## Neuroradiology Crosswalk

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	<b>Definition of Subspecialty</b> The body of knowledge and practice of neuroradiology comprises both imaging (computed tomography (CT), magnetic resonance imaging (MRI), plain film interpretation, neurosonography, and nuclear radiology) and invasive procedures related to the brain, spine and spinal cord, head, neck, and organs of special sense (eyes, ears, nose) in adults and children. Neuroradiologists interpret imaging findings based on their knowledge of the fundamentals of pathology, pathophysiology, and clinical manifestations of the brain, spine and spinal cord, head, neck, and organs of special sense.		<b>Definition of Subspecialty</b> The body of knowledge and practice of (computed tomography (CT), magnetic interpretation, neurosonography, and n procedures related to the brain, spine a of special sense (eyes, ears, nose) in a interpret imaging findings based on the pathology, pathophysiology, and clinical spinal cord, head, neck, and organs of
Int.B.	The program provides fellows with the opportunity to develop, under supervision, progressively independent skills in the performance and interpretation of neuroradiologic imaging studies and invasive procedures. At the end of the program, fellows should be capable of independent and accurate clinical decision-making in all areas of neuroradiology.	[None]	The program provides fellows with the of supervision, progressively independent interpretation of neuroradiologic imagin the end of the program, fellows should clinical decision-making in all areas of r
Int.C.	Length of Educational Program	4.1.	Length of Program The educational program in neuroradio
Ι.	Oversight	Section 1	Section 1: Oversight
I.A.	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. 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]	Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp medical education consistent with th When the Sponsoring Institution is n most commonly utilized site of clinic primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. <sup>(Core)</sup>	1.1.	The program must be sponsored by Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Sp primary clinical site. (Core)
I.B.1.a)	The Sponsoring Institution should also sponsor an ACGME-accredited residency program in diagnostic radiology. (Core)		The Sponsoring Institution should also sprogram in diagnostic radiology. (Core)
I.B.1.a).(1)	There must be a collaborative relationship between the fellowship and residency program directors to ensure optimal educational experiences for both residents and fellows. (Core)	1.2.a.1.	There must be a collaborative relations program directors to ensure optimal edu and fellows. (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 ag and each participating site that gove program and the participating site pr

of neuroradiology comprises both imaging ic resonance imaging (MRI), plain film nuclear radiology) and invasive and spinal cord, head, neck, and organs adults and children. Neuroradiologists heir knowledge of the fundamentals of cal manifestations of the brain, spine and of special sense.

e opportunity to develop, under nt skills in the performance and ing studies and invasive procedures. At d be capable of independent and accurate f neuroradiology.

iology must be 12 months in length. (Core)

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

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

y one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

o sponsor an ACGME-accredited residency e)

nship between the fellowship and residency educational experiences for both residents

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

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I.B.2.a)	The PLA must:	[None]	Kequitemen
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is accoust site, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
	Workforce Recruitment and Retention		Workforce Recruitment and Retention
I.C.	The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		The program, in partnership with its s in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its s the availability of adequate resources
I.D.1.a)	All related equipment required for advanced neuroimaging must be state-of-the- art and available. (Core)	1.8.a.	All related equipment required for advar art and available. (Core)
I.D.1.b)	Adequate space for image display, interpretation of studies, and consultation with clinicians must be available. (Core)	1.8.b.	Adequate space for image display, inter with clinicians must be available. (Core)
I.D.1.c)	There must be adequate office space for neuroradiology faculty members, program administration, and fellows. (Core)	1.8.c.	There must be adequate office space fo program administration, and fellows. (Co
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and workin 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)
l.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatic with proximity appropriate for safe pa

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

ical learning and working environment

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

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

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

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

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

anced neuroimaging must be state-of-the-

terpretation of studies, and consultation re)

for neuroradiology faculty members, Core)

s Sponsoring Institution, must ensure ing environments that promote fellow

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

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

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I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with dis Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and of but not limited to residents from othe advanced practice providers, must no fellows' education. (Core)
I.E.1.a)	The presence of other learners, and health care professionals, including residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners, must not interfere with the appointed fellows' education. (Core)	1.11.a.	The presence of other learners, and hear residents from other specialties, subspec practitioners, must not interfere with the
I.E.1.b)		1.11.b.	The fellows must not dilute or detract fro available to residents in the core diagno
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applical must be provided with support adequ based upon its size and configuration

opriate to the participating site; and,

isabilities consistent with the re)

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

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other health care personnel, including ner programs, subspecialty fellows, and not negatively impact the appointed

ealth care professionals, including becialty fellows, PhD students, and nurse le appointed fellows' education. (Core)

rom the educational opportunities nostic radiology residency program. (Core)

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

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

ate Medical Education Committee program director and must verify the inical appointment. (Core)

tor resides with the Review Committee.

