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Int.A.	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 of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	Definition of Graduate Medical Education Fellowship is advanced graduate medic residency program for physicians who de practice. Fellowship-trained physicians subspecialty care, which may also inclu- community resource for expertise in the new knowledge into practice, and educat physicians. Graduate medical education diverse group of physicians brings to mo of inclusive and psychologically safe leas Fellows who have completed residency autonomously in their core specialty. The expertise of fellows distinguish them from residency. The fellow's care of patients undertaken with appropriate faculty sup independence. Faculty members serve a compassion, cultural sensitivity, profess fellow develops deep medical knowledg expertise applicable to their focused are intensive program of subspecialty clinic focuses on the multidisciplinary care of often physically, emotionally, and intelled in a variety of clinical learning environman medical education and the well-being of faculty members, students, and all mem-
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, many f fellows' skills as physician-scientists. V knowledge within medicine is not exclu physicians, the fellowship experience e pursue hypothesis-driven scientific inquito to the medical literature and patient car subspecialty expertise achieved, fellows built on an infrastructure that promotes
Int.B.	Definition of Subspecialty Obstetric anesthesiology is the subspecialty of anesthesiology devoted to the comprehensive anesthetic management of patients during pregnancy and the puerperium.	[None]	Definition of Subspecialty Obstetric anesthesiology is the subspecial comprehensive anesthetic management of puerperium.

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lical education beyond a core o desire to enter more specialized as serve the public by providing clude core medical care, acting as a heir field, creating and integrating toting future generations of on values the strength that a medical care, and the importance learning environments.

cy are able to practice The prior medical experience and from physicians entering ts within the subspecialty is upervision and conditional e as role models of excellence, essionalism, and scholarship. The dge, patient care skills, and area of practice. Fellowship is an nical and didactic education that of patients. Fellowship education is ellectually demanding, and occurs ments committed to graduate of patients, residents, fellows, embers of the health care team.

v fellowship programs advance While the ability to create new lusive to fellowship-educated expands a physician's abilities to quiry that results in contributions are. Beyond the clinical ws develop mentored relationships es collaborative research.

alty of anesthesiology devoted to the of patients during pregnancy and the

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Requirement Number	Requirement Language	Number	Requirement Language
	Length of Educational Program		Longth of Brogram
	The educational program in obstetric anesthesiology must be 12 months in		Length of Program The educational program in obstetric anesthesiology must be 12 months in
Int.C.		4.1.	length. (Core)
Ι.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		
			Sponsoring Institution
	The Sponsoring Institution is the organization or entity that assumes the		The Sponsoring Institution is the organization or entity that assumes the
	ultimate financial and academic responsibility for a program of graduate		ultimate financial and academic responsibility for a program of graduate
	medical education consistent with the ACGME Institutional		medical education consistent with the ACGME Institutional
	Requirements.		Requirements.
	When the Sponsoring Institution is not a rotation site for the program,		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		the most commonly utilized site of clinical activity for the program is the
I.A.		[None]	primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by one ACGME-accredited Sponsoring
I.A.1.	Institution. ^(Core)	1.1.	Institution. (Core)
	Participating Sites		
			Participating Sites
I D	A participating site is an organization providing educational experiences	[Nono]	A participating site is an organization providing educational experiences
I.B.	or educational assignments/rotations for fellows. The program, with approval of its Sponsoring Institution, must designate	[None]	or educational assignments/rotations for fellows. The program, with approval of its Sponsoring Institution, must designate
I.B.1.		1.2.	a primary clinical site. (Core)
	The Sponsoring Institution must also sponsor ACGME-accredited residency		The Sponsoring Institution must also sponsor ACGME-accredited residency
I.B.1.a)	programs in anesthesiology and obstetrics and gynecology. (Core)	1.2.a.	programs in anesthesiology and obstetrics and gynecology. (Core)
	There must be interaction between the anesthesiology residency and the		There must be interaction between the anesthesiology residency and the
	fellowship that results in coordination of educational, clinical, and investigative		fellowship that results in coordination of educational, clinical, and investigative
I.B.1.b)	activities. (Detail)	1.2.b.	activities. (Detail)
I.B.1.c)	There must be an active maternal fetal medicine and neonatology service that is regularly involved in multidisciplinary care. (Core)	1.2.c.	There must be an active maternal fetal medicine and neonatology service that is regularly involved in multidisciplinary care. (Core)
1.0.1.0)	There must be a program letter of agreement (PLA) between the program	1.2.0.	There must be a program letter of agreement (PLA) between the program
	and each participating site that governs the relationship between the		and each participating site that governs the relationship between the
	program and the participating site providing a required assignment.		program and the participating site providing a required assignment.
I.B.2.		1.3.	(Core)
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least every 10 years. (Core)
			The PLA must be approved by the designated institutional official (DIO).
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
	The program must monitor the clinical learning and working environment		The program must monitor the clinical learning and working environment
I.B.3.		1.4.	at all participating sites. (Core)
	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that		At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that
I.B.3.a)		1.5.	site, in collaboration with the program director. (Core)
		1.5.	

I.D.1.d) I.D.1.e)	available from state, national, or international organizations. (Core) The patient population must include high-risk obstetric patients. (Core)	1.8.g. 1.8.h.	available from state, national, or international The patient population must include high-ris
I.D.1.c)	to computers. (Core) The institution must implement bundles of maternal and neonatal care designed to prevent severe maternal morbidity and mortality, including those	1.8.f.	to computers. (Core) The institution must implement bundles of m designed to prevent severe maternal morbic
I.D.1.b)	There must be facilities and space for the education of fellows, including meeting space, conference space, space for academic activities, and access	1.8.e.	There must be facilities and space for the end meeting space, conference space, space for
I.D.1.a).(4)	a clinical laboratory that provides prompt and readily available diagnostic and laboratory measurements pertinent to the care of obstetric patients. (Core) There must be access to an ultrasound machine housed in the labor and	1.8.d.	Clinical facilities must include a clinical labor readily available diagnostic and laboratory n of obstetric patients. (Core) There must be access to an ultrasound mac
I.D.1.a).(3)	a post-anesthesia care unit (PACU) or Labor-Delivery-Postpartum rooms designed and equipped for the collaborative management of post-operative obstetric patients by anesthesiologists and obstetrician-gynecologists; and, (Core)	1.8.c.	Clinical facilities must include a post-anesth Delivery-Postpartum rooms designed and en management of post-operative obstetric pat obstetrician-gynecologists. (Core)
I.D.1.a).(2)	maternal and fetal monitoring and advanced life-support equipment; (Core)	1.8.b.	Clinical facilities must include maternal and support equipment. (Core)
I.D.1.a)	a designated area for labor and delivery which includes labor rooms, and cesarean/operative delivery rooms; (Core)	[None] 1.8.a.	Clinical facilities must include a designated a includes labor rooms, and cesarean/operativ
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 Spo the availability of adequate resources for
I.D.	Resources	1.8.	Resources The program, in partnership with its Spo the availability of adequate resources for
I.C.	 Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core) 	1.7.	Workforce Recruitment and Retention The program, in partnership with its Spor in practices that focus on mission-driven recruitment and retention of a diverse an residents (if present), fellows, faculty me GME staff members, and other relevant n community. (Core)
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 any a participating sites routinely providing an required for all fellows, of one month full through the ACGME's Accreditation Data
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v additions or deletions of an educational experience, full time equivalent (FTE) or more ata System (ADS). (Core)
ponsoring Institution, must engage ven, ongoing, systematic and inclusive workforce of nembers, senior administrative t members of its academic
ponsoring Institution, must ensure for fellow education. (Core)
ponsoring Institution, must ensure for fellow education. (Core)
ed area for labor and delivery which ative delivery rooms. (Core)
nd fetal monitoring and advanced life-
sthesia care unit (PACU) or Labor- d equipped for the collaborative patients by anesthesiologists and
boratory that provides prompt and y measurements pertinent to the care
nachine housed in the labor and g point-of-care ultrasound. (Core)
education of fellows, including for academic activities, and access
f maternal and neonatal care bidity and mortality, including those onal organizations. (Core)
risk obstetric patients. (Core)
ponsoring Institution, must ensure environments that promote fellow
ppropriate for safe patient care;
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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 lactation t capabilities, with proximity appropriate f
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropriat (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 disabil 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 subs appropriate reference material in print or include access to electronic medical lite 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 Personn The presence of other learners and other including but not limited to residents fro fellows, and advanced practice providers appointed fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member appo authority and accountability for the over compliance with all applicable program i
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 appo authority and accountability for the over compliance with all applicable program i
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 M (GMEC) must approve a change in progr program director's licensure and clinical
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director re Committee. (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicable, must be provided with support adequate program based upon its size and configu

a that have refrigeration e for safe patient care; (Core) ate to the participating site; and,

bilities consistent with the

bspecialty-specific and other or electronic format. This must terature databases with full text

nnel

her health care personnel, rom other programs, subspecialty ers, must not negatively impact the

bointed as program director with erall program, including n requirements. (Core)

bointed as program director with erall program, including n requirements. (Core)

