Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremer
	Definition of Graduate Medical Education		
			Definition of Graduate Medical Educa
	Graduate medical education is the crucial step of professional		Graduate medical education is the cr
	development between medical school and autonomous clinical practice. It		development between medical school
	is in this vital phase of the continuum of medical education that residents		is in this vital phase of the continuum
	learn to provide optimal patient care under the supervision of faculty		learn to provide optimal patient care
	members who not only instruct, but serve as role models of excellence,		members who not only instruct, but s
	compassion, cultural sensitivity, professionalism, and scholarship.		compassion, cultural sensitivity, pro
	Graduate medical education transforms medical students into physician		Graduate medical education transfor
	scholars who care for the patient, patient's family, and a diverse		scholars who care for the patient, pa
	community; create and integrate new knowledge into practice; and		community; create and integrate new
	educate future generations of physicians to serve the public. Practice		educate future generations of physic
	patterns established during graduate medical education persist many		patterns established during graduate
Int.A.	years later.	[None]	years later.
	Graduate medical education has as a core tenet the graded authority and		Graduate medical education has as a
	responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing		responsibility for patient care. The ca appropriate faculty supervision and c
	residents to attain the knowledge, skills, attitudes, judgment, and		residents to attain the knowledge, sk
	empathy required for autonomous practice. Graduate medical education		empathy required for autonomous pr
	develops physicians who focus on excellence in delivery of safe,		develops physicians who focus on e
	equitable, affordable, quality care; and the health of the populations they		equitable, affordable, quality care; an
	serve. Graduate medical education values the strength that a diverse		serve. Graduate medical education v
	group of physicians brings to medical care, and the importance of		group of physicians brings to medica
	inclusive and psychologically safe learning environments.		inclusive and psychologically safe le
	Graduate medical education occurs in clinical settings that establish the		Graduate medical education occurs i
	foundation for practice-based and lifelong learning. The professional		foundation for practice-based and life
	development of the physician, begun in medical school, continues		development of the physician, begun
1	through faculty modeling of the effacement of self-interest in a humanistic		through faculty modeling of the effact
	environment that emphasizes joy in curiosity, problem-solving, academic		environment that emphasizes joy in o
	rigor, and discovery. This transformation is often physically, emotionally,		rigor, and discovery. This transforma
	and intellectually demanding and occurs in a variety of clinical learning		and intellectually demanding and occ
	environments committed to graduate medical education and the well-		environments committed to graduate
Int.A. (Continued)	being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None] - (Continued)	being of patients, residents, fellows, members of the health care team.
	Definition of Specialty		
			Definition of Specialty
	Neurology focuses on the structure and function of the nervous system,		Neurology focuses on the structure and
	including diagnosis, treatment, management, prevention, and investigation of		including diagnosis, treatment, manager
Int.B.	nervous system disorders across the lifespan. (Core)	[None]	nervous system disorders across the life
			Length of Program
			A complete neurology residency require
Int C	Longth of Educational Dragger		residencies in neurology must provide a
Int.C.	Length of Educational Program	4.1.	(Core)

ent Language

cation

crucial step of professional ool and autonomous clinical practice. It um of medical education that residents re under the supervision of faculty t serve as role models of excellence, rofessionalism, and scholarship.

orms medical students into physician patient's family, and a diverse we knowledge into practice; and ficians to serve the public. Practice the medical education persist many

a core tenet the graded authority and care of patients is undertaken with d conditional independence, allowing skills, attitudes, judgment, and practice. Graduate medical education excellence in delivery of safe, and the health of the populations they values the strength that a diverse ical care, and the importance of learning environments.

s in clinical settings that establish the lifelong learning. The professional un in medical school, continues acement of self-interest in a humanistic n curiosity, problem-solving, academic nation is often physically, emotionally, accurs in a variety of clinical learning the medical education and the wells, faculty members, students, and all

nd function of the nervous system, gement, prevention, and investigation of lifespan.

res 48 months of education. Approved at least 36 months of this education.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	A complete neurology residency requires 48 months of education. Approved residencies in neurology must provide at least 36 months of this education. (Core)		Length of Program A complete neurology residency require residencies in neurology must provide a
Int.C.1.	The program meeting these requirements may be of two types:	4.1.	(Core)
			The program meeting these requiremen •programs that provide four years of res clinical experience in general internal m
Int.C.1.a)	programs that provide four years of residency education, including a broad clinical experience in general internal medicine; or, (Core)	4.1.a.	•programs that provide three years of ne months of broad clinical experience in g
			The program meeting these requiremen
			•programs that provide four years of res clinical experience in general internal m
Int.C.1.b)	programs that provide three years of neurology education, preceded by 12 months of broad clinical experience in general internal medicine. (Core) Oversight	4.1.a. Section 1	•programs that provide three years of ne months of broad clinical experience in g Section 1: Oversight
••	Sponsoring Institution		
	The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education, consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the org- ultimate financial and academic resp medical education, consistent with th 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 no most commonly utilized site of clinica primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by o
I.A.1.	Institution. Participating Sites	1.1.	Institution.
I.B.	A participating site is an organization providing educational experiences or educational assignments/rotations for residents.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spe primary clinical site. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of age and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (Core)

ent Language

res 48 months of education. Approved at least 36 months of this education.

ents may be of two types:

esidency education, including a broad medicine; or, (Core)

neurology education, preceded by 12 general internal medicine. (Core)

ents may be of two types:

esidency education, including a broad medicine; or, (Core)

neurology education, preceded by 12 general internal medicine. (Core)

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

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

y one ACGME-accredited Sponsoring

on providing educational experiences ns for residents.

ponsoring Institution, must designate a

agreement (PLA) between the program verns the relationship between the providing a required assignment. (Core)

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

Requirement		Reformatted	
Number - Roman	De suizement Lensuese	Requirement	Description
Numerals	Requirement Language	Number	Requirement
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
1.0.5.	At each participating site there must be one faculty member, designated	1.7.	At each participating sites (core)
	by the program director as the site director, who is accountable for		by the program director as the site di
	resident education at that site, in collaboration with the program director.		resident education at that site, in coll
I.B.3.a).	(Core)	1.5.	(Core)
`	The program director must submit any additions or deletions of		The program director must submit an
	participating sites routinely providing an educational experience, required		participating sites routinely providing
	for all residents, of one month full time equivalent (FTE) or more through		for all residents, of one month full tim
I.B.4.	the ACGME's Accreditation Data System (ADS). (Core)	1.6.	the ACGME's Accreditation Data Syst
	A site providing six months or more of required education must be approved by		A site providing six months or more of re
I.B.4.a)	the Review Committee before residents rotate there. (Core)	1.6.a.	the Review Committee before residents
	Workforce Recruitment and Retention		Workforce Recruitment and Retentior
	The program, in partnership with its Sponsoring Institution, must engage		The program, in partnership with its S
	in practices that focus on mission-driven, ongoing, systematic recruitment		in practices that focus on mission-dri
	and retention of a diverse and inclusive workforce of residents, fellows (if		and retention of a diverse and inclusi
	present), faculty members, senior administrative GME staff members, and		present), faculty members, senior adr
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ
			Resources
	Pasauraaa	1.8.	The program, in partnership with its S
I.D.	Resources	1.0.	the availability of adequate resources
	The program, in partnership with its Sponsoring Institution, must ensure		Resources The program, in partnership with its S
I.D.1.	the availability of adequate resources for resident education. (Core)	1.8.	the availability of adequate resources
	There must be inpatient and outpatient facilities, examining areas, conference		There must be inpatient and outpatient f
	rooms, research laboratories, and office space for faculty members and		rooms, research laboratories, and office
I.D.1.a)	residents. (Core)	1.8.a.	residents. (Core)
/	The patient population must reflect the full spectrum of neurological disorders		The patient population must reflect the fu
	across the lifespan, to include understanding of normal neural development and		across the lifespan, to include understan
	cognitive aging, and including patients seen in outpatient, inpatient, emergency,		cognitive aging, and including patients s
I.D.1.b)	and intensive care settings. (Core)	1.8.b.	and intensive care settings. (Core)
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
	healthy and safe learning and working environments that promote		healthy and safe learning and working
I.D.2.	resident well-being and provide for:	1.9.	resident well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
	safe, quiet, clean, and private sleep/rest facilities available and accessible		safe, quiet, clean, and private sleep/re
I.D.2.b)	for residents with proximity appropriate for safe patient care; (Core)	1.9.b.	for residents with proximity appropria
	clean and private facilities for lactation that have refrigeration capabilities,		clean and private facilities for lactation
I.D.2.c)	with proximity appropriate for safe patient care; (Core)	1.9.c.	with proximity appropriate for safe pa
	security and safety measures appropriate to the participating site; and,		security and safety measures approp
I.D.2.d)	(Core)	1.9.d.	(Core)
	accommodations for residents with disabilities consistent with the	100	accommodations for residents with d
I.D.2.e)	Sponsoring Institution's policy. (Core)	1.9.e.	Sponsoring Institution's policy. (Core
	Residents must have ready access to specialty-specific and other		Residents must have ready access to
	appropriate reference material in print or electronic format. This must		appropriate reference material in prin
202	include access to electronic medical literature databases with full text	1 10	include access to electronic medical
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)

ent Language

ical learning and working environment

st be one faculty member, designated director, who is accountable for ollaboration with the program director.

any additions or deletions of ng an educational experience, required ime equivalent (FTE) or more through /stem (ADS). (Core)

required education must be approved by ts rotate there. (Core)

on

s Sponsoring Institution, must engage driven, ongoing, systematic recruitment isive workforce of residents, fellows (if idministrative GME staff members, and emic community. (Core)

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

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

t facilities, examining areas, conference ce space for faculty members and

e full spectrum of neurological disorders anding of normal neural development and seen in outpatient, inpatient, emergency,

Sponsoring Institution, must ensure ing environments that promote

)

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

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

opriate to the participating site; and,

disabilities consistent with the re)

to specialty-specific and other rint or electronic format. This must al literature databases with full text