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

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	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director mu and support specified below for adminis
	Number of Approved Fellow Positions: 1 to 6   Minimum Support Required (FTE): 0.1		Number of Approved Fellow Positions: (FTE): 0.1
	Number of Approved Fellow Positions: 7 to 8   Minimum Support Required (FTE): 0.2		Number of Approved Fellow Positions: 7 (FTE): 0.2
II.A.2.a)	Number of Approved Fellow Positions: 9 or more   Minimum Support Required (FTE): 0.3	2.3.a.	Number of Approved Fellow Positions: § (FTE): 0.3
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the specialty by the American Board of Radiology or by the American Osteopathic Board of Radiology, or subspecialty qualifications that are acceptable to the Review Committee; (Core)	2.4.a.	The program director must possess of subspecialty for which they are the p Board of Radiology or by the America subspecialty qualifications that are a (Core)
II.A.3.c)	must include at least three years' experience as a faculty member in an ACGME- accredited diagnostic radiology residency or neuroradiology fellowship program; and, (Core)	2.4.b.	The program director must possess at le member in an ACGME-accredited diagr neuroradiology fellowship program. (Co
II.A.3.d)	should include at least 80 percent of the program director's time spent in the practice of neuroradiology. (Core)	2.4.c.	The program director should demonstra spent in the practice of neuroradiology.
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and selec fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1) II.A.4.a).(2)	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 mission(s) of the program; (Core)	2.5.a. 2.5.b.	The program director must be a role The program director must design an consistent with the needs of the com Sponsoring Institution, and the missi
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating	2.5.c.	The program director must administer environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)		The program director must have the physicians and non-physicians as fa- sites, including the designation of co develop and oversee a process to ev (Core)

nust be provided with the dedicated time nistration of the program: (Core)

- 1 to 6 | Minimum Support Required
- 7 to 8 | Minimum Support Required
- 9 or more | Minimum Support Required

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s subspecialty expertise and view Committee. (Core)

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s subspecialty expertise and view Committee. (Core)

s current certification in the program director by the American can Osteopathic Board of Radiology, or acceptable to the Review Committee.

t least three years' experience as a faculty gnostic radiology residency or Core)

trate that at least 80 percent of their time is y. (Core)

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

e model of professionalism. (Core) and conduct the program in a fashion ommunity, the mission(s) of the ssion(s) of the program. (Core)

ster and maintain a learning ng the fellows in each of the ACGME

e authority to approve or remove faculty members at all participating core faculty members, and must evaluate candidates prior to approval.

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II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learn the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure th Sponsoring Institution's policies and due process, including when action is promote, or renew the appointment o
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure th Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide a with information related to their eligit examination(s). (Core)

e authority to remove fellows from rning environments that do not meet e)

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

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

the program's compliance with the nd procedures related to grievances and n is taken to suspend or dismiss, not to c of a fellow. (Core)

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

n a non-competition guarantee or

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

verification of an individual fellow's t, within 30 days. (Core)

applicants who are offered an interview jibility for the relevant specialty board

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	<ul> <li>Faculty</li> <li>Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients.</li> <li>Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.</li> <li>Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and</li> </ul>		Faculty Faculty members are a foundational education – faculty members teach for Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, commination compatient care, professionalism, and a Faculty members experience the prior development of future colleagues. The the opportunity to teach and model of scholarly approach to patient care, for medical education system, improve to population. Faculty members ensure that patient from a specialist in the field. They react the patients, fellows, community, and provide appropriate levels of supervi- faculty members create an effective professional manner and attending to
II.B.	themselves.	[None]	themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (C
II.B.1.a)	The neuroradiology faculty must include:	2.6.a.	The neuroradiology faculty must include neuroradiologists, including the program
II.B.1.a).(1)	a minimum of at least two neuroradiologists, including the program director. (Core)	2.6.a.	The neuroradiology faculty must include neuroradiologists, including the program
II.B.1.a).(1).(a)	These faculty members should spend at least 80 percent of their time in the practice of neuroradiology. (Core)	2.6.a.1.	These faculty members should spend a practice of neuroradiology. (Core)
II.B.1.a).(2)	There must be a minimum of at least one neuroradiologist for every two fellows. (Core)	2.6.b.	There must be a minimum of at least or (Core)
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role mode
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate fellows, including devoting sufficient fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer ar environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a

al element of graduate medical fellows how to care for patients. tant bridge allowing fellows to grow ng 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 graduate e the health of the individual and the

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

of faculty members with competence to (Core)

de a minimum of at least two am director. (Core)

de a minimum of at least two am director. (Core)

at least 80 percent of their time in the

one neuroradiologist for every two fellows.

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

e a strong interest in the education of int time to the educational program to g responsibilities. (Core) and maintain an educational ing fellows. (Core)

articipate in organized clinical , and conferences. (Core)

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II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.2.g)	The members of the faculty must regularly participate in clinical discussions, journal clubs, clinical multidisciplinary conferences, and research conferences. (Core)	2.7.f.	The members of the faculty must regula journal clubs, clinical multidisciplinary co (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee; and, (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa Osteopathic Board of Radiology, or po acceptable to the Review Committee.
II.B.3.b).(1).(a)	At least 50 percent of the physician faculty must have subspecialty certification in neuroradiology from the American Board of Radiology or the American Osteopathic Board of Radiology. (Core)	2.9.a.1.	At least 50 percent of the physician facu in neuroradiology from the American Boa Osteopathic Board of Radiology. (Core)
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sign supervision of fellows and must devo effort to fellow education and/or admi of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a
II.B.4.b)	There must be at least two core faculty members, including the program director, who are neuroradiologists. (Core)	2.10.b.	There must be at least two core faculty r director, who are neuroradiologists. (Cor
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration o and configuration. (Core)

Ity development designed to enhance

larly participate in clinical discussions, conferences, and research conferences.

priate qualifications in their field and ntments. (Core)

oriate qualifications in their field and ntments. (Core)

