Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Requirem
	Definition of Graduate Medical Education Graduate medical education is the crucial step of professional		Definition of Graduate Medical Edu Graduate medical education is the
	development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship.		development between medical sch is in this vital phase of the continu- learn to provide optimal patient ca members who not only instruct, be compassion, cultural sensitivity, p
	Graduate medical education transforms medical students into physician scholars who care for the patient, patient's family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many		Graduate medical education transf scholars who care for the patient, community; create and integrate n educate future generations of phys patterns established during gradua
Int.A.	years later.	[None]	years later.
	Graduate medical education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Graduate medical education develops physicians who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. 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.		Graduate medical education has a responsibility for patient care. The appropriate faculty supervision an residents to attain the knowledge, required for autonomous practice. physicians who focus on excellent affordable, quality care; and the he Graduate medical education value physicians brings to medical care, psychologically safe learning envir
	Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to graduate medical education and the well-		Graduate medical education occur foundation for practice-based and development of the physician, beg through faculty modeling of the eff environment that emphasizes joy i rigor, and discovery. This transfor and intellectually demanding and o environments committed to gradua
Int.A. (Continued)	being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None] - (Continued)	being of patients, residents, fellow members of the health care team.

ducation

he crucial step of professional chool and autonomous clinical practice. It nuum of medical education that residents care under the supervision of faculty but serve as role models of excellence, , professionalism, and scholarship.

nsforms medical students into physician at, patient's family, and a diverse a new knowledge into practice; and hysicians to serve the public. Practice duate medical education persist many

as a core tenet the graded authority and the care of patients is undertaken with and conditional independence, allowing e, skills, attitudes, judgment, and empathy e. Graduate medical education develops ence in delivery of safe, equitable, health of the populations they serve. ues the strength that a diverse group of re, and the importance of inclusive and pyironments.

curs in clinical settings that establish the nd lifelong learning. The professional egun in medical school, continues effacement of self-interest in a humanistic y in curiosity, problem-solving, academic formation is often physically, emotionally, d occurs in a variety of clinical learning duate medical education and the wellows, faculty members, students, and all n.

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Require
	Definition of Specialty		Definition of Specialty
	Obstetrician gynecologists are physicians who, by virtue of satisfactory completion of a defined course of graduate medical education, possess special knowledge, skills, and professional capability in the medical and surgical care of the female reproductive system across the life span and women's health		Obstetrician gynecologists are physicompletion of a defined course of gr knowledge, skills, and professional of the female reproductive system acro
	conditions, such that it distinguishes them from other physicians and enables them to serve as primary physicians for women, and as consultants to other		conditions, such that it distinguishes them to serve as primary physicians
Int.B.	physicians.	[None]	physicians.
	Length of Educational Program		
	The educational program in obstetrics and gynecology must be 48 months in		Length of Educational Program The educational program in obstetrie
Int.C.	length. (Core)	4.1.	length. (Core)
<u>l.</u>	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		
	The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education, consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the ultimate financial and academic ro medical education, consistent wit Requirements.
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution most commonly utilized site of cl. primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution.	1.1.	The program must be sponsored Institution.
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for residents.	[None]	Participating Sites A participating site is an organiza or educational assignments/rotati
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its primary clinical site. (Core)
I.B.1.a)	The primary clinical site should also be the clinical site for at least one other ACGME-accredited residency program in another specialty. (Core)	1.2.a.	The primary clinical site should also ACGME-accredited residency progra
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of and each participating site that go program and the participating site
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 leas
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the cli at all participating sites. (Core)

ysicians who, by virtue of satisfactory graduate medical education, possess special al capability in the medical and surgical care of cross the life span and women's health es them from other physicians and enables ns for women, and as consultants to other

trics and gynecology must be 48 months in

ne organization or entity that assumes the c responsibility for a program of graduate with the ACGME Institutional

n is not a rotation site for the program, the clinical activity for the program is the

d by one ACGME-accredited Sponsoring

zation providing educational experiences ations for residents.

ts Sponsoring Institution, must designate a

so be the clinical site for at least one other gram in another specialty. (Core)

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

ast every 10 years. <sup>(Core)</sup>

he designated institutional official (DIO).

clinical learning and working environment

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Requirer
I.B.3.a).	At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)	1.5.	At each participating site there me by the program director as the sit resident education at that site, in (Core)
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submi participating sites routinely provi for all residents, of one month ful the ACGME's Accreditation Data s
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, fellows (if present), faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Reter The program, in partnership with in practices that focus on missior and retention of a diverse and inc present), faculty members, senior other relevant members of its aca
I.D.	Resources	1.8.	Resources The program, in partnership with the availability of adequate resou
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core)	1.8.	Resources The program, in partnership with the availability of adequate resour
I.D.1.a)	Inpatient facilities, including a labor and delivery unit, operating rooms, recovery room(s), intensive care unit(s), blood bank(s), diagnostic laboratories, and imaging services, must be regularly available and accessible on an emergency basis. (Core)	1.8.a.	Inpatient facilities, including a labor a room(s), intensive care unit(s), blood imaging services, must be regularly basis. (Core)
I.D.1.b)	Ambulatory care facilities must be regularly available and adequately equipped. (Core)	1.8.b.	Ambulatory care facilities must be re (Core)
I.D.1.c)	Residents must have access to hospital-based consultative services in the major medical and surgical disciplines. (Core)	1.8.c.	Residents must have access to hosp major medical and surgical discipline
	There must be space and equipment for the educational program, including office space for residents which must include computer workstations that provide access to electronic health records and space for interprofessional discussions regarding patient care to maintain patient confidentiality, classroom		There must be space and equipmen office space for residents which must provide access to electronic health r discussions regarding patient care to
I.D.1.d)	space for educational activities, and access to simulation resources. (Core)The patient population on which the educational program is based must be sufficient in volume and variety so that the broad spectrum of experiences	1.8.d.	space for educational activities, and The patient population on which the sufficient in volume and variety so th
I.D.1.e)	necessary to meet the educational objectives will be provided. (Core)The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote	1.8.e.	necessary to meet the educational of <b>The program, in partnership with</b> healthy and safe learning and wor
I.D.2.	resident well-being and provide for:	1.9.	well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Co
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private slee for residents with proximity appro
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lact with proximity appropriate for saf
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures app (Core)

#### rement Language

must be one faculty member, designated site director, who is accountable for in collaboration with the program director.

mit any additions or deletions of viding an educational experience, required full time equivalent (FTE) or more through a System (ADS). (Core)

#### ention

th its Sponsoring Institution, must engage on-driven, ongoing, systematic recruitment nclusive workforce of residents, fellows (if for administrative GME staff members, and cademic community. (Core)

h its Sponsoring Institution, must ensure purces for resident education. (Core)

#### h its Sponsoring Institution, must ensure purces for resident education. (Core)

or and delivery unit, operating rooms, recovery bod bank(s), diagnostic laboratories, and ly available and accessible on an emergency

regularly available and adequately equipped.

ospital-based consultative services in the ines. (Core)

ent for the educational program, including ust include computer workstations that n records and space for interprofessional to maintain patient confidentiality, classroom and access to simulation resources. (Core)

ne educational program is based must be that the broad spectrum of experiences I objectives will be provided. (Core)

th its Sponsoring Institution, must ensure vorking environments that promote resident

#### core)

eep/rest facilities available and accessible propriate for safe patient care; (Core) actation that have refrigeration capabilities, afe patient care; (Core)

opropriate to the participating site; and,

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	
I.D.2.e)	accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for residents wi Sponsoring Institution's policy. (C
I.D.3.	Residents must have ready access to specialty-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.	Residents must have ready acces appropriate reference material in include access to electronic medi capabilities. (Core)
I.E. II.	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 residents' education. (Core) Personnel	1.11. Section 2	Other Learners and Health Care P The presence of other learners an but not limited to residents from o and advanced practice providers, appointed residents' education. (O Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty membe authority and accountability for th with all applicable program requir
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 membe authority and accountability for th with all applicable program requir
II.A.1.a)	The Sponsoring Institution's 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 GME director and must verify the progr appointment. (Core)
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 dire (Core)
II.A.1.b)	The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)	2.3.	The program must demonstrate re length of time adequate to mainta stability. (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)	2.4.	The program director and, as app must be provided with support ad based upon its size and configura

with disabilities consistent with the (Core)

ess to specialty-specific and other n print or electronic format. This must dical literature databases with full text

#### Personnel and other health care personnel, including, a other programs, subspecialty fellows, s, must not negatively impact the

(Core)

ber appointed as program director with the overall program, including compliance uirements. (Core)

ber appointed as program director with the overall program, including compliance uirements. (Core)

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

irector resides with the Review Committee.

e retention of the program director for a Itain continuity of leadership and program

pplicable, the program's leadership team, adequate for administration of the program ration. (Core)

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Requirer
	At a minimum, the program director must be provided with the dedicated time		At a minimum, the program director
	and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This		and support specified below for adm support for program leadership mus
	additional support may be for the program director only or divided among the		additional support may be for the pro-
	program director and one or more associate (or assistant) program directors.		program director and one or more a
	(Core)		(Core)
			(2010)
	Number of Approved Resident Positions: 7-10   Minimum Support Required		Number of Approved Resident Posit
	(FTE) for the Program Director: 0.4   Minimum Additional Support Required		(FTE) for the Program Director: 0.4
	(FTE) for Program Leadership in Aggregate: -		(FTE) for Program Leadership in Ag
	Number of Approved Resident Positions: 11-15   Minimum Support Required		Number of Approved Resident Posit
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		(FTE) for the Program Director: 0.5
	(FTE) for Program Leadership in Aggregate: -		(FTE) for Program Leadership in Ag
	Number of Approved Resident Positions: 16-20   Minimum Support Required		Number of Approved Resident Posit
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		(FTE) for the Program Director: 0.5
	(FTE) for Program Leadership in Aggregate: 0.1		(FTE) for Program Leadership in Ag
	Number of Approved Resident Positions: 21-25   Minimum Support Required		Number of Approved Resident Posit
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		(FTE) for the Program Director: 0.5
	(FTE) for Program Leadership in Aggregate: 0.2 Number of Approved Resident Positions: 26-30   Minimum Support Required		(FTE) for Program Leadership in Ag Number of Approved Resident Posit
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		(FTE) for the Program Director: 0.5
	(FTE) for Program Leadership in Aggregate: 0.3		(FTE) for Program Leadership in Ag
	Number of Approved Resident Positions: 31-35   Minimum Support Required		Number of Approved Resident Posit
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		(FTE) for the Program Director: 0.5
A.2.a)	(FTE) for Program Leadership in Aggregate: 0.4	2.4.a.	(FTE) for Program Leadership in Ag

or must be provided with the dedicated time dministration of the program. Additional ust be provided as specified below. This program director only or divided among the associate (or assistant) program directors.

sitions: 7-10 | Minimum Support Required 4 | Minimum Additional Support Required Aggregate: -

sitions: 11-15 | Minimum Support Required 5 | Minimum Additional Support Required Aggregate: -

sitions: 16-20 | Minimum Support Required 5 | Minimum Additional Support Required Aggregate: 0.1

sitions: 21-25 | Minimum Support Required 5 | Minimum Additional Support Required Aggregate: 0.2

sitions: 26-30 | Minimum Support Required 5 | Minimum Additional Support Required Aggregate: 0.3

sitions: 31-35 | Minimum Support Required 5 | Minimum Additional Support Required Aggregate: 0.4