Requirement		Reformatted	
Number - Roman Numerals	Requirement Language	Requirement Number	Requirement
Numerais		Number	Requirement
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
	The presence of other learners and other health care personnel, including,		The presence of other learners and of
	but not limited to residents from other programs, subspecialty fellows,		but not limited to residents from other
	and advanced practice providers, must not negatively impact the		and advanced practice providers, mus
I.E.	appointed residents' education. (Core)	1.11.	appointed residents' education. (Core
Π.	Personnel	Section 2	Section 2: Personnel
			Program Director
			There must be one faculty member ap
1			authority and accountability for the ov
II.A.	Program Director	2.1.	with all applicable program requirement
			Program Director
	There must be one faculty member appointed as program director with		There must be one faculty member ap
	authority and accountability for the overall program, including compliance		authority and accountability for the ov
II.A.1.	with all applicable program requirements. (Core)	2.1.	with all applicable program requireme
	The Sponsoring Institution's GMEC must approve a change in program		The Sponsoring Institution's GMEC m
II.A.1.a)	director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	director and must verify the program appointment. (Core)
11.A. 1.a)	Final approval of the program director resides with the Review Committee.		Final approval of the program director
II.A.1.a).(1)	(Core)	2.2.a.	(Core)
	The program must demonstrate retention of the program director for a		The program must demonstrate reten
	length of time adequate to maintain continuity of leadership and program		length of time adequate to maintain co
II.A.1.b)	stability. (Core)	2.3.	stability. (Core)
	The program director and, as applicable, the program's leadership team,		The program director and, as applical
	must be provided with support adequate for administration of the program		must be provided with support adequ
II.A.2.	based upon its size and configuration. (Core)	2.4.	based upon its size and configuration
	Program leadership, in aggregate, must be provided with support equal to a		
	dedicated minimum time specified below for administration of the program. This		Program leadership, in aggregate, must
	may be time spent by the program director only or divided between the program		dedicated minimum time specified below
	director and one or more associate (or assistant) program directors. (Core)		may be time spent by the program direct
			director and one or more associate (or a
	Number of Approved Resident Positions : 1-6 Minimum support required		
	(FTE) : 0.2		Number of Approved Resident Positions
	Number of Approved Resident Positions : 7-10 Minimum support required		(FTE) : 0.2 Number of Approved Resident Positions
	(FTE) : 0.4 Number of Approved Resident Positions : 11-15 Minimum support required		Number of Approved Resident Positions (FTE) : 0.4
	(FTE) : 0.5		Number of Approved Resident Positions
	Number of Approved Resident Positions : 16-20 Minimum support required		(FTE) : 0.5
	(FTE) : 0.6		Number of Approved Resident Positions
l	Number of Approved Resident Positions : 21-25 Minimum support required		(FTE) : 0.6
	(FTE) : 0.7		Number of Approved Resident Positions
II.A.2.a)		2.4.a.	(FTE) : 0.7

rsonnel other health care personnel, including, her programs, subspecialty fellows, nust not negatively impact the pre)

appointed as program director with overall program, including compliance nents. (Core)

appointed as program director with overall program, including compliance nents. (Core)

must approve a change in program n director's licensure and clinical

tor resides with the Review Committee.

ention of the program director for a continuity of leadership and program

able, the program's leadership team, quate for administration of the program on. (Core)

st be provided with support equal to a ow for administration of the program. This ector only or divided between the program assistant) program directors. (Core)

ns : 1-6 | Minimum support required

ns: 7-10 | Minimum support required

ns : 11-15 | Minimum support required

ns : 16-20 | Minimum support required

ns: 21-25 | Minimum support required

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requirement Language
	Number of Approved Resident Positions : 26-30 Minimum support required (FTE) : 0.8		Number of Approved Resident Positions : 26-30 Minimum support required (FTE) : 0.8
	Number of Approved Resident Positions : 31-35 Minimum support required (FTE) : 0.9		Number of Approved Resident Positions : 31-35 Minimum support required (FTE) : 0.9
	Number of Approved Resident Positions : 36-40 Minimum support required (FTE) : 1		Number of Approved Resident Positions : 36-40 Minimum support required (FTE) : 1
	Number of Approved Resident Positions : 41-45 Minimum support required (FTE) : 1.1		Number of Approved Resident Positions : 41-45 Minimum support required (FTE) : 1.1
	Number of Approved Resident Positions : 46-50 Minimum support required (FTE) : 1.2		Number of Approved Resident Positions : 46-50 Minimum support required (FTE) : 1.2
	Number of Approved Resident Positions : 51-55 Minimum support required (FTE) : 1.3		Number of Approved Resident Positions : 51-55 Minimum support required (FTE) : 1.3
	Number of Approved Resident Positions : 56-60 Minimum support required (FTE) : 1.4		Number of Approved Resident Positions : 56-60 Minimum support required (FTE) : 1.4
	Number of Approved Resident Positions : 61-65 Minimum support required (FTE) : 1.5		Number of Approved Resident Positions : 61-65 Minimum support required (FTE) : 1.5
II.A.2.a) - (Continued)	Number of Approved Resident Positions : 66-70 Minimum support required (FTE) : 1.6	2.4.a (Continued)	Number of Approved Resident Positions : 66-70 Minimum support required (FTE) : 1.6
			Qualifications of the Program Director The program director must possess specialty expertise and at least three years of documented educational and/or administrative experience, or
II.A.3.	Qualifications of the program director:	2.5.	qualifications acceptable to the Review Committee. (Core)
II.A.3.a)	must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core)	2.5.	Qualifications of the Program Director The program director must possess specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee. (Core)
II.A.3.b)	must include current certification in the specialty for which they are the program director by the American Board of Psychiatry and Neurology (ABPN) or by the American Osteopathic Board of Neurology and Psychiatry (AOBNP), or specialty qualifications that are acceptable to the Review Committee; and, (Core)	2.5.a.	The program director must possess current certification in the specialty for which they are the program director by the American Board of Psychiatry and Neurology (ABPN) or by the American Osteopathic Board of Neurology and Psychiatry (AOBNP), or specialty qualifications that are acceptable to the Review Committee. (Core)
II.A.3.b).(1)	Only ABPN and AOBNP certification are considered acceptable. (Core)	2.5.a.1.	Only ABPN and AOBNP certification are considered acceptable. (Core)
II.A.3.c)	must include ongoing clinical activity. (Core)	2.5.b.	The program director must demonstrate ongoing clinical activity. (Core)
, II.A.3.d)	The program director must be a member of the staff at the primary clinical site. (Core)	2.5.c.	The program director must be a member of the staff at the primary clinical site. (Core)
	Program Director Responsibilities		Brogrom Director Boononcibilities
II.A.4.	The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident advection in the context of patient eare. (Core)	2.6	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident advection in the context of patient care (Core)
II.A.4.a)	education in the context of patient care. (Core) The program director must:	2.6. [None]	education in the context of patient care. (Core)
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.6.a.	The program director must be a role model of professionalism. (Core)
······································	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the		The program director must design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the
II.A.4.a).(2)	mission(s) of the program; (Core)	2.6.b.	Sponsoring Institution, and the mission(s) of the program. (Core)

Requirement		Reformatted	
Number - Roman		Requirement	
Numerals	Requirement Language	Number	Requirement Language
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; (Core)	2.6.c.	The program director must administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.6.d.	The program director must have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval. (Core)
II.A.4.a).(5)	have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.6.e.	The program director must have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.6.f.	The program director must submit accurate and complete information required and requested by the DIO, GMEC, and ACGME. (Core)
II.A.4.a).(7)	provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.6.g.	The program director must provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew the appointment of a resident; (Core)	2.6.h.	The program director must ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew the appointment of a resident. (Core)
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.6.i.	The program director must ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non- discrimination. (Core)
II.A.4.a).(9).(a)	Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all residents within 30 days of completion of or departure from the program; and, (Core)	2.6.j.	The program director must document verification of education for all residents within 30 days of completion of or departure from the program. (Core)
II.A.4.a).(11)	provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core)	2.6.k.	The program director must provide verification of an individual resident's education upon the resident's request, within 30 days. (Core)

Requirement Number - Roman		Reformatted	
Number - Roman Numerals	Requirement Language	Requirement Number	Requiremer
	Requirement Language Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a	Number	RequirementFacultyFaculty members are a foundationaleducation – faculty members teach ifFaculty members provide an importaand become practice-ready, ensuringquality of care. They are role modelsby demonstrating compassion, comppatient care, professionalism, and aFaculty members experience the priddevelopment of future colleagues. Thethe opportunity to teach and model ofscholarly approach to patient care, forgraduate medical education system,and the population.Faculty members ensure that patientfrom a specialist in the field. They rethe patients, residents, community, aprovide appropriate levels of supervFaculty members create an effective
	professional manner and attending to the well-being of the residents and	[blows]	professional manner and attending t
II.B.	themselves. There must be a sufficient number of faculty members with competence to	[None]	themselves. There must be a sufficient number of
II.B.1.	instruct and supervise all residents. (Core)	2.7.	instruct and supervise all residents.
II.B.1.a)	A total faculty member to approved resident complement ratio of one to one must be maintained. The program director may be counted as one of the faculty members in determining the ratio. (Core)	2.7.a.	A total faculty member to approved resi must be maintained. The program direct members in determining the ratio. (Core
II.B.1.b)	Faculty members or consultants with special expertise in all the disciplines related to neurology, including behavioral neurology, child neurology, clinical neurophysiology, epilepsy, headache, infectious disease, movement disorders, neurocritical care, neurogenetics, neuroimaging, neuroimmunology, neurology of aging, neuromuscular medicine, neuro-oncology, neurotology, neuro- ophthalmology, neuropathology, pain management, psychiatry, sleep disorders, and vascular neurology, should be available to neurology residents. (Detail)	2.7.b.	Faculty members or consultants with sp related to neurology, including behavior neurophysiology, epilepsy, headache, in neurocritical care, neurogenetics, neuro of aging, neuromuscular medicine, neuro ophthalmology, neuropathology, pain m and vascular neurology, should be avai
II.B.2.	Faculty members must:	[None]	Fooulty Doomonoibilities
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty Responsibilities Faculty members must be role mode
	demonstrate commitment to the delivery of safe, equitable, high-quality,		Faculty members must demonstrate
II.B.2.b)	cost-effective, patient-centered care; (Core)	2.8.a.	equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	Faculty members must demonstrate residents, including devoting sufficie fulfill their supervisory and teaching
	administer and maintain an educational environment conducive to		Faculty members must administer ar
II.B.2.d)	educating residents; (Core)	2.8.c.	environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.8.d.	Faculty members must regularly part discussions, rounds, journal clubs, a