#### nbers

nbers must have current certification in oard of Radiology or the American possess qualifications judged e. (Core)

culty must have subspecialty certification Board of Radiology or the American e)

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

significant role in the education and vote a significant portion of their entire ministration, and must, as a component nd provide formative feedback to

e annual ACGME Faculty Survey. (Core) y members, including the program core)

#### or. (Core)

#### or. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program as follows: (Core)		At a minimum, the program coordinator time and support specified below for adr (Core)
	Number of Approved Fellow Positions: 1-3   Minimum Support Required (FTE): 0.3		Number of Approved Fellow Positions: 1 0.3
	Number of Approved Fellow Positions: 4-7   Minimum Support Required (FTE): 0.4 Number of Approved Fellow Positions: 8 or more   Minimum Support Required		Number of Approved Fellow Positions: 4 0.4 Number of Approved Fellow Positions: 8
II.C.2.a)	(FTE): 0.5	2.11.b.	(FTE): 0.5
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
	There must be nurses and technologists appropriately trained for invasive	0.40	There must be nurses and technologists
II.D.1. III.	procedures and advanced imaging techniques. (Core) Fellow Appointments	2.12.a. Section 3	procedures and advanced imaging techr Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)		Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an Ad an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Cana program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations from
III.A.1.b)	Prerequisite clinical education for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by one of the organizations identified in section III.A.1. (Core)	3.2.a.1.	Prerequisite clinical education for entry in program should include the satisfactory residency accredited by one of the organ
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Radiology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Radiology v the fellowship eligibility requirements
III.A.1.c)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate applic eligibility requirements listed in 3.2, b additional qualifications and condition

or must be provided with the dedicated dministration of the program as follows:

1-3 | Minimum Support Required (FTE):

4-7 | Minimum Support Required (FTE):

8 or more | Minimum Support Required

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

sts appropriately trained for invasive chniques. (Core)

#### ip Programs

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

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

y into a diagnostic radiology subspecialty y completion of a diagnostic radiology anizations identified in section 3.2. (Core)

y will allow the following exception to its:

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremer
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissi (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Con of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoi Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, a matriculation. (Core)
	Educational Program The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational		Section 4: Educational Program The ACGME accreditation system is a
	affiliation, size, or location of the program. The educational program must support the development of knowledgeable,		and innovation in graduate medical e organizational affiliation, size, or loca
	skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wi
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pl 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.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program		a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m
IV.A.1.	applicants, fellows, and faculty members; (Core)	4.2.a.	applicants, fellows, and faculty memb

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

xception must have an evaluation of ompetency Committee within 12 weeks

oint more fellows than approved by the

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

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

port the development of who provide compassionate care.

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

#### llowing educational components:

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremer
	competency-based goals and objectives for each educational experience		competency-based goals and objecti
	designed to promote progress on a trajectory to autonomous practice in		designed to promote progress on a t
	their subspecialty. These must be distributed, reviewed, and available to		their subspecialty. These must be dis
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	fellows and faculty members; (Core)
	delineation of fellow responsibilities for patient care, progressive		delineation of fellow responsibilities
	responsibility for patient management, and graded supervision in their		responsibility for patient managemer
IV.A.3.	subspecialty; (Core)	4.2.c.	subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow Experiences Fellows must be provided with protec didactic activities. (Core)
	formal educational activities that promote patient safety-related goals,		formal educational activities that pro
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	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 subspecialty. The subspecialty-specific patient care an refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACG
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitu adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in providing consultation, and in the interpretation of imaging diseases of the brain, spine, neck, organs of special sense, and vascular supply to these regions utilizing CT, MRI, magnetic resonance (MR) angiography, radiography, ultrasound, and nuclear radiology, including PET. (Core)	4.4.a.	Fellows must demonstrate competence interpretation of imaging diseases of the sense, and vascular supply to these reg resonance (MR) angiography, radiograp including PET. (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural Fellows must be able to perform all n procedures considered essential for
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in the performance and/or interpretation of the following: (Core)	4.5.a.	Fellows must demonstrate competence of the following: (Core)

ctives for each educational experience a trajectory to autonomous practice in distributed, reviewed, and available to e)

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

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

tected time to participate in core

romote patient safety-related goals,

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

GME Competencies into the curriculum.

onalism nitment to professionalism and an ore)

#### re

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

ce in providing consultation, and in the the brain, spine, neck, organs of special egions utilizing CT, MRI, magnetic raphy, ultrasound, and nuclear radiology,