Medical Education Committee gram director and must verify the cal appointment. (Core) resides with the Review

le, the program's leadership team, ate for administration of the iguration. (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. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)		At a minimum, the program director must b and support specified below for administrat support for program leadership must be pro additional support may be for the program program director and one or more associate (Core)
II.A.2.a)	Number of Approved Fellow Positions: 1-3 Minimum Support Required (FTE) for the Program Director: 0.1 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.025 Total Minimum Program Leadership Support: 0.125 Number of Approved Fellow Positions: 4-6 Minimum Support Required (FTE) for the Program Director: 0.15 Minimum Additional Support Required (FTE) for the Program Leadership in Aggregate: 0.05 Total Minimum Program Leadership Support: 0.2 Number of Approved Fellow Positions: 7-9 Minimum Support Required (FTE) for the Program Director: 0.2 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.1 Total Minimum Program Leadership Support: 0.3 Number of Approved Fellow Positions: 10-14 Minimum Support Required (FTE) for the Program Director: 0.2 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.15 Total Minimum Program Leadership Support: 0.35 Number of Approved Fellow Positions: 15 and over Minimum Support Required (FTE) for the Program Director: 0.2 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.2 Total Minimum Program Leadership Support: 0.35 Number of Approved Fellow Positions: 15 and over Minimum Support Required (FTE) for the Program Director: 0.2 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.2 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.2 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.2 Total Minimum Program Leadership Support: 0.4		Number of Approved Fellow Positions: 1-3 for the Program Director: 0.1 Minimum Ad Program Leadership in Aggregate: 0.025 Support: 0.125 Number of Approved Fellow Positions: 4-6 for the Program Director: 0.15 Minimum A for Program Leadership in Aggregate: 0.05 Leadership Support: 0.2 Number of Approved Fellow Positions: 7-9 for the Program Director: 0.2 Minimum Ad Program Leadership in Aggregate: 0.1 Tot Support: 0.3 Number of Approved Fellow Positions: 10-1 (FTE) for the Program Director: 0.2 Minimum (FTE) for the Program Director: 0.2 Minimum (FTE) for Program Leadership in Aggregate Leadership Support: 0.35 Number of Approved Fellow Positions: 15 a Required (FTE) for the Program Director: 0.4
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess sub qualifications acceptable to the Review
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess sub qualifications acceptable to the Review
	must include current certification in the specialty for which they are the program director by the American Board of Anesthesiology or by the American Osteopathic Board of Anesthesiology, or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess curr for which they are the program director Anesthesiology or by the American Osteo or subspecialty qualifications that are ac Committee. (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program Req member board of the American Board of M certifying board of the American Osteopath there is no ABMS or AOA board that offers

be provided with the dedicated time ration of the program. Additional provided as specified below. This in director only or divided among the ate (or assistant) program directors.

3 | Minimum Support Required (FTE) Additional Support Required (FTE) for | Total Minimum Program Leadership

6 | Minimum Support Required (FTE) n Additional Support Required (FTE) 05 | Total Minimum Program

9 | Minimum Support Required (FTE) Additional Support Required (FTE) for Fotal Minimum Program Leadership

0-14 | Minimum Support Required himum Additional Support Required ate: 0.15 | Total Minimum Program

5 and over | Minimum Support 0.2 | Minimum Additional Support n Aggregate: 0.2 | Total Minimum

ubspecialty expertise and v Committee. (Core)

ubspecialty expertise and v Committee. (Core)

urrent certification in the specialty or by the American Board of eopathic Board of Anesthesiology, acceptable to the Review

equirements deem certification by a Medical Specialties (ABMS) or a athic Association (AOA) acceptable, rs certification in this subspecialty]

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II.A.3.c)	must include completion of an ACGME-accredited obstetric anesthesiology fellowship, or at least three years' participation in a clinical obstetric anesthesiology fellowship as a faculty member; (Core)	2.4.b.	The program director must demonstrate co obstetric anesthesiology fellowship, or at le clinical obstetric anesthesiology fellowship
II.A.3.d)	must include at least three years of post-fellowship experience in clinical obstetric anesthesiology; (Detail)	2.4.c.	The program director must have at least thr experience in clinical obstetric anesthesiolo
II.A.3.e)	must include current appointment as a member of the anesthesiology faculty at the primary clinical site; (Core)	2.4.d.	The program director must have current appanesthesiology faculty at the primary clinication of the pri
II.A.3.f)	must include devotion of at least 50 percent of the program director's clinical, educational, and academic time to the anesthetic care of pregnant patients; and, (Core)	2.4.e.	The program director must devote at least 5 clinical, educational, and academic time to t patients. (Core)
II.A.3.g)	must include demonstration of ongoing academic achievements appropriate to the subspecialty, including publications, the development of educational programs, or the conduct of research. (Core)	2.4.f.	The program director must demonstrate on appropriate to the subspecialty, including pu educational programs, or the conduct of res
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 respons accountability for: administration and op activity; fellow recruitment and selection fellows, and disciplinary action; supervis education in the context of patient care.
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role mod
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design and c consistent with the needs of the commu Sponsoring Institution, and the mission(
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer an environment conducive to educating the Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the auth physicians and non-physicians as facult sites, including the designation of core f develop and oversee a process to evalua (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the auth supervising interactions and/or learning 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 accur required and requested by the DIO, GME
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		The program director must provide a lea in which fellows have the opportunity to mistreatment, and provide feedback in a appropriate, without fear of intimidation
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		The program director must ensure the p Sponsoring Institution's policies and pro and due process, including when action not to promote, or renew the appointment
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completion of an ACGME-accredited least three years' participation in a p as a faculty member. (Core)
hree years of post-fellowship blogy. (Detail)
appointment as a member of the cal site. (Core)
t 50 percent of the program director's o the anesthetic care of pregnant
ongoing academic achievements publications, the development of research. (Core)
onsibility, authority, and operations; teaching and scholarly on, evaluation, and promotion of vision of fellows; and fellow e. (Core)
odel of professionalism. (Core)
l conduct the program in a fashion nunity, the mission(s) of the n(s) of the program. (Core)
and maintain a learning he fellows in each of the ACGME
and maintain a learning
and maintain a learning he fellows in each of the ACGME uthority to approve or remove ulty members at all participating a faculty members, and must
and maintain a learning he fellows in each of the ACGME uthority to approve or remove ulty members at all participating a faculty members, and must uate candidates prior to approval.
and maintain a learning he fellows in each of the ACGME uthority to approve or remove ulty members at all participating e faculty members, and must uate candidates prior to approval. uthority to remove fellows from ng environments that do not meet

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II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the p Sponsoring Institution's policies and pro non-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 a r 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 ve fellows within 30 days of completion of (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 verif education upon the fellow's request, wit
	Faculty Faculty members are a foundational element of graduate medical		Faculty Faculty members are a foundational elei
	education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians 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		education – faculty members teach fello Faculty members provide an important k and become practice ready, ensuring the quality of care. They are role models for by demonstrating compassion, commitm and patient care, professionalism, and a Faculty members experience the pride a and development of future colleagues. T
	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.		enhanced by the opportunity to teach ar employing a scholarly approach to patie through the graduate medical education the individual and the population.
	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, 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		Faculty members ensure that patients refrom a specialist in the field. They recog the patients, fellows, community, and in provide appropriate levels of supervision Faculty members create an effective lead professional manner and attending to the
П.В.	<i>themselves.</i> There must be a sufficient number of faculty members with competence	[None]	<i>themselves.</i> There must be a sufficient number of fac
II.B.1.	to instruct and supervise all fellows. (Core)	2.6.	to instruct and supervise all fellows. (Co
II.B.2 II.B.2.a)	Faculty members must: be role models of professionalism; (Core)	[None] 2.7.	Faculty Responsibilities Faculty members must be role models o
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7. 2.7.a.	Faculty members must demonstrate cor equitable, high-quality, cost-effective, pa
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a st fellows, including devoting sufficient tin fulfill their supervisory and teaching res
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and n environment conducive to educating fel

program's compliance with the procedures on employment and

non-competition guarantee or

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

rification of an individual fellow's vithin 30 days. (Core)

lement of graduate medical llows how to care for patients. It bridge allowing fellows to grow that patients receive the highest for future generations of physicians itment to excellence in teaching d a dedication to lifelong learning. and joy of fostering the growth The care they provide is and model exemplary behavior. By tient care, faculty members, on system, improve the health of

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

faculty members with competence Core)

of professionalism. (Core)

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

strong interest in the education of time to the educational program to esponsibilities. (Core)

l maintain an educational ellows. (Core)