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

nts receive the level of care expected recognize and respond to the needs of , and institution. Faculty members rvision to promote patient safety. re learning environment by acting in a to the well-being of the residents and

of faculty members with competence to s. (Core)

esident complement ratio of one to one ector may be counted as one of the faculty pre)

special expertise in all the disciplines ioral neurology, child neurology, clinical , infectious disease, movement disorders, iroimaging, neuroimmunology, neurology euro-oncology, neurotology, neuromanagement, psychiatry, sleep disorders, railable to neurology residents. (Detail)

dels of professionalism. (Core) te commitment to the delivery of safe, ve, patient-centered care. (Core) te a strong interest in the education of cient time to the educational program to ig responsibilities. (Core) and maintain an educational ng residents. (Core) articipate in organized clinical s, and conferences. (Core)

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requirement
Humbraid	pursue faculty development designed to enhance their skills at least		Faculty members must pursue faculty
II.B.2.f)	annually: (Core)	2.8.e.	their skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminating he (Detail)
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their reside
, (,	in patient care based on their practice-based learning and improvement		in patient care based on their practice
II.B.2.f).(4)	efforts. (Detail)	2.8.e.4.	efforts. (Detail)
			Faculty Qualifications
II.B.3.	Faculty Qualifications	2.9.	Faculty members must have appropriate hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.9.	Faculty Qualifications Faculty members must have appropriate hold appropriate institutional appoint
II.B.3.b)	Physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the specialty by the American Board of Psychiatry and Neurology, or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. (Core)	2.10.	Physician faculty members must have by the American Board of Psychiatry a Osteopathic Board of Neurology and P judged acceptable to the Review Com
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)	2.11.	Core Faculty Core faculty members must have a sig supervision of residents and must dev entire effort to resident education and component of their activities, teach, e feedback to residents. (Core)
II.B.4.a)	Core faculty members must complete the annual ACGME Faculty Survey. (Core)	2.11.a.	Core faculty members must complete (Core)
II.B.4.b)	The core faculty must include a program director, a child neurologist, and a minimum of three full-time neurology faculty members who provide clinical service and teaching and who devote sufficient time to the program to ensure basic and clinical education for residents. (Core)	2.11.b.	The core faculty must include a program minimum of three full-time neurology fact service and teaching and who devote su- basic and clinical education for residents
,			Program Coordinator
II.C.	Program Coordinator	2.12.	There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.12.	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)	2.12.a.	The program coordinator must be pro support adequate for administration o and configuration. (Core)

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Ity development designed to enhance

health inequities, and patient safety;

dents' well-being; and, (Detail) ce-based learning and improvement

oriate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

ve current certification in the specialty and Neurology, or the American Psychiatry, or possess qualifications mmittee. (Core)

significant role in the education and devote a significant portion of their nd/or administration, and must, as a , evaluate, and provide formative

te the annual ACGME Faculty Survey.

m director, a child neurologist, and a aculty members who provide clinical sufficient time to the program to ensure nts. (Core)

or. (Core)

or. (Core)

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
Numerais		Number	Kequiremen
	At a minimum, the program coordinator must be provided with the dedicated		At a minimum, the program coordinator
	time and support specified below for administration of the program: (Core)		time and support specified below for adr
	Number of Approved Resident Positions : 1-6 Minimum FTE:0.5		Number of Approved Resident Positions
	Number of Approved Resident Positions : 7-10 Minimum FTE:0.7		Number of Approved Resident Positions
	Number of Approved Resident Positions : 11-15 Minimum FTE:0.8		Number of Approved Resident Positions
	Number of Approved Resident Positions : 16-20 Minimum FTE:0.9		Number of Approved Resident Positions
	Number of Approved Resident Positions : 21-25 Minimum FTE:1		Number of Approved Resident Positions
	Number of Approved Resident Positions : 26-30 Minimum FTE:1.1		Number of Approved Resident Positions
	Number of Approved Resident Positions : 31-35 Minimum FTE:1.2		Number of Approved Resident Positions
	Number of Approved Resident Positions : 36-40 Minimum FTE:1.3 Number of Approved Resident Positions : 41-45 Minimum FTE:1.4		Number of Approved Resident Positions Number of Approved Resident Positions
	Number of Approved Resident Positions : 41-43 Minimum FTE:1.5		Number of Approved Resident Positions
	Number of Approved Resident Positions : 40-50 Minimum FTE:1.6		Number of Approved Resident Positions
II.C.2.a)	Number of Approved Resident Positions : 56-60 Minimum FTE:1.7	2.12.b.	Number of Approved Resident Positions
	Other Program Personnel	2.12.01	
			Other Program Personnel
	The program, in partnership with its Sponsoring Institution, must jointly		The program, in partnership with its S
	ensure the availability of necessary personnel for the effective		ensure the availability of necessary p
II.D.	administration of the program. (Core)	2.13.	administration of the program. (Core)
····	Resident Appointments	Section 3	Section 3: Resident Appointments
			Eligibility Requirements
			An applicant must meet one of the fol
II.A.	Eligibility Requirements	3.2.	for appointment to an ACGME-accred
			Eligibility Requirements
	An applicant must meet one of the following qualifications to be eligible		An applicant must meet one of the fol
III.A.1.	for appointment to an ACGME-accredited program: (Core)	3.2.	for appointment to an ACGME-accred
	graduation from a medical school in the United States, accredited by the		graduation from a medical school in t
	Liaison Committee on Medical Education (LCME) or graduation from a		Liaison Committee on Medical Educa
	college of osteopathic medicine in the United States, accredited by the		college of osteopathic medicine in the
	American Osteopathic Association Commission on Osteopathic College		American Osteopathic Association Co
III.A.1.a)	Accreditation (AOACOCA); or, (Core)	3.2.a.	Accreditation (AOACOCA); or, (Core)
·			
			graduation from a medical school out meeting one of the following addition
			 holding a currently valid certificate f
			Foreign Medical Graduates (ECFMG)
			Foreign Medical Graduates (ECFMG)
	graduation from a medical school outside of the United States, and		C

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

ns : 1-6 | Minimum FTE:0.5 ns : 7-10 | Minimum FTE:0.7 ns : 11-15 | Minimum FTE:0.8 ns : 16-20 | Minimum FTE:0.9 ns : 21-25 | Minimum FTE:1.1 ns : 26-30 | Minimum FTE:1.1 ns : 31-35 | Minimum FTE:1.2 ns : 36-40 | Minimum FTE:1.3 ns : 41-45 | Minimum FTE:1.4 ns : 46-50 | Minimum FTE:1.5 ns : 51-55 | Minimum FTE:1.6 ns : 56-60 | Minimum FTE:1.7

s Sponsoring Institution, must jointly personnel for the effective e)

following qualifications to be eligible edited program: (Core)

following qualifications to be eligible edited program: (Core)

n the United States, accredited by the cation (LCME) or graduation from a the United States, accredited by the Commission on Osteopathic College re)

outside of the United States, and onal qualifications: (Core)

e from the Educational Commission for G) prior to appointment; or, (Core)

ense to practice medicine in the United the ACGME-accredited program is

III.B.	The program director must not appoint more residents than approved by the Review Committee. (Core)	3.4.	Resident Complement The program director must not appoin the Review Committee. (Core)
	Resident Complement	0.0.0.1.0.1.	
III.A.2.b).(2) III.A.2.b).(2).(a)	six months in internal medicine with primary responsibility in patient care and a period of at least two months comprising one or more months of emergency medicine, family medicine, internal medicine, or pediatrics. (Core) Residents may spend up to four months in neurology during this year. (Detail)	3.3.a.1.b. 3.3.a.1.b.1.	six months in internal medicine with prim period of at least two months comprising medicine, family medicine, internal medic Residents may spend up to four months
III.A.2.b).(1)	eight months in internal medicine with primary responsibility in patient care; or, (Core)	3.3.a.1.a.	eight months in internal medicine with pr (Core)
III.A.2.b)	Residents entering a program that offers the 36-month format must have completed a year of graduate medical education that satisfies III.A.2. and includes at least one of the following:	3.3.a.1.	Residents entering a program that offers completed a year of graduate medical eq at least one of the following:
III.A.2.a)	Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)	3.3.a.	Residency programs must receive ver competency in the required clinical fie ACGME-I Milestones evaluations from matriculation. (Core)
III.A.2.	or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)- accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. (Core)	3.3.	or transfer into ACGME-accredited residency programs, Royal College of (RCPSC)-accredited or College of Fan accredited residency programs locate programs with ACGME International (Accreditation. (Core)
III.A.1.b).(2)	holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)	3.2.b.	 graduation from a medical school out meeting one of the following addition holding a currently valid certificate f Foreign Medical Graduates (ECFMG) holding a full and unrestricted licens States licensing jurisdiction in which located. (Core)
III.A.1.b).(1)	holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)	3.2.b.	 graduation from a medical school out meeting one of the following addition holding a currently valid certificate f Foreign Medical Graduates (ECFMG) holding a full and unrestricted licens States licensing jurisdiction in which located. (Core)
Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement

utside of the United States, and onal qualifications: (Core)

e from the Educational Commission for) prior to appointment; or, (Core)

ense to practice medicine in the United th the ACGME-accredited program is

utside of the United States, and onal qualifications: (Core)

e from the Educational Commission for b) prior to appointment; or, (Core)

nse to practice medicine in the United h the ACGME-accredited program is

residency programs must be sidency programs, AOA-approved of Physicians and Surgeons of Canada amily Physicians of Canada (CFPC)ated in Canada, or in residency I (ACGME-I) Advanced Specialty

verification of each resident's level of field using ACGME, CanMEDS, or om the prior training program upon

ers the 36-month format must have education that satisfies 3.3. and includes

primary responsibility in patient care; or,

imary responsibility in patient care and a ng one or more months of emergency dicine, or pediatrics. (Core) ns in neurology during this year. (Detail)

bint more residents than approved by

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
III.C.	Resident Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)	3.5.	Resident Transfers The program must obtain verification and a summative competency-based acceptance of a transferring resident, matriculation. (Core)
III.C.1.	The program director must also obtain a written or electronic summative, competency-based performance evaluation of the PGY-1 for a resident entering the program as a PGY-2 and who completed the PGY-1 in a different program. (Core)	3.5.a.	The program director must also obtain a competency-based performance evaluation the program as a PGY-2 and who comp (Core)
	Educational Program The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		Section 4: Educational Program The ACGME accreditation system is o and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wi
IV.	It is recognized programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized programs may place of leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
IV.A.	Educational Components The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, residents, and faculty mer
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr These must be distributed, reviewed, faculty members; (Core)
IV.A.3. IV.A.4.	delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision; (Core)a broad range of structured didactic activities; and, (Core)	4.2.c. 4.2.d.	delineation of resident responsibilitie responsibility for patient managemen a broad range of structured didactic a
IV.A.4.a)	Residents must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Resider Experiences Residents must be provided with pro- didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)

on of previous educational experiences ed performance evaluation prior to nt, and Milestones evaluations upon

a written or electronic summative, uation of the PGY-1 for a resident entering npleted the PGY-1 in a different program.