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Requirement Language
	Number of Approved Resident Positions: 36-40   Minimum Support Required		Number of Approved Resident Resitions: 26,40   Minimum Support Required
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		Number of Approved Resident Positions: 36-40   Minimum Support Required (FTE) for the Program Director: 0.5   Minimum Additional Support Required
	(FTE) for Program Leadership in Aggregate: 0.5		(FTE) for Program Leadership in Aggregate: 0.5
	Number of Approved Resident Positions: 41-45   Minimum Support Required		Number of Approved Resident Positions: 41-45   Minimum Support Required
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		(FTE) for the Program Director: 0.5   Minimum Additional Support Required
	(FTE) for Program Leadership in Aggregate: 0.6		(FTE) for Program Leadership in Aggregate: 0.6
	Number of Approved Resident Positions: 46-50   Minimum Support Required		Number of Approved Resident Positions: 46-50   Minimum Support Required
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		(FTE) for the Program Director: 0.5   Minimum Additional Support Required
	(FTE) for Program Leadership in Aggregate: 0.7		(FTE) for Program Leadership in Aggregate: 0.7
	Number of Approved Resident Positions: 51-55   Minimum Support Required		Number of Approved Resident Positions: 51-55   Minimum Support Required
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		(FTE) for the Program Director: 0.5   Minimum Additional Support Required
	(FTE) for Program Leadership in Aggregate: 0.8		(FTE) for Program Leadership in Aggregate: 0.8
	Number of Approved Resident Positions: 56-60   Minimum Support Required		Number of Approved Resident Positions: 56-60   Minimum Support Required
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		(FTE) for the Program Director: 0.5   Minimum Additional Support Required
	(FTE) for Program Leadership in Aggregate: 0.9		(FTE) for Program Leadership in Aggregate: 0.9
	Number of Approved Resident Positions: 61-65   Minimum Support Required		Number of Approved Resident Positions: 61-65   Minimum Support Required
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		(FTE) for the Program Director: 0.5   Minimum Additional Support Required
	(FTE) for Program Leadership in Aggregate: 1		(FTE) for Program Leadership in Aggregate: 1
	Number of Approved Resident Positions: 66-70   Minimum Support Required		Number of Approved Resident Positions: 66-70   Minimum Support Required
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 1.1		(FTE) for the Program Director: 0.5   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 1.1
	Number of Approved Resident Positions: 71-75   Minimum Support Required		Number of Approved Resident Positions: 71-75   Minimum Support Required
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		(FTE) for the Program Director: 0.5   Minimum Additional Support Required
	(FTE) for Program Leadership in Aggregate: 1.2		(FTE) for Program Leadership in Aggregate: 1.2
	Number of Approved Resident Positions: 76-80   Minimum Support Required		Number of Approved Resident Positions: 76-80   Minimum Support Required
	(FTE) for the Program Director: 0.5   Minimum Additional Support Required		(FTE) for the Program Director: 0.5   Minimum Additional Support Required
II.A.2.a) - (Continued)		2.4.a (Continued)	(FTE) for Program Leadership in Aggregate: 1.3
			Qualifications of the Program Director
			The program director must possess specialty expertise and at least three
			years of documented educational and/or administrative experience, or
II.A.3.	Qualifications of the program director:	2.5.	qualifications acceptable to the Review Committee. (Core)
			Qualifications of the Program Director
	must include specialty expertise and at least three years of documented		The program director must possess specialty expertise and at least three
	educational and/or administrative experience, or qualifications acceptable		years of documented educational and/or administrative experience, or
II.A.3.a)		2.5.	qualifications acceptable to the Review Committee. (Core)
	must include current certification in the specialty for which they are the		The program director must possess current certification in the specialty
	program director by the American Board of Obstetrics and Gynecology		for which they are the program director by the American Board of
	(ABOG), or by the American Osteopathic Board of Obstetrics and		Obstetrics and Gynecology (ABOG) or by the American Osteopathic Board of
	Gynecology (AOBOG), or specialty qualifications that are acceptable to the		Obstetrics and Gynecology (AOBOG), or specialty qualifications that are
II.A.3.b)		2.5.a.	acceptable to the Review Committee. (Core)
			The program director must demonstrate ongoing clinical activity. (Core)
II.A.3.c)	must include ongoing clinical activity. (Core)	2.5.b.	

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	Program Director Responsibilities		
			Program Director Responsibilities
	The program director must have responsibility, authority, and		The program director must have r
	accountability for: administration and operations; teaching and scholarly		accountability for: administration
	activity; resident recruitment and selection, evaluation, and promotion of		activity; resident recruitment and
	residents, and disciplinary action; supervision of residents; and resident	2.0	residents, and disciplinary action;
II.A.4.	education in the context of patient care. (Core)	2.6.	education in the context of patient
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.6.a.	The program director must be a ro
	design and conduct the program in a fashion consistent with the needs of		The program director must design
	the community, the mission(s) of the Sponsoring Institution, and the	0.0 h	consistent with the needs of the c
II.A.4.a).(2)	mission(s) of the program; (Core)	2.6.b.	Sponsoring Institution, and the mi
			The program director must admin
$\parallel A + a \rangle \langle 2 \rangle$	administer and maintain a learning environment conducive to educating	26.0	environment conducive to educati
II.A.4.a).(3)	the residents in each of the ACGME Competency domains; (Core)	2.6.c.	Competency domains. (Core)
			The program director must have the time of the program director must have the program directo
	have the authority to approve or remove physicians and non-physicians		physicians and non-physicians as
	as faculty members at all participating sites, including the designation of		sites, including the designation of
	core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.6.d.	develop and oversee a process to (Core)
II.A.4.a).(4)		2.0.U.	· · ·
	have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the		The program director must have the supervising interactions and/or least the supervising interactions and the supervision of th
II.A.4.a).(5)	program; (Core)	2.6.e.	the standards of the program. (Co
	submit accurate and complete information required and requested by the	2.0.6.	The program director must submit
II.A.4.a).(6)	DIO, GMEC, and ACGME; (Core)	2.6.f.	required and requested by the DIC
	provide a learning and working environment in which residents have the	2.0.1.	The program director must provid
	opportunity to raise concerns, report mistreatment, and provide feedback		which residents have the opportu
	in a confidential manner as appropriate, without fear of intimidation or		mistreatment, and provide feedba
II.A.4.a).(7)	retaliation; (Core)	2.6.g.	appropriate, without fear of intimic
	ensure the program's compliance with the Sponsoring Institution's		The program director must ensure
	policies and procedures related to grievances and due process, including		Sponsoring Institution's policies a
	when action is taken to suspend or dismiss, or not to promote or renew		and due process, including when
II.A.4.a).(8)	the appointment of a resident; (Core)	2.6.h.	not to promote or renew the appoi
			The program director must ensure
	ensure the program's compliance with the Sponsoring Institution's		Sponsoring Institution's policies a
II.A.4.a).(9)	policies and procedures on employment and non-discrimination; (Core)	2.6.i.	discrimination. (Core)
	Residents must not be required to sign a non-competition guarantee or		Residents must not be required to
II.A.4.a).(9).(a)	restrictive covenant. (Core)	3.1.	restrictive covenant. (Core)
			The program director must docum
	document verification of education for all residents within 30 days of		residents within 30 days of comple
II.A.4.a).(10)	completion of or departure from the program; and, (Core)	2.6.j.	(Core)
	provide verification of an individual resident's education upon the		The program director must provid
II.A.4.a).(11)	resident's request, within 30 days; and (Core)	2.6.k.	education upon the resident's req

rement Language
ties re responsibility, authority, and on and operations; teaching and scholarly nd selection, evaluation, and promotion of on; supervision of residents; and resident ient care. (Core)
a role model of professionalism. (Core)
ign and conduct the program in a fashion e community, the mission(s) of the e mission(s) of the program. (Core)
ninister and maintain a learning cating the residents in each of the ACGME
re the authority to approve or remove as faculty members at all participating n of core faculty members, and must to evaluate candidates prior to approval.
e the authority to remove residents from r learning environments that do not meet (Core)
omit accurate and complete information DIO, GMEC, and ACGME. (Core)
vide a learning and working environment in rtunity to raise concerns, report Iback in a confidential manner as midation or retaliation. (Core)
sure the program's compliance with the es and procedures related to grievances en action is taken to suspend or dismiss, or pointment of a resident. (Core)
sure the program's compliance with the es and procedures on employment and non-
d to sign a non-competition guarantee or
cument verification of education for all npletion of or departure from the program.
vide verification of an individual resident's request, within 30 days. (Core)

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Roman Numerals	Requirement Language	Requirement Number	Require
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		Faculty Faculty members are a foundation education – faculty members tead Faculty members provide an impo- and become practice-ready, ensu- quality of care. They are role mod by demonstrating compassion, ca- patient care, professionalism, and Faculty members experience the development of future colleagues the opportunity to teach and mod scholarly approach to patient car medical education system, impro- population.
ІІ.В.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the residents and themselves.	[None]	Faculty members ensure that path from a specialist in the field. They the patients, residents, community provide appropriate levels of sup Faculty members create an effect professional manner and attending themselves.
	There must be a sufficient number of faculty members with competence to		There must be a sufficient numbe
II.B.1.	instruct and supervise all residents. (Core)	2.7.	instruct and supervise all residen
II.B.1.a)	The program director should identify a qualified individual as a Subspecialty Faculty Educator in each of the following subspecialties of obstetrics and gynecology: complex family planning; urogynecology and reconstructive pelvic surgery; gynecologic oncology; maternal-fetal medicine; and reproductive endocrinology and infertility. (Detail)	2.7.a.	The program director should identify Faculty Educator in each of the follo gynecology: complex family plannin surgery; gynecologic oncology; mat endocrinology and infertility. (Detail)
II.B.1.a).(1)	The Subspecialty Faculty Educator should be:	[None]	
II.B.1.a).(1).(a)	currently certified in the subspecialty by ABOG or AOBOG, or possess qualifications that are acceptable to the Review Committee, and, (Detail)	2.7.a.1.	The Subspecialty Faculty Educator subspecialty by ABOG or AOBOG, to the Review Committee, and, (Det
II.B.1.a).(1).(b)	accountable for the coordination of residents' educational experiences in the respective subspecialty, in collaboration with the program director. (Detail)	2.7.a.2.	The Subspecialty Faculty Educator of residents' educational experience collaboration with the program direc
II.B.2.	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty Responsibilities Faculty members must be role me
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.8.a.	Faculty members must demonstr equitable, high-quality, cost-effect
	demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their		Faculty members must demonstr residents, including devoting suf
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.8.b.	fulfill their supervisory and teach
II.B.2.d)	administer and maintain an educational environment conducive to educating residents; (Core)	2.8.c.	Faculty members must administe environment conducive to educate
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.8.d.	Faculty members must regularly discussions, rounds, journal club

ional element of graduate medical each residents how to care for patients. oportant bridge allowing residents to grow suring that patients receive the highest odels for future generations of physicians commitment to excellence in teaching and and a dedication to lifelong learning. The pride and joy of fostering the growth and es. The care they provide is enhanced by odel exemplary behavior. By employing a are, faculty members, through the graduate rove the health of the individual and the

atients receive the level of care expected bey recognize and respond to the needs of nity, and institution. Faculty members opervision to promote patient safety. Active learning environment by acting in a ding to the well-being of the residents and

per of faculty members with competence to ents. (Core)

tify a qualified individual as a Subspecialty llowing subspecialties of obstetrics and ing; urogynecology and reconstructive pelvic aternal-fetal medicine; and reproductive ail)

r should be currently certified in the , or possess qualifications that are acceptable etail)

r should be accountable for the coordination ces in the respective subspecialty, in ector. (Detail)

odels of professionalism. (Core)
rate commitment to the delivery of safe,
ctive, patient-centered care. (Core)
rate a strong interest in the education of
fficient time to the educational program to
ning responsibilities. (Core)
er and maintain an educational
iting residents. (Core)
participate in organized clinical
bs, and conferences. (Core)