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II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly particip discussions, rounds, journal clubs, and
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty de their skills at least annually. (Core)
II.B.2.g)	include physicians certified through a member board of the ABMS or certifying board of the AOA in obstetrics and gynecology, maternal-fetal medicine, and neonatology, must be available for consultations and the collaborative management of peripartum patients, as well as instruction and supervision of fellows; and, (Core)	2.7.f.	The faculty must include physicians certified ABMS or certifying board of the AOA in obs fetal medicine, and neonatology, must be av collaborative management of peripartum pa supervision of fellows. (Core)
II.B.2.h)	include at least one individual who is certified in critical care medicine by a member board of the ABMS or AOA and who practices in an ICU that cares for obstetric patients. (Core)	2.7.g.	The faculty must include at least one individ medicine by a member board of the ABMS ICU that cares for obstetric patients. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropriate hold appropriate institutional appointme
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropriate hold appropriate institutional appointme
/ II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the specialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Members Subspecialty physician faculty members in the specialty by the American Board of Osteopathic Board of Anesthesiology, or p acceptable to the Review Committee. (Co
II.B.3.b).(1)	member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.9.	member board of the American Board of Me certifying board of the American Osteopathi there is no ABMS or AOA board that offers
II.B.3.b).(2)	have fellowship education or post-residency experience in clinical obstetric anesthesiology that meets or exceeds completion of a one-year obstetric anesthesiology program. (Core)	2.9.b.	Subspecialty physician faculty members mu post-residency experience in clinical obstetr exceeds completion of a one-year obstetric
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 me certification in their specialty by the app Medical Specialties (ABMS) member boa Association (AOA) certifying board, or pe acceptable to the Review Committee. (Co
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 signi- supervision of fellows and must devote a entire effort to fellow education and/or a component of their activities, teach, eval feedback to fellows. (Core)

Language
cipate in organized clinical nd conferences. (Core)
development designed to enhance
fied through a member board of the obstetrics and gynecology, maternal- e available for consultations and the patients, as well as instruction and
ividual who is certified in critical care IS or AOA and who practices in an re)
ate qualifications in their field and nents. (Core)
ate qualifications in their field and nents. (Core)
ers ers must have current certification d of Anesthesiology or the American or possess qualifications judged (Core) equirements deem certification by a Medical Specialties (ABMS) or a
athic Association (AOA) acceptable, ers certification in this subspecialty]
must have fellowship education or tetric anesthesiology that meets or ric anesthesiology program. (Core)
members must have current ppropriate American Board of oard or American Osteopathic r possess qualifications judged (Core)
unificant role in the education and

nificant role in the education and e a significant portion of their administration, and must, as a valuate, and provide formative

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the annual ACGME Faculty Survey. (Core)
II.B.4.b)	There must be at least three core program faculty members, including the program director. (Core)	2.10.b.	There must be at least three core program faculty members, including the program director. (Core)
II.B.4.c)	For programs with four or more fellows, a ratio of at least one faculty member to one fellow must be maintained. (Core)	2.10.c.	For programs with four or more fellows, a ratio of at least one faculty member to one fellow must be maintained. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator. (Core)
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator. (Core)
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 provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)
	The program coordinator(s) must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core)		The program coordinator(s) must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core)
II.C.2.a)	Number of Approved Fellow Positions: 2 Minimum FTE Coordinator(s) Required : 0.22 Number of Approved Fellow Positions: 3 Minimum FTE Coordinator(s) Required : 0.24 Number of Approved Fellow Positions: 4 Minimum FTE Coordinator(s) Required : 0.26 Number of Approved Fellow Positions: >4 Minimum FTE Coordinator(s) Required : Additional 0.02 FTE per fellow	2.11.b.	Number of Approved Fellow Positions: 2 Minimum FTE Coordinator(s) Required : 0.22 Number of Approved Fellow Positions: 3 Minimum FTE Coordinator(s) Required : 0.24 Number of Approved Fellow Positions: 4 Minimum FTE Coordinator(s) Required : 0.26 Number of Approved Fellow Positions: >4 Minimum FTE Coordinator(s) Required : Additional 0.02 FTE per fellow
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 Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)
II.D.1.	There must be specialized nursing staff for the care of the critically ill newborn. (Core)	2.12.a.	There must be specialized nursing staff for the care of the critically ill newborn. (Core)
II.D.2. III.	There must be allied health staff and other support personnel necessary for the comprehensive care of patients during pregnancy. (Detail) Fellow Appointments	2.12.b. Section 3	There must be allied health staff and other support personnel necessary for the comprehensive care of patients during pregnancy. (Detail) Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	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)-		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)-
III.A.1.	accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)

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Requirement Number	Requirement Language	Number	Requirement Language
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 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)
III.A.1.b)	Prior to appointment in the program, fellows must have successfully completed a program in anesthesiology that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, fellows must have successfully completed a program in anesthesiology that satisfies the requirements in 3.2. (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Anesthesiology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Anesthesiology will allow the following exception to the fellowship eligibility requirements:
III.A.1.c).(1)	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 program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in 3.2, but who does meet all of the following additional qualifications and conditions: (Core)
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)		evaluation by the program 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)
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 exceptional qualifications by the GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission for Foreign Medical Graduates (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 exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks 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 appoint more fellows than approved by the 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 of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)

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	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is desi and innovation in graduate medical educ organizational affiliation, size, or location
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must support t knowledgeable, skillful physicians who p
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 place leadership, public health, etc. It is expect reflect the nuanced program-specific goa example, it is expected that a program ai scientists will have a different curriculun community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the following
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with the mission, the needs of the community it s distinctive capabilities of its graduates, v program applicants, fellows, and faculty
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectives designed to promote progress on a trajec their subspecialty. These must be distrib fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities for responsibility for patient management, a subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyond
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow Exp Experiences Fellows must be provided with protected didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that promot tools, and techniques. (Core)
			ACGME Competencies The Competencies provide a conceptual required domains for a trusted physician These Competencies are core to the prac the specifics are further defined by each developmental trajectories in each of the through the Milestones for each subspec on subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acquired

esigned to encourage excellence ucation regardless of the ion of the program.

t the development of provide compassionate care.

ce different emphasis on research, ected that the program aims will oals for it and its graduates; for aiming to prepare physicianum from one focusing on

ving educational components:

the Sponsoring Institution's t serves, and the desired , which must be made available to ty members; (Core)

es for each educational experience jectory to autonomous practice in ributed, reviewed, and available to

r patient care, progressive and graded supervision in their

nd direct patient care; and, (Core) experiences – Didactic and Clinical

ed time to participate in core

ote patient safety-related goals,

al framework describing the an to enter autonomous practice. ractice of all physicians, although ch subspecialty. The he Competencies are articulated pecialty. The focus in fellowship is nd medical knowledge, as well as

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IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGME Competencies into the curriculum.
IV.B.1.a) IV.B.1.b)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	ACGME Competencies – Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)
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 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)
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in the comprehensive analgesic/anesthetic management of deliveries, including: (Core)	4.4.a.	Fellows must demonstrate competence in the comprehensive analgesic/anesthetic management of deliveries, including: (Core)
IV.B.1.b).(1).(a).(i)	planned vaginal deliveries with a high-risk maternal co-morbidity, to include obtaining the appropriate diagnostic testing and consultation and communication with the multidisciplinary team; (Core)	4.4.a.1.	planned vaginal deliveries with a high-risk maternal co-morbidity, to include obtaining the appropriate diagnostic testing and consultation and communication with the multidisciplinary team; (Core)
IV.B.1.b).(1).(a).(ii)	planned vaginal deliveries with high-risk fetal conditions, to include appropriate interpretation of fetal surveillance and consultation with maternal-fetal medicine specialists and neonatologists as to the appropriate obstetric interventions and their timing; (Core)		planned vaginal deliveries with high-risk fetal conditions, to include appropriate interpretation of fetal surveillance and consultation with maternal-fetal medicine specialists and neonatologists as to the appropriate obstetric interventions and their timing; (Core)
IV.B.1.b).(1).(a).(iii)	Cesarean deliveries with a high-risk maternal co-morbidity, to include application of broad anesthetic principles and techniques in creating a comprehensive anesthetic care plan and collaborative management between anesthesiologists and obstetricians of patients with abnormal placentation; and, (Core)	4.4.a.3.	Cesarean deliveries with a high-risk maternal co-morbidity, to include application of broad anesthetic principles and techniques in creating a comprehensive anesthetic care plan and collaborative management between anesthesiologists and obstetricians of patients with abnormal placentation; and, (Core)
IV.B.1.b).(1).(a).(iv)	Cesarean deliveries with a high-risk fetal condition, to include interpretation of fetal surveillance and consultation with maternal-fetal medicine specialists and neonatologists as to the appropriate obstetric interventions and their timing. (Core)	4.4.a.4.	Cesarean deliveries with a high-risk fetal condition, to include interpretation of fetal surveillance and consultation with maternal-fetal medicine specialists and neonatologists as to the appropriate obstetric interventions and their timing. (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate competence to manage anesthetics during the first, second, or third trimesters, other than for Cesarean delivery, including antepartum procedures involving prenatal diagnosis and fetal treatment, maternal cardioversion, or electroconvulsive therapy. (Core)	4.4.b.	Fellows must demonstrate competence to manage anesthetics during the first, second, or third trimesters, other than for Cesarean delivery, including antepartum procedures involving prenatal diagnosis and fetal treatment, maternal cardioversion, or electroconvulsive therapy. (Core)
IV.B.1.b).(1).(c)	Fellows must demonstrate competence to manage general anesthetics for Cesarean or vaginal delivery. (Core)	4.4.c.	Fellows must demonstrate competence to manage general anesthetics for Cesarean or vaginal delivery. (Core)
IV.B.1.b).(1).(d)	Fellows must demonstrate proficiency and skill preparing for and providing care, including developing a care plan, which acknowledges the patient's birth plan goals. (Core)	4.4.d.	Fellows must demonstrate proficiency and skill preparing for and providing care, including developing a care plan, which acknowledges the patient's birth plan goals. (Core)
IV.B.1.b).(1).(e)	Fellows must demonstrate competence in the anesthesia critical care of patients during the puerperium. (Core)	4.4.e.	Fellows must demonstrate competence in the anesthesia critical care of patients during the puerperium. (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 Skills Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in management of high-risk maternal co-morbidity and high-risk vaginal and Cesarean deliveries, as well as antenatal procedures. (Core)	4.5.a.	Fellows must demonstrate competence in management of high-risk maternal co-morbidity and high-risk vaginal and Cesarean deliveries, as well as antenatal procedures. (Core)