### al Skills

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

ce in the performance and/or interpretation

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(2).(a).(i)	3000 neuroradiological exams, including CT and MR, of which at least 1500 are neuroradiological MR scans; (Core)	4.5.a.1.	3000 neuroradiological exams, including neuroradiological MR scans; (Core)
IV.B.1.b).(2).(a).(ii)	250 vascular examinations, including computed tomography angiogram (CTA), computed tomography venogram (CTV), magnetic resonance angiogram (MRA), magnetic resonance venogram (MRV), Doppler ultrasound, and catheter-based angiography; and, (Core)	4.5.a.2.	250 vascular examinations, including co computed tomography venogram (CTV) magnetic resonance venogram (MRV), I angiography; and, (Core)
IV.B.1.b).(2).(a).(iii)	100 image-guided invasive procedures. (Core)	4.5.a.3.	100 image-guided invasive procedures.
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in performing image-guided access to the spinal subarachnoid space for the purposes of myelography, cerebral spinal fluid (CSF) analysis, and/or instillation of therapeutic agents. (Core)	4.5.b.	Fellows must demonstrate competence the spinal subarachnoid space for the pu fluid (CSF) analysis, and/or instillation of
IV.B.1.b).(2).(c)	Fellows must demonstrate competence in performing relevant patient evaluation, demonstrating patient management skills, and relevant pharmacology skills, including obtaining informed consent and monitoring for complications. (Core)	4.5.c.	Fellows must demonstrate competence evaluation, demonstrating patient manage pharmacology skills, including obtaining complications. (Core)
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of the following: (Core)	[None]	
IV.B.1.c).(1).(a)	indications and contraindications for, and the role of interventional neuroangiography in patient care management and treatment; (Core)	4.6.a.	Fellows must demonstrate competence contraindications for, and the role of intercare management and treatment. (Core
IV.B.1.c).(1).(b)	indications, limitations, risks, alternatives, and appropriate utilization of neuroradiologic imaging and interventional procedures; (Core)	4.6.b.	Fellows must demonstrate competence limitations, risks, alternatives, and appro imaging and interventional procedures.
IV.B.1.c).(1).(c)	pathophysiology, pathology, anatomy, and genetics of diseases that affect the brain, neck, and spine, including congenital, traumatic, vascular, neoplastic, infectious, inflammatory, metabolic, and neurodegenerative disorders; (Core)	4.6.c.	Fellows must demonstrate competence pathology, anatomy, and genetics of dis- spine, including congenital, traumatic, va inflammatory, metabolic, and neurodege
IV.B.1.c).(1).(d)	consequences on neuroradiologic imaging of medical and surgical treatments of diseases of the brain, spine, and head and neck; (Core)	4.6.d.	Fellows must demonstrate competence neuroradiologic imaging of medical and brain, spine, and head and neck. (Core)
IV.B.1.c).(1).(e)	all aspects of administering and monitoring sedation; (Core)	4.6.e.	Fellows must demonstrate competence administering and monitoring sedation. (
IV.B.1.c).(1).(f)	radiologic sciences with an emphasis on CT and MR physics, radiation biology, and the pharmacology of radiographic contrast materials; and, (Core)	4.6.f.	Fellows must demonstrate competence with an emphasis on CT and MR physics pharmacology of radiographic contrast n
IV.B.1.c).(1).(g)	advanced techniques, such as magnetic resonance spectroscopy (MRS) and functional activation studies (fMRI). (Core)	4.6.g.	Fellows must demonstrate competence techniques, such as magnetic resonance activation studies (fMRI). (Core)

ng CT and MR, of which at least 1500 are

computed tomography angiogram (CTA), /), magnetic resonance angiogram (MRA), , Doppler ultrasound, and catheter-based

s. (Core)

e in performing image-guided access to purposes of myelography, cerebral spinal of therapeutic agents. (Core)

e in performing relevant patient nagement skills, and relevant ng informed consent and monitoring for

#### nowledge

ge of established and evolving II, and social-behavioral sciences, as the application of this knowledge to

e in their knowledge of indications and nterventional neuroangiography in patient re)

e in their knowledge of indications, propriate utilization of neuroradiologic s. (Core)

e in their knowledge of pathophysiology, iseases that affect the brain, neck, and vascular, neoplastic, infectious, generative disorders. (Core)

e in their knowledge of consequences on ad surgical treatments of diseases of the e)

ce in their knowledge of all aspects of n. (Core)

e in their knowledge of radiologic sciences sics, radiation biology, and the t materials. (Core)

e in their knowledge of advanced nce spectroscopy (MRS) and functional

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Ba Fellows must demonstrate the ability of patients, to appraise and assimilat continuously improve patient care ba lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interperson Fellows must demonstrate interperso result in the effective exchange of inf patients, their families, and health pre
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Ba Fellows must demonstrate an awaren larger context and system of health c social determinants of health, as well other resources to provide optimal he
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical to events. (Core)
			4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Curriculum Organization and Fe The program must provide instruction if applicable for the subspecialty, incl substance use disorder. (Core)
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Fellow I The curriculum must be structured to experiences, the length of the experie These educational experiences include patient care responsibilities, clinical to events. (Core)
IV.C.1.a)	The assignment of educational experiences should be structured to minimize the frequency of transitions. (Detail)†	4.10.a.	The assignment of educational experien frequency of transitions. (Detail)

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

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

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

Fellow Experiences – Curriculum

to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

Fellow Experiences – Didactic and

ected time to participate in core

Fellow Experiences – Pain Management on and experience in pain management cluding recognition of the signs of

v Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

ences should be structured to minimize the

## Neuroradiology Crosswalk

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
IV.C.1.b)	Educational experiences should be of sufficient length to provide a quality educational experience defined by ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Detail)	4.10.b.	Educational experiences should be of s educational experience defined by ong relationships with faculty members, and (Detail)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow The program must provide instruction if applicable for the subspecialty, independent of the subspecialty of the substance use disorder. (Core)
IV.C.3.	The program must provide fellows with an organized, comprehensive, and supervised, full-time educational experience in the selection, interpretation, and performance of neuroradiologic examinations and procedures. (Core)	4.11.a.	The program must provide fellows with supervised, full-time educational experi performance of neuroradiologic examir
IV.C.4.	The curriculum must contain the following didactic components:	[None]	
IV.C.4.a)	departmental and/or interdepartmental conferences with allied clinical departments that should be held weekly; (Core)	4.11.b.	The curriculum must contain department with allied clinical departments that sho
IV.C.4.b)	morbidity and mortality review related to the performance of interventional procedures; and, (Core)	4.11.c.	The curriculum must contain morbidity performance of interventional procedur
IV.C.4.b).(1)	This review should be conducted four times a year. (Core)	4.11.c.1.	This review should be conducted four ti
IV.C.4.c)	journal club that should be conducted on a regular basis. (Core)	4.11.d.	The curriculum must contain journal clu basis. (Core)
IV.C.4.c).(1)	Fellows should present and lead discussions on current peer-reviewed articles pertaining to the specialty of neuroradiology. (Core)	4.11.d.1.	Fellows should present and lead discus pertaining to the specialty of neuroradic
IV.C.5.	The program curriculum must provide:	[None]	
IV.C.5.a)	experience in pediatric neuroradiology; (Core)	4.11.e.	The program curriculum must provide e (Core)
IV.C.5.a).(1)	There should be a minimum of four weeks or equivalent longitudinal experience in pediatric neuroradiology. (Core)	4.11.e.1.	There should be a minimum of four wee in pediatric neuroradiology. (Core)
IV.C.5.b)	experience in head and neck radiology; (Core)	4.11.f.	The program curriculum must provide e (Core)
IV.C.5.b).(1)	There should be a minimum of four weeks or equivalent longitudinal experience in head and neck radiology. (Core)	4.11.f.1.	There should be a minimum of four wee in head and neck radiology. (Core)
IV.C.5.c)	experience in spine radiology, including non-invasive studies and image-guided procedures; (Core)	4.11.g.	The program curriculum must provide e non-invasive studies and image-guided
IV.C.5.c).(1)	There should be a minimum of four weeks or equivalent longitudinal experience in spine radiology. (Core)	4.11.g.1.	There should be a minimum of four wee in spine radiology. (Core)
IV.C.5.d)	experience in vascular neuroradiology; and, (Core)	4.11.h.	The program curriculum must provide e (Core)
IV.C.5.e)	general experience in neuroradiology. (Core)	4.11.i.	The program curriculum must provide g (Core)
IV.C.5.e).(1)	This should include exposure to new and evolving techniques such as Perfusion Imaging (CTP and MRP), MR spectroscopy, Diffusion Weighed Imaging (DWI), Diffusion Tension Imaging (DTI), fMRI, and PET. (Core)	4.11.i.1.	This should include exposure to new ar Imaging (CTP and MRP), MR spectroso Diffusion Tension Imaging (DTI), fMRI,
IV.C.6.	Fellows must interpret non-invasive and invasive diagnostic catheter-based cervicocerebral angiography. (Core)	4.11.j.	Fellows must interpret non-invasive and cervicocerebral angiography. (Core)
IV.C.7.	Fellows should participate in catheter-based angiography and pre- and post- procedural care of patients undergoing angiography. (Core)	4.11.k.	Fellows should participate in catheter-b procedural care of patients undergoing

#### ent Language

<sup>i</sup> sufficient length to provide a quality going supervision, longitudinal nd high-quality assessment and feedback.

w Experiences – Pain Management tion and experience in pain management ncluding recognition of the signs of

h an organized, comprehensive, and erience in the selection, interpretation, and inations and procedures. (Core)

ental and/or interdepartmental conferences nould be held weekly. (Core)

y and mortality review related to the ures. (Core)

times a year. (Core)

lub that should be conducted on a regular

ussions on current peer-reviewed articles diology. (Core)

experience in pediatric neuroradiology.

eeks or equivalent longitudinal experience

experience in head and neck radiology.

eeks or equivalent longitudinal experience

experience in spine radiology, including ed procedures. (Core)

eeks or equivalent longitudinal experience

experience in vascular neuroradiology.

general experience in neuroradiology.

and evolving techniques such as Perfusion scopy, Diffusion Weighed Imaging (DWI), I, and PET. (Core)

nd invasive diagnostic catheter-based

-based angiography and pre- and postg angiography. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.7.a)	There should be a minimum of four weeks or equivalent longitudinal experience in vascular neuroradiology. (Core)	4.11.k.1.	There should be a minimum of four wee in vascular neuroradiology. (Core)
IV.C.8.	Fellows must maintain advanced cardiac life support certification. (Core)	4.11.l.	Fellows must maintain advanced cardiad
IV.C.9.	Fellows must document their exposure to magnetic resonance spectroscopy (MRS) and functional activation studies (fMRI). (Core)	4.11.m.	Fellows must document their exposure t (MRS) and functional activation studies
IV.C.10.	Fellows must document their performance of invasive cases in a procedure log. (Core)	4.11.n.	Fellows must document their performand (Core)
	Scholarship		
IV.D.	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The prograd environment that fosters the acquisiti participation in scholarly activities as Program Requirements. Scholarly act integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship
			Program Responsibilities The program must demonstrate evide
IV.D.1.	Program Responsibilities	4.13.	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 evide 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 fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow activities. (Core)

eeks or equivalent longitudinal experience

iac life support certification. (Core) e to magnetic resonance spectroscopy es (fMRI). (Core)

ance of invasive cases in a procedure log.