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

port the development of who provide compassionate care.

e different emphasis on research, expected that the program aims will fic goals for it and its graduates; for ram aiming to prepare physicianculum from one focusing on

llowing educational components:

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

tives for each educational experience trajectory to autonomous practice. d, and available to residents and

ies for patient care, progressive ent, and graded supervision; (Core) : activities; and, (Core)

ent Experiences – Didactic and Clinical

rotected time to participate in core

romote patient safety-related goals,

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competence Milestones for each specialty.
	The program must integrate the following ACGME Competencies into the		The program must integrate all ACCA
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
	Professionalism		ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a)	Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	Residents must demonstrate compete
IV.D.I.d)		4.3.	
			ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate compete
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect fo
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and auton
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, an
	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities,		respect and responsiveness to divers not limited to diversity in gender, age
IV.B.1.a).(1).(f)	national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	national origin, socioeconomic status
	ability to recognize and develop a plan for one's own personal and		ability to recognize and develop a pla
IV.B.1.a).(1).(g)	professional well-being; and, (Core)	4.3.g.	professional well-being; and, (Core)
	appropriately disclosing and addressing conflict or duality of interest.		appropriately disclosing and address
IV.B.1.a).(1).(h)	(Core)	4.3.h.	(Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Residents must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Residents must be able to provide pa centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Residents must demonstrate competence in the assessment and management of outpatients and inpatients with neurological disorders across the lifespan, including those who require emergency and intensive care. (Core)	4.4.a.	Residents must demonstrate competend of outpatients and inpatients with neurol including those who require emergency
IV.B.1.b).(2)	Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S perform all medical, diagnostic, and s essential for the area of practice. (Co

eptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each specialty. The developmental encies are articulated through the

ME Competencies into the curriculum.

nalism imitment to professionalism and an pre)

etence in:

nalism imitment to professionalism and an pre)

etence in:

for others; (Core)

at supersedes self-interest; (Core)

nomy; (Core)

and the profession; (Core)

erse patient populations, including but ge, culture, race, religion, disabilities, us, and sexual orientation; (Core)

lan for one's own personal and

ssing conflict or duality of interest.

re

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

ence in the assessment and management rological disorders across the lifespan, cy and intensive care. (Core)

al Skills: Residents must be able to d surgical procedures considered Core)

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
	Medical Knowledge Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to		ACGME Competencies – Medical Kno Residents must demonstrate knowled biomedical, clinical, epidemiological, including scientific inquiry, as well as
IV.B.1.c)	patient care. (Core)	4.6.	patient care. (Core)
	Residents must demonstrate competence in their understanding of major	4.0 -	Residents must demonstrate competence
IV.B.1.c).(1)	developments in the clinical sciences relating to neurology. (Core) Residents must demonstrate competence in their knowledge of:	4.6.a. 4.6.b.	developments in the clinical sciences rel Residents must demonstrate competence
IV.B.1.c).(2)		4.0.D.	Residents must demonstrate competenc
IV.B.1.c).(2).(a)	aspects of neurology, including behavioral neurology, child neurology, clinical neurophysiology, epilepsy, headache, infectious disease, movement disorders, neurocritical care, neurogenetics, neuroimaging, neuroimmunology, neurology of aging, neuromuscular medicine, neuro-oncology, neurotology, neuro- ophthalmology, neuropathology, pain management, sleep disorders, and vascular neurology; (Core)	4.6.b.1.	aspects of neurology, including behavior neurophysiology, epilepsy, headache, in neurocritical care, neurogenetics, neuroi of aging, neuromuscular medicine, neuro ophthalmology, neuropathology, pain ma vascular neurology; (Core)
IV.B.1.c).(2).(b)	bioethics; (Core)	4.6.b.2.	bioethics; (Core)
IV.B.1.c).(2).(c)	palliative care, including adequate pain relief as well as psychosocial support and counseling for patients and families; and, (Core)	4.6.b.3.	palliative care, including adequate pain r and counseling for patients and families
IV.B.1.c).(2).(d)	the principles of psychopathology, psychiatric diagnosis, and therapy, and the indications for and complications of drugs used in psychiatry. (Core)	4.6.b.4.	the principles of psychopathology, psych indications for and complications of drug
IV.B.1.d)	Practice-based Learning and Improvement Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning; (Core)	4.7.	ACGME Competencies – Practice-Bas Residents must demonstrate the abili care of patients, to appraise and assis continuously improve patient care ba lifelong learning. (Core)
IV.B.1.d) IV.B.1.d).(1)	Residents must demonstrate competence in:	4.7. [None]	inelong learning. (Core)
IV.B.1.d).(1).(a)	identifying strengths, deficiencies, and limits in one's knowledge and expertise; (Core)	4.7.a.	Residents must demonstrate competed deficiencies, and limits in one's know
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	Residents must demonstrate compete improvement goals. (Core)
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	Residents must demonstrate competer appropriate learning activities. (Core)
IV.B.1.d).(1).(d)	systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; (Core)	4.7.d.	Residents must demonstrate competer practice using quality improvement m reducing health care disparities, and of practice improvement. (Core)
	incorporating feedback and formative evaluation into daily practice; and,		Residents must demonstrate competer
IV.B.1.d).(1).(e)	(Core)	4.7.e.	formative evaluation into daily practic
IV.B.1.d).(1).(f)	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems. (Core)	4.7.f.	Residents must demonstrate competer assimilating evidence from scientific health problems. (Core)
, , , , , ,	Interpersonal and Communication Skills		ACGME Competencies – Interpersona
	Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with		Residents must demonstrate interper result in the effective exchange of inf
IV.B.1.e)	patients, their families, and health professionals. (Core)	4.8.	patients, their families, and health pro

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nowledge ledge of established and evolving al, and social-behavioral sciences, as the application of this knowledge to

ence in their understanding of major relating to neurology. (Core) ence in their knowledge of:

ioral neurology, child neurology, clinical infectious disease, movement disorders, roimaging, neuroimmunology, neurology uro-oncology, neurotology, neuromanagement, sleep disorders, and

n relief as well as psychosocial support es; and, (Core)

/chiatric diagnosis, and therapy, and the rugs used in psychiatry. (Core)

Based Learning and Improvement bility to investigate and evaluate their similate scientific evidence, and to based on constant self-evaluation and

etence in identifying strengths, owledge and expertise. (Core) etence in setting learning and

etence in identifying and performing re)

etence in systematically analyzing t methods, including activities aimed at id implementing changes with the goal

etence in incorporating feedback and tice. (Core)

etence in locating, appraising, and ic studies related to their patients'

onal and Communication Skills personal and communication skills that nformation and collaboration with professionals. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
IV.B.1.e).(1)	Residents must demonstrate competence in	[None]	
	communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each		Residents must demonstrate compet with patients and patients' families, a of socioeconomic circumstances, cu capabilities, learning to engage inter
IV.B.1.e).(1).(a)	patient; (Core)	4.8.a.	provide appropriate care to each pati
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health-related agencies; (Core)	4.8.b.	Residents must demonstrate compet with physicians, other health profess (Core)
IV.B.1.e).(1).(c)	working effectively as a member or leader of a health care team or other professional group; (Core)	4.8.c.	Residents must demonstrate compet member or leader of a health care tea
	educating patients, patients' families, students, other residents, and other		Residents must demonstrate compet
IV.B.1.e).(1).(d)	health professionals; (Core)	4.8.d.	families, students, other residents, a
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate compet to other physicians and health profes
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core)	4.8.f.	Residents must demonstrate compet timely, and legible health care record
IV.B.1.e).(2)	Residents must learn to communicate with patients and patients' families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. (Core)	4.8.g.	Residents must learn to communicat to partner with them to assess their of appropriate, end-of-life goals. (Core)
IV.B.1.f).	Systems-based Practice Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies - Systems-Ba Residents must demonstrate an awar larger context and system of health of social determinants of health, as well other resources to provide optimal he
IV.B.1.f).(1)	Residents must demonstrate competence in:	[None]	
IV.B.1.f).(1).(a)	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	Residents must demonstrate compet health care delivery settings and syst specialty. ^(Core)
IV.B.1.f).(1).(b)	coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; (Core)	4.9.b.	Residents must demonstrate compet across the health care continuum and specialty. ^(Core)
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Residents must demonstrate compet care and optimal patient care system
IV.B.1.f).(1).(d)	participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.d.	Residents must demonstrate compet system errors and implementing pote
IV.B.1.f).(1).(e)	incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate;(Core)	4.9.e.	Residents must demonstrate compet of value, equity, cost awareness, deli analysis in patient and/or population
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Residents must demonstrate compet finances and its impact on individual
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Residents must demonstrate compet that promote patient safety and discle simulated). (Detail)

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etence in communicating effectively , as appropriate, across a broad range cultural backgrounds, and language erpretive services as required to atient. ^(Core)

etence in communicating effectively ssionals, and health-related agencies.

etence in working effectively as a eam or other professional group. (Core) etence in educating patients, patients' and other health professionals. (Core) etence in acting in a consultative role ressionals. (Core)

etence in maintaining comprehensive, rds, if applicable. (Core)

ate with patients and patients' families r care goals, including, when a)