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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 Knowle Fellows must demonstrate knowledge of biomedical, clinical, epidemiological, an including scientific inquiry, as well as th to patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: (Core)	4.6.a.	Fellows must demonstrate knowledge of the altered maternal physiologic state, the imparand fetus/neonate, and the care of the high following areas: (Core)
IV.B.1.c).(1).(a)	physiologic changes associated with pregnancy; (Core)	4.6.a.1.	physiologic changes associated with pregn
IV.B.1.c).(1).(b)	normal and abnormal fetal development and the potential teratogenicity of exposures (e.g., medications, radiation) during pregnancy; (Core)	4.6.a.2.	normal and abnormal fetal development and exposures (e.g., medications, radiation) dur
IV.B.1.c).(1).(c)	fetal and placental physiology and pathophysiology, models of uteroplacental perfusion, and pharmacokinetics of placental transfer; (Core)	4.6.a.3.	fetal and placental physiology and pathoph perfusion, and pharmacokinetics of placent
IV.B.1.c).(1).(d) IV.B.1.c).(1).(e)	neonatal physiology and advanced neonatal resuscitation; (Core) medical disease and pregnancy, including hypertensive disorders, obesity, respiratory disorders, cardiac disorders (congenital and acquired), dysrhythmias, gastrointestinal diseases, endocrine disorders, autoimmune disorders, hematologic and coagulation disorders, oncologic disorders, musculoskeletal and connective tissue disorders (congenital and acquired), substance use disorders (SUDs), opioid dependence, infectious diseases (e.g., HIV/AIDS, influenza, Zika, COVID-19), and psychiatric diseases; (Core)	4.6.a.4. 4.6.a.5.	neonatal physiology and advanced neonatal medical disease and pregnancy, including h respiratory disorders, cardiac disorders (con dysrhythmias, gastrointestinal diseases, en- disorders, hematologic and coagulation diso musculoskeletal and connective tissue diso substance use disorders (SUDs), opioid de HIV/AIDS, influenza, Zika, COVID-19), and
IV.B.1.c).(1).(f)	obstetric management of normal and abnormal labor, induction of labor, trial of labor after Cesarean delivery, management of routine, urgent, and emergent delivery, and management of instrumented vaginal delivery; (Core)	4.6.a.6.	obstetric management of normal and abnor labor after Cesarean delivery, management delivery, and management of instrumented
IV.B.1.c).(1).(g)	medications affecting the uterus, tocolytic therapy, methods of tocolysis, uterotonic medications, and effects on anesthetic management; (Core)	4.6.a.7.	medications affecting the uterus, tocolytic the uterotonic medications, and effects on anest
IV.B.1.c).(1).(h)	labor pain, including pain pathways, experimental models for studying pain of labor, biochemical mechanisms of labor pain, and modalities for treating labor pain; (Core)	4.6.a.8.	labor pain, including pain pathways, experir labor, biochemical mechanisms of labor pai pain; (Core)
IV.B.1.c).(1).(i)	local anesthetic use in obstetrics, including pregnancy-related effects on pharmacodynamics and pharmacokinetics; recognition and treatment of complications; lipid rescue of local anesthetic cardiotoxicity; effects on the fetus in different settings, including prematurity, asphyxia, fetal cardiovascular and neurological effects; and fetal drug disposition; (Core)	4.6.a.9.	local anesthetic use in obstetrics, including pharmacodynamics and pharmacokinetics; complications; lipid rescue of local anesthet fetus in different settings, including prematu and neurological effects; and fetal drug disp
IV.B.1.c).(1).(j)	neuraxial opioid use in obstetrics, including prevention, recognition, and treatment of complications and post-operative monitoring; effects on the fetus; and fetal/neonatal drug disposition; (Core)	4.6.a.10.	neuraxial opioid use in obstetrics, including treatment of complications and post-operati and fetal/neonatal drug disposition; (Core)
IV.B.1.c).(1).(k)	regional anesthetic techniques; (Core)	4.6.a.11.	regional anesthetic techniques; (Core)
IV.B.1.c).(1).(I)	vasoactive medication; (Core)	4.6.a.12.	vasoactive medication; (Core)
IV.B.1.c).(1).(m)	use of circulatory support devices, such as extracorporeal membrane oxygenation (ECMO) for complex parturient management; (Core)	4.6.a.13.	use of circulatory support devices, such as oxygenation (ECMO) for complex parturient

vledge

of established and evolving Ind social-behavioral sciences, the application of this knowledge

he anesthetic implications of the pact of interventions on the mother gh-risk pregnant patient, of the

nancy; (Core)

Ind the potential teratogenicity of uring pregnancy; (Core)

hysiology, models of uteroplacental ntal transfer; (Core)

tal resuscitation; (Core)

y hypertensive disorders, obesity, congenital and acquired), endocrine disorders, autoimmune isorders, oncologic disorders, sorders (congenital and acquired), lependence, infectious diseases (e.g., ad psychiatric diseases; (Core)

ormal labor, induction of labor, trial of ent of routine, urgent, and emergent d vaginal delivery; (Core)

therapy, methods of tocolysis, esthetic management; (Core)

rimental models for studying pain of ain, and modalities for treating labor

g pregnancy-related effects on s; recognition and treatment of etic cardiotoxicity; effects on the aturity, asphyxia, fetal cardiovascular sposition; (Core)

ng prevention, recognition, and ative monitoring; effects on the fetus;)

s extracorporeal membrane ent management; (Core)