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

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

dence of scholarly activities, consistent

dence of scholarly activities, consistent

Sponsoring Institution, must allocate ow and faculty involvement in scholarly

## Neuroradiology Crosswalk

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
			Faculty Scholarly Activity Among their scholarly activity, progr accomplishments in at least three of •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 commi editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	<ul> <li>Innovations in education</li> </ul>
IV.D.2.a) IV.D.2.b)	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods: faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book	4.14. 4.14.a.	Faculty Scholarly Activity Among their scholarly activity, progr accomplishments in at least three of •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 commineditorial boards •Innovations in education The program must demonstrate diss and external to the program by the for faculty participation in grand rounds improvement presentations, podium peer-reviewed print/electronic resourd
IV.D.2.b).(1)	chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.1.	chapters, textbooks, webinars, servi serving as a journal reviewer, journa (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity
IV.D.3.a)	Fellows should be provided with instruction in the fundamentals of experimental design, performance, and interpretation of results. (Core)	4.15.a.	Fellows should be provided with instruct design, performance, and interpretation
IV.D.3.a).(1)	This instruction should facilitate fellows' development of competence in the critical assessment of new imaging modalities and of new procedures in neuroradiology. (Detail)	4.15.a.1.	This instruction should facilitate fellows' critical assessment of new imaging mod neuroradiology. (Detail)
IV.D.3.b)	Fellows should participate in clinical, basic biomedical, or health services research projects. (Core)	4.15.b.	Fellows should participate in clinical, ba research projects. (Core)

#### ent Language

grams must demonstrate of 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

grams must demonstrate of 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

ssemination of scholarly activity within following methods:

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

ne)

uction in the fundamentals of experimental on of results. (Core)

vs' development of competence in the odalities and of new procedures in

basic biomedical, or health services

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
IV.D.3.b).(1)	Fellows should undertake at least one project as principal investigator. (Detail)	4.15.b.1.	Fellows should undertake at least one p
IV.D.3.c)	Fellows should submit at least one scientific paper or exhibit for presentation at a regional or national meeting. (Core)	4.15.c.	Fellows should submit at least one scie a regional or national meeting. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri educational assignment. (Core)
V.A.1.a).(1)		5.1.h.	Fellow assessment must include quarte discuss performance and methods for ir
V.A.1.a).(1).(a)		5.1.h.1.	These meetings must include a review of
V.A.1.a).(2)	Fellows must receive feedback concerning their radiological reports, including content, grammar, and style. (Core)	5.1.i.	Fellows must receive feedback concern content, grammar, and style. (Core)
V.A.1.a).(2).(a)	These reports must be signed by a neuroradiology faculty member. (Core)	5.1.i.1.	These reports must be signed by a neur
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 the second s
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 evaluat completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objecti the Competencies and the subspecia (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty other professional staff members); a
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinic synthesis of progressive fellow perfo unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet v documented semi-annual evaluation along the subspecialty-specific Miles

e project as principal investigator. (Detail) ientific paper or exhibit for presentation at

#### valuation

serve, evaluate, and frequently provide uring each rotation or similar

#### valuation

serve, evaluate, and frequently provide uring each rotation or similar

#### valuation

serve, evaluate, and frequently provide uring each rotation or similar

terly meetings with the program director to rimprovement. (Core)

w of the fellows' procedure log. (Core)

rning their radiological reports, including

euroradiology faculty member. (Core) the completion of the assignment.

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

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

ctive performance evaluation based on cialty-specific Milestones, and must:

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

ical Competency Committee for its formance and improvement toward

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designer Competency Committee, must assist learning plans to capitalize on their st growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designer Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sun includes their readiness to progress t applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performative the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors neco (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competence members, at least one of whom is a co be faculty members from the same pr health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee I least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee progress on achievement of the subs

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

nee, with input from the Clinical lop plans for fellows failing to licies and procedures. (Core) ummative evaluation of each fellow that s to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

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

with the fellow upon completion of the

must be appointed by the program

ncy Committee must include three core faculty member. Members must program or other programs, or other nsive contact and experience with the

e must review all fellow evaluations at

e must determine each fellow's ospecialty-specific Milestones. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee annual evaluations and advise the pr fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educ (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with the in faculty development related to thei performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba 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 eva program-wide faculty development pl
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement
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 Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee response program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee response ongoing program improvement, inclu based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ide opportunities, and threats as related (Core)

#### ent Language e must meet prior to the fellows' semiprogram director regarding each

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

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

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

n, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

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

ent

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

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

ponsibilities must include review of the of progress toward meeting them.