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

etence in working effectively in various /stems relevant to their clinical

etence in coordinating patient care and beyond as relevant to their clinical

etence in advocating for quality patient ms. (Core)

etence in participating in identifying otential systems solutions. (Core)

etence in incorporating considerations elivery and payment, and risk-benefit on-based care as appropriate. (Core)

etence in understanding health care al patients' health decisions. (Core)

etence in using tools and techniques closure of patient safety events (real or

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requirement Language
			Residents must demonstrate competence in understanding the implications and
IV.B.1.f).(1).(h)	understanding the implications and ramifications of genetic testing. (Core)	4.9.i.	ramifications of genetic testing. (Core)
	Residents must learn to advocate for patients within the health care		Residents must learn to advocate for patients within the health care
	system to achieve the patient's and patient's family's care goals,		system to achieve the patient's and patient's family's care goals,
IV.B.1.f).(2)	including, when appropriate, end-of-life goals. (Core)	4.9.h.	including, when appropriate, end-of-life goals. (Core)
			4.10. Curriculum Organization and Resident Experiences – Curriculum Structure The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)
			4.11. Curriculum Organization and Resident Experiences – Didactic and Clinical Experiences Residents must be provided with protected time to participate in core didactic activities. (Core)
IV.C.	Curriculum Organization and Resident Experiences	4.10 4.12.	4.12. Curriculum Organization and Resident Experiences – Pain Management The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)
IV.C.1.	The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Resident Experiences – Curriculum Structure The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)
IV.C.1.a)	Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Core)	4.10.a.	Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows the residents to function as part of an effective health care team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be structured to facilitate learning in a manner that allows the residents to function as part of an effective health care team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Resident Experiences – Pain Management: The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)
IV.C.3.	The educational program must include patient care, teaching, and research. (Core)	4.11.a.	The educational program must include patient care, teaching, and research. (Core)
	Patient care activities must include outpatient, consultative, and primary		Patient care activities must include outpatient, consultative, and primary
IV.C.3.a)	responsibility for management of inpatients with neurologic disorders. (Core)	4.11.a.1.	responsibility for management of inpatients with neurologic disorders. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	In programs offering the 48-month format, the first year of the program must		In programs offering the 48-month form
	provide broad clinical experience in general internal medicine and include at		provide broad clinical experience in gen
IV.C.4.	least one of the following: (Core)	4.11.b.	least one of the following: (Core)
IV.C.4.a)	eight months in internal medicine with primary responsibility in patient care; or, (Core)	4.11.b.1.	eight months in internal medicine with p (Core)
IV.C.4.b)	six months in internal medicine with primary responsibility in patient care, and a period of at least two months comprising one or more months of pediatrics, emergency medicine, internal medicine, or family medicine. (Core)	4.11.b.2.	six months in internal medicine with prin period of at least two months comprising emergency medicine, internal medicine,
11.0.1.0)	Resident education in neurology during the first year must not exceed four	1.11.0.2.	Resident education in neurology during
IV.C.5.	months. (Detail)	4.11.c.	months. (Detail)
IV.C.6.	Residents must have:	4.11.d.	Residents must have:
IV.C.6.a)	a minimum of 18 months (FTE) of clinical adult neurology; (Core)	4.11.d.1.	a minimum of 18 months (FTE) of clinic
, IV.C.6.a).(1)	This must include at least six months of inpatient experience in adult neurology. (Core)	4.11.d.1.a.	This must include at least six months of (Core)
IV.C.6.a).(2)	This must include at least six months of outpatient experience in clinical adult neurology. (Core)	4.11.d.1.b.	This must include at least six months of neurology. (Core)
IV.C.6.a).(2).(a)	The outpatient experience must include a resident longitudinal/continuity clinic with attendance by each resident at a minimum of 40 half-day clinics a year throughout the educational program. (Core)	4.11.d.1.b.1.	The outpatient experience must include with attendance by each resident at a m throughout the educational program. (C
	The longitudinal/continuity clinic must not be interrupted by more than five		The longitudinal/continuity clinic must no
IV.C.6.a).(2).(b)	weeks. (Core)	4.11.d.1.b.2.	weeks. (Core)
	At least three months of the outpatient experience must be outside the		At least three months of the outpatient e
IV.C.6.a).(2).(c)	longitudinal/continuity clinic. (Core)	4.11.d.1.b.3.	longitudinal/continuity clinic. (Core)
IV.C.6.b)	a minimum of three months of elective time; (Core)	4.11.d.2.	a minimum of three months of elective t
IV.C.6.c)	a minimum of three months FTE in clinical child neurology with management responsibility under the supervision of a child neurologist with ABPN or AOBNP certification or who possesses qualifications acceptable to the Review Committee; (Core)	4.11.d.3.	a minimum of three months FTE in clinic responsibility under the supervision of a certification or who possesses qualificat Committee; (Core)
IV.C.6.d)	at least one month FTE in clinical psychiatry, including cognition and behavior under the supervision of a psychiatrist certified by the ABPN or AOBNP or who possesses qualifications acceptable to the Review Committee; (Core)	4.11.d.4.	at least one month FTE in clinical psych under the supervision of a psychiatrist c possesses qualifications acceptable to t
, IV.C.6.e)	clinical teaching rounds supervised by faculty members at least five days per week; and, (Core)	4.11.d.5.	clinical teaching rounds supervised by fa week; and, (Core)
IV.C.6.f)	exposure to and understanding of evaluation and management of patients with neurological disorders in various settings, including an intensive care unit and an emergency department, and for patients requiring acute neurosurgical management. (Core)	4.11.d.6.	exposure to and understanding of evalu neurological disorders in various setting an emergency department, and for patie management. (Core)
IV.C.7.	Residents must have clinical and didactic experiences in all aspects of neurology, including behavioral neurology, child neurology, clinical neurophysiology, epilepsy, headache, infectious disease, movement disorders, neurocritical care, neurogenetics, neuroimaging, neuroimmunology, neurology of aging, neuromuscular medicine, neuro-oncology, neurotology, neuro- ophthalmology, neuropathology, pain management, sleep disorders, and vascular neurology. (Core)	4.11.e.	Residents must have clinical and didact neurology, including behavioral neurolog neurophysiology, epilepsy, headache, ir neurocritical care, neurogenetics, neuro of aging, neuromuscular medicine, neur ophthalmology, neuropathology, pain m vascular neurology. (Core)
IV.C.7.a)	Clinical and didactic experiences in neuroimaging must include magnetic resonance imaging (MRI), computerized tomography (CT), and neurosonology. (Core)	4.11.e.1.	Clinical and didactic experiences in neu resonance imaging (MRI), computerized (Core)

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mat, the first year of the program must eneral internal medicine and include at

primary responsibility in patient care; or,

rimary responsibility in patient care, and a ing one or more months of pediatrics, ie, or family medicine. (Core)

g the first year must not exceed four

ical adult neurology; (Core)

of inpatient experience in adult neurology.

of outpatient experience in clinical adult

de a resident longitudinal/continuity clinic minimum of 40 half-day clinics a year Core)

not be interrupted by more than five

experience must be outside the

time; (Core)

nical child neurology with management a child neurologist with ABPN or AOBNP ations acceptable to the Review

chiatry, including cognition and behavior t certified by the ABPN or AOBNP or who the Review Committee; (Core)

faculty members at least five days per

luation and management of patients with ngs, including an intensive care unit and tients requiring acute neurosurgical

ctic experiences in all aspects of logy, child neurology, clinical infectious disease, movement disorders, roimaging, neuroimmunology, neurology uro-oncology, neurotology, neuromanagement, sleep disorders, and

euroimaging must include magnetic ed tomography (CT), and neurosonology.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
IV.C.8.	Residents must attend required seminars, conferences, and journal clubs. (Core)	4.11.f.	Residents must attend required seminars (Core)
IV.C.9.	Seminars and conferences must include the full spectrum of neurological disorders across the lifespan. (Core)	4.11.g.	Seminars and conferences must include disorders across the lifespan. (Core)
IV.C.10.	The curriculum must include the basic scientific foundations of clinical neurology.(Core)	4.11.h.	The curriculum must include the basic sc neurology. (Core)
IV.C.11.	Residents must attend at least one national professional conference during their three years of residency. (Core)	4.11.i.	Residents must attend at least one nation three years of residency. (Core)
IV.C.11.a)	Residents should receive financial support to attend at least one national professional conference. (Detail)	4.11.i.1.	Residents should receive financial suppo professional conference. (Detail)
	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of residencies and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical tracereb as the facult for a schelarship	[None]	Scholarship Medicine is both an art and a science. scientist who cares for patients. This is evaluate the literature, appropriately a practice lifelong learning. The program environment that fosters the acquisitie participation in scholarly activities. So discovery, integration, application, an The ACGME recognizes the diversity of programs prepare physicians for a val scientists, and educators. It is expected will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz
IV.D.	research as the focus for scholarship.	[None]	research as the focus for scholarship.
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evider with its mission(s) and aims. (Core)
IV.D.1.b)	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)	4.13.a.	The program, in partnership with its S adequate resources to facilitate reside scholarly activities. (Core)
IV.D.1.c)	The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)	4.13.b.	The program must advance residents' scholarly approach to evidence-based

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ars, conferences, and journal clubs.

de the full spectrum of neurological

scientific foundations of clinical

ional professional conference during their

port to attend at least one national

e. The physician is a humanistic is requires the ability to think critically, assimilate new knowledge, and ram and faculty must create an ition of such skills through resident Scholarly activities may include and teaching.