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IV.B.1.c).(1).(n)	general anesthesia use in obstetrics, including recognition and treatment of complications, alternatives for securing the airway in pregnant patients (anticipated/unanticipated difficult airway), consequences on utero-placental perfusion, and opposing maternal-fetal considerations regarding the use of general anesthesia; (Core)	4.6.a.14.	general anesthesia use in obstetrics, includ complications, alternatives for securing the (anticipated/unanticipated difficult airway), of perfusion, and opposing maternal-fetal cons general anesthesia; (Core)
IV.B.1.c).(1).(o)	anesthetic and obstetric management of obstetric complications and emergencies, including intrauterine fetal demise, placental abruption, placenta previa, morbidly adherent placenta, vasa previa, umbilical cord prolapse, uterine rupture, uterine atony, uterine inversion, amniotic fluid embolism, and postpartum hemorrhage; (Core)	4.6.a.15.	anesthetic and obstetric management of ob emergencies, including intrauterine fetal de previa, morbidly adherent placenta, vasa pr uterine rupture, uterine atony, uterine invers postpartum hemorrhage; (Core)
IV.B.1.c).(1).(p)	anesthetic and obstetric management of hypertensive disorders of pregnancy, including study of preeclampsia; etiology and epidemiology; pathophysiology; biomolecular and genetic changes; peripartum care; and maternal morbidity and mortality from hypertensive disorders of pregnancy; (Core)	4.6.a.16.	anesthetic and obstetric management of hy including study of preeclampsia; etiology an biomolecular and genetic changes; peripart and mortality from hypertensive disorders o
IV.B.1.c).(1).(q)	recognition and prevention of impending maternal morbidity or mortality, including critical events and recognition of clinical warning signs (e.g., maternal early warning systems); (Core)	4.6.a.17.	recognition and prevention of impending ma including critical events and recognition of c early warning systems); (Core)
IV.B.1.c).(1).(r)	bundles of maternal and neonatal care designed to prevent severe maternal morbidity and mortality, including those available from state, national, or international organizations; (Core)	4.6.a.18.	bundles of maternal and neonatal care desi morbidity and mortality, including those ava international organizations; (Core)
IV.B.1.c).(1).(s)	cardiac arrest in pregnancy; cardiopulmonary resuscitation (CPR), peri-mortem Cesarean delivery, and advanced cardiac life support in pregnancy; ECMO in pregnancy; and implementation of cognitive aids and/or checklists and unit preparation for maternal cardiac arrest, including team training, crisis communication, and simulation; (Core)	4.6.a.19.	cardiac arrest in pregnancy; cardiopulmona Cesarean delivery, and advanced cardiac li pregnancy; and implementation of cognitive preparation for maternal cardiac arrest, incl communication, and simulation; (Core)
IV.B.1.c).(1).(t) IV.B.1.c).(1).(u)	postpartum tubal ligation and timing, including policies to ensure availability, regulatory and consent issues, ethics, obstetric considerations, counseling, the epidemiologic effects of delaying requested postpartum ligation procedures, and reliable contraceptive alternatives; (Core) optimizing post-Cesarean recovery; (Core)	4.6.a.20. 4.6.a.21.	postpartum tubal ligation and timing, includi regulatory and consent issues, ethics, obste epidemiologic effects of delaying requested and reliable contraceptive alternatives; (Cor optimizing post-Cesarean recovery; (Core)
IV.B.1.c).(1).(v)	anesthetic management of non-delivery obstetric procedures (e.g., dilation and curettage, dilation and evacuation, cerclage placement, and external cephalic version); (Core)		anesthetic management of non-delivery obs curettage, dilation and evacuation, cerclage version); (Core)
IV.B.1.c).(1).(w)	non-obstetric surgery during pregnancy, including timing, laparoscopy, and cardiorespiratory effects on the mother and fetus, fetal monitoring considerations, post-operative analgesia, and, in the postpartum patient, breastfeeding after surgery; (Core)	4.6.a.23.	non-obstetric surgery during pregnancy, inc cardiorespiratory effects on the mother and considerations, post-operative analgesia, ar breastfeeding after surgery; (Core)
IV.B.1.c).(1).(x)	effects of maternal medications and anesthetic technique on breastfeeding, including effects of surgical anesthesia, labor analgesia, and postpartum analgesia; (Core)	4.6.a.24.	effects of maternal medications and anesthe including effects of surgical anesthesia, labo analgesia; (Core)
IV.B.1.c).(1).(y)	antepartum and intrapartum fetal monitoring, including the application of ultrasonography, biophysical profile, electronic fetal heart monitoring, assessment of uterine contraction pattern and labor, and acid-base status of the fetus; (Core)	4.6.a.25.	antepartum and intrapartum fetal monitoring ultrasonography, biophysical profile, electro assessment of uterine contraction pattern a the fetus; (Core)
IV.B.1.c).(1).(z)	effects of general anesthesia on the mother and fetus, and the effects of fetal circulation and placental transfer on newborn adaptation; (Core)	4.6.a.26.	effects of general anesthesia on the mother circulation and placental transfer on newbor

uding recognition and treatment of e airway in pregnant patients , consequences on utero-placental msiderations regarding the use of

bbstetric complications and lemise, placental abruption, placenta previa, umbilical cord prolapse, ersion, amniotic fluid embolism, and

nypertensive disorders of pregnancy, and epidemiology; pathophysiology; artum care; and maternal morbidity of pregnancy; (Core)

naternal morbidity or mortality, f clinical warning signs (e.g., maternal

esigned to prevent severe maternal vailable from state, national, or

nary resuscitation (CPR), peri-mortem : life support in pregnancy; ECMO in ve aids and/or checklists and unit cluding team training, crisis

ding policies to ensure availability, stetric considerations, counseling, the ed postpartum ligation procedures, fore)

bstetric procedures (e.g., dilation and ge placement, and external cephalic

ncluding timing, laparoscopy, and nd fetus, fetal monitoring and, in the postpartum patient,

thetic technique on breastfeeding, bor analgesia, and postpartum

ng, including the application of ronic fetal heart monitoring, and labor, and acid-base status of

er and fetus, and the effects of fetal porn adaptation; (Core)

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	multidisciplinary care involving obstetrics, maternal-fetal medicine, cardiology,		multidisciplinary care involving obstetrics, m
IV.B.1.c).(1).(aa)	transfusion medicine, critical care, and neonatology; (Core)	4.6.a.27.	transfusion medicine, critical care, and neor
IV.B.1.c).(1).(bb)	fundamentals of point-of-care ultrasound, image acquisition, and interpretation, including lung, gastric, cardiac, vascular, and neuraxial; (Core)	4.6.a.28.	fundamentals of point-of-care ultrasound, in including lung, gastric, cardiac, vascular, an
IV.B.1.c).(1).(cc)	fetal treatment procedures, including indications, peri-operative considerations, and anesthetic management of mother and fetus for open, minimally invasive, and ex-utero intrapartum treatment (EXIT) procedures; (Core)	4.6.a.29.	fetal treatment procedures, including indicat and anesthetic management of mother and and ex-utero intrapartum treatment (EXIT) p
IV.B.1.c).(1).(dd)	recognition of critically-ill pregnant patients; escalation of care, including regionalization of maternal care and Maternal Levels of Care; and transport and monitoring of critically ill pregnant patients within one hospital and between hospitals; (Core)	4.6.a.30.	recognition of critically-ill pregnant patients; regionalization of maternal care and Matern and monitoring of critically ill pregnant patie between hospitals; (Core)
IV.B.1.c).(1).(ee)	organization and management of an obstetric anesthesia service, health care delivery models, reimbursement, building a service, regulatory agencies with jurisdiction, contract negotiation, economics, billing, government regulations, financial and budgeting considerations, and medical liability specific to labor and delivery; (Core)	4.6.a.31.	organization and management of an obstetr delivery models, reimbursement, building a jurisdiction, contract negotiation, economics financial and budgeting considerations, and and delivery; (Core)
	legal and ethical issues during pregnancy, including consent issues related to		legal and ethical issues during pregnancy, i
IV.B.1.c).(1).(ff)	blood refusal, pregnant minors, competency, and maternal autonomy; (Core)	4.6.a.32.	blood refusal, pregnant minors, competency
IV.B.1.c).(1).(gg)	psychosocial and social issues; (Core)	4.6.a.33.	psychosocial and social issues; (Core)
IV.B.1.c).(1).(hh)	medical economics and public health issues of patients during reproductive years as it applies to obstetric anesthesiology, including availability of obstetric analgesia, trial of labor after Cesarean (TOLAC), postpartum tubal ligation, and Cesarean delivery rates; (Core)	4.6.a.34.	medical economics and public health issues years as it applies to obstetric anesthesiolog analgesia, trial of labor after Cesarean (TOL Cesarean delivery rates; (Core)
	maternal morbidity and mortality, including international, national, state, and local racial and economic determinants; and knowledge of maternal morbidity	46 - 25	maternal morbidity and mortality, including i local racial and economic determinants; and
IV.B.1.c).(1).(ii)	and mortality review boards; (Core)	4.6.a.35.	and mortality review boards; (Core)
IV.B.1.c).(1).(jj)	regulatory policies and procedures governing the labor and delivery unit, obstetric operating rooms, and the obstetric PACU; and potential effects of societal, institutional, and governmental factors; (Core)	4.6.a.36.	regulatory policies and procedures governin obstetric operating rooms, and the obstetric societal, institutional, and governmental fact
IV.B.1.c).(1).(kk)	principles and ethics of research in pregnant patients, their fetuses, and neonates; (Core)	4.6.a.37.	principles and ethics of research in pregnan neonates; (Core)
IV.B.1.c).(1).(II)	processes involved in design, approval, and implementation of research and clinical trials; and, (Core)	4.6.a.38.	processes involved in design, approval, and clinical trials; and, (Core)
IV.B.1.c).(1).(mm)	research funding, including: (Core)	4.6.a.39.	research funding, including: (Core)
IV.B.1.c).(1).(mm).(i)	components of a research budget, to include direct and indirect costs; (Core)	4.6.a.39.a.	components of a research budget, to include
IV.B.1.c).(1).(mm).(ii)	funding procurement mechanisms; and, (Core)	4.6.a.39.b.	funding procurement mechanisms; and, (Co
IV.B.1.c).(1).(mm).(iii)	proficiency in acquisition and interpretation of cardiac and neuraxial ultrasound images. (Core)	4.6.a.39.c.	proficiency in acquisition and interpretation (images. (Core)
IV.B.1.c).(2)		4.6.b.	Fellows must have completed a course in ne a course completion certificate prior to comp
IV.B.1.c).(3)	Fellows must maintain current certification in advanced cardiac life support skills. (Core)	4.6.c.	Fellows must maintain current certification in skills. (Core)