Requirement Number - Roman Numerals	Pequirement Lenguege	Reformatted	Description
Roman Numerais	Requirement Language           pursue faculty development designed to enhance their skills at least	Requirement Number	Requiren
II.B.2.f)	annually: (Core)	2.8.e.	their skills at least annually: (Core
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Det
	in quality improvement, eliminating health inequities, and patient safety;		in quality improvement, eliminatin
II.B.2.f).(2)	(Detail)	2.8.e.2.	(Detail)
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their res
II.B.2.f).(4)	in patient care based on their practice-based learning and improvement efforts. (Detail)	2.8.e.4.	in patient care based on their prac efforts. (Detail)
II.B.2.g)	provide on-site physician faculty member supervision when residents are on duty in the inpatient hospital. (Core)	2.8.f.	Faculty members must provide on-si when residents are on duty in the inp
II.B.2.g).(1)	On the labor and delivery unit, on-site physician faculty member supervision must be provided by an obstetrics and gynecology physician. (Core)	2.8.f.1.	On the labor and delivery unit, on-sit must be provided by an obstetrics ar
II.B.2.g).(2)	Members of the physician faculty must be immediately available to a resident if clinical activity is taking place in the operating rooms and/or labor and delivery areas. (Core)	2.8.f.2.	Members of the physician faculty mu clinical activity is taking place in the areas. (Core)
II.B.2.g).(3)	If the program director judges that the size and nature of the patient population does not require a 24-hour on-site presence of residents or physician faculty members, this situation must be carefully defined, and must receive prior approval from the Review Committee. (Core)	2.8.f.3.	If the program director judges that th does not require a 24-hour on-site pr members, this situation must be care approval from the Review Committee
II.B.3.	Faculty Qualifications	2.9.	Faculty Qualifications Faculty members must have appro hold appropriate institutional appo
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.9.	Faculty Qualifications Faculty members must have appro hold appropriate institutional appropriate
II.B.3.b)	Physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the specialty by the American Board of Obstetrics and Gynecology (ABOG), or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG), or possess qualifications judged acceptable to the Review Committee. (Core)	2.10.	Physician faculty members must h by the American Board of Obstetric American Osteopathic Board of O possess qualifications judged acc
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)	2.11.	Core Faculty Core faculty members must have a supervision of residents and must entire effort to resident education component of their activities, teac feedback to residents. (Core)
	Core faculty members must complete the annual ACGME Faculty Survey.		Core faculty members must comp
II.B.4.a)	(Core)	2.11.a.	(Core)
II.B.4.b)	Programs with 12 or fewer residents must have a minimum of three core physician faculty members in addition to the program director. (Core)	2.11.b.	Programs with 12 or fewer residents physician faculty members in additio
II.B.4.c)	Programs with more than 12 residents must have a minimum of one core physician faculty member, in addition to the program director, for every four residents. (Core)	2.11.c.	Programs with more than 12 residen physician faculty member, in addition residents. (Core)
II.C.	Program Coordinator	2.12.	Program Coordinator There must be a program coordina

aculty development designed to enhance re)

etail)

ing health inequities, and patient safety;

## esidents' well-being; and, (Detail)

actice-based learning and improvement

-site physician faculty member supervision inpatient hospital. (Core)

site physician faculty member supervision and gynecology physician. (Core)

nust be immediately available to a resident if e operating rooms and/or labor and delivery

the size and nature of the patient population presence of residents or physician faculty arefully defined, and must receive prior tee. (Core)

propriate qualifications in their field and pointments. (Core)

propriate qualifications in their field and pointments. (Core)

t have current certification in the specialty trics and Gynecology (ABOG), or the Obstetrics and Gynecology (AOBOG), or cceptable to the Review Committee. (Core)

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

### plete the annual ACGME Faculty Survey.

ts must have a minimum of three core ion to the program director. (Core)

ents must have a minimum of one core ion to the program director, for every four

inator. (Core)

Requirement Number - Roman Numerals	Poquirement Lenguage	Reformatted	Boguiro
Roman Numerais	Requirement Language	Requirement Number	Requirer Program Coordinator
II.C.1.	There must be a program coordinator. (Core)	2.12.	There must be a program coordin
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.12.a.	The program coordinator must be support adequate for administrationand configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on program size as follows: (Core)		At a minimum, the program coordina time and support specified below for administrative support must be prov (Core)
	Number of Approved Resident Positions: 7-10   Minimum FTE Required for Coordinator Support: 0.7   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: - Number of Approved Resident Positions: 11-15   Minimum FTE Required for Coordinator Support: 0.8   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: - Number of Approved Resident Positions: 16-20   Minimum FTE Required for Coordinator Support: 0.9   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: - Number of Approved Resident Positions: 21-25   Minimum FTE Required for Coordinator Support: 1   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: - Number of Approved Resident Positions: 26-30   Minimum FTE Required for Coordinator Support: 1   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: - Number of Approved Resident Positions: 26-30   Minimum FTE Required for Coordinator Support: 1   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.1 Number of Approved Resident Positions: 31-35   Minimum FTE Required for Coordinator Support: 1   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.1		Number of Approved Resident Posit Coordinator Support: 0.7   Minimum Program Leadership in Aggregate: - Number of Approved Resident Posit Coordinator Support: 0.8   Minimum Program Leadership in Aggregate: - Number of Approved Resident Posit Coordinator Support: 0.9   Minimum Program Leadership in Aggregate: - Number of Approved Resident Posit Coordinator Support: 1   Minimum A Program Leadership in Aggregate: - Number of Approved Resident Posit Coordinator Support: 1   Minimum A Program Leadership in Aggregate: - Number of Approved Resident Posit Coordinator Support: 1   Minimum A Program Leadership in Aggregate: 0 Number of Approved Resident Posit Coordinator Support: 1   Minimum A
II.C.2.a)	Program Leadership in Aggregate: 0.2	2.12.b.	Program Leadership in Aggregate: (

#### inator. (Core)

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

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

sitions: 7-10 | Minimum FTE Required for m Additional Support Required (FTE) for

sitions: 11-15 | Minimum FTE Required for m Additional Support Required (FTE) for

sitions: 16-20 | Minimum FTE Required for m Additional Support Required (FTE) for

sitions: 21-25 | Minimum FTE Required for Additional Support Required (FTE) for

sitions: 26-30 | Minimum FTE Required for Additional Support Required (FTE) for : 0.1

sitions: 31-35 | Minimum FTE Required for Additional Support Required (FTE) for : 0.2

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Requirement Language
	Number of Approved Resident Positions: 36-40   Minimum FTE Required for		Number of Approved Resident Positions: 36-40   Minimum FTE Required for
	Coordinator Support: 1   Minimum Additional Support Required (FTE) for		Coordinator Support: 1   Minimum Additional Support Required (FTE) for
	Program Leadership in Aggregate: 0.3		Program Leadership in Aggregate: 0.3
	Number of Approved Resident Positions: 41-45   Minimum FTE Required for		Number of Approved Resident Positions: 41-45   Minimum FTE Required for
	Coordinator Support: 1   Minimum Additional Support Required (FTE) for		Coordinator Support: 1   Minimum Additional Support Required (FTE) for
	Program Leadership in Aggregate: 0.4		Program Leadership in Aggregate: 0.4
	Number of Approved Resident Positions: 46-50   Minimum FTE Required for		Number of Approved Resident Positions: 46-50   Minimum FTE Required for
	Coordinator Support: 1   Minimum Additional Support Required (FTE) for		Coordinator Support: 1   Minimum Additional Support Required (FTE) for
	Program Leadership in Aggregate: 0.5		Program Leadership in Aggregate: 0.5
	Number of Approved Resident Positions: 51-55   Minimum FTE Required for		Number of Approved Resident Positions: 51-55   Minimum FTE Required for
	Coordinator Support: 1   Minimum Additional Support Required (FTE) for		Coordinator Support: 1   Minimum Additional Support Required (FTE) for
	Program Leadership in Aggregate: 0.6		Program Leadership in Aggregate: 0.6
	Number of Approved Resident Positions: 56-60   Minimum FTE Required for		Number of Approved Resident Positions: 56-60   Minimum FTE Required for
	Coordinator Support: 1   Minimum Additional Support Required (FTE) for		Coordinator Support: 1   Minimum Additional Support Required (FTE) for
	Program Leadership in Aggregate: 0.7		Program Leadership in Aggregate: 0.7
	Number of Approved Resident Positions: 61-65   Minimum FTE Required for		Number of Approved Resident Positions: 61-65   Minimum FTE Required for
	Coordinator Support: 1   Minimum Additional Support Required (FTE) for		Coordinator Support: 1   Minimum Additional Support Required (FTE) for
	Program Leadership in Aggregate: 0.8		Program Leadership in Aggregate: 0.8
	Number of Approved Resident Positions: 66-70   Minimum FTE Required for		Number of Approved Resident Positions: 66-70   Minimum FTE Required for
	Coordinator Support: 1   Minimum Additional Support Required (FTE) for		Coordinator Support: 1   Minimum Additional Support Required (FTE) for
	Program Leadership in Aggregate: 0.9		Program Leadership in Aggregate: 0.9
	Number of Approved Resident Positions: 71-75   Minimum FTE Required for		Number of Approved Resident Positions: 71-75   Minimum FTE Required for
	Coordinator Support: 1   Minimum Additional Support Required (FTE) for		Coordinator Support: 1   Minimum Additional Support Required (FTE) for
	Program Leadership in Aggregate: 1		Program Leadership in Aggregate: 1
	Number of Approved Resident Positions: 76-80   Minimum FTE Required for		Number of Approved Resident Positions: 76-80   Minimum FTE Required for
	Coordinator Support: 1   Minimum Additional Support Required (FTE) for		Coordinator Support: 1   Minimum Additional Support Required (FTE) for
II.C.2.a) - (Continued)	Program Leadership in Aggregate: 1.1	2.12.b (Continued)	Program Leadership in Aggregate: 1.1
	Other Program Personnel		
			Other Program Personnel
	The program, in partnership with its Sponsoring Institution, must jointly		The program, in partnership with its Sponsoring Institution, must jointly
	ensure the availability of necessary personnel for the effective		ensure the availability of necessary personnel for the effective
II.D.	administration of the program. (Core)	2.13.	administration of the program. (Core)
III.	Resident Appointments	Section 3	Section 3: Resident Appointments
			Eligibility Requirements
			An applicant must meet one of the following qualifications to be eligible
II.A.	Eligibility Requirements	3.2.	for appointment to an ACGME-accredited program: (Core)
			Eligibility Requirements
	An applicant must meet one of the following qualifications to be eligible		An applicant must meet one of the following qualifications to be eligible
III.A.1.	for appointment to an ACGME-accredited program: (Core)	3.2.	for appointment to an ACGME-accredited program: (Core)
	graduation from a medical school in the United States, accredited by the		graduation from a medical school in the United States, accredited by the
	Liaison Committee on Medical Education (LCME) or graduation from a		Liaison Committee on Medical Education (LCME) or graduation from a
	college of osteopathic medicine in the United States, accredited by the		college of osteopathic medicine in the United States, accredited by the
	American Osteopathic Association Commission on Osteopathic College		American Osteopathic Association Commission on Osteopathic College
III.A.1.a)	Accreditation (AOACOCA); or, (Core)	3.2.a.	Accreditation (AOACOCA); or, (Core)
······································			

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement Language
			graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)
			<ul> <li>holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)</li> </ul>
II.A.1.b)	graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)	3.2.b.	<ul> <li>holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)</li> </ul>
			graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)
			<ul> <li>holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)</li> </ul>
III.A.1.b).(1)	holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)	3.2.b.	<ul> <li>holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)</li> </ul>
			graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)
			<ul> <li>holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)</li> </ul>
III.A.1.b).(2)	holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)	3.2.b.	<ul> <li>holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)</li> </ul>
III.A.2.	or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)- accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. (Core)	3.3.	or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)- accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. (Core)
II.A.2.a)	Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)	3.3.a.	Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)
,	Resident Complement		
Ш.В.	The program director must not appoint more residents than approved by the Review Committee. (Core)	3.4.	Resident Complement The program director must not appoint more residents than approved by the Review Committee. (Core)
III.B.1.	There should be at least three approved categorical positions per PGY level. (Core)	3.4.a.	There should be at least three approved categorical positions per PGY level. (Core)

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Requirer
	Resident Transfers		
	The presence much chick providentian of previous educational experiences		Resident Transfers
	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to		The program must obtain verificat and a summative competency-bas
	acceptance of a transferring resident, and Milestones evaluations upon		acceptance of a transferring resid
III.C.	matriculation. (Core)	3.5.	matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence		The ACGME accreditation system
1	and innovation in graduate medical education regardless of the		and innovation in graduate medica
	organizational affiliation, size, or location of the program.		organizational affiliation, size, or l
	The educational program must support the development of		The educational program must su
	knowledgeable, skillful physicians who provide compassionate care.		knowledgeable, skillful physicians
	It is recognized programs may place different emphasis on research,		It is recognized programs may pla
	leadership, public health, etc. It is expected that the program aims will		leadership, public health, etc. It is
	reflect the nuanced program-specific goals for it and its graduates; for		reflect the nuanced program-spec
	example, it is expected that a program aiming to prepare physician-		example, it is expected that a prog
N7	scientists will have a different curriculum from one focusing on	Castion 4	scientists will have a different cur
IV.	community health. Educational Components	Section 4	<i>community health.</i> Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the f
	a set of program aims consistent with the Sponsoring Institution's		a set of program aims consistent
	mission, the needs of the community it serves, and the desired distinctive		mission, the needs of the commu
	capabilities of its graduates, which must be made available to program		capabilities of its graduates, which
IV.A.1.	applicants, residents, and faculty members; (Core)	4.2.a.	applicants, residents, and faculty
	competency-based goals and objectives for each educational experience		competency-based goals and obje
	designed to promote progress on a trajectory to autonomous practice.		designed to promote progress on
IV.A.2.	These must be distributed, reviewed, and available to residents and faculty members; (Core)	4.2.b.	These must be distributed, review faculty members; (Core)
11.4.2.	delineation of resident responsibilities for patient care, progressive	7.2.0.	delineation of resident responsibil
IV.A.3.	responsibility for patient management, and graded supervision; (Core)	4.2.c.	responsibility for patient manager
IV.A.4.	a broad range of structured didactic activities; and, (Core)	4.2.d.	a broad range of structured didact
			Curriculum Organization and Resi
			Experiences
	Residents must be provided with protected time to participate in core		Residents must be provided with
IV.A.4.a)	didactic activities. (Core)	4.11.	didactic activities. (Core)
	formal educational activities that promote patient safety-related goals,	4.0.5	formal educational activities that p
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)
			ACGME Competencies
			The Competencies provide a conc
			required domains for a trusted ph These Competencies are core to t
			the specifics are further defined b
			trajectories in each of the Compet
IV.B.	ACGME Competencies	[None]	Milestones for each specialty.