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

dence of scholarly activities consistent

dence of scholarly activities consistent

Sponsoring Institution, must allocate dent and faculty involvement in

ts' knowledge and practice of the ed patient care. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
Numerais		Humber	Faculty Scholarly Activity Among their scholarly activity, progra
IV D 2	Esculty Scholarly Activity	4 1 4	 accomplishments in at least three of a Research in basic science, education or population health Peer-reviewed grants Quality improvement and/or patient Systematic reviews, meta-analyses, textbooks, or case reports Creation of curricula, evaluation too electronic educational materials Contribution to professional commiteditorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	Innovations in education Faculty Scholarly Activity
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Among their scholarly activity, progra accomplishments in at least three of t
	 Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants 		 Research in basic science, educatio or population health Peer-reviewed grants
	 Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or 		 Quality improvement and/or patient Systematic reviews, meta-analyses, textbooks, or case reports Creation of curricula, evaluation too
IV.D.2.a)	 electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education 	4.14.	 electronic educational materials Contribution to professional commit editorial boards Innovations in education
			The program must demonstrate disse and external to the program by the fo
			 faculty participation in grand round improvement presentations, podium peer-reviewed print/electronic resource chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
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.	peer-reviewed publication. (Outcom

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- rams must demonstrate f the following domains: (Core)
- ion, translational science, patient care,
- nt safety initiatives s, review articles, chapters in medical
- ools, didactic educational activities, or
- nittees, educational organizations, or
- rams must demonstrate f the following domains: (Core)
- ion, translational science, patient care,
- nt safety initiatives s, review articles, chapters in medical
- ools, didactic educational activities, or
- nittees, educational organizations, or
- semination of scholarly activity within following methods:
- nds, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book rice on professional committees, or al editorial board member, or editor;

me)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
			The program must demonstrate disse and external to the program by the fo
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.	 faculty participation in grand round improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome) peer-reviewed publication. (Outcome)
10.2.5).(1)		4.14.a.	The program must demonstrate disse and external to the program by the fo
			 faculty participation in grand round improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.	peer-reviewed publication. (Outcon
IV.D.3.	Resident Scholarly Activity	4.15.	Resident Scholarly Activity Residents must participate in scholar
IV.D.3.a)	Residents must participate in scholarship. (Core)	4.15.	Resident Scholarly Activity Residents must participate in scholar
V. V.A.	Evaluation Resident Evaluation	Section 5	Section 5: Evaluation Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than th must be documented at least every th
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 co clinical responsibilities, must be eval and at completion. (Core)

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semination of scholarly activity within following methods:

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

ome)

semination of scholarly activity within following methods:

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

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larship. (Core)

larship. (Core)

l Evaluation erve, evaluate, and frequently provide during each rotation or similar

I Evaluation

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

I Evaluation

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

the completion of the assignment.

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

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

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requirement
	The program must provide an objective performance evaluation based on		The program must provide an objectiv
V.A.1.c)	the Competencies and the specialty-specific Milestones, and must: (Core)	5.1.D.	the Competencies and the specialty-s
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	The program must use multiple evaluation patients, self, and other professional section of the s
V.A.1.c).(1).(a)	Each resident must be evaluated by a minimum of three faculty members who are ABPN- or AOBNP-certified neurologists, including at least one child neurologist. (Core)	5.1.b.1.a.	Each resident must be evaluated by a m are ABPN- or AOBNP-certified neurologi neurologist. (Core)
V.A.1.c).(1).(b)	Faculty evaluators must observe the resident's performance and evaluate the resident's skills in medical interviewing, neurological examination, and counseling; professionalism; and ability to provide a case summary that includes patient assessment and management. (Core)	5.1.b.1.b.	Faculty evaluators must observe the rest resident's skills in medical interviewing, r counseling; professionalism; and ability t includes patient assessment and manag
V.A.1.c).(1).(c)	The evaluations should serve as teaching opportunity through which residents are given constructive feedback on their performance. (Detail)	5.1.b.1.c.	The evaluations should serve as teachin are given constructive feedback on their
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	The program must provide that inform Committee for its synthesis of progree improvement toward unsupervised pr
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w their documented semi-annual evalua progress along the specialty-specific
V.A.1.d).(1).(a)	Each resident should be provided with formative feedback from a resident in- service training examination and clinical skills assessments. (Detail)	5.1.c.1.	Each resident should be provided with for service training examination and clinical
V.A.1.d).(1).(b)	Data provided during the semiannual evaluation should be used to prepare a personal learning plan that is regularly reviewed and revised with the program director and/or faculty mentor. (Detail)	5.1.c.2.	Data provided during the semiannual eva personal learning plan that is regularly re director and/or faculty mentor. (Detail)
V.A.1.d).(2)	assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist individualized learning plans to capita areas for growth. (Core)
V.A.1.d).(3)	develop plans for residents failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sun that includes their readiness to progre applicable. (Core)
V.A.1.f).	The evaluations of a resident's performance must be accessible for review by the resident. (Core)	5.1.g.	The evaluations of a resident's perfor by the resident. (Core)
V.A.2.	Final Evaluation	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Cor

ent Language ctive performance evaluation based on r-specific Milestones. ^(Core)

uators (e.g., faculty members, peers, Il staff members). (Core)

minimum of three faculty members who ogists, including at least one child

esident's performance and evaluate the n, neurological examination, and y to provide a case summary that agement. (Core)

ing opportunity through which residents ir performance. (Detail)

rmation to the Clinical Competency ressive resident performance and practice. (Core)

nee, with input from the Clinical with and review with each resident lation of performance, including c Milestones. (Core)

formative feedback from a resident inal skills assessments. (Detail)

evaluation should be used to prepare a reviewed and revised with the program

nee, with input from the Clinical at residents in developing italize on their strengths and identify

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

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

ormance must be accessible for review

on

a final evaluation for each resident ore)

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
			Resident Evaluation: Final Evaluation
	The program director must provide a final evaluation for each resident		The program director must provide a
V.A.2.a)	The program director must provide a final evaluation for each resident upon completion of the program. (Core)	5.2.	upon completion of the program. (Co
•	The specialty-specific Milestones, and when applicable the specialty-	0.2.	The specialty-specific Milestones, and
	specific Case Logs, must be used as tools to ensure residents are able to		specific Case Logs, must be used as
V.A.2.a).(1)	engage in autonomous practice upon completion of the program. (Core)	5.2.a.	engage in autonomous practice upon
V.A.2.a).(2)	The final evaluation must:	[None]	
	become part of the resident's permanent record maintained by the	[]	The final evaluation must become participation
	institution, and must be accessible for review by the resident in		maintained by the institution, and mu
V.A.2.a).(2).(a)	accordance with institutional policy; (Core)	5.2.b.	resident in accordance with institutio
,,,,,,,			The final evaluation must verify that t
	verify that the resident has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors nec
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(Core)
			The final evaluation must be shared v
V.A.2.a).(2).(c)	be shared with the resident 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 mu
V.A.3.	director. (Core)	5.3.	director. (Core)
	At a minimum, the Clinical Competency Committee must include three		At a minimum, the Clinical Competen
	members of the program faculty, at least one of whom is a core faculty		members of the program faculty, at le
V.A.3.a)	member. (Core)	5.3.a.	member. (Core)
	Additional members must be faculty members from the same program or		Additional members must be faculty
	other programs, or other health professionals who have extensive contact		other programs, or other health profe
V.A.3.a).(1)	and experience with the program's residents. (Core)	5.3.b.	and experience with the program's re
V.A.3.b)	The Clinical Competency Committee must:	[None]	
			The Clinical Competency Committee
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	at least semi-annually. (Core)
	determine each resident's progress on achievement of the specialty-		The Clinical Competency Committee
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.d.	progress on achievement of the spec
			The Clinical Competency Committee
	meet prior to the residents' semi-annual evaluations and advise the		semi-annual evaluations and advise t
V.A.3.b).(3)	program director regarding each resident's progress. (Core)	5.3.e.	resident's progress. (Core)
			Faculty Evaluation
			The program must have a process to
			performance as it relates to the education
V.B.	Faculty Evaluation	5.4.	(Core)
l			Faculty Evaluation
l	The program must have a process to evaluate each faculty member's		The program must have a process to
	performance as it relates to the educational program at least annually.		performance as it relates to the education
V.B.1.	(Core)	5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with the
	in faculty development related to their skills as an educator, clinical		in faculty development related to thei
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
l	This evaluation must include written, anonymous, and confidential		This evaluation must include written,
V.B.1.b)	evaluations by the residents. (Core)	5.4.b.	evaluations by the residents. (Core)

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on

- a final evaluation for each resident Core)
- and when applicable the specialtyas tools to ensure residents are able to on completion of the program. (Core)
- part of the resident's permanent record nust be accessible for review by the tional policy. (Core)
- t the resident has demonstrated the eccessary to enter autonomous practice.
- with the resident upon completion of
- must be appointed by the program
- ency Committee must include three least one of whom is a core faculty
- y members from the same program or fessionals who have extensive contact residents. (Core)
- e must review all resident evaluations
- e must determine each resident's ecialty-specific Milestones. (Core) e must meet prior to the residents' e the program director regarding each
- to evaluate each faculty member's ucational program at least annually.
- to evaluate each faculty member's ucational program at least annually.
- ew of the faculty member's clinical n the educational program, participation neir skills as an educator, clinical scholarly activities. (Core)
- n, anonymous, and confidential

Requirement		Reformatted	
Number - Roman Numerals	Requirement Language	Requirement Number	Requirement Language
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback on their evaluations at least annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1.	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. (Core)	5.5.a.	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities must include review of the program's self-determined goals and progress toward meeting them. ^(Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsibilities must include guiding ongoing program improvement, including development of new goals, based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsibilities must include review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty writter evaluations of the program, and other relevant data in its assessment of the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core)
V.C.2.	The program must complete a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must complete a Self-Study and submit it to the DIO. (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited 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.
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	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.

