospital setting, as well as supervision of care provided by all allied health providers in the pre-hospital setting; (Core)	4.11.d.	Fellow Experiences Fellows' experiences must include 12 mon physician responsible for providing direct p in the pre-hospital setting, as well as super health providers in the pre-hospital setting.
IV.C.4.b)	experience with regional and state offices of emergency medical services and other regulatory bodies that affect the care of patients in the pre-hospital setting; (Core)	4.11.e.	Fellows' experiences must include experie of emergency medical services and other r care of patients in the pre-hospital setting.
IV.C.4.c)	ensure exposure and education in medical direction of air medical transports or an experience that would include supervision of air medical crews during medical transports; (Core)	4.11.f.	Fellows' experiences must ensure exposur direction of air medical transports or an exp supervision of air medical crews during me
IV.C.4.d)	participating in administrative components of an emergency medical services system to determine functioning, designs, and processes to ensure quality of patient care in the pre-hospital setting; (Core)	4.11.g.	Fellows' experiences must include particip of an emergency medical services system and processes to ensure quality of patient (Core)

blem-based learning, evidence-based nd computer-based instruction.

al justification if alternative methods

ave an evaluative component to onal effectiveness, including faculty

hich specific EMS medicine patient pth by members of the faculty must

hours of departmental or , on average, dedicated to EMS and ers, which may include conferences IS training programs. (Core) at least 70 percent of the planned

conducting didactic experiences, and ore emergency medicine program.

e supervised by faculty members.

st attend, on average, at least 25 (Core)

n 50 percent of planned didactic

onths as the primary or consulting t patient evaluation and management pervision of care provided by all allied g. (Core)

onths as the primary or consulting t patient evaluation and management ervision of care provided by all allied g. (Core)

ience with regional and state offices r regulatory bodies that affect the g. (Core)

sure and education in medical experience that would include nedical transports. (Core)

ipating in administrative components m to determine functioning, designs, nt care in the pre-hospital setting.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
	providing exposure to clinical services in a variety of emergency medical		Fellows' experiences must include exposu
	services systems, including third-service, and fire-based, governmental, and for-	-	emergency medical services systems, incl
IV.C.4.e)	profit services; (Core)	4.11.h.	governmental, and for-profit services. (Cor
	providing direct medical oversight of patient care by emergency medical		Fellows' experiences must include providir
IV.C.4.f)	services personnel, including: (Core)	4.11.i.	patient care by emergency medical service
	experience in an emergency communications center and a public safety		experience in an emergency communication
IV.C.4.f).(1)	answering point utilizing emergency medical dispatching guidelines. (Core)	4.11.i.1.	answering point utilizing emergency medic
			Fellows' experiences must include providir
$\mathbb{N}(\mathbb{C} \land \mathbb{C})$	providing evaluations and management of both adult and pediatric aged	4 4 4 ;	both adult and pediatric aged acutely-ill an
IV.C.4.g) IV.C.4.h)	acutely-ill and injured patients in the pre-hospital setting; and, (Core) a unified educational experience. (Detail)	4.11.j. 4.11.k.	hospital setting. (Core) Fellows' experiences must be a unified edu
10.0.4.11)		4.11.K.	
	Fellow experiences with key index procedures must at least meet the procedural minimums defined by the Review Committee where indicated.		Fellow experiences with key index procedu procedural minimums defined by the Revie
IV.C.5.	(Core)	4.11.I.	(Core)
	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		Scholarship Medicine is both an art and a science. T scientist who cares for patients. This re critically, evaluate the literature, approp knowledge, and practice lifelong learnin must create an environment that fosters through fellow participation in scholarly subspecialty-specific Program Required include discovery, integration, application The ACGME recognizes the diversity of programs prepare physicians for a varied scientists, and educators. It is expected will reflect its mission(s) and aims, and serves. For example, some programs m activity on quality improvement, popula
IV.D.	research as the focus for scholarship.	4.11.j.	while other programs might choose to u biomedical research as the focus for so
		,	Program Responsibilities
			The program must demonstrate evidence
IV.D.1.	Program Responsibilities	4.13.	consistent with its mission(s) and aims
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evidence consistent with its mission(s) and aims
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its Spo allocate adequate resources to facilitate in scholarly activities. (Core)
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sure to clinical services in a variety of cluding third-service, and fire-based, ore)

ding direct medical oversight of ices personnel, including: (Core)

itions center and a public safety dical dispatching guidelines. (Core)

ding evaluations and management of and injured patients in the pre-

educational experience. (Detail)

dures must at least meet the view Committee where indicated.