ation of previous educational experiences ased performance evaluation prior to ident, and Milestones evaluations upon

*m is designed to encourage excellence ical education regardless of the r location of the program.* 

support the development of ns who provide compassionate care.

blace different emphasis on research, is expected that the program aims will ecific goals for it and its graduates; for ogram aiming to prepare physicianurriculum from one focusing on

e following educational components:

It with the Sponsoring Institution's unity it serves, and the desired distinctive ich must be made available to program by members; (Core)

ojectives for each educational experience on a trajectory to autonomous practice. ewed, and available to residents and

bilities for patient care, progressive ement, and graded supervision; (Core) actic activities; and, (Core)

sident Experiences – Didactic and Clinical

h protected time to participate in core

t promote patient safety-related goals,

nceptual framework describing the ohysician to enter autonomous practice. o the practice of all physicians, although by each specialty. The developmental petencies are articulated through the

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Requirement Language
	The program must integrate the following ACGME Competencies into the	-	
IV.B.1.	curriculum:	[None]	The program must integrate all ACGME Competencies into the curriculum
			ACGME Competencies – Professionalism
	Professionalism		Residents must demonstrate a commitment to professionalism and an
			adherence to ethical principles. (Core)
	Residents must demonstrate a commitment to professionalism and an		
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	Residents must demonstrate competence in:
			ACGME Competencies – Professionalism
			Residents must demonstrate a commitment to professionalism and an
			adherence to ethical principles. (Core)
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate competence in:
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect for others; (Core)
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that supersedes self-interest; (Core)
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and autonomy; (Core)
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, and the profession; (Core)
	respect and responsiveness to diverse patient populations, including but		respect and responsiveness to diverse patient populations, including but
	not limited to diversity in gender, age, culture, race, religion, disabilities,		not limited to diversity in gender, age, culture, race, religion, disabilities,
IV.B.1.a).(1).(f)	national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	national origin, socioeconomic status, and sexual orientation; (Core)
	ability to recognize and develop a plan for one's own personal and		ability to recognize and develop a plan for one's own personal and
IV.B.1.a).(1).(g)	professional well-being; and, (Core)	4.3.g.	professional well-being; and, (Core)
	appropriately disclosing and addressing conflict or duality of interest.		appropriately disclosing and addressing conflict or duality of interest.
IV.B.1.a).(1).(h)	(Core)	4.3.h.	(Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
			ACGME Competencies – Patient Care
	Residents must be able to provide patient care that is patient- and family-		Residents must be able to provide patient care that is patient- and family-
	centered, compassionate, equitable, appropriate, and effective for the		centered, compassionate, equitable, appropriate, and effective for the
IV.B.1.b).(1)	treatment of health problems and the promotion of health. (Core)	4.4.	treatment of health problems and the promotion of health. (Core)
	Residents must develop and ultimately demonstrate the ability to manage		Residents must develop and ultimately demonstrate the ability to manage
IV.B.1.b).(1).(a)	patients:	4.4.a.	patients:
	in the medical and surgical care of the female reproductive system and		in the medical and surgical care of the female reproductive system and
IV.B.1.b).(1).(a).(i)	associated disorders, and as the primary physician of women; (Core)	4.4.a.1.	associated disorders, and as the primary physician of women; (Core)
	in a variety of roles within health systems, with progressive responsibility to		in a variety of roles within health systems, with progressive responsibility to
	include serving as the direct provider, the leader or member of a multi-		include serving as the direct provider, the leader or member of a multi-
	disciplinary team of providers, a consultant to other physicians, and an		disciplinary team of providers, a consultant to other physicians, and an
	educational resource to the patient and other members of the health care team;	4.4 0	educational resource to the patient and other members of the health care team;
IV.B.1.b).(1).(a).(ii)	and, (Core)	4.4.a.2.	and, (Core)
	in a variety of health care settings to include the inpatient unit, labor and		in a variety of health care settings to include the inpatient unit, labor and
	delivery, operating room, critical care units, and emergency and ambulatory	4402	delivery, operating room, critical care units, and emergency and ambulatory
IV.B.1.b).(1).(a).(iii)	settings. (Core)	4.4.a.3.	settings. (Core)
			ACGME Competencies – Procedural Skills: Residents must be able to
	Residents must be able to perform all medical, diagnostic, and surgical	4.5	perform all medical, diagnostic, and surgical procedures considered
IV.B.1.b).(2)	procedures considered essential for the area of practice. (Core)	4.5.	essential for the area of practice. (Core)
(1) (P (1 h) (2) (-)	Residents must develop and ultimately demonstrate proficiency in obstetric and		Residents must develop and ultimately demonstrate proficiency in obstetric and
IV.B.1.b).(2).(a)	gynecologic procedures essential for specialty board certification. (Core)	4.5.a.	gynecologic procedures essential for specialty board certification. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirer
Komun Numeruis	Medical Knowledge		i i i i i i i i i i i i i i i i i i i
IV.B.1.c)	Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Residents must demonstrate know biomedical, clinical, epidemiologi including scientific inquiry, as we patient care. (Core)
IV.B.1.c).(1)	Resident must develop and ultimately demonstrate knowledge of the core and subspecialty content of obstetrics and gynecology, and topics related to women's health care appropriate for the unsupervised practice of obstetrics and gynecology. (Core)	4.6.a.	Resident must develop and ultimate subspecialty content of obstetrics ar women's health care appropriate for gynecology. (Core)
IV.B.1.d) IV.B.1.d).(1)	Practice-based Learning and Improvement Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning; (Core)	4.7.	ACGME Competencies – Practice Residents must demonstrate the care of patients, to appraise and a continuously improve patient care lifelong learning. (Core)
IV:B:1:0):(1)	Residents must demonstrate competence in: identifying strengths, deficiencies, and limits in one's knowledge and	[None]	Residents must demonstrate com
IV.B.1.d).(1).(a)	expertise; (Core)	4.7.a.	deficiencies, and limits in one's k
			Residents must demonstrate com
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	improvement goals. (Core)
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	Residents must demonstrate com appropriate learning activities. (Co
IV.B.1.d).(1).(d)	systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; (Core)	4.7.d.	Residents must demonstrate com practice using quality improvement reducing health care disparities, a of practice improvement. (Core)
	incorporating feedback and formative evaluation into daily practice; and,		Residents must demonstrate com
IV.B.1.d).(1).(e)	(Core)	4.7.e.	formative evaluation into daily pra
IV.B.1.d).(1).(f)	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems. (Core)	4.7.f.	Residents must demonstrate com assimilating evidence from scient health problems. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Residents 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 – Interpers Residents must demonstrate inter result in the effective exchange of patients, their families, and health
IV.B.1.e).(1)	Residents must demonstrate competence in	[None]	
IV.B.1.e).(1).(a)	communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient; (Core)	4.8.a.	Residents must demonstrate com with patients and patients' familie of socioeconomic circumstances, capabilities, learning to engage in provide appropriate care to each p
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health-related agencies; (Core)	4.8.b.	Residents must demonstrate com with physicians, other health prof (Core)

#### al Knowledge nowledge of established and evolving gical, and social-behavioral sciences, vell as the application of this knowledge to

tely demonstrate knowledge of the core and and gynecology, and topics related to or the unsupervised practice of obstetrics and

e-Based Learning and Improvement e ability to investigate and evaluate their I assimilate scientific evidence, and to are based on constant self-evaluation and

mpetence in identifying strengths, knowledge and expertise. (Core) mpetence in setting learning and

mpetence in identifying and performing Core)

mpetence in systematically analyzing ent methods, including activities aimed at , and implementing changes with the goal

mpetence in incorporating feedback and practice. (Core)

mpetence in locating, appraising, and ntific studies related to their patients'

ersonal and Communication Skills erpersonal and communication skills that of information and collaboration with th professionals. (Core)

mpetence in communicating effectively lies, as appropriate, across a broad range es, cultural backgrounds, and language interpretive services as required to h patient. <sup>(Core)</sup>

mpetence in communicating effectively ofessionals, and health-related agencies.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Require
IV.B.1.e).(1).(c)	working effectively as a member or leader of a health care team or other professional group; (Core)	4.8.c.	Residents must demonstrate com member or leader of a health care
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Residents must demonstrate com families, students, other residents
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate com to other physicians and health pro
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core)	4.8.f.	Residents must demonstrate com timely, and legible health care rec
IV.B.1.e).(1).(g)	providing counseling, engaging in shared decision making, and obtaining informed consent for procedures, including the alternatives, risks, benefits, complications, and peri-operative course of those procedures; and, (Core)	4.8.h.	Residents must demonstrate compe shared decision making, and obtaini including the alternatives, risks, ben course of those procedures. (Core)
IV.B.1.e).(1).(h)	discussing adverse events. (Core)	4.8.i.	Residents must demonstrate compe
IV.B.1.e).(2)	Residents must learn to communicate with patients and patients' families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. (Core)	4.8.g.	Residents must learn to communi- to partner with them to assess the appropriate, end-of-life goals. (Co
IV.B.1.f).	Systems-based Practice Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies - Systems Residents must demonstrate an a larger context and system of heal social determinants of health, as other resources to provide optima
IV.B.1.f).(1)	Residents must demonstrate competence in:	[None]	
IV.B.1.f).(1).(a)	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	Residents must demonstrate com health care delivery settings and s specialty. <sup>(Core)</sup>
IV.B.1.f).(1).(b)	coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; (Core)	4.9.b.	Residents must demonstrate com across the health care continuum specialty. <sup>(Core)</sup>
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Residents must demonstrate com care and optimal patient care syst
IV.B.1.f).(1).(d)	participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.d.	Residents must demonstrate com system errors and implementing
IV.B.1.f).(1).(e)	incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate;(Core)	4.9.e.	Residents must demonstrate com of value, equity, cost awareness, analysis in patient and/or populat
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Residents must demonstrate com finances and its impact on individ
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Residents must demonstrate com that promote patient safety and di simulated). <sup>(Detail)</sup>
IV.B.1.f).(2)	Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals. (Core)	4.9.h.	Residents must learn to advocate system to achieve the patient's ar including, when appropriate, end-

rement Language ompetence in working effectively as a are team or other professional group. (Core) ompetence in educating patients, patients' nts, and other health professionals. (Core)

ompetence in acting in a consultative role professionals. (Core)

ompetence in maintaining comprehensive, ecords, if applicable. (Core)

petence in providing counseling, engaging in ining informed consent for procedures, enefits, complications, and peri-operative e)

petence in discussing adverse events. (Core)

unicate with patients and patients' families their care goals, including, when Core)

ns-Based Practice

awareness of and responsiveness to the ealth care, including the structural and is well as the ability to call effectively on mal health care. (Core)

ompetence in working effectively in various d systems relevant to their clinical

ompetence in coordinating patient care Im and beyond as relevant to their clinical

ompetence in advocating for quality patient ystems. (Core)

ompetence in participating in identifying g potential systems solutions. (Core)

ompetence in incorporating considerations s, delivery and payment, and risk-benefit ation-based care as appropriate. (Core) ompetence in understanding health care ridual patients' health decisions. (Core)

ompetence in using tools and techniques disclosure of patient safety events (real or

te for patients within the health care and patient's family's care goals, id-of-life goals. (Core)