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
V.C.3.a)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.	Board Certification For specialties in which the ABMS me board offer(s) an annual written exam program's aggregate pass rate of tho time must be higher than the bottom specialty. (Outcome)
V.C.3.b)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.a.	For specialties in which the ABMS me board offer(s) a biennial written exam program's aggregate pass rate of tho time must be higher than the bottom specialty. ^(Outcome)
V.C.3.c)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.b.	For specialties in which the ABMS me board offer(s) an annual oral exam, in program's aggregate pass rate of tho time must be higher than the bottom specialty. ^(Outcome)
V.C.3.d)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.c.	For specialties in which the ABMS me board offer(s) a biennial oral exam, in program's aggregate pass rate of tho time must be higher than the bottom specialty. ^(Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible residents tha

member board and/or AOA certifying am, in the preceding three years, the hose taking the examination for the first m fifth percentile of programs in that

member board and/or AOA certifying am, in the preceding six years, the hose taking the examination for the first m fifth percentile of programs in that

member board and/or AOA certifying in the preceding three years, the hose taking the examination for the first m fifth percentile of programs in that

member board and/or AOA certifying in the preceding six years, the hose taking the examination for the first m fifth percentile of programs in that

n 5.6.a.-c., any program whose cified in the requirement have achieved let this requirement, no matter the bass rate in that specialty. ^(Outcome)

rd certification status annually for the hat graduated seven years earlier. ^(Core)

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremer
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environm
	Residency education must occur in the context of a learning and working environment that emphasizes the following principles:		Residency education must occur in t environment that emphasizes the fol
	 Excellence in the safety and quality of care rendered to patients by residents today 		 Excellence in the safety and quality residents today
	• Excellence in the safety and quality of care rendered to patients by today's residents in their future practice		• Excellence in the safety and quality today's residents in their future pract
	• Excellence in professionalism		• Excellence in professionalism
	Appreciation for the privilege of caring for patients		• Appreciation for the privilege of car
	• Commitment to the well-being of the students, residents, faculty		• Commitment to the well-being of the
VI	members, and all members of the health care team	Section 6	members, and all members of the hea
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 continuo and a willingness to transparently de organization has formal mechanisms attitudes of its personnel toward safe improvement.
	The program, its faculty, residents, and fellows must actively participate in		The program, its faculty, residents, a
VI.A.1.a).(1).(a)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based		patient safety systems and contribute Patient Safety Events Reporting, investigation, and follow- unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst
VI.A.1.a).(2)	changes to ameliorate patient safety vulnerabilities.	[None]	changes to ameliorate patient safety
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, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

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aring for patients

the students, residents, faculty nealth care team

yous identification of vulnerabilities deal with them. An effective ms to assess the knowledge, skills, and afety in order to identify areas for

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

v-up of safety events, near misses, and nanisms for improving patient safety, of any patient safety program. Feedback ntial to developing true competence in ostitute sustainable systems-based ty vulnerabilities.

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

VI.A.1.a).(2).(a).(ii) VI.A.1.a).(2).(b) VI.A.1.a).(3)	Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core) Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Residents and faculty members must receive data on quality metrics and	Requirement Number 6.2.a. 6.3. [None] 6.4.	must be provided with summary infor safety reports. (Core)Residents must participate as team m interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementationQuality Metrics Access to data is essential to prioritiz and evaluating success of improvement
VI.A.1.a).(2).(a).(ii) VI.A.1.a).(2).(b) VI.A.1.a).(3)	be provided with summary information of their institution's patient safety reports. (Core) Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core) Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Residents and faculty members must receive data on quality metrics and	6.2.a. 6.3. [None]	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core) Residents must participate as team minterprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation Quality Metrics Access to data is essential to prioritiza and evaluating success of improvementation
VI.A.1.a).(2).(a).(ii) VI.A.1.a).(2).(b) VI.A.1.a).(3)	reports. (Core) Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core) Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Residents and faculty members must receive data on quality metrics and	6.3. [None]	must be provided with summary infor safety reports. (Core)Residents must participate as team m interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementationQuality Metrics Access to data is essential to prioritiz and evaluating success of improvement
VI.A.1.a).(2).(a).(ii) VI.A.1.a).(2).(b) VI.A.1.a).(3)	reports. (Core) Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core) Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Residents and faculty members must receive data on quality metrics and	6.3. [None]	safety reports. (Core) Residents must participate as team minterprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation Quality Metrics Access to data is essential to prioritize and evaluating success of improvement
VI.A.1.a).(2).(b) VI.A.1.a).(3)	Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core) Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Residents and faculty members must receive data on quality metrics and	6.3. [None]	Residents must participate as team m interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation Quality Metrics Access to data is essential to prioritiz and evaluating success of improvement
VI.A.1.a).(2).(b) VI.A.1.a).(3)	interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core) Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Residents and faculty members must receive data on quality metrics and	6.3. [None]	interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementation Quality Metrics Access to data is essential to prioritiz and evaluating success of improvement
VI.A.1.a).(2).(b) VI.A.1.a).(3)	such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core) Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Residents and faculty members must receive data on quality metrics and	6.3. [None]	such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Residents and faculty members must receive data on quality metrics and	[None]	well as formulation and implementation Quality Metrics Access to data is essential to prioritiz and evaluating success of improvement
VI.A.1.a).(3)	Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Residents and faculty members must receive data on quality metrics and		Access to data is essential to prioritiz and evaluating success of improvement
VI.A.1.a).(3)	and evaluating success of improvement efforts. Residents and faculty members must receive data on quality metrics and		Access to data is essential to prioritiz and evaluating success of improvement
VI.A.1.a).(3)	and evaluating success of improvement efforts. Residents and faculty members must receive data on quality metrics and		and evaluating success of improvement
	Residents and faculty members must receive data on quality metrics and		
	, , , , , , , , , , , , , , , , , , , ,	6.4	Residents and faculty members must
VI.A.1.a).(3).(a)	benchmarks related to their patient populations. (Core)	6.4	5
		V.T.	benchmarks related to their patient po
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structure accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structure accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requi practice of medicine; and establishes
	professional growth.	[None]	professional growth.
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and

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

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

tizing activities for care improvement nent efforts.

st receive data on quality metrics and populations. (Core)

a ultimately responsible for the care of in the responsibility and e provision of care. Effective Sponsoring Institutions, define, widely ured chain of responsibility and pervision of all patient care.

nte medical education provides safe res each resident's development of the uired to enter the unsupervised es a foundation for continued

a ultimately responsible for the care of in the responsibility and e provision of care. Effective Sponsoring Institutions, define, widely ured chain of responsibility and upervision of all patient care.

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

st inform each patient of their re when providing direct patient care. to residents, faculty members, other nd patients. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that to place for all residents is based on eac ability, as well as patient complexity a exercised through a variety of method (Core)
VI.A.2.a).(2)	Levels of Supervision	0.0.	
VI.A.2.b)	To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate resident sup- authority and responsibility, the prog classification of supervision.
			Direct Supervision The supervising physician is physica the key portions of the patient interac
VI.A.2.b).(1)	Direct Supervision	6.7.	The supervising physician and/or pat the resident and the supervising physician patient care through appropriate television
			Direct Supervision The supervising physician is physica the key portions of the patient interac
VI.A.2.b).(1).(a)	the supervising physician is physically present with the resident during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or pat the resident and the supervising physician patient care through appropriate television
VI.A.2.b).(1).(a).(i)	PGY-1 residents must initially be supervised directly, only as described in VI.A.2.b).(1).(a). (Core)	6.7.a.	PGY-1 residents must initially be sup the above definition. (Core)
VI.A.2.b).(1).(a).(i).(a)	The program must provide the resources to ensure that only neurology or child neurology residents supervise neurology residents on any neurology inpatient rotation. (Core)	6.7.b.	The program must provide the resource neurology residents supervise neurology rotation. (Core)
VI.A.2.b).(1).(a).(i).(b)	PGY-2, PGY-3, and PGY-4 neurology residents or other appropriate supervisory physicians (e.g., subspecialty residents or attendings) with documented experience appropriate to the acuity, complexity, and severity of patient illness must be available at all times on-site to supervise first-year residents on inpatient rotations. (Core)	6.7.c.	PGY-2, PGY-3, and PGY-4 neurology re supervisory physicians (e.g., subspecial documented experience appropriate to t patient illness must be available at all tir residents on inpatient rotations. (Core)
			Direct Supervision The supervising physician is physica the key portions of the patient interac
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or pat the resident and the supervising physic patient care through appropriate television

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ist inform each patient of their re when providing direct patient care. to residents, faculty members, other nd patients. (Core)

at the appropriate level of supervision in each resident's level of training and y and acuity. Supervision may be nods, as appropriate to the situation.

pervision while providing for graded ogram must use the following

cally present with the resident during action.

batient is not physically present with hysician is concurrently monitoring the lecommunication technology.

cally present with the resident during raction.

patient is not physically present with hysician is concurrently monitoring the lecommunication technology.

upervised directly, only as described in

ces to ensure that only neurology or child ogy residents on any neurology inpatient

residents or other appropriate ialty residents or attendings) with o the acuity, complexity, and severity of times on-site to supervise first-year

cally present with the resident during raction.

eatient is not physically present with hysician is concurrently monitoring the lecommunication technology.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.b).(1).(b).(i)	When residents are supervised directly through telecommunication technology, the supervising physician and the resident must interact with each other, and the patient, to solicit the key elements of the clinic visit and agree upon a management plan. (Detail)	6.7.d.	When residents are supervised directly the supervising physician and the reside the patient, to solicit the key elements o management plan. (Detail)
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not pro or audio supervision but is immediat guidance and is available to provide
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedbac
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 phys physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role resident must be assigned by the pro (Core)
VI.A.2.d).(1)	The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate specific criteria, guided by the Milest
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core)	6.9.b.	Faculty members functioning as supportions of care to residents based of skills of each resident. (Core)
VI.A.2.d).(3)	Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Senior residents or fellows should se residents in recognition of their prog the needs of each patient and the ski (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ residents must communicate with the (Core)
VI.A.2.e).(1)	Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)	6.10.a.	Each resident must know the limits of circumstances under which the resid conditional independence. (Outcome
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mu the knowledge and skills of each res the appropriate level of patient care a
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S residents and faculty members conceresponsibilities of physicians, includ to be appropriately rested and fit to p patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S residents and faculty members conceresponsibilities of physicians, includ to be appropriately rested and fit to p patients. (Core)

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y through telecommunication technology, dent must interact with each other, and of the clinic visit and agree upon a

roviding physical or concurrent visual ately available to the resident for e appropriate direct supervision.

ble to provide review of ack provided after care is delivered. vsical presence of a supervising

ity and responsibility, conditional ole in patient care delegated to each rogram director and faculty members.

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

pervising physicians must delegate on the needs of the patient and the

serve in a supervisory role to junior ogress toward independence, based on kills of the individual resident or fellow.

ircumstances and events in which he supervising faculty member(s).

of their scope of authority, and the ident is permitted to act with ne)

nust be of sufficient duration to assess sident and to delegate to the resident authority and responsibility. (Core)

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

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

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
VI.B.2.	The learning objectives of the program must:	[None]	
	be accomplished without excessive reliance on residents to fulfill non-		The learning objectives of the progra
VI.B.2.a)	physician obligations; (Core)	6.12.a.	excessive reliance on residents to ful
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the progra care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the progra the meaning that each resident finds physician, including protecting time administrative support, promoting pro flexibility, and enhancing professiona
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism personal responsibility. (Core)
VI.B.4.	Residents and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Residents and faculty members must their personal role in the safety and w care, including the ability to report ur (Core)
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)		Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free f forms of harassment, mistreatment, a residents, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of residents ar behavior and a confidential process f addressing such concerns. (Core)
VI.C.	Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills to nurtured in the context of other aspect
	Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares residents with the skills and attitudes needed to thrive throughout their careers.	[None]	Residents and faculty members are a Programs, in partnership with their S same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares residents with the skills and throughout their careers.