ponsibilities must include guiding luding development of new goals,

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

## Neuroradiology Crosswalk

Roman Numeral			
Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
Number	The Program Evaluation Committee should consider the outcomes from		The Program Evaluation Committee
	prior Annual Program Evaluation(s), aggregate fellow and faculty written		prior Annual Program Evaluation(s),
	evaluations of the program, and other relevant data in its assessment of		evaluations of the program, and othe
V.C.1.c)	the program. (Core)	5.5.e.	the program. (Core)
	The Program Evaluation Committee must evaluate the program's mission		The Program Evaluation Committee
V.C.1.d)	and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	and aims, strengths, areas for impro
	The Annual Program Evaluation, including the action plan, must be		The Annual Program Evaluation, inc
	distributed to and discussed with the fellows and the members of the		distributed to and discussed with the
V.C.1.e)	teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	teaching faculty, and be submitted to
	The program must participate in a Self-Study and submit it to the DIO.		The program must participate in a Se
V.C.2.	(Core)	5.5.h.	(Core)
l			Board Certification
l	One goal of ACGME-accredited education is to educate physicians who		One goal of ACGME-accredited educ
l	seek and achieve board certification. One measure of the effectiveness of		seek and achieve board certification
	the educational program is the ultimate pass rate.		the educational program is the ultim
	The program director should encourage all eligible program graduates to		The program director should encour
	take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic		take the certifying examination offer
V.C.3.	Association (AOA) certifying board.	[None]	of Medical Specialties (ABMS) members (ABMS) members (ASSociation (AOA) certifying board.
V.0.J.			
	For subspecialities in which the ADMC member beard and/or AOA contifuing		Board Certification
	For subspecialties in which the ABMS member board and/or AOA certifying		For subspecialties in which the ABM
	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		certifying board offer(s) an annual w years, the program's aggregate pass
	time must be higher than the bottom fifth percentile of programs in that		for the first time must be higher than
V.C.3.a)	subspecialty. (Outcome)	5.6.	programs in that subspecialty. (Outo
	For subspecialties in which the ABMS member board and/or AOA certifying		For subspecialties in which the ABM
	board offer(s) a biennial written exam, in the preceding six years, the		certifying board offer(s) a biennial w
	program's aggregate pass rate of those taking the examination for the first		the program's aggregate pass rate o
	time must be higher than the bottom fifth percentile of programs in that		first time must be higher than the bo
V.C.3.b)	subspecialty. (Outcome)	5.6.a.	that subspecialty. (Outcome)
	For subspecialties in which the ABMS member board and/or AOA certifying		For subspecialties in which the ABM
	board offer(s) an annual oral exam, in the preceding three years, the		certifying board offer(s) an annual or
	program's aggregate pass rate of those taking the examination for the first		the program's aggregate pass rate o
	time must be higher than the bottom fifth percentile of programs in that		first time must be higher than the bo
V.C.3.c)	subspecialty. (Outcome)	5.6.b.	that subspecialty. (Outcome)
	For subspecialties in which the ABMS member board and/or AOA certifying		For subspecialties in which the ABM
	board offer(s) a biennial oral exam, in the preceding six years, the		certifying board offer(s) a biennial or
	program's aggregate pass rate of those taking the examination for the first		the program's aggregate pass rate o
	time must be higher than the bottom fifth percentile of programs in that		first time must be higher than the bo
V.C.3.d)	subspecialty. (Outcome)	5.6.c.	that subspecialty. (Outcome)
	For each of the exams referenced in V.C.3.a)-d), any program whose		For each of the exams referenced in
	graduates over the time period specified in the requirement have achieved		graduates over the time period spec
	an 80 percent pass rate will have met this requirement, no matter the		an 80 percent pass rate will have me
	percentile rank of the program for pass rate in that subspecialty.	564	percentile rank of the program for pa
V.C.3.e)	(Outcome)	5.6.d.	(Outcome)

#### ent Language

ee should consider the outcomes from s), aggregate fellow and faculty written ther relevant data in its assessment of

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

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

Self-Study and submit it to the DIO.

lucation is to educate physicians who on. One measure of the effectiveness of imate pass rate.

urage all eligible program graduates to ered by the applicable American Board nber board or American Osteopathic

BMS member board and/or AOA written exam, in the preceding three ass rate of those taking the examination an the bottom fifth percentile of utcome)

BMS member board and/or AOA written exam, in the preceding six years, of those taking the examination for the pottom fifth percentile of programs in

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

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

in 5.6. – 5.6.c., any program whose ecified in the requirement have achieved net this requirement, no matter the pass rate in that subspecialty.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	<ul> <li>The Learning and Working Environment</li> <li>Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:</li> <li>Excellence in the safety and quality of care rendered to patients by fellows today</li> <li>Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice</li> <li>Excellence in professionalism</li> <li>Appreciation for the privilege of providing care for patients</li> <li>Commitment to the well-being of the students, residents, fellows, faculty</li> </ul>		Section 6: The Learning and Working The Learning and Working Environm Fellowship education must occur in a environment that emphasizes the foll •Excellence in the safety and quality fellows today •Excellence in the safety and quality today's fellows in their future practic •Excellence in professionalism •Appreciation for the privilege of prof
N/I	members, and all members of the health care team		members, and all members of the hea
VI. VI.A.	Detient Sefety, Quelity Improvement, Supervision, and Assountshility	Section 6	
VI.A. VI.A.1.	Patient Safety, Quality Improvement, Supervision, and Accountability Patient Safety and Quality Improvement	[None]	
VI.A.1. VI.A.1.a)	Patient Safety and Quality Improvement Patient Safety	[None] [None]	
	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of		Culture of Safety A culture of safety requires continuous a willingness to transparently deal wi has formal mechanisms to assess the
VI.A.1.a).(1)	its personnel toward safety in order to identify areas for improvement.	[None]	its personnel toward safety in order t
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, an patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u 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 changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	

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

#### ng Environment

ment n the context of a learning and working following principles:

ty of care rendered to patients by

ty of care rendered to patients by tice

#### roviding care for patients

he students, residents, fellows, faculty nealth care team

uous identification of vulnerabilities and with them. An effective organization the knowledge, skills, and attitudes of or to identify areas for improvement. , and fellows must actively participate in

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team mer interprofessional clinical patient safe 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.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re 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 for their efforts in the provision of car with their Sponsoring Institutions, dei monitor a structured chain of respons to the supervision of all patient care. 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		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, dei monitor a structured chain of respons to the supervision of all patient care.
VI.A.2.a)	and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.