The physician is a humanistic requires the ability to think opriately assimilate new ning. The program and faculty ers the acquisition of such skills rly activities as defined in the rements. Scholarly activities may ation, and teaching.

of fellowships and anticipates that priety of roles, including clinicians, and that the program's scholarship and the needs of the community it may concentrate their scholarly ulation health, and/or teaching, o utilize more classic forms of scholarship.

nce of scholarly activities, ns. (Core)

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ponsoring Institution, must ate fellow and faculty involvement

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			Faculty Scholarly Activity Among their scholarly activity, program accomplishments in at least three of th •Research in basic science, education, care, or population health •Peer-reviewed grants •Quality improvement and/or patient sa •Systematic reviews, meta-analyses, re textbooks, or case reports •Creation of curricula, evaluation tools, electronic educational materials
			•Contribution to professional committee editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, program accomplishments in at least three of the
	•Research in basic science, education, translational science, patient care, or population health		•Research in basic science, education, care, or population health
	 Peer-reviewed grants Quality improvement and/or patient safety initiatives 		•Peer-reviewed grants •Quality improvement and/or patient sat
	•Systematic reviews, meta-analyses, review articles, chapters in medical		•Systematic reviews, meta-analyses, rev
	textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials		textbooks, or case reports •Creation of curricula, evaluation tools, electronic educational materials
	•Contribution to professional committees, educational organizations, or editorial boards		•Contribution to professional committee editorial boards
IV.D.2.a)	•Innovations in education	4.14.	•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 dissem within and external to the program by the pro
	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;		faculty participation in grand rounds, per improvement presentations, podium pre non-peer-reviewed print/electronic reso book chapters, textbooks, webinars, se committees, or serving as a journal revi
IV.D.2.b).(1)	(Outcome)	4.14.a.1.	member, or editor; (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome)
IV.D.2.b).(2).(a)	All core faculty members must demonstrate significant contributions to the subspecialty of emergency medical services through scholarly activity. (Core)	4.14.b.	All core faculty members must demonstrat subspecialty of emergency medical service
IV.D.2.b).(2).(b)	At minimum, each individual core physician faculty member must demonstrate at least one piece of scholarly activity per year, averaged over the past five years. (Core)	4.14.c.	At minimum, each individual core physicial at least one piece of scholarly activity per years. (Core)
	At minimum, this must include one scientific peer-reviewed publication for every two core physician faculty members per year, averaged over the previous		At minimum, this must include one scientific every two core physician faculty members previous five-year period. (Core)

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ims must demonstrate he following domains: (Core) n, translational science, patient
afety initiatives review articles, chapters in medical
s, didactic educational activities, or
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ams must demonstrate he following domains: (Core) n, translational science, patient
afety initiatives review articles, chapters in medical
s, didactic educational activities, or
tees, educational organizations, or
mination of scholarly activity the following methods:
posters, workshops, quality presentations, grant leadership, sources, articles or publications, service on professional eviewer, journal editorial board
rate significant contributions to the ices through scholarly activity. (Core) ian faculty member must demonstrate er year, averaged over the past five
tific peer-reviewed publication for rs per year, averaged over the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Curriculum must advance fellows' knowled research, including how research is condu- patients, and applied to patient care. (Core
IV.D.3.a)	Curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)	4.15.	Fellow Scholarly Activity Curriculum must advance fellows' knowled research, including how research is condu patients, and applied to patient care. (Core
			Fellows must participate in scholarly activit following:
			•peer-reviewed funding and research; (Out
			•publication of original research or review a
IV.D.3.b)	Fellows must participate in scholarly activity that includes at least one of the following:	4.15.a.	•presentations at local, regional, or national meetings. (Outcome)
			Fellows must participate in scholarly activit following:
			•peer-reviewed funding and research; (Ou
			•publication of original research or review
IV.D.3.b).(1)	peer-reviewed funding and research; (Outcome)	4.15.a.	•presentations at local, regional, or nationa meetings. (Outcome)
			Fellows must participate in scholarly activit following:
			•peer-reviewed funding and research; (Our
			•publication of original research or review
IV.D.3.b).(2)	publication of original research or review articles; or, (Outcome)	4.15.a.	•presentations at local, regional, or nationa meetings. (Outcome)
			Fellows must participate in scholarly activit following:
			•peer-reviewed funding and research; (Our
			•publication of original research or review
IV.D.3.b).(3)	presentations at local, regional, or national professional and scientific society meetings. (Outcome)	4.15.a.	•presentations at local, regional, or nationa meetings. (Outcome)