_anguage
maternal-fetal medicine, cardiology, conatology; (Core)
image acquisition, and interpretation, and neuraxial; (Core)
cations, peri-operative considerations, nd fetus for open, minimally invasive,) procedures; (Core)
s; escalation of care, including
rnal Levels of Care; and transport tients within one hospital and
etric anesthesia service, health care
a service, regulatory agencies with
cs, billing, government regulations,
nd medical liability specific to labor
, including consent issues related to
ncy, and maternal autonomy; (Core)
les of patients during reproductive
logy, including availability of obstetric
OLAC), postpartum tubal ligation, and
g international, national, state, and
nd knowledge of maternal morbidity
ning the labor and delivery unit,
ric PACU; and potential effects of
actors; (Core)
ant patients, their fetuses, and
nd implementation of research and
ude direct and indirect costs; (Core)
Core)
n of cardiac and neuraxial ultrasound
neonatal resuscitation and received
mpletion of the fellowship. (Core)
n in advanced cardiac life support

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IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Based Fellows must demonstrate the ability to care of patients, to appraise and assimil continuously improve patient care based lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersonal a Fellows must demonstrate interpersona result in the effective exchange of inform patients, their families, and health profes
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-Based Fellows must demonstrate an awareness larger context and system of health care social determinants of health, as well as other resources to provide optimal healt
			4.10. Curriculum Organization and Fellow Structure The curriculum must be structured to op experiences, the length of the experienc continuity. These educational experience of supervised patient care responsibilitie educational events. (Core)
			4.11. Curriculum Organization and Fellov Clinical Experiences Fellows must be provided with protected didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Curriculum Organization and Fellow Management The program must provide instruction a management if applicable for the subspe the signs of substance use disorder. (Co
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 Exp The curriculum must be structured to op experiences, the length of the experienc continuity. These educational experienc of supervised patient care responsibilitie educational events. (Core)

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

I and Communication Skills nal and communication skills that prmation and collaboration with fessionals. (Core)

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

low Experiences – Curriculum

optimize fellow educational nces, and the supervisory nces include an appropriate blend ities, clinical teaching, and didactic

low Experiences – Didactic and

ted time to participate in core

low Experiences – Pain

and experience in pain specialty, including recognition of Core)

xperiences – Curriculum Structure optimize fellow educational nces, and the supervisory nces include an appropriate blend ities, clinical teaching, and didactic

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IV.C.1.a)	Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.a.	Clinical experiences should be structured to allows fellows to function as part of an effect works together longitudinally with shared go improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow Exp The program must provide instruction and management if applicable for the subspec- the signs of substance use disorder. (Co
IV.C.3.	The curriculum must be structured to include:	[None]	
IV.C.3.a)	interpretation of and demonstrated competence in fetal heart rate monitoring in the first three months of the program; (Core)	4.11.a.	The curriculum must be structured to includ demonstrate competence in fetal heart rate of the program. (Core)
IV.C.3.b)	a minimum of seven months of operating room and labor and delivery clinical activity; (Detail)	4.11.b.	The curriculum must be structured to includ operating room and labor and delivery clinic
IV.C.3.c)	at least one contiguous two-week rotation in maternal-fetal medicine that includes experience in antepartum fetal testing and high-risk antepartum care; (Core)	4.11.c.	The curriculum must be structured to includ rotation in maternal-fetal medicine that inclu testing and high-risk antepartum care. (Core
IV.C.3.d)	at least one contiguous two-week rotation in neonatology during which fellows provide routine neonatal evaluation and care; and, (Core)	4.11.d.	The curriculum must be structured to includ rotation in neonatology during which fellows evaluation and care. (Core)
IV.C.3.e)	at least three months designated for research or other well-defined scholarly activity leading to new knowledge related to the required rotations. (Core)	4.11.e.	The curriculum must be structured to includ for research or other well-defined scholarly related to the required rotations. (Core)
IV.C.4.	The didactic curriculum should be provided through lectures, conferences, facilitated self-learning, workshops, or simulation, and should supplement clinical experience. (Core)	4.11.f.	The didactic curriculum should be provided facilitated self-learning, workshops, or simu clinical experience. (Core)
IV.C.4.a)	Faculty members should be conference leaders in the majority of the sessions. (Core)	4.11.f.1.	Faculty members should be conference lea (Core)
IV.C.4.b)	The didactic curriculum should include all topics listed as expected Medical Knowledge (see IV.B.1.c)) outcomes. (Core)	4.11.f.2.	The didactic curriculum should include all to Knowledge (see 4.6.) outcomes. (Core)
IV.C.4.c)	Additional didactic topics must include:	4.11.f.3.	Additional didactic topics must include the in analgesic techniques on health care resour- staffing, and patient throughput. (Core)
IV.C.4.c).(1)	the impact of different anesthetic and analgesic techniques on health care resources, including room allocation, staffing, and patient throughput; and, (Core)	4.11.f.3.	Additional didactic topics must include the in analgesic techniques on health care resour staffing, and patient throughput. (Core)
IV.C.4.c).(2)	sound business practices and the direct and indirect costs of different obstetric analgesic and anesthetic techniques. (Core)	4.11.f.4.	Additional didactic topics must include sour and indirect costs of different obstetric anal (Core)
IV.C.5.	Clinical Experience Fellows' clinical experience must include:	4.11.g.	Clinical Experience Fellows' clinical experience must include a co-morbidity vaginal deliveries. (Core)
IV.C.5.a)	a minimum of 30 high-risk maternal co-morbidity vaginal deliveries; (Core)	4.11.g.	Clinical Experience Fellows' clinical experience must include a co-morbidity vaginal deliveries. (Core)

to facilitate learning in a manner that ective interprofessional team that goals of patient safety and quality

xperiences – Pain Management and experience in pain pecialty, including recognition of Core)

ude interpretation of and to te monitoring in the first three months

ude a minimum of seven months of nical activity. (Detail)

ude at least one contiguous two-week cludes experience in antepartum fetal pre)

ude at least one contiguous two-week ws provide routine neonatal

ude at least three months designated ly activity leading to new knowledge

ed through lectures, conferences, nulation, and should supplement

eaders in the majority of the sessions.

topics listed as expected Medical

e impact of different anesthetic and urces, including room allocation,

e impact of different anesthetic and urces, including room allocation,

und business practices and the direct algesic and anesthetic techniques.

a minimum of 30 high-risk maternal

a minimum of 30 high-risk maternal

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IV.C.5.b)	a minimum of 30 high-risk fetal condition vaginal deliveries; (Core)	4.11.h.	Fellows' clinical experience must include a minimum of 30 high-risk fetal condition vaginal deliveries. (Core)
IV.C.5.c)	a minimum of 30 high-risk maternal co-morbidity Cesarean deliveries; (Core)	4.11.i.	Fellows' clinical experience must include a minimum of 30 high-risk maternal co-morbidity Cesarean deliveries. (Core)
IV.C.5.d)	a minimum of 20 high-risk fetal condition Cesarean deliveries; (Core)	4.11.j.	Fellows' clinical experience must include a minimum of 20 high-risk fetal condition Cesarean deliveries. (Core)
IV.C.5.e)	a minimum of 10 antenatal procedures, with no more than five cases accrued from cervical cerclage placement or removal; (Core)	4.11.k.	Fellows' clinical experience must include a minimum of 10 antenatal procedures, with no more than five cases accrued from cervical cerclage placement or removal. (Core)
IV.C.5.f)	a minimum of 20 ultrasonography procedures; (Core)	4.11.l.	Fellows' clinical experience must include a minimum of 20 ultrasonography procedures. (Core)
IV.C.5.g)	a minimum of 20 neuraxial ultrasound exams, including at least five abdominal plane blocks (e.g., transversus abdominis, quadratus lumborum); (Core)	4.11.m.	Fellows' clinical experience must include a minimum of 20 neuraxial ultrasound exams, including at least five abdominal plane blocks (e.g., transversus abdominis, quadratus lumborum). (Core)
IV.C.5.h)	evaluation and management of a minimum of five patients with postpartum headache; and, (Core).	4.11.n.	Fellows' clinical experience must include evaluation and management of a minimum of five patients with postpartum headache. (Core).
IV.C.5.i)	a minimum of 10 neonatal resuscitations, with the support of a skilled neonatology team. (Core)	4.11.o.	Fellows' clinical experience must include a minimum of 10 neonatal resuscitations, with the support of a skilled neonatology team. (Core)
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty- specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science. 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.
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evidence of scholarly activities, consistent 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 evidence of scholarly activities, consistent with its mission(s) and aims. (Core)