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

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

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

*tizing activities for care improvement ment efforts.* 

receive data on quality metrics and populations. (Core)

a ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and insibility and accountability as it relates e.

ate medical education provides safe res each fellow'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 accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it relates e.

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

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VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as app
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow super authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat fellow and the supervising physician patient care through appropriate tele
VI.A.2.b).(1)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or patient fellow and the supervising physician patient care through appropriate tele
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.		Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat fellow and the supervising physician patient care through appropriate telev
VI.A.2.b).(1).(b).(i)	The program must have clear guidelines that delineate which competencies must be met to determine when a fellow can progress to indirect supervision. (Core)	6.7.a.	The program must have clear guidelines must be met to determine when a fellow (Core)
VI.A.2.b).(1).(b).(ii)	The program director must ensure that clear expectations exist and are communicated to the fellows, and that these expectations outline specific situations in which a fellow would still require direct supervision. (Core)	6.7.b.	The program director must ensure that c communicated to the fellows, and that th situations in which a fellow would still re

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

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

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

ervision while providing for graded ogram must use the following

ically present with the fellow during the ion.

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

ically present with the fellow during the ion.

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

ically present with the fellow during the ion.

patient is not physically present with the an is concurrently monitoring the elecommunication technology.

nes that delineate which competencies ow can progress to indirect supervision.

at clear expectations exist and are t these expectations outline specific require direct supervision. (Core)

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	
	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct		Indirect Supervision The supervising physician is not pro- or audio supervision but is immediate
VI.A.2.b).(2)	supervision.	[None]	guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milester
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisor in recognition of their progress towar of each patient and the skills of the ir
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for cire fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of t circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mu the knowledge and skills of each fello appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities 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 fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, includ to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	

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

able to provide review of ack provided after care is delivered. ysical presence of a supervising

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

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

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

ory role to junior fellows and residents vard independence, based on the needs individual resident or fellow. (Detail)

ircumstances and events in which supervising faculty member(s). (Core) f their scope of authority, and the

ow is permitted to act with conditional

nust be of sufficient duration to assess llow and to delegate to the fellow the thority and responsibility. (Core)

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

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

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

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

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

ip with the Sponsoring Institution, must m that supports patient safety and

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

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

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

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

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

Roman Numeral Requirement	Demuinement Lemman	Reformatted	
Number	Requirement Language The responsibility of the program, in partnership with the Sponsoring	Requirement Number	Requiremen The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for fell care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of the second sec
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows ar the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows ar the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its s adequate sleep facilities and safe trai may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

mbers in:

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

hemselves and how to seek appropriate

screening. (Core)

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

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Clinical Responsibilities		Clinical Responsibilities
VI.E.1.	The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient	6.17.	The clinical responsibilities for each patient safety, fellow ability, severity
VI.E. I.	illness/condition, and available support services. (Core) Teamwork	0.17.	illness/condition, and available suppo
VI.E.2.	Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assigr patient care, including their safety, free
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 Sp and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows an team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience of 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 Educa 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 Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off k education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on thes

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

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

are competent in communicating with ess. (Outcome)

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

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

rk and Education f between scheduled clinical work and

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s free of clinical work and education e)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work period hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time m patient safety, such as providing effe education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv a patient or patient's family; or to atte (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)		Clinical and Educational Work Hour E In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv a patient or patient's family; or to atte (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80 hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Diagnostic Radiology will not consider requests for		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for Diagnostic R
VI.F.4.c) VI.F.5.		6.24. 6.25.	exceptions to the 80-hour limit to the fell Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the educatior with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)

tion Period Length ods for fellows must not exceed 24 nical assignments. (Core)

tion Period Length ods for fellows must not exceed 24 nical assignments. (Core)

may be used for activities related to ffective transitions of care, and/or fellow responsibilities must not be assigned to

#### Exceptions

g off all other responsibilities, a fellow, remain or return to the clinical site in ntinue to provide care to a single give humanistic attention to the needs of ttend unique educational events.

#### Exceptions

g off all other responsibilities, a fellow, remain or return to the clinical site in ntinue to provide care to a single give humanistic attention to the needs of ttend unique educational events.

ducation must be counted toward the

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

Radiology will not consider requests for ellows' work week.

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

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

nd external moonlighting (as defined in st be counted toward the 80-hour

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	In-House Night Float		In-House Night Float
VI.F.6.	Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	Night float must occur within the conserven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequence Fellows must be scheduled for in-hou third night (when averaged over a fou
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)		At-Home Call Time spent on patient care activities toward the 80-hour maximum weekly not subject to the every-third-night li requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fe

## ent Language ontext of the 80-hour and one-day-off-inency house call no more frequently than every four-week period). (Core) es by fellows on at-home call must count cly limit. The frequency of at-home call is a limitation, but must satisfy the ree of clinical work and education, when es by fellows on at-home call must count cly limit. The frequency of at-home call is a limitation, but must satisfy the ree of clinical work and education, when

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