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Number		Number	
	Independent Practice		
	Fellowship programs may assign fellows to engage in the independent		Independent Practice Fellowship programs may assign fellow
IV.E.	practice of their core specialty during their fellowship program.	[None]	practice of their core specialty during the
IV.E.1.	If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)	4.16.	If programs permit their fellows to utiliz option, it must not exceed 20 percent of of an academic year. Core)
IV.L.I.	Fellows should maintain their primary Board skills during their fellowships.	4.10.	Fellows should maintain their primary Boar
IV.E.2.	(Core)	4.16.a.	(Core)
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Evaluation: Feedback and Evaluation Faculty members must directly observe provide feedback on fellow performance educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Evaluation: Feedback and Evaluation Faculty members must directly observe provide 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 Evaluation: Feedback and Evaluation Faculty members must directly observe provide feedback on fellow performance educational assignment. (Core)
V.A.1.a).(1)	Faculty members must review evaluations with each fellow at least every six months. (Core)	5.1.h.	Faculty members must review evaluations months. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than three must be documented at least every three
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as conti other clinical responsibilities must be e months and at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective on the Competencies and the subspecia must: (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty me other professional staff members); and,
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinical synthesis of progressive fellow perform unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designee, Competency Committee, must meet with their documented semi-annual evaluation progress along the subspecialty-specifi

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ows to engage in the independent their fellowship program.
ize the independent practice
of their time per week or 10 weeks
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e completion of the assignment.
ee months in duration, evaluation ree months. (Core)
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evaluated at least every three
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cialty-specific Milestones, and
nembers, peers, patients, self, and d, (Core)
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tion of performance, including
ific Milestones. (Core)

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			The program director or their designee
			Competency Committee, must assist fe
	assist fellows in developing individualized learning plans to capitalize on		individualized learning plans to capitali
V.A.1.d).(2)	their strengths and identify areas for growth; and, (Core)	5.1.d.	areas for growth. (Core)
			The program director or their designee,
	develop plans for fellows failing to progress, following institutional		Competency Committee, must develop
V.A.1.d).(3)	policies and procedures. (Core)	5.1.e.	progress, following institutional policie
	At least annually, there must be a summative evaluation of each fellow		At least annually, there must be a summ
	that includes their readiness to progress to the next year of the program,	E 4 5	that includes their readiness to progres
V.A.1.e)	if applicable. (Core)	5.1.f.	program, if 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 performantly the fellow. (Core)
v.A.1.1)		5. r.g.	Fellow Evaluation: Final Evaluation
			The program director must provide a fir
V.A.2.	Final Evaluation	5.2.	upon completion of the program. (Core
			Fellow Evaluation: Final Evaluation
	The program director must provide a final evaluation for each fellow upon		The program director must provide a fir
V.A.2.a)	completion of the program. (Core)	5.2.	upon completion of the program. (Core
	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones, a
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, must
	are able to engage in autonomous practice upon completion of the		fellows are able to engage in autonomo
V.A.2.a).(1)	program. (Core)	5.2.a.	the program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
	become part of the fellow's permanent record maintained by the		The final evaluation must become part
	institution, and must be accessible for review by the fellow in accordance	5 0 h	maintained by the institution, and must
V.A.2.a).(2).(a)	with institutional policy; (Core)	5.2.b.	fellow in accordance with institutional p
	verify that the fellow has demonstrated the knowledge, skills, and		The final evaluation must verify that the knowledge, skills, and behaviors neces
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	practice. (Core)
V.A.2.0).(2).(0)		0.2.0.	The final evaluation must be shared wit
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	the program. (Core)
/ / / / -/			Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the program		A Clinical Competency Committee mus
V.A.3.	director. (Core)	5.3.	director. (Core)
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competency
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a cor
	be faculty members from the same program or other programs, or other		be faculty members from the same prog
	health professionals who have extensive contact and experience with the		health professionals who have extensive
V.A.3.a)	program's fellows. (Core)	5.3.a.	the program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V A 2 b) (4)	review all fallow evaluations at least somi annually (Care)	5 2 h	The Clinical Competency Committee mo
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	at 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 Committee me progress on achievement of the subspe
•		0.0.0.	The Clinical Competency Committee m
	meet prior to the fellows' semi-annual evaluations and advise the		semi-annual evaluations and advise the
V.A.3.b).(3)	program director regarding each fellow's progress. (Core)	5.3.d.	each fellow's progress. (Core)
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st be used as tools to ensure
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t of the fellow's permanent record
st be accessible for review by the I policy. (Core)
he fellow has demonstrated the
essary to enter autonomous
vith the fellow upon completion of
ust be appointed by the program
cy Committee must include three
ore faculty member. Members must
ogram or other programs, or other
sive contact and experience with
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pecialty-specific Milestones. (Core)
must meet prior to the fellows'
he program director regarding