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IV.D.1.a).(1)	The program must provide instruction in the fundamentals of research design and conduct, and the interpretation and presentation of data. (Core)	4.13.b.	The program must provide instruction in the and conduct, and the interpretation and pre
IV.D.1.a).(2)	The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)	4.13.c.	The faculty must establish and maintain an scholarship with an active research compor
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its Spo adequate resources to facilitate fellow a scholarly activities. (Core)
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, programs accomplishments in at least three of the •Research in basic science, education, the or population health •Peer-reviewed grants •Quality improvement and/or patient safe •Systematic reviews, meta-analyses, revi textbooks, or case reports •Creation of curricula, evaluation tools, of electronic educational materials •Contribution to professional committees editorial boards •Innovations in education
IV.D.2.a)	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education	4.14.	Faculty Scholarly Activity Among their scholarly activity, programs accomplishments in at least three of the •Research in basic science, education, th or population health •Peer-reviewed grants •Quality improvement and/or patient safe •Systematic reviews, meta-analyses, revi textbooks, or case reports •Creation of curricula, evaluation tools, of electronic educational materials •Contribution to professional committees editorial boards •Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate dissemi and external to the program by the follow
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.1.	faculty participation in grand rounds, po improvement presentations, podium pre peer-reviewed print/electronic resources chapters, textbooks, webinars, service o serving as a journal reviewer, journal ed (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome)

anguage ne fundamentals of research design resentation of data. (Core)
n environment of inquiry and onent. (Core)
onsoring Institution, must allocate and faculty involvement in
ns must demonstrate e following domains: (Core) translational science, patient care,
fety initiatives view articles, chapters in medical
didactic educational activities, or
es, educational organizations, or
ns must demonstrate e following domains: (Core) translational science, patient care,
fety initiatives view articles, chapters in medical
didactic educational activities, or
es, educational organizations, or
nination of scholarly activity within owing methods:
osters, workshops, quality resentations, grant leadership, non- es, articles or publications, book on professional committees, or ditorial board member, or editor;

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			Fellow Scholarly Activity
IV.D.3.	Fellow Scholarly Activity	4.15.	Each fellow must conduct or be substantial related to the subspecialty that is suitable for
			Fellow Scholarly Activity
	Each fellow must conduct or be substantially involved in a scholarly project related to the subspecialty that is suitable for publication. (Core)	4.15.	Each fellow must conduct or be substantially related to the subspecialty that is suitable for
	The results of such projects should be disseminated through a variety of		The results of such projects should be disse
, , ,	means, including presentation at national or international meetings. (Core)	4.15.a.	means, including presentation at national or
IV.D.3.a).(2) V.	Fellows must have a faculty mentor overseeing their project. (Core) Evaluation	4.15.b. Section 5	Fellows must have a faculty mentor oversee Section 5: Evaluation
V.	Evaluation	Section 5	
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Evalua Faculty members must directly observe, feedback on fellow performance during e educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Evalua Faculty members must directly observe, feedback on fellow performance during e educational assignment. (Core)
	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 Evalua Faculty members must directly observe, feedback on fellow performance during e educational assignment. (Core)
	Faculty members must provide evaluations of each fellow's progress and competence to the program director at the end of three, six, and nine months of education. (Core)	5.1.h.	Faculty members must provide evaluations competence to the program director at the e of education. (Core)
, , ,	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the co (Core)
	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than three must be documented at least every three
	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 contin clinical responsibilities must be evaluate and at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective p the Competencies and the subspecialty- (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 mer other professional staff members); and, (
	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinical C synthesis of progressive fellow performa unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	

anguage ally involved in a scholarly project for publication. (Core) ally involved in a scholarly project for publication. (Core) seminated through a variety of or international meetings. (Core) eeing their project. (Core) uation e, evaluate, and frequently provide each rotation or similar uation e, evaluate, and frequently provide each rotation or similar uation e, evaluate, and frequently provide each rotation or similar ns of each fellow's progress and end of three, six, and nine months completion of the assignment. e months in duration, evaluation ee months. (Core) tinuity clinic in the context of other ated at least every three months performance evaluation based on y-specific Milestones, and must: embers, peers, patients, self, and (Core) Competency Committee for its nance and improvement toward

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V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designee, Competency Committee, must meet with their documented semi-annual evaluatio progress along the subspecialty-specifie
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 designee, Competency Committee, must assist fell learning plans to capitalize on their stree 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 designee, Competency Committee, must develop p progress, following institutional policies
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 summ that includes their readiness to progress if applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performance by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a fina upon 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 fina upon 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, ar subspecialty-specific Case Logs, must b are able to engage in autonomous pract program. (Core)
V.A.2.a).(1)	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)		The final evaluation must become part o maintained by the institution, and must I fellow in accordance with institutional p
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 the knowledge, skills, and behaviors necess practice. (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 with the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee must 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 Competency C members, at least one of whom is a core be faculty members from the same prog health professionals who have extensive 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 mu least semi-annually. (Core)

_anguage
e, with input from the Clinical
th and review with each fellow ion of performance, including
fic Milestones. (Core)
e, with input from the Clinical
ellows in developing individualized
engths and identify areas for
e, with input from the Clinical
plans for fellows failing to
es and procedures. (Core)
mative evaluation of each fellow
ss to the next year of the program,
nce must be accessible for review
inal evaluation for each fellow
e)
inal evaluation for each fellow
e)
and when applicable the
be used as tools to ensure fellows
ctice upon completion of the
of the fellow's permanent record
t be accessible for review by the
policy. (Core)
e fellow has demonstrated the
ssary to enter autonomous
th the fellow upon completion of
st be appointed by the program
Committee must include three
re faculty member. Members must
gram or other programs, or other
ve contact and experience with the
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nust review all fellow evaluations at

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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 mu progress on achievement of the subspec
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 mu annual evaluations and advise the progr fellow's progress. (Core)
V.B .	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to eva performance as it relates to the educatio (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 eva performance as it relates to the educatio (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 of teaching abilities, engagement with the e participation in faculty development rela clinical performance, professionalism, a
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, co fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback 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 evalua into program-wide faculty development
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the F conduct and document the Annual Progr program's continuous improvement proc
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the F conduct and document the Annual Progr program's continuous improvement proc
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 mus program faculty members, at least one o 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 respons the 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 responsions ongoing program improvement, includin 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 respons the current operating environment to ide opportunities, and threats as related to t (Core)

Language
nust determine each fellow's
ecialty-specific Milestones. (Core)
nust meet prior to the fellows' semi-
gram director regarding each
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evaluate each faculty member's tional program at least annually.
lional program at least annually.
evaluate each faculty member's
tional program at least annually.
of the faculty member's clinical
e educational program,
elated to their skills as an educator,
and scholarly activities. (Core)
confidential evaluations by the
ck on their evaluations at least
uations should be incorporated
t plans. (Core)
Program Evaluation Committee to
ogram Evaluation as part of the
rocess. (Core)
Program Evaluation Committee to
ogram Evaluation as part of the rocess. (Core)
ust be composed of at least two of whom is a core faculty member,
of whom is a core faculty member,
nsibilities must include review of
nd progress toward meeting them.
nsibilities must include guiding
ling development of new goals,
nsibilities must include review of
dentify strengths, challenges,
o the program's mission and aims.

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	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of		The Program Evaluation Committee sho prior Annual Program Evaluation(s), agg evaluations of the program, and other re
V.C.1.c)	the program. (Core) The Program Evaluation Committee must evaluate the program's mission	5.5.e.	the program. (Core) The Program Evaluation Committee mus
V.C.1.d)	and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	and aims, strengths, areas for improvem
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	550	The Annual Program Evaluation, includir distributed to and discussed with the fel teaching faculty, and be submitted to the
v.c.i.e)	The program must participate in a Self-Study and submit it to the DIO.	5.5.g.	The program must participate in a Self-S
V.C.2.	(Core)	5.5.h.	(Core)
	The Learning and Working Environment		Section 6: The Learning and Working En
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environment Fellowship education must occur in the working environment that emphasizes th
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of c fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of c today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of providi
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the stu members, and all members of the health
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuous i and a willingness to transparently deal w organization has formal mechanisms to and attitudes of its personnel toward saf improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate	6.1.	The program, its faculty, residents, and f in patient safety systems and contribute

ould consider the outcomes from ggregate fellow and faculty written relevant data in its assessment of

ust evaluate the program's mission ement, and threats. (Core)

ding the action plan, must be ellows and the members of the he DIO. (Core)

-Study and submit it to the DIO.

Environment

nt

e context of a learning and the following principles:

f care rendered to patients by

f care rendered to patients by

ding care for patients

students, residents, fellows, faculty th care team

s identification of vulnerabilities I with them. An effective to assess the knowledge, skills, safety in order to identify areas for

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

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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-up of and unsafe conditions are pivotal mecha safety, and are essential for the success Feedback and experiential learning are of competence in the ability to identify cau systems-based changes to ameliorate p
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, and must know their responsibilities in repor unsafe conditions at the clinical site, inc events. (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, and must be provided with summary informa 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 membe interprofessional clinical patient safety a activities, such as root cause analyses o analysis, as well as formulation and imp
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 prioritizing and evaluating success of improvement
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 receive benchmarks related to their patient population of the section of the s
			Supervision and Accountability Although the attending physician is ultin the patient, every physician shares in the accountability for their efforts in the pro- programs, in partnership with their Spor- widely communicate, and monitor a stru and accountability as it relates to the su- Supervision in the setting of graduate m
VI.A.2.	Supervision and Accountability	[None]	and effective care to patients; ensures e skills, knowledge, and attitudes required practice of medicine; and establishes a professional growth.

o of safety events, near misses, hanisms for improving patient as of any patient safety program. e essential to developing true suses and institute sustainable patient safety vulnerabilities.

and other clinical staff members porting patient safety events and ncluding how to report such

nd other clinical staff members nation of their institution's patient

bers in real and/or simulated y and quality improvement or other activities that include plementation of actions. (Core)

ng activities for care improvement nt efforts.

eive data on quality metrics and pulations. (Core)

timately responsible for the care of the responsibility and rovision of care. Effective onsoring Institutions, define, ructured chain of responsibility supervision of all patient care.