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	<b>Requirement Number</b>	Requirer
			4.10. Curriculum Organization and Structure The curriculum must be structure experiences, the length of the exp These educational experiences in patient care responsibilities, clinic events. (Core)
			4.11. Curriculum Organization and Clinical Experiences Residents must be provided with didactic activities. (Core)
IV.C.	Curriculum Organization and Resident Experiences	4.10 4.12.	4.12. Curriculum Organization and Management The program must provide instruct management if applicable for the signs of substance use disorder.
IV.C.1.	The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational		Curriculum Organization and Resi Structure The curriculum must be structure experiences, the length of the exp These educational experiences in patient care responsibilities, clinic events. (Core)
IV.C.1.a)	Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)	4.10.a.	Assignment of rotations must be stru rotational transitions, and rotations r quality educational experience, defi supervision, longitudinal relationship assessment and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows the residents to function as part of an effective interprofessional team that works together towards the shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be struc allows the residents to function as pa that works together towards the shar improvement. (Core)
IV.C.1.c)	Programs must have schedules that minimize conflicting inpatient and outpatient responsibilities. (Core)	4.10.c.	Programs must have schedules that responsibilities. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Res The program must provide instruc management if applicable for the signs of substance use disorder.
	An educational program in obstetrics and gynecology must provide an opportunity for resident physicians to achieve the knowledge, skills, and attitudes essential to the practice of obstetrics and gynecology and ambulatory health care for women. The program must provide opportunity for increasing responsibility, appropriate supervision, formal instruction, critical evaluation, and	4.11.a.	An educational program in obstetrics opportunity for resident physicians to attitudes essential to the practice of health care for women. The program responsibility, appropriate supervision feedback for residents. (Core)
IV.C.3.	feedback for residents. (Core)		

rement Language
and Resident Experiences – Curriculum
ared to optimize resident educational experiences, and the supervisory continuity include an appropriate blend of supervised nical teaching, and didactic educational
and Resident Experiences – Didactic and
th protected time to participate in core
and Resident Experiences – Pain
ruction and experience in pain ne specialty, including recognition of the er. (Core)
esident Experiences – Curriculum
ared to optimize resident educational experiences, and the supervisory continuity include an appropriate blend of supervised nical teaching, and didactic educational
structured to minimize the frequency of s must be of sufficient length to provide a efined by continuity of patient care, ongoing hips with faculty members, and meaningful )
uctured to facilitate learning in a manner that
s part of an effective interprofessional team hared goals of patient safety and quality
s part of an effective interprofessional team
s part of an effective interprofessional team hared goals of patient safety and quality
s part of an effective interprofessional team hared goals of patient safety and quality nat minimize conflicting inpatient and outpatien esident Experiences – Pain Management: ruction and experience in pain he specialty, including recognition of the

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Require
			Chief Resident Experience
	Within the final 24 months of education, residents must serve at least 12 months		Within the final 24 months of educat
IV.C.4.a)	as a chief resident. (Core)	4.11.b.	as a chief resident. (Core)
	The clinical and academic experience as a chief resident should be structured		The clinical and academic experience
	to prepare the resident for an independent practice of obstetrics and		prepare the resident for an independ
	gynecology. This chief resident experience, with appropriate supervision, should		This chief resident experience, with
	promote a high level of responsibility and independence, and should include		high level of responsibility and indep
	development of technical competence and proficiency in the management of		of technical competence and proficie
	patients with complex gynecological conditions, management of complicated		complex gynecological conditions, n
IV.C.4.b)	pregnancies, and the performance of advanced procedures. (Core)	4.11.c.	and the performance of advanced p
IV.C.5.	Ambulatory Care Experience	[None]	
			Ambulatory Care Experience
	Continuity of care is a recognized core value of the specialty of obstetrics and		Continuity of care is a recognized co
IV.C.5.a)	gynecology and must be a priority in each program. (Core)	4.11.d.	gynecology and must be a priority in
	Resident experience in the provision of ambulatory care must be structured to		Resident experience in the provisior
	include a minimum of 120 distinct half-day sessions over the course of the		include a minimum of 120 distinct ha
IV.C.5.b)	program. (Core)	4.11.e.	program. (Core)
IV.C.5.c)	Each resident's ambulatory care experience must include:	4.11.f.	Each resident's ambulatory care exp
	continuity clinics, and/or maternal-fetal medicine clinics, and/or gynecologic		continuity clinics, and/or maternal-fe
IV.C.5.c).(1)	clinics that provide appropriate continuity of patient care; (Core)	4.11.f.1.	clinics that provide appropriate conti
	Clinics must include a panel of patients cared for by individual residents or a		Clinics must include a panel of patie
IV.C.5.c).(1).(a)	team of residents. (Core)	4.11.f.1.a.	team of residents. (Core)
	The distance between residents' ambulatory care assignment(s) and concurrent		The distance between residents' am
	rotation(s) should not be so great as to impede residents' ability to easily travel		rotation(s) should not be so great as
IV.C.5.c).(1).(b)	between these educational experiences. (Core)	4.11.f.1.b.	between these educational experier
	sufficient experiences to allow residents to learn to address acute problems and		sufficient experiences to allow reside
IV.C.5.c).(2)	follow them to resolution, and to stabilize chronic problems; (Core)	4.11.f.2.	follow them to resolution, and to stal
	evaluation of performance data for the resident's patients relating to problem-		evaluation of performance data for t
IV.C.5.c).(3)	oriented and preventive health care; (Core)	4.11.f.3.	oriented and preventive health care;
	resident participation in coordination of care within and across hospital-based		resident participation in coordination
IV.C.5.c).(4)	and outpatient health care settings; and, (Core)	4.11.f.4.	and outpatient health care settings;
	availability to participate in the management of their continuity patients between		availability to participate in the mana
IV.C.5.c).(5)	outpatient visits. (Core)	4.11.f.5.	outpatient visits. (Core)
	There must be systems of care to provide coverage of urgent problems when a		There must be systems of care to pr
IV.C.5.c).(5).(a)	resident is not readily available. (Core)	4.11.f.5.a.	resident is not readily available. (Co
IV.C.6.	Procedural Experience	[None]	
			Procedural Experience
	Residents' procedural experience must include appropriate involvement in the		Residents' procedural experience m
	selection of the surgical or therapeutic option, pre-operative assessment, and		selection of the surgical or therapeu
IV.C.6.a)	post-operative care. (Core)	4.11.g.	post-operative care. (Core)
	Each graduating resident must perform the minimum number of cases as		Each graduating resident must perfo
IV.C.6.b)	established by the Review Committee. (Outcome)	4.11.h.	established by the Review Committe
	Performance of the minimum number of cases by a graduating resident must		Performance of the minimum numbe
IV.C.6.b).(1)		4.11.h.1.	not be interpreted as equivalent to the
IV.C.6.c)	PGY-1 Gynecology Experiences	[None]	

### rement Language

cation, residents must serve at least 12 months

ence as a chief resident should be structured to endent practice of obstetrics and gynecology. th appropriate supervision, should promote a ependence, and should include development iciency in the management of patients with , management of complicated pregnancies, procedures. (Core)

core value of the specialty of obstetrics and in each program. (Core)

ion of ambulatory care must be structured to half-day sessions over the course of the

experience must include:

-fetal medicine clinics, and/or gynecologic ntinuity of patient care; (Core)

tients cared for by individual residents or a

ambulatory care assignment(s) and concurrent as to impede residents' ability to easily travel ences. (Core)

idents to learn to address acute problems and tabilize chronic problems; (Core)

r the resident's patients relating to problemre; (Core)

on of care within and across hospital-based s; and, (Core)

inagement of their continuity patients between

provide coverage of urgent problems when a Core)

must include appropriate involvement in the eutic option, pre-operative assessment, and

rform the minimum number of cases as ittee. (Outcome)

ber of cases by a graduating resident must the achievement of competence. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirer
IV.C.6.c).(1)	PGY-1 residents must have formal training in basic surgical skills, which may be provided longitudinally or as a dedicated rotation. The basic surgical skill curriculum must teach: (Core)	4.11.h.2.	PGY-1 Gynecology Experiences PGY-1 residents must have formal to provided longitudinally or as a dedica curriculum must teach: (Core)
IV.C.6.c).(1).(a)	basic operative skills, including incision management, soft tissue management, and suturing; and, (Core)	4.11.h.2.a.	basic operative skills, including incis and suturing; and, (Core)
IV.C.6.c).(1).(b)	the fundamentals of endoscopic surgical equipment, and safe use of electrosurgical equipment. (Core)	4.11.h.2.b.	the fundamentals of endoscopic surgelectrosurgical equipment. (Core)
IV.C.7. IV.C.7.a)	Family Planning Programs must provide didactic activities and clinical experience in comprehensive family planning. (Core)	[None] 4.11.i.	Family Planning Programs must provide didactic activ comprehensive family planning. (Cor
IV.C.7.a).(1)	Residents must have didactic activities and clinical experience in all forms of contraception. (Core)	4.11.i.1.	Residents must have didactic activiti contraception. (Core)
IV.C.7.a).(2)	Residents must be involved in educating patients on the surgical and medical therapeutic methods related to the provision of abortions. (Core)	4.11.i.2.	Residents must be involved in educa therapeutic methods related to the p
IV.C.7.a).(3)	Residents must participate in the management of complications of abortions. (Core)	4.11.i.3.	Residents must participate in the ma (Core)
IV.C.7.a).(4)	Programs must provide clinical experience or access to clinical experience in the provision of abortions as part of the planned curriculum. If a program is in a jurisdiction where resident access to this clinical experience is unlawful, the program must provide access to this clinical experience in a different jurisdiction where it is lawful. (Core)	4.11.i.4.	Programs must provide clinical expe the provision of abortions as part of t jurisdiction where resident access to program must provide access to this where it is lawful. (Core)
IV.C.7.a).(4).(a)	Residents who have a religious or moral objection may opt out and must not be required to participate in training in or performing induced abortions. (Core)	4.11.i.4.a.	Residents who have a religious or m required to participate in training in c
IV.C.7.a).(4).(b)	For programs that must provide residents with this clinical experience in a different jurisdiction due to induced abortion being unlawful in the jurisdiction of the program, support must be provided for this experience by the program, in partnership with the Sponsoring Institution. (Core)	4.11.i.4.b.	For programs that must provide reside different jurisdiction due to induced a the program, support must be provide partnership with the Sponsoring Inst
IV.C.8.	Residents must have didactic activities and clinical experience in the comprehensive management of spontaneous abortion and pregnancy loss, including patient education, expectant management, medication management, uterine evacuation, complication management, and post-pregnancy loss care. (Core)	4.11.j.	Residents must have didactic activiti comprehensive management of spor including patient education, expectar uterine evacuation, complication man (Core)
IV.C.8.a)	Residents' clinical experience in uterine evacuation should take place in the operating room and in outpatient settings. (Core)	4.11.j.1.	Residents' clinical experience in uter operating room and in outpatient set
IV.C.9.	Didactic Education	[None]	
IV.C.9.a)	Educational sessions in obstetrics and gynecology must be structured and regularly scheduled and held. (Core)	4.11.k.	Didactic Education Educational sessions in obstetrics ar regularly scheduled and held. (Core)
IV.C.9.b)	These sessions must consist of clinical teaching rounds, case conferences, simulation training, journal clubs, and protected time for educational activities covering all aspects of obstetrics and gynecology, including basic sciences pertinent to the specialty. (Core)	4.11.k.1.	These sessions must consist of clinic simulation training, journal clubs, and covering all aspects of obstetrics and pertinent to the specialty. (Core)
IV.C.9.c)	Interdisciplinary and interprofessional sessions must occur. (Core)	4.11.k.2.	Interdisciplinary and interprofessiona

training in basic surgical skills, which may be icated rotation. The basic surgical skill

ision management, soft tissue management,

argical equipment, and safe use of

ctivities and clinical experience in Core)

ities and clinical experience in all forms of

cating patients on the surgical and medical provision of abortions. (Core)

nanagement of complications of abortions.