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

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Requirement Number	Requirement Language	Requirement Number	Poquiromont Language
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.	Requirement LanguageThe 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)
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Self-Study and submit it to the DIO. (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.		Board CertificationOne 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.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS 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)
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS 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)
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS 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)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS 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)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5.6. – 5.6.c., any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement L
	The Learning and Working Environment		Section 6: The Learning and Working E
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environmer Fellowship education must occur in the working environment that emphasizes
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of provid
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the s faculty members, and all members of the statemeters of the statemeter
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 and a willingness to transparently deal organization has formal mechanisms to and attitudes of its personnel toward sa 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 in patient safety systems and contribut
	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		Patient Safety Events Reporting, investigation, and follow-up and unsafe conditions are pivotal mech safety, and are essential for the succes Feedback and experiential learning are competence in the ability to identify cal
VI.A.1.a).(2)	systems-based changes to ameliorate patient safety vulnerabilities.	[None]	systems-based changes to ameliorate
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, an must know their responsibilities in repo unsafe conditions at the clinical site, in events. (Core)

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f care rendered to patients by
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students, residents, fellows, the health care team
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d fellows must actively participate ite to a culture of safety. (Core)
p of safety events, near misses, chanisms for improving patient ess of any patient safety program. e essential to developing true auses and institute sustainable patient safety vulnerabilities.
and other clinical staff members porting patient safety events and ncluding how to report such

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, and must be provided with summary inform safety reports. (Core)
$\lambda = (2)$	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include	6.2	Fellows must participate as team mem interprofessional clinical patient safety activities, such as root cause analyses analysis, as well as formulation and im
VI.A.1.a).(2).(b)	analysis, as well as formulation and implementation of actions. (Core) Quality Metrics Access to data is essential to prioritizing activities for care improvement	6.3.	Quality Metrics Access to data is essential to prioritizin
VI.A.1.a).(3) VI.A.1.a).(3).(a)	and evaluating success of improvement efforts. Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	[None] 6.4.	improvement and evaluating success ofFellows and faculty members must recebenchmarks related to their patient pop
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is ultr of the patient, every physician shares in accountability for their efforts in the pro- programs, in partnership with their Spo- widely communicate, and monitor a str and accountability as it relates to the st Supervision in the setting of graduate r and effective care to patients; ensures skills, knowledge, and attitudes require practice of medicine; and establishes a professional growth.
VI.A.2.a)	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision and Accountability Although the attending physician is ultr of the patient, every physician shares in accountability for their efforts in the pro- programs, in partnership with their Spo- widely communicate, and monitor a str and accountability as it relates to the se Supervision in the setting of graduate r and effective care to patients; ensures skills, knowledge, and attitudes require practice of medicine; and establishes a professional growth.
VI.A.2.a)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)		Fellows and faculty members must information must be available to fermembers of the health care team, and p
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must info respective roles in that patient's care w This information must be available to fe members of the health care team, and p

and other clinical staff members mation of their institution's patient

nbers in real and/or simulated ty and quality improvement s or other activities that include nplementation of actions. (Core)

ing activities for care of improvement efforts.