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

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	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is ultim the patient, every physician shares in the accountability for their efforts in the prov programs, in partnership with their Spon widely communicate, and monitor a struct and accountability as it relates to the sup
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate me and effective care to patients; ensures ea skills, knowledge, and attitudes required practice of medicine; and establishes a f professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must inform roles in that patient's care when providin information must be available to fellows, members of the health care team, and pa
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 inforr roles in that patient's care when providin information must be available to fellows, members of the health care team, and pa
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the a in place for all fellows is based on each f ability, as well as patient complexity and exercised through a variety of methods, a (Core)
VI.A.2.a).(2).(a)	The fellowship program must work together with the anesthesiology residency program to prepare and implement a supervision policy that specifies the lines of responsibility for the anesthesiology residents and the program's fellows. (Core)	6.6.a.	The fellowship program must work together program to prepare and implement a superv of responsibility for the anesthesiology resid (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow supervisio authority and responsibility, the program classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physically p the key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physically p the key portions of the patient interaction
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not providir or audio supervision but is immediately a guidance and is available to provide appi

.anguage imately responsible for the care of the responsibility and ovision of care. Effective onsoring Institutions, define, ructured chain of responsibility upervision of all patient care. medical education provides safe each fellow's development of the ed to enter the unsupervised foundation for continued orm each patient of their respective ling direct patient care. This s, faculty members, other patients. (Core) orm each patient of their respective ling direct patient care. This s, faculty members, other patients. (Core) e appropriate level of supervision fellow's level of training and d acuity. Supervision may be , as appropriate to the situation. er with the anesthesiology residency ervision policy that specifies the lines idents and the program's fellows. sion while providing for graded m must use the following present with the fellow during on. present with the fellow during ion. ding physical or concurrent visual y available to the fellow for propriate direct supervision.

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Requirement Number	Requirement Language	Number	Requirement La Oversight
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]	The supervising physician is available to procedures/encounters with feedback pr
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 physical 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 an independence, and a supervisory role in fellow must be assigned by the program (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate each specific criteria, guided by the Milestone
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 supervise portions of care to fellows based on the skills of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory ro in recognition of their progress toward ir needs of each patient and the skills of th (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circum fellows must communicate with the supe (Core)
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of their circumstances under which the fellow is independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must b the knowledge and skills of each fellow a appropriate level of patient care authority
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Spon educate fellows and faculty members co ethical responsibilities of physicians, inc obligation to be appropriately rested and by their patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Spon educate fellows and faculty members co ethical responsibilities of physicians, inc obligation to be appropriately rested and by their patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the program n excessive reliance on fellows to fulfill no
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program n care responsibilities. (Core)

to provide review of provided after care is delivered.

al presence of a supervising

and responsibility, conditional in patient care delegated to each m director and faculty members.

ich fellow's abilities based on nes. (Core)

vising physicians must delegate e needs of the patient and the

role to junior fellows and residents independence, based on the the individual resident or fellow.

Imstances and events in which pervising faculty member(s).

eir scope of authority, and the is permitted to act with conditional

be of sufficient duration to assess and to delegate to the fellow the rity and responsibility. (Core)

onsoring Institutions, must concerning the professional and ncluding but not limited to their nd fit to provide the care required

onsoring Institutions, must concerning the professional and ncluding but not limited to their nd fit to provide the care required

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

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VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program n the meaning that each fellow finds in the including protecting time with patients, p promoting progressive independence an 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 with must provide a culture of professionalism and 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 demo their personal role in the safety and welf care, including the ability to report unsaf (Core)
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)		Programs, in partnership with their Spon a professional, equitable, respectful, and psychologically safe and that is free from other forms of harassment, mistreatmen 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 Spor a process for education of fellows and fa behavior and a confidential process for r 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. 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 careers. 	[None]	Well-Being Psychological, emotional, and physical w development of the competent, caring, a require proactive attention to life inside a being requires that physicians retain the their own real-life stresses. Self-care and members of the health care team are imp professionalism; they are also skills that nurtured in the context of other aspects Fellows and faculty members are at risk Programs, in partnership with their Spon same responsibility to address well-bein competence. Physicians and all member responsibility for the well-being of each clinical learning environment models con prepares fellows with the skills and attitu their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in par Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity, a impacts fellow well-being; (Core)

n must include efforts to enhance he experience of being a physician, , providing administrative support, and flexibility, and enhancing

ith the Sponsoring Institution, ism that supports patient safety

monstrate an understanding of elfare of patients entrusted to their afe conditions and safety events.

onsoring Institutions, must provide nd civil environment that is om discrimination, sexual and ent, abuse, or coercion of students,

onsoring Institutions, should have faculty regarding unprofessional r reporting, investigating, and

I well-being are critical in the and resilient physician and e and outside of medicine. Wellhe joy in medicine while managing nd responsibility to support other mportant components of pat must be modeled, learned, and is of fellowship training.

k for burnout and depression. onsoring Institutions, have the ing as other aspects of resident ers of the health care team share h other. A positive culture in a constructive behaviors, and itudes needed to thrive throughout

artnership with the Sponsoring

, and work compression that

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	6.13.b.	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)
policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)
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 opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)
education of fellows and faculty members in:	6.13.d.	education of fellows and faculty members in:
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 burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)
recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)
access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-screening. (Core)
	6.13.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)
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 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)
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 procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)
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 without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)
Fatigue Mitigation	6.15.	Fatigue Mitigation 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)
the signs of fatigue and sleep deprivation, alertness management, and		Fatigue Mitigation 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)
The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who	6 16	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)
The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient	6.17.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)
	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core) policies and programs that encourage optimal fellow and faculty member well-being; and, (Core) Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core) education of fellows and faculty members in: 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) recognition of these symptoms in themselves and how to seek appropriate care; and, (Core) access to appropriate tools for self-screening. (Core) 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) 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) The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core) These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core) Fatigue Mitigation 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) 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) Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level,	Requirement Language Requirement Number evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core) 6.13.b. policies and programs that encourage optimal fellow and faculty member working hours. (Core) 6.13.c. 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. education of fellows and faculty members in: 6.13.d. 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. recognition of these symptoms in themselves and how to seek appropriate core; and, (Core) 6.13.d.2. 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.d. 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. (Core) 6.14.a. The program must have policies and procedures in place to ensure consequences for the fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail) 6.15.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)
VI.E.2.a)	Fellows must demonstrate the ability to work in a multidisciplinary environment, particularly the ability to have collegial and effective interactions with other members of the perinatal care team. (Outcome)	6.18.a.	Fellows must demonstrate the ability to work in a multidisciplinary environment, particularly the ability to have collegial and effective interactions with other members of the perinatal care team. (Outcome)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
VI.E.3.b)		6.19.a.	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work and Education Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work and Education Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At home call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At home call cannot be assigned on these free days. (Core)
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Period Length Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)

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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 P Clinical and educational work periods fo hours of continuous scheduled clinical a
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 may be patient safety, such as providing effective fellow education. Additional patient care assigned to a fellow during this time. (Co
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour Exce In rare circumstances, after handing off a fellow, on their own initiative, may elect site in the following circumstances: to co single severely ill or unstable patient; to needs of a patient or patient's family; or events. (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour Exce In rare circumstances, after handing off a fellow, on their own initiative, may elect site in the following circumstances: to co single severely ill or unstable patient; to needs of a patient or patient's family; or events. (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or educat 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation- percent or a maximum of 88 clinical and individual programs based on a sound e
VI.F.4.c)	The Review Committee for Anesthesiology will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	The Review Committee for Anesthesiology exceptions to the 80-hour limit to the resider
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the the goals and objectives of the education interfere with the fellow's fitness for wor (Core)
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the the goals and objectives of the education interfere with the fellow's fitness for wor (Core)
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and ext the ACGME Glossary of Terms) must be maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off- in-seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the context in-seven requirements. (Core)

Period Length for fellows must not exceed 24 I assignments. (Core)

y be used for activities related to tive transitions of care, and/or re responsibilities must not be Core)

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ext of the 80-hour and one-day-off-

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

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

y fellows on at-home call must eekly limit. The frequency of athird-night limitation, but must seven free of clinical work and yeeks. (Core)

y fellows on at-home call must eekly limit. The frequency of atnird-night limitation, but must seven free of clinical work and eeks. (Core)

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