berience or access to clinical experience in of the planned curriculum. If a program is in a to this clinical experience is unlawful, the his clinical experience in a different jurisdiction

moral objection may opt out and must not be or performing induced abortions. (Core)

sidents with this clinical experience in a d abortion being unlawful in the jurisdiction of rided for this experience by the program, in stitution. (Core)

vities and clinical experience in the pontaneous abortion and pregnancy loss, tant management, medication management, nanagement, and post-pregnancy loss care.

terine evacuation should take place in the ettings. (Core)

and gynecology must be structured and re)

nical teaching rounds, case conferences, and protected time for educational activities and gynecology, including basic sciences

nal sessions must occur. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirer
IV.C.9.d)	Educational sessions in racial and ethnic health disparities must be held and include disparate maternal morbidity and mortality causes and prevention, and impact of social determinants of health and understanding of racism, privilege, and bias. (Core)	4.11.k.3.	Educational sessions in racial and e include disparate maternal morbidity impact of social determinants of hea and bias. (Core)
	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.		Scholarship Medicine is both an art and a scie scientist who cares for patients. T evaluate the literature, appropriat practice lifelong learning. The pro environment that fosters the acqu participation in scholarly activitie discovery, integration, application
	The ACGME recognizes the diversity of residencies and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical	[None]	The ACGME recognizes the diver- programs prepare physicians for scientists, and educators. It is ex- will reflect its mission(s) and aims serves. For example, some progra activity on quality improvement, p other programs might choose to b
IV.D.	research as the focus for scholarship.	[None]	research as the focus for scholars Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate e with its mission(s) and aims. (Cor
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 e with its mission(s) and aims. (Cor
IV.D.1.b)	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)	4.13.a.	The program, in partnership with adequate resources to facilitate re scholarly activities. (Core)
IV.D.1.c)	The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)	4.13.b.	The program must advance reside scholarly approach to evidence-b
			Faculty Scholarly Activity Among their scholarly activity, pro- accomplishments in at least three • Research in basic science, educ or population health • Peer-reviewed grants • Quality improvement and/or pati • Systematic reviews, meta-analys textbooks, or case reports • Creation of curricula, evaluation electronic educational materials • Contribution to professional con- editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	Innovations in education

#### rement Language

d ethnic health disparities must be held and dity and mortality causes and prevention, and lealth and understanding of racism, privilege,

cience. The physician is a humanistic s. This requires the ability to think critically, iately assimilate new knowledge, and program and faculty must create an equisition of such skills through resident ties. Scholarly activities may include tion, and teaching.

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

e evidence of scholarly activities consistent core)

e evidence of scholarly activities consistent core)

th its Sponsoring Institution, must allocate resident and faculty involvement in

idents' knowledge and practice of the e-based patient care. (Core)

programs must demonstrate ree of the following domains: (Core)

ucation, translational science, patient care,

atient safety initiatives Ilyses, review articles, chapters in medical

on tools, didactic educational activities, or

committees, educational organizations, or

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Require
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, pr accomplishments in at least three
IV.D.2.a)	<ul> <li>Research in basic science, education, translational science, patient care, or population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient safety initiatives</li> <li>Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports</li> <li>Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials</li> <li>Contribution to professional committees, educational organizations, or editorial boards</li> <li>Innovations in education</li> </ul>	4.14.	<ul> <li>Research in basic science, educ or population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or pat</li> <li>Systematic reviews, meta-analystextbooks, or case reports</li> <li>Creation of curricula, evaluation electronic educational materials</li> <li>Contribution to professional con editorial boards</li> <li>Innovations in education</li> </ul>
IV.D.2.a)		4.14.	The program must demonstrate o
	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:		<ul> <li>and external to the program by th</li> <li>faculty participation in grand ro improvement presentations, podi peer-reviewed print/electronic res chapters, textbooks, webinars, se serving as a journal reviewer, jou (Outcome)</li> </ul>
IV.D.2.b)	[Review Committee will choose to require either IV.D.2.b).(1) or both IV.D.2.b).(1) and IV.D.2.b).(2)]	4.14.a.	peer-reviewed publication. (Out
	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;		The program must demonstrate of and external to the program by the • faculty participation in grand ro improvement presentations, podi peer-reviewed print/electronic res chapters, textbooks, webinars, se serving as a journal reviewer, jou (Outcome)
IV.D.2.b).(1)	(Outcome)	4.14.a.	peer-reviewed publication. (Out
			The program must demonstrate d and external to the program by th • faculty participation in grand ro improvement presentations, podi peer-reviewed print/electronic res chapters, textbooks, webinars, se serving as a journal reviewer, jou (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.	peer-reviewed publication. (Out

#### rement Language

programs must demonstrate ree of the following domains: (Core)

ucation, translational science, patient care,

atient safety initiatives lyses, review articles, chapters in medical

on tools, didactic educational activities, or

ommittees, educational organizations, or

e dissemination of scholarly activity within the following methods:

rounds, posters, workshops, quality dium presentations, grant leadership, nonesources, articles or publications, book service on professional committees, or ournal editorial board member, or editor;

#### utcome)

e dissemination of scholarly activity within the following methods:

rounds, posters, workshops, quality dium presentations, grant leadership, nonresources, articles or publications, book service on professional committees, or ournal editorial board member, or editor;

#### utcome)

e dissemination of scholarly activity within the following methods:

rounds, posters, workshops, quality dium presentations, grant leadership, nonesources, articles or publications, book service on professional committees, or burnal editorial board member, or editor;

utcome)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement Language
			Resident Scholarly Activity
IV.D.3.	Resident Scholarly Activity	4.15.	Residents must participate in scholarship. (Core)
			Resident Scholarly Activity
IV.D.3.a)	Residents must participate in scholarship. (Core)	4.15.	Residents must participate in scholarship. (Core)
V	Evaluation	Section 5	Section 5: Evaluation
			Resident Evaluation: Feedback and Evaluation
			Faculty members must directly observe, evaluate, and frequently provide
			feedback on resident performance during each rotation or similar
V.A.	Resident Evaluation	5.1.	educational assignment. (Core)
			Resident Evaluation: Feedback and Evaluation
			Faculty members must directly observe, evaluate, and frequently provide
			feedback on resident performance during each rotation or similar
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
	Faculty members must directly observe, evaluate, and frequently provide		Resident Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide
	feedback on resident performance during each rotation or similar		feedback on resident performance during each rotation or similar
V.A.1.a)	educational assignment. (Core)	5.1.	educational assignment. (Core)
V.A. I.a)	Evaluation must be documented at the completion of the assignment.	J. I.	Evaluation must be documented at the completion of the assignment.
V.A.1.b)	(Core)	5.1.a.	(Core)
V.A.1.0)	For block rotations of greater than three months in duration, evaluation	J. I.a.	For block rotations of greater than three months in duration, evaluation
V.A.1.b).(1)	must be documented at least every three months. (Core)	5.1.a.1.	must be documented at least every three months. (Core)
V.A.1.0).(1)		J. I.a. I.	
	Longitudinal experiences, such as continuity clinic in the context of other		Longitudinal experiences, such as continuity clinic in the context of other
$V \wedge 1 \mapsto (2)$	clinical responsibilities, must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	clinical responsibilities, must be evaluated at least every three months and
V.A.1.b).(2)		J. I.d.Z.	at completion. (Core)
	The program must provide an objective performance evaluation based on		The program must provide an objective performance evaluation based on
V.A.1.c)		5.1.b.	the Competencies and the specialty-specific Milestones. <sup>(Core)</sup>
	use multiple evaluators (e.g., faculty members, peers, patients, self, and		The program must use multiple evaluators (e.g., faculty members, peers,
V.A.1.c).(1)	other professional staff members); and, (Core)	5.1.b.1.	patients, self, and other professional staff members). (Core)
	provide that information to the Clinical Competency Committee for its		The program must provide that information to the Clinical Competency
	synthesis of progressive resident performance and improvement toward		Committee for its synthesis of progressive resident performance and
V.A.1.c).(2)	unsupervised practice. (Core)	5.1.b.2.	improvement toward unsupervised practice. (Core)
	The program director or their designee, with input from the Clinical		
V.A.1.d)	Competency Committee, must:	[None]	
			The program director or their designee, with input from the Clinical
	meet with and review with each resident their documented semi-annual		Competency Committee, must meet with and review with each resident
	evaluation of performance, including progress along the specialty-specific		their documented semi-annual evaluation of performance, including
V.A.1.d).(1)	Milestones; (Core)	5.1.c.	progress along the specialty-specific Milestones. (Core)
	The semiannual evaluation must include review, with each resident, of progress		The semiannual evaluation must include review, with each resident, of progress
	along the Milestone continuum and of the record of operative experience to		along the Milestone continuum and of the record of operative experience to
	ensure breadth and depth of experience and continuing growth in technical and		ensure breadth and depth of experience and continuing growth in technical and
V.A.1.d).(1).(a)	clinical competence. (Core)	5.1.c.1.	clinical competence. (Core)
			The program director or their designee, with input from the Clinical
			Competency Committee, must assist residents in developing
	assist residents in developing individualized learning plans to capitalize		individualized learning plans to capitalize on their strengths and identify
V.A.1.d).(2)	on their strengths and identify areas for growth; and, (Core)	5.1.d.	areas for growth. (Core)

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	develop plans for residents failing to progress, following institutional	- /	The program director or their desi Competency Committee, must de
V.A.1.d).(3)	policies and procedures. (Core)	5.1.e.	progress, following institutional p
	At least annually, there must be a summative evaluation of each resident		At least annually, there must be a
	that includes their readiness to progress to the next year of the program, if		that includes their readiness to pr
V.A.1.e)		5.1.f.	applicable. (Core)
	The evaluations of a resident's performance must be accessible for review		The evaluations of a resident's pe
V.A.1.f).	by the resident. (Core)	5.1.g.	by the resident. (Core)
	Assessment should specifically monitor the resident's knowledge by use of a		Assessment should specifically mon
	formal exam such as the Council on Resident Education in Obstetrics and		formal exam such as the Council on
	Gynecology (CREOG) In-Training Examination or other cognitive exams. Tests results should not be the sole criterion of resident knowledge, and should not be		Gynecology (CREOG) In-Training E results should not be the sole criterio
(A 1 a)	5	5.1.h.	used as the sole criterion for promot
V.A.1.g)	used as the sole chterion for promotion to a subsequent PG level. (Detail)	5.1.11.	Resident Evaluation: Final Evalua
			The program director must provid
V.A.2.	Final Evaluation	5.2.	upon completion of the program.
			Resident Evaluation: Final Evalua
	The program director must provide a final evaluation for each resident		The program director must provid
V.A.2.a)		5.2.	upon completion of the program.
,	The specialty-specific Milestones, and when applicable the specialty-		The specialty-specific Milestones
	specific Case Logs, must be used as tools to ensure residents are able to		specific Case Logs, must be used
V.A.2.a).(1)		5.2.a.	engage in autonomous practice u
V.A.2.a).(2)	The final evaluation must:	[None]	
	become part of the resident's permanent record maintained by the		The final evaluation must become
	institution, and must be accessible for review by the resident in		maintained by the institution, and
V.A.2.a).(2).(a)	accordance with institutional policy; (Core)	5.2.b.	resident in accordance with instit
			The final evaluation must verify th
	verify that the resident has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(Core)
			The final evaluation must be share
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	the program. (Core)
			Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the program		A Clinical Competency Committee
V.A.3.	director. (Core)	5.3.	director. (Core)
	At a minimum, the Clinical Competency Committee must include three		At a minimum, the Clinical Compe
	members of the program faculty, at least one of whom is a core faculty		members of the program faculty,
V.A.3.a)	member. (Core)	5.3.a.	member. (Core)
	Additional members must be faculty members from the same program or		Additional members must be facu
	other programs, or other health professionals who have extensive contact		other programs, or other health p
V.A.3.a).(1)	and experience with the program's residents. (Core)	5.3.b.	and experience with the program'
V.A.3.b)	The Clinical Competency Committee must:	[None]	
			The Clinical Competency Commit
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	at least semi-annually. (Core)
	determine each resident's progress on achievement of the specialty-		The Clinical Competency Commit
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.d.	progress on achievement of the s

#### rement Language

esignee, with input from the Clinical develop plans for residents failing to I policies and procedures. (Core)

e a summative evaluation of each resident progress to the next year of the program, if

performance must be accessible for review

onitor the resident's knowledge by use of a on Resident Education in Obstetrics and Examination or other cognitive exams. Tests erion of resident knowledge, and should not be notion to a subsequent PG level. (Detail) uation

vide a final evaluation for each resident n. (Core)

uation

vide a final evaluation for each resident n. (Core)

es, and when applicable the specialtyed as tools to ensure residents are able to upon completion of the program. (Core)

ne part of the resident's permanent record nd must be accessible for review by the titutional policy. (Core)

that the resident has demonstrated the resident autonomous practice.