ceive data on quality metrics and opulations. (Core)

Itimately responsible for the care in the responsibility and provision of care. Effective consoring Institutions, define, tructured chain of responsibility supervision of all patient care.

medical education provides safe s each fellow's development of the red to enter the unsupervised a foundation for continued

Itimately responsible for the care in the responsibility and provision of care. Effective consoring Institutions, define, tructured chain of responsibility supervision of all patient care.

e medical education provides safe s each fellow's development of the red to enter the unsupervised a foundation for continued

form each patient of their when providing direct patient care. fellows, faculty members, other I patients. (Core)

form each patient of their when providing direct patient care. fellows, faculty members, other l patients. (Core)

Roman Numeral Requirement Number	Poquiromont Languago	Reformatted Requirement Number	Poquiromont La
VI.A.2.a).(2)	Requirement Language 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.	Requirement La The program must demonstrate that the in place for all fellows is based on each ability, as well as patient complexity and exercised through a variety of methods, (Core)
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 supervis authority and responsibility, the program classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physically the key portions of the patient interaction The supervising physician and/or patien the fellow and the supervising physician patient care through appropriate telecom
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.	Direct Supervision The supervising physician is physically the key portions of the patient interaction The supervising physician and/or patien the fellow and the supervising physician patient care through appropriate telecon
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.	Direct Supervision The supervising physician is physically the key portions of the patient interaction The supervising physician and/or patien the fellow and the supervising physician patient care through appropriate telecon
VI.A.2.b).(1).(b).(i)	The program must have clear guidelines that delineate which Competencies must be met to determine when a fellow can progress to be supervised indirectly. (Core)	6.7.a.	The program must have clear guidelines th must be met to determine when a fellow ca indirectly. (Core)
VI.A.2.b).(1).(b).(ii)	The program director must ensure that clear expectations exist and are communicated to the fellows, and that these expectations outline specific situations in which a fellow would still require direct supervision. (Core)	6.7.b.	The program director must ensure that clear communicated to the fellows, and that thes situations in which a fellow would still requi
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not provid visual or audio supervision but is imme guidance and is available to provide app
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available t procedures/encounters with feedback p
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 physica physician is required. (Core)

Language
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ch fellow's level of training and
nd acuity. Supervision may be
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ision while providing for graded
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can progress to be supervised lear expectations exist and are ese expectations outline specific quire direct supervision. (Core) riding physical or concurrent nediately available to the fellow for appropriate direct supervision.
can progress to be supervised lear expectations exist and are ese expectations outline specific quire direct supervision. (Core) riding physical or concurrent mediately available to the fellow for appropriate direct supervision.
can progress to be supervised lear expectations exist and are ese expectations outline specific quire direct supervision. (Core) riding physical or concurrent nediately available to the fellow for appropriate direct supervision.

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Requirement Number	Requirement Language	Requirement Number	Requirement L
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority a independence, and a supervisory role i fellow must be assigned by the program (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate ea specific criteria, guided by the Milestor
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 super- portions of care to fellows based on the skills of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory residents in recognition of their progres on the needs of each patient and the sk fellow. (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circu fellows must communicate with the su (Core)
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 limits of the circumstances under which the fellow i conditional independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must assess the knowledge and skills of eac fellow the appropriate level of patient c (Core)
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Spo educate fellows and faculty members c ethical responsibilities of physicians, ir obligation to be appropriately rested an by their patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Spo educate fellows and faculty members c ethical responsibilities of physicians, ir obligation to be appropriately rested an by their patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the program excessive reliance on fellows to fulfill n
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in th physician, including protecting time wit administrative support, promoting prog flexibility, and enhancing professional