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

ram must include efforts to enhance Is in the experience of being a e with patients, providing progressive independence and nal relationships. (Core) p with the Sponsoring Institution, must n that supports patient safety and

est demonstrate an understanding of I welfare of patients entrusted to their unsafe conditions and safety events.

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

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

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

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

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requirement
	The responsibility of the program, in partnership with the Sponsoring		The responsibility of the program, in p
VI.C.1.		6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensity
VI.C.1.a)		6.13.a.	impacts resident well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)	6.13.b.	evaluating workplace safety data and and faculty members; (Core)
	policies and programs that encourage optimal resident and faculty		policies and programs that encourage
VI.C.1.c)		6.13.c.	member well-being; and, (Core)
	Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their		Residents must be given the opportur and dental care appointments, includi
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of residents and faculty members in:	6.13.d.	education of residents and faculty me
	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to		identification of the symptoms of burr disorders, suicidal ideation, or potent
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2)		6.13.d.2.	appropriate care; and, (Core)
VI.C.1.d).(3)		6.13.d.3.	access to appropriate tools for self-so
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affor
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)		6.13.e.	24 hours a day, seven days a week. (C
	There are circumstances in which residents may be unable to attend work,		There are circumstances in which res
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, ill
	medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for residents unable to perform their patient		medical, parental, or caregiver leave. appropriate length of absence for resi
VI.C.2.		6.14.	care responsibilities. (Core)
	The program must have policies and procedures in place to ensure		The program must have policies and p
VI.C.2.a)		6.14.a.	coverage of patient care and ensure c
	These policies must be implemented without fear of negative		These policies must be implemented
	consequences for the resident who is or was unable to provide the clinical		consequences for the resident who is
VI.C.2.b)	work. (Core)	6.14.b.	work. (Core)
			Fatigue Mitigation
			Programs must educate all residents
			of the signs of fatigue and sleep depri
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
			Fatigue Mitigation
	Programs must educate all residents and faculty members in recognition		Programs must educate all residents
	of the signs of fatigue and sleep deprivation, alertness management, and	G 4 E	of the signs of fatigue and sleep depri
VI.D.1.		6.15.	fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who		The program, in partnership with its S adequate sleep facilities and safe tran
VI.D.2.		6.16.	may be too fatigued to safely return h
VI.E.		[None]	

n partnership with the Sponsoring

sity, and work compression that

d addressing the safety of residents

ge optimal resident and faculty

unity to attend medical, mental health, iding those scheduled during their

nembers in:

Irnout, depression, and substance use ntial for violence, including means to conditions; (Core)

nemselves and how to seek

screening. (Core)

fordable mental health assessment, g access to urgent and emergent care (Core)

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

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

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

s and faculty members in recognition privation, alertness management, and l)

s and faculty members in recognition privation, alertness management, and I)

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
Numerais	Clinical Responsibilities	Number	itequitement
VI.E.1.	The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each patient safety, resident ability, severi illness/condition, and available suppo
VI.E.1.a)	The program director must have the authority and responsibility to set appropriate clinical responsibilities (i.e., patient caps) for each resident. (Core)	6.17.a.	The program director must have the aut appropriate clinical responsibilities (i.e.,
VI.E.2.	Teamwork Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system. (Core)	6.18.	Teamwork Residents must care for patients in a communication and promotes safe, in the specialty and larger health system
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fro
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
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 S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that residents are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that residents with team members in the hand-off p
VI.F.	Clinical Experience and Education <i>Programs, in partnership with their Sponsoring Institutions, must design</i> <i>an effective program structure that is configured to provide residents with</i> <i>educational and clinical experience opportunities, as well as reasonable</i> <i>opportunities for rest and personal activities.</i>	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience o opportunities for rest and personal ad
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 Educ Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Residents should have eight hours of and education periods. (Detail)
VI.F.2.a)	Residents should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Residents should have eight hours of and education periods. (Detail)
VI.F.2.b)	Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)Residents must be scheduled for a minimum of one day in seven free of	6.21.a.	Residents must have at least 14 hour after 24 hours of in-house call. (Core) Residents must be scheduled for a m
VI.F.2.c)	clinical work and required education (when averaged over four weeks). At- home call cannot be assigned on these free days. (Core)	6.21.b.	clinical work and required education home call cannot be assigned on the

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h resident must be based on PGY level, rity and complexity of patient port services. (Core)

uthority and responsibility to set e., patient caps) for each resident. (Core)

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

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

gnments to optimize transitions in frequency, and structure. (Core) Sponsoring Institutions, must ensure

and-off processes to facilitate both y. (Core)

ts are competent in communicating process. (Outcome)

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

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

ork and Education off between scheduled clinical work

ork and Education off between scheduled clinical work

urs free of clinical work and education ^re)

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

Requirement Number - Roman		Reformatted Requirement	
Numerals	Requirement Language	Number	Requiremen
			Maximum Clinical Work and Education
			Clinical and educational work period
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	hours of continuous scheduled clinic
			Maximum Clinical Work and Education
	Clinical and educational work periods for residents must not exceed 24	c	Clinical and educational work periods
VI.F.3.a)	hours of continuous scheduled clinical assignments. (Core)	6.22.	hours of continuous scheduled clinic
	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		Up to four hours of additional time m patient safety, such as providing effe
	resident education. Additional patient care responsibilities must not be		resident education. Additional patien
VI.F.3.a).(1)	assigned to a resident during this time. (Core)	6.22.a.	assigned to a resident during this tim
			Clinical and Educational Work Hour
			In rare circumstances, after handing
			resident, on their own initiative, may
			clinical site in the following circumst
			a single severely ill or unstable patier
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	needs of a patient or patient's family; events. (Detail)
VI.I . T .		0.20.	
	In rare circumstances, after handing off all other responsibilities, a		Clinical and Educational Work Hour E In rare circumstances, after handing
	resident, on their own initiative, may elect to remain or return to the		resident, on their own initiative, may
	clinical site in the following circumstances: to continue to provide care to		clinical site in the following circumst
	a single severely ill or unstable patient; to give humanistic attention to the		a single severely ill or unstable patier
	needs of a patient or patient's family; or to attend unique educational		needs of a patient or patient's family;
VI.F.4.a)	events. (Detail)	6.23.	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 edu 80-hour weekly limit. (Detail)
<u>vi.r.4.</u> 0)		0.23.a.	
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to		A Review Committee may grant rotat percent or a maximum of 88 clinical a
	individual programs based on a sound educational rationale.		individual programs based on a sour
	The Review Committee for Neurology will not consider requests for exceptions		The Review Committee for Neurology w
VI.F.4.c)	to the 80-hour limit to the residents' work week.	6.24.	to the 80-hour limit to the residents' wor
			Moonlighting
			Moonlighting must not interfere with
			the goals and objectives of the education interfere with the resident's fitness for
VI.F.5.	Moonlighting	6.25.	safety. (Core)
	······································		Moonlighting
	Moonlighting must not interfere with the ability of the resident to achieve		Moonlighting must not interfere with
	the goals and objectives of the educational program, and must not		the goals and objectives of the educa
	interfere with the resident's fitness for work nor compromise patient		interfere with the resident's fitness for
VI.F.5.a)	safety. (Core)	6.25.	safety. (Core)
	Time spent by residents in internal and external moonlighting (as defined		Time spent by residents in internal a
	in the ACGME Glossary of Terms) must be counted toward the 80-hour	6.25.0	in the ACGME Glossary of Terms) mu
VI.F.5.b) VI.F.5.c)	maximum weekly limit. (Core) PGY-1 residents are not permitted to moonlight. (Core)	6.25.a. 6.25.b.	maximum weekly limit. (Core) PGY-1 residents are not permitted to
vi.F.J.C/	ror-rresidents are not permitted to mooninght. (Core)	0.23.0.	ror-residents are not permitted to

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ation Period Length
ods for residents must not exceed 24
nical assignments. (Core)
ation Period Length
ods for residents must not exceed 24
nical assignments. (Core)
may be used for activities related to
ffective transitions of care, and/or
ient care responsibilities must not be
time. (Core)
Ir Exceptions
ng off all other responsibilities, a
ay elect to remain or return to the
nstances: to continue to provide care to
tient; to give humanistic attention to the
ily; or to attend unique educational
Ir Exceptions
ng off all other responsibilities, a
ay elect to remain or return to the
istances: to continue to provide care to
tient; to give humanistic attention to the
ily; or to attend unique educational
ny, or to attend unique educational
education must be counted toward the
tation-specific exceptions for up to 10
al and educational work hours to
ound educational rationale.
y will not consider requests for exceptions
vork week.
ith the ability of the resident to achieve
ucational program, and must not
s for work nor compromise patient
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ith the ability of the resident to achieve
ucational program, and must not
s for work nor compromise patient
l and external moonlighting (as defined
must be counted toward the 80-hour

to moonlight. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
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 con seven requirements. (Core)
VI.F.6.a)	Residents should not have more than two consecutive weeks of night float or half of a calendar month (maximum 16 days). (Detail)	6.26.a.	Residents should not have more than tw half of a calendar month (maximum 16 d
VI.F.7.	Maximum In-House On-Call Frequency Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequence Residents must be scheduled for in-h every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities count toward the 80-hour maximum v home call is not subject to the every- the requirement for one day in seven when averaged over four weeks. (Con
VI.F.8.a)	Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities count toward the 80-hour maximum v home call is not subject to the every- the requirement for one day in seven when averaged over four weeks. (Con
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 resident. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each reasonable personable pers

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

two consecutive weeks of night float or 6 days). (Detail)

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n-house call no more frequently than ver a four-week period). (Core)

es by residents on at-home call must n weekly limit. The frequency of atry-third-night limitation, but must satisfy en free of clinical work and education, core)

es by residents on at-home call must n weekly limit. The frequency of atry-third-night limitation, but must satisfy en free of clinical work and education, core)

ent or taxing as to preclude rest or resident. (Core)