ared with the resident upon completion of

tee must be appointed by the program

petency Committee must include three /, at least one of whom is a core faculty

culty members from the same program or professionals who have extensive contact m's residents. (Core)

nittee must review all resident evaluations

nittee must determine each resident's specialty-specific Milestones. (Core)

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			The Clinical Competency Committee must meet prior to the residents'
	meet prior to the residents' semi-annual evaluations and advise the		semi-annual evaluations and advise the program director regarding each
V.A.3.b).(3)	program director regarding each resident's progress. (Core)	5.3.e.	resident's progress. (Core)
			Faculty Evaluation
			The program must have a process to evaluate each faculty member's
			performance as it relates to the educational program at least annually.
V.B.	Faculty Evaluation	5.4.	(Core)
			Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to evaluate each faculty member's
	performance as it relates to the educational program at least annually.		performance as it relates to the educational program at least annually.
V.B.1.	(Core)	5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review of the faculty member's clinical
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with the educational program, participation
	in faculty development related to their skills as an educator, clinical		in faculty development related to their skills as an educator, clinical
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and scholarly activities. (Core)
	This evaluation must include written, anonymous, and confidential		This evaluation must include written, anonymous, and confidential
V.B.1.b)	-	5.4.b.	evaluations by the residents. (Core)
	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedback on their evaluations at least
V.B.2.	-	5.4.c.	annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational evaluations should be incorporated into
V.B.3.	•	5.4.d.	program-wide faculty development plans. (Core)
			Program Evaluation and Improvement
			The program director must appoint the Program Evaluation Committee to
			conduct and document the Annual Program Evaluation as part of the
V.C.	Program Evaluation and Improvement	5.5.	program's continuous improvement process. (Core)
			Program Evaluation and Improvement
	The program director must appoint the Program Evaluation Committee to		The program director must appoint the Program Evaluation Committee to
	conduct and document the Annual Program Evaluation as part of the		conduct and document the Annual Program Evaluation as part of the
V.C.1.	- · ·	5.5.	program's continuous improvement process. (Core)
	The Program Evaluation Committee must be composed of at least two		The Program Evaluation Committee must be composed of at least two
	program faculty members, at least one of whom is a core faculty member,		program faculty members, at least one of whom is a core faculty member,
V.C.1.a)		5.5.a.	and at least one resident. (Core)
V.C.1.b)		[None]	
	review of the program's self-determined goals and progress toward	[]	Program Evaluation Committee responsibilities must include review of the
V.C.1.b).(1)		5.5.b.	program's self-determined goals and progress toward meeting them. <sup>(Core)</sup>
<b>v</b> .c. i.b).(i)		5.5.5.	
	quiding ongoing program improvement including development of new		Program Evaluation Committee responsibilities must include guiding
V = 1 + 1 + 1 + 2	guiding ongoing program improvement, including development of new	5.5.0	ongoing program improvement, including development of new goals,
V.C.1.b).(2)	goals, based upon outcomes; and, (Core)	5.5.c.	based upon outcomes. (Core)
			Program Evaluation Committee responsibilities must include review of the
	review of the current operating environment to identify strengths,		current operating environment to identify strengths, challenges,
V = (1 + 1)/(2)	challenges, opportunities, and threats as related to the program's mission	550	opportunities, and threats as related to the program's mission and aims.
V.C.1.b).(3)		5.5.d.	(Core)
	The Program Evaluation Committee should consider the outcomes from		The Program Evaluation Committee should consider the outcomes from
	prior Annual Program Evaluation(s), aggregate resident and faculty written		prior Annual Program Evaluation(s), aggregate resident and faculty written
	evaluations of the program, and other relevant data in its assessment of		evaluations of the program, and other relevant data in its assessment of
V.C.1.c)	the program. (Core)	5.5.e.	the program. (Core)

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V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee and aims, strengths, areas for imp
1.0.1.0	The Annual Program Evaluation, including the action plan, must be		The Annual Program Evaluation, i
	distributed to and discussed with the residents and the members of the		distributed to and discussed with
V.C.1.e)	teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	teaching faculty, and be submitte
V.C.2.	The program must complete a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must complete a Sel
			Board Certification
	One goal of ACGME-accredited education is to educate physicians who		One goal of ACGME-accredited ed
	seek and achieve board certification. One measure of the effectiveness of		seek and achieve board certificati
	the educational program is the ultimate pass rate.		the educational program is the ult
	The program director should encourage all eligible program graduates to		The program director should enco
	take the certifying examination offered by the applicable American Board		take the certifying examination of
	of Medical Specialties (ABMS) member board or American Osteopathic		of Medical Specialties (ABMS) me
V.C.3.	Association (AOA) certifying board.	[None]	Association (AOA) certifying boar
			Board Certification
	For specialties in which the ABMS member board and/or AOA certifying		For specialties in which the ABMS
	board offer(s) an annual written exam, in the preceding three years, the		board offer(s) an annual written e
	program's aggregate pass rate of those taking the examination for the first		program's aggregate pass rate of
V.C.3.a)	time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.	time must be higher than the bott specialty. (Outcome)
V.0.0.uj	For specialties in which the ABMS member board and/or AOA certifying	0.0.	For specialties in which the ABMS
	board offer(s) a biennial written exam, in the preceding six years, the		board offer(s) a biennial written e
	program's aggregate pass rate of those taking the examination for the first		program's aggregate pass rate of
	time must be higher than the bottom fifth percentile of programs in that		time must be higher than the bott
V.C.3.b)	specialty. (Outcome)	5.6.a.	specialty. <sup>(Outcome)</sup>
	For specialties in which the ABMS member board and/or AOA certifying		For specialties in which the ABMS
	board offer(s) an annual oral exam, in the preceding three years, the		board offer(s) an annual oral exam
	program's aggregate pass rate of those taking the examination for the first		program's aggregate pass rate of
	time must be higher than the bottom fifth percentile of programs in that		time must be higher than the bott
V.C.3.c)		5.6.b.	specialty. <sup>(Outcome)</sup>
	For specialties in which the ABMS member board and/or AOA certifying		For specialties in which the ABMS
	board offer(s) a biennial oral exam, in the preceding six years, the		board offer(s) a biennial oral exan program's aggregate pass rate of
	program's aggregate pass rate of those taking the examination for the first		time must be higher than the both
V.C.3.d)	time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.c.	specialty. <sup>(Outcome)</sup>
			For each of the exams referenced
	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved		graduates over the time period sp
	an 80 percent pass rate will have met this requirement, no matter the		an 80 percent pass rate will have
V.C.3.e)		5.6.d.	percentile rank of the program for
	Programs must report, in ADS, board certification status annually for the		Programs must report, in ADS, bo
VC25	cohort of board-eligible residents that graduated seven years earlier.		cohort of board-eligible residents
V.C.3.f)	(Core)	5.6.e.	

rement Language ittee must evaluate the program's mission mprovement, and threats. (Core) n, including the action plan, must be ith the residents and the members of the ited to the DIO. (Core)

Self-Study and submit it to the DIO. (Core)

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

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

MS member board and/or AOA certifying exam, in the preceding three years, the of those taking the examination for the first ottom fifth percentile of programs in that

MS member board and/or AOA certifying exam, in the preceding six years, the of those taking the examination for the first ottom fifth percentile of programs in that

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

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

ed in 5.6.a.-c., any program whose specified in the requirement have achieved ve met this requirement, no matter the for pass rate in that specialty. <sup>(Outcome)</sup>

board certification status annually for the ts that graduated seven years earlier. <sup>(Core)</sup>

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			Section 6: The Learning and Work
	The Learning and Working Environment		The Learning and Working Enviro
	Residency education must occur in the context of a learning and working		Residency education must occur
	environment that emphasizes the following principles:		environment that emphasizes the
	<ul> <li>Excellence in the safety and quality of care rendered to patients by residents today</li> </ul>		<ul> <li>Excellence in the safety and qua residents today</li> </ul>
	<ul> <li>Excellence in the safety and quality of care rendered to patients by today's residents in their future practice</li> </ul>		<ul> <li>Excellence in the safety and qua today's residents in their future play</li> </ul>
	• Excellence in professionalism		• Excellence in professionalism
	<ul> <li>Appreciation for the privilege of caring for patients</li> </ul>		• Appreciation for the privilege of
VI	<ul> <li>Commitment to the well-being of the students, residents, faculty members, and all members of the health care team</li> </ul>	Section 6	• Commitment to the well-being of members, and all members of the
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]	
·	Culture of Safety		
VI.A.1.a).(1)	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 contin a willingness to transparently dea has formal mechanisms to assess its personnel toward safety in ord
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)		The program, its faculty, residents patient safety systems and contril
	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based		Patient Safety Events Reporting, investigation, and follo unsafe conditions are pivotal med and are essential for the success and experiential learning are esse the ability to identify causes and i
VI.A.1.a).(2)	changes to ameliorate patient safety vulnerabilities. Residents, fellows, faculty members, and other clinical staff members	[None]	changes to ameliorate patient safe
VI.A.1.a).(2).(a)	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 member must know their responsibilities in unsafe conditions at the clinical s (Core)
VI.A.1.a).(2).(a).(i)		0.2.	

orking Environment

ronment

*Ir in the context of a learning and working te following principles:* 

ality of care rendered to patients by

*lality of care rendered to patients by practice* 

of caring for patients

of the students, residents, faculty ne health care team

tinuous identification of vulnerabilities and eal with them. An effective organization ess the knowledge, skills, and attitudes of rder to identify areas for improvement.

nts, and fellows must actively participate in ribute to a culture of safety. (Core)

*llow-up of safety events, near misses, and echanisms for improving patient safety, is of any patient safety program. Feedback sential to developing true competence in d institute sustainable systems-based afety vulnerabilities.* 

bers, and other clinical staff members in reporting patient safety events and l site, including how to report such events.

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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 member must be provided with summary i safety reports. <sup>(Core)</sup>
VI.A.1.a).(2).(b)	Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Residents must participate as tea interprofessional clinical patient s such as root cause analyses or of well as formulation and implemen
	Quality Metrics		
VI.A.1.a).(3)	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 price and evaluating success of improv
VI.A.1.a).(3).(a)	Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Residents and faculty members m benchmarks related to their patier
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician the patient, every physician share for their efforts in the provision of with their Sponsoring Institutions monitor a structured chain of resp relates to the supervision of all pa Supervision in the setting of grad and effective care to patients; ens skills, knowledge, and attitudes re practice of medicine; and establis professional growth.
VI.A.2.a)	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.		Supervision and Accountability Although the attending physician the patient, every physician share for their efforts in the provision of with their Sponsoring Institutions monitor a structured chain of resp relates to the supervision of all pa Supervision in the setting of grad and effective care to patients; ens skills, knowledge, and attitudes re practice of medicine; and establis professional growth.
VI.A.2.a)			Residents and faculty members n
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	respective roles in that patient's or This information must be availabl members of the health care team,
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members m respective roles in that patient's o This information must be availabl members of the health care team,

bers, and other clinical staff members / information of their institution's patient

eam members in real and/or simulated at safety and quality improvement activities, other activities that include analysis, as entation of actions. (Core)

rioritizing activities for care improvement ovement efforts.