Language and responsibility, conditional in patient care delegated to each am director and faculty members. ach fellow's abilities based on ones. (Core) ervising physicians must delegate he needs of the patient and the role to junior fellows and ess toward independence, based skills of the individual resident or cumstances and events in which upervising faculty member(s). neir scope of authority, and the is permitted to act with st be of sufficient duration to ach fellow and to delegate to the care authority and responsibility. consoring Institutions, must concerning the professional and including but not limited to their and fit to provide the care required consoring Institutions, must concerning the professional and including but not limited to their and fit to provide the care required

m must be accomplished without I non-physician obligations. (Core) m must ensure manageable patient

m must include efforts to enhance the experience of being a with patients, providing ogressive independence and al relationships. (Core)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement L
	The program director, in partnership with the Sponsoring Institution,		The program director, in partnership w
	must provide a culture of professionalism that supports patient safety		must provide a culture of professionali
VI.B.3.	and personal responsibility. (Core)	6.12.d.	and personal responsibility. (Core)
	Fellows and faculty members must demonstrate an understanding of		Fellows and faculty members must den
	their personal role in the safety and welfare of patients entrusted to their		their personal role in the safety and we
	care, including the ability to report unsafe conditions and safety events.		care, including the ability to report uns
VI.B.4.	(Core)	6.12.e.	(Core)
	Programs, in partnership with their Sponsoring Institutions, must provide		Programs, in partnership with their Spo
	a professional, equitable, respectful, and civil environment that is		provide a professional, equitable, respe
	psychologically safe and that is free from discrimination, sexual and		is psychologically safe and that is free
VI.B.5.	other forms of harassment, mistreatment, abuse, or coercion of students,	6.12.f.	other forms of harassment, mistreatme
VI.D.J.	fellows, faculty, and staff. (Core)	0.12.1.	students, fellows, faculty, and staff. (Co
	Programs, in partnership with their Sponsoring Institutions, should have		Programs, in partnership with their Spo
	a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and		a process for education of fellows and behavior and a confidential process for
VI.B.6.	addressing such concerns. (Core)	6.12.g.	addressing such concerns. (Core)
VI.D.V.		0.12.g.	
	Well-Being		Well-Being
			Psychological, emotional, and physical
	Psychological, emotional, and physical well-being are critical in the		development of the competent, caring,
	development of the competent, caring, and resilient physician and		require proactive attention to life inside
	require proactive attention to life inside and outside of medicine. Well-		being requires that physicians retain th
	being requires that physicians retain the joy in medicine while managing		managing their own real-life stresses.
	their own real-life stresses. Self-care and responsibility to support other		support other members of the health ca
	members of the health care team are important components of		components of professionalism; they a
	professionalism; they are also skills that must be modeled, learned, and		modeled, learned, and nurtured in the c
	nurtured in the context of other aspects of fellowship training.		fellowship training.
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at ris
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their Spo
	same responsibility to address well-being as other aspects of resident		same responsibility to address well-be
	competence. Physicians and all members of the health care team share		competence. Physicians and all member
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of each
	clinical learning environment models constructive behaviors, and		clinical learning environment models c
	prepares fellows with the skills and attitudes needed to thrive throughout		prepares fellows with the skills and atti
VI.C.	their careers.	[None]	throughout their careers.
	The responsibility of the program, in partnership with the Sponsoring	C 40	The responsibility of the program, in pa
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity, impacts fellow well-being; (Core)
v1.0.1.a)	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and a
VI.C.1.b)	faculty members; (Core)	6.13.b.	and faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourage
VI.C.1.c)	well-being; and, (Core)	6.13.c.	member well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunity
	and dental care appointments, including those scheduled during their		and dental care appointments, includin
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)

with the Sponsoring Institution, lism that supports patient safety

emonstrate an understanding of velfare of patients entrusted to their usafe conditions and safety events.

ponsoring Institutions, must pectful, and civil environment that e from discrimination, sexual and nent, abuse, or coercion of Core)

ponsoring Institutions, should have d faculty regarding unprofessional or reporting, investigating, and

al well-being are critical in the g, and resilient physician and de and outside of medicine. Wellthe joy in medicine while . Self-care and responsibility to care team are important are also skills that must be e context of other aspects of

isk for burnout and depression. ponsoring Institutions, have the eing as other aspects of resident bers of the health care team share ch other. A positive culture in a constructive behaviors, and ttitudes needed to thrive

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y, and work compression that

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Roman Numeral Requirement	Demoirement Learning	Reformatted Requirement	
Number VI.C.1.d)	Requirement Language education of fellows and faculty members in:	Number 6.13.d.	Requirement La education of fellows and faculty member
VI.0.1.0)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including	0.13.0.	identification of the symptoms of burne use disorders, suicidal ideation, or pote
VI.C.1.d).(1)	means to assist those who experience these conditions; (Core)	6.13.d.1.	means to assist those who experience
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in them appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-scre
	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care	6 42 0	providing access to confidential, afford counseling, and treatment, including ac
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	care 24 hours a day, seven days a week
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fellow including but not limited to fatigue, illne medical, parental, or caregiver leave. Ea appropriate length of absence for fellow care responsibilities. (Core)
	The program must have policies and procedures in place to ensure		The program must have policies and pr
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure con
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 work. (Core)	6.14.b.	These policies must be implemented wi consequences for the fellow who is or wwork. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and of the signs of fatigue and sleep deprive and fatigue mitigation processes. (Deta
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 fellows and of the signs of fatigue and sleep deprive and fatigue mitigation processes. (Deta
	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who		The program, in partnership with its Sp adequate sleep facilities and safe trans
VI.D.2.	may be too fatigued to safely return home. (Core)	6.16.	may be too fatigued to safely return hor
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 each fel patient safety, fellow ability, severity an illness/condition, and available support
	Teamwork		
VI.E.2.	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 in an env communication and promotes safe, inte in the subspecialty and larger health sy
	Contributors to effective interprofessional teams may include consulting physicians, paramedics, emergency medical technicians, nurses, firefighters, police officers, and other professional and paraprofessional personnel involved		Contributors to effective interprofessional t physicians, paramedics, emergency medic police officers, and other professional and
VI.E.2.a)	in the assessment and treatment of patients. (Detail)	6.18.a.	involved in the assessment and treatment

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nout, depression, and substance tential for violence, including a these conditions; (Core)
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dable mental health assessment, access to urgent and emergent ek. (Core)
ows may be unable to attend work, ness, family emergencies, and
Each program must allow an ows unable to perform their patient
procedures in place to ensure ontinuity of patient care. (Core)
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d faculty members in recognition vation, alertness management, ail)
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ponsoring Institution, must ensure sportation options for fellows who ome. (Core)
ellow must be based on PGY level, and complexity of patient rt services. (Core)
nvironment that maximizes terprofessional, team-based care system. (Core)
l teams may include consulting lical technicians, nurses, firefighters, d paraprofessional personnel nt of patients. (Detail)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour Exe In rare circumstances, after handing off fellow, on their own initiative, may elect clinical site in the following circumstan to a single severely ill or unstable patie to the needs of a patient or patient's far educational events. (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour Exe In rare circumstances, after handing off fellow, on their own initiative, may elect clinical site in the following circumstan to a single severely ill or unstable patie to the needs of a patient or patient's far educational events. (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or educa 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation percent or a maximum of 88 clinical and individual programs based on a sound
VI.F.4.c)	The Review Committee for Emergency Medicine will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Emergency Me exceptions to the 80-hour limit to the fellow
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the the goals and objectives of the education interfere with the fellow's fitness for wo safety. (Core)
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the the goals and objectives of the education interfere with the fellow's fitness for wo safety. (Core)
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and ex in the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off- in-seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the contex in-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 Frequency Fellows must be scheduled for in-house every third night (when averaged over a

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ise call no more frequently than r a four-week period). (Core)

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

by fellows on at-home call must veekly limit. The frequency of atthird-night limitation, but must seven free of clinical work and veeks. (Core)

by fellows on at-home call must veekly limit. The frequency of atthird-night limitation, but must seven free of clinical work and veeks. (Core)

or taxing as to preclude rest or low. (Core)