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

an is ultimately responsible for the care of ares in the responsibility and accountability of care. Effective programs, in partnership ns, define, widely communicate, and esponsibility and accountability as it patient care.

aduate medical education provides safe ensures each resident's development of the required to enter the unsupervised lishes a foundation for continued

an is ultimately responsible for the care of ares in the responsibility and accountability of care. Effective programs, in partnership ns, define, widely communicate, and esponsibility and accountability as it patient care.

aduate medical education provides safe insures each resident's development of the required to enter the unsupervised lishes a foundation for continued

must inform each patient of their s care when providing direct patient care. ble to residents, faculty members, other n, and patients. (Core)

a must inform each patient of their s care when providing direct patient care. able to residents, faculty members, other m, and patients. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Require
	The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be		The program must demonstrate t place for all residents is based or ability, as well as patient complex
	exercised through a variety of methods, as appropriate to the situation.		exercised through a variety of me
VI.A.2.a).(2)	(Core)	6.6.	(Core)
VI.A.2.a).(2).(a)	Physician faculty member supervision of residents must comply with II.B.2.g)-II.B.2.g).(2). (Core)	6.6.a.	Physician faculty member supervision (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate resident authority and responsibility, the p classification of supervision.
			Direct Supervision The supervising physician is phy the key portions of the patient int The supervising physician and/or the resident and the supervising
VI.A.2.b).(1)	Direct Supervision	6.7.	patient care through appropriate
			Direct Supervision The supervising physician is phy the key portions of the patient int
VI.A.2.b).(1).(a)	the supervising physician is physically present with the resident during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or the resident and the supervising patient care through appropriate
VI.A.2.b).(1).(a).(i)	PGY-1 residents must initially be supervised directly, only as described in VI.A.2.b).(1).(a). (Core)	6.7.a.	PGY-1 residents must initially be the above definition. (Core)
			Direct Supervision The supervising physician is phy the key portions of the patient int
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or the resident and the supervising patient care through appropriate
VI.A.2.b).(1).(b).(i)	Telecommunication technology for direct supervision must not be used for the management of labor and delivery or with invasive procedures. (Core)	6.7.b.	Telecommunication technology for on management of labor and delivery of the second s
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not or audio supervision but is imme guidance and is available to prov
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is avai procedures/encounters with feed
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 p physician is required. (Core)

#### rement Language

e that the appropriate level of supervision in on each resident's level of training and exity and acuity. Supervision may be nethods, as appropriate to the situation.

sion of residents must comply with 2.8.f.

nt supervision while providing for graded e program must use the following

nysically present with the resident during nteraction.

*for patient is not physically present with g physician is concurrently monitoring the telecommunication technology.* 

hysically present with the resident during interaction.

*for patient is not physically present with g physician is concurrently monitoring the telecommunication technology.* 

e supervised directly, only as described in

hysically present with the resident during interaction.

*for patient is not physically present with g physician is concurrently monitoring the telecommunication technology.* 

r direct supervision must not be used for the or with invasive procedures. (Core)

ot providing physical or concurrent visual nediately available to the resident for ovide appropriate direct supervision.

vailable to provide review of edback provided after care is delivered. physical presence of a supervising

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Require
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authe independence, and a supervisory resident must be assigned by the (Core)
VI.A.2.d).(1)	The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evalua specific criteria, guided by the Mi
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core)	6.9.b.	Faculty members functioning as s portions of care to residents base skills of each resident. (Core)
VI.A.2.d).(3)	Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Senior residents or fellows should residents in recognition of their p the needs of each patient and the (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for residents must communicate with (Core)
VI.A.2.e).(1)	Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)	6.10.a.	Each resident must know the limi circumstances under which the re conditional independence. (Outco
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments the knowledge and skills of each the appropriate level of patient ca
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with the residents and faculty members co responsibilities of physicians, inc to be appropriately rested and fit patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with the residents and faculty members co responsibilities of physicians, inc to be appropriately rested and fit patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on residents to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the pro excessive reliance on residents to
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the pro care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the pro the meaning that each resident fin physician, including protecting tin administrative support, promoting flexibility, and enhancing profess

thority and responsibility, conditional ry role in patient care delegated to each ne program director and faculty members.

luate each resident's abilities based on Wilestones. (Core)

s supervising physicians must delegate sed on the needs of the patient and the

uld serve in a supervisory role to junior progress toward independence, based on he skills of the individual resident or fellow.

or circumstances and events in which ith the supervising faculty member(s).

mits of their scope of authority, and the resident is permitted to act with come)

ts must be of sufficient duration to assess h resident and to delegate to the resident care authority and responsibility. (Core)

heir Sponsoring Institutions, must educate concerning the professional and ethical ncluding but not limited to their obligation it to provide the care required by their

heir Sponsoring Institutions, must educate concerning the professional and ethical ncluding but not limited to their obligation it to provide the care required by their

orogram must be accomplished without to fulfill non-physician obligations. <sup>(Core)</sup> program must ensure manageable patient

Frogram must include efforts to enhance finds in the experience of being a time with patients, providing ing progressive independence and ssional relationships. (Core)

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	•
	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and		The program director, in partners provide a culture of professionalis
VI.B.3.	personal responsibility. (Core)	6.12.d.	personal responsibility. (Core)
	Residents and faculty members must demonstrate an understanding of		Residents and faculty members m
	their personal role in the safety and welfare of patients entrusted to their		their personal role in the safety ar
	care, including the ability to report unsafe conditions and safety events.		care, including the ability to repor
VI.B.4.	(Core)	6.12.e.	(Core)
	Programs, in partnership with their Sponsoring Institutions, must provide		Programs, in partnership with the
	a professional, equitable, respectful, and civil environment that is		a professional, equitable, respect
	psychologically safe and that is free from discrimination, sexual and other		psychologically safe and that is fr
	forms of harassment, mistreatment, abuse, or coercion of students,		forms of harassment, mistreatmen
VI.B.5.	residents, faculty, and staff. (Core)	6.12.f.	residents, faculty, and staff. (Core
	Programs, in partnership with their Sponsoring Institutions, should have a		Programs, in partnership with the
	process for education of residents and faculty regarding unprofessional		process for education of residents
	behavior and a confidential process for reporting, investigating, and		behavior and a confidential proce
VI.B.6.	addressing such concerns. (Core)	6.12.g.	addressing such concerns. (Core)
	Well-Being		
	Wein-Deiling		Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and phy
	development of the competent, caring, and resilient physician and require		development of the competent, ca
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside a
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care al
	members of the health care team are important components of		members of the health care team
	professionalism; they are also skills that must be modeled, learned, and		professionalism; they are also ski
	nurtured in the context of other aspects of residency training.		nurtured in the context of other as
	Residents and faculty members are at risk for burnout and depression.		Residents and faculty members a
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with the
	same responsibility to address well-being as other aspects of resident		same responsibility to address we
	competence. Physicians and all members of the health care team share		competence. Physicians and all m
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being o
	clinical learning environment models constructive behaviors, and		clinical learning environment mod
	prepares residents with the skills and attitudes needed to thrive		prepares residents with the skills
VI.C.	throughout their careers.	[None]	throughout their careers.
	The responsibility of the program, in partnership with the Sponsoring	 	The responsibility of the program,
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work inte
VI.C.1.a)	impacts resident well-being; (Core)	6.13.a.	impacts resident well-being; (Core
	evaluating workplace safety data and addressing the safety of residents		evaluating workplace safety data
VI.C.1.b)	and faculty members; (Core)	6.13.b.	and faculty members; (Core)
·····,	policies and programs that encourage optimal resident and faculty		policies and programs that encou
VI.C.1.c)	member well-being; and, (Core)	6.13.c.	member well-being; and, (Core)
	Residents must be given the opportunity to attend medical, mental health,		Residents must be given the oppo
	and dental care appointments, including those scheduled during their	0.40 - 4	and dental care appointments, inc
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of residents and faculty members in:	6.13.d.	education of residents and faculty

ship with the Sponsoring Institution, must lism that supports patient safety and

must demonstrate an understanding of and welfare of patients entrusted to their ort unsafe conditions and safety events.

neir Sponsoring Institutions, must provide ctful, and civil environment that is free from discrimination, sexual and other nent, abuse, or coercion of students, pre)

neir Sponsoring Institutions, should have a nts and faculty regarding unprofessional cess for reporting, investigating, and re)

ohysical well-being are critical in the caring, and resilient physician and require and outside of medicine. Well-being the joy in medicine while managing their and responsibility to support other m are important components of skills that must be modeled, learned, and aspects of residency training.

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

m, in partnership with the Sponsoring

tensity, and work compression that pre)

a and addressing the safety of residents

ourage optimal resident and faculty

portunity to attend medical, mental health, ncluding those scheduled during their

Ity members in:

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Poquiror
Koman Numerais	identification of the symptoms of burnout, depression, and substance use		Requirer identification of the symptoms of
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or po
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience thes
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for se
	providing access to confidential, affordable mental health assessment,		providing access to confidential, a counseling, and treatment, includ
VI.C.1.e)	counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a wee
	There are circumstances in which residents may be unable to attend work,		There are circumstances in which
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver lea
	appropriate length of absence for residents unable to perform their patient		appropriate length of absence for
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)
	The program must have policies and procedures in place to ensure		The program must have policies a
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensu
,	These policies must be implemented without fear of negative		These policies must be implemen
	consequences for the resident who is or was unable to provide the clinical		consequences for the resident wh
VI.C.2.b)	work. (Core)	6.14.b.	work. (Core)
			Fatigue Mitigation
			Programs must educate all reside
VI.D.	Entique Mitigation	6.15.	of the signs of fatigue and sleep d fatigue mitigation processes. (Det
VI.D.	Fatigue Mitigation	0.15.	
	Programs must educate all residents and faculty members in recognition		Fatigue Mitigation Programs must educate all reside
	of the signs of fatigue and sleep deprivation, alertness management, and		of the signs of fatigue and sleep d
VI.D.1.	fatigue mitigation processes. (Detail)	6.15.	fatigue mitigation processes. (Det
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with i
	adequate sleep facilities and safe transportation options for residents who		adequate sleep facilities and safe
VI.D.2.	may be too fatigued to safely return home. (Core)	6.16.	may be too fatigued to safely retu
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities		Clinical Responsibilities
	The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient		The clinical responsibilities for ea patient safety, resident ability, sev
VI.E.1.	illness/condition, and available support services. (Core)	6.17.	illness/condition, and available su
	Teamwork		,
			Teamwork
	Residents must care for patients in an environment that maximizes		Residents must care for patients i
	communication and promotes safe, interprofessional, team-based care in		communication and promotes saf
VI.E.2.	the specialty and larger health system. (Core)	6.18.	the specialty and larger health sys
			Transitions of Care
VI.E.3.	Transitions of Care	6.19.	Programs must design clinical as patient care, including their safety
¥1.L.J.		0.13.	patient care, monuting their salety

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

in themselves and how to seek appropriate

#### elf-screening. (Core)

l, affordable mental health assessment, iding access to urgent and emergent care eek. (Core)

ch residents may be unable to attend work, ue, illness, family emergencies, and eave. Each program must allow an or residents unable to perform their patient

and procedures in place to ensure sure continuity of patient care. (Core) ented without fear of negative

who is or was unable to provide the clinical

dents and faculty members in recognition deprivation, alertness management, and etail)

dents and faculty members in recognition deprivation, alertness management, and etail)

h its Sponsoring Institution, must ensure fe transportation options for residents who turn home. (Core)

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

s in an environment that maximizes afe, interprofessional, team-based care in ystem. (Core)

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

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Require
	Programs must design clinical assignments to optimize transitions in		Transitions of Care Programs must design clinical as
VI.E.3.a)	patient care, including their safety, frequency, and structure. (Core)	6.19.	patient care, including their safet
	Programs, in partnership with their Sponsoring Institutions, must ensure		Programs, in partnership with the
	and monitor effective, structured hand-off processes to facilitate both		and monitor effective, structured
VI.E.3.b)	continuity of care and patient safety. (Core)	6.19.a.	continuity of care and patient safe
	Programs must ensure that residents are competent in communicating		Programs must ensure that reside
VI.E.3.c)	with team members in the hand-off process. (Outcome)	6.19.b.	with team members in the hand-o
,			
	Clinical Experience and Education		Clinical Experience and Educatio
	Programs, in partnership with their Sponsoring Institutions, must design		Clinical Experience and Educatio Programs, in partnership with the
	an effective program structure that is configured to provide residents with		an effective program structure the
	educational and clinical experience opportunities, as well as reasonable		educational and clinical experience
VI.F.	opportunities for rest and personal activities.	[None]	opportunities for rest and person
VI.I .			opportunities for rest and person
	Maximum Hours of Clinical and Educational Work per Week		
			Maximum Hours of Clinical and E
	Clinical and educational work hours must be limited to no more than 80		Clinical and educational work hou
	hours per week, averaged over a four-week period, inclusive of all in-		hours per week, averaged over a
	house clinical and educational activities, clinical work done from home,		house clinical and educational ac
VI.F.1.	and all moonlighting. (Core)	6.20.	and all moonlighting. (Core)
			Mandatory Time Free of Clinical V
			Residents should have eight hour
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	and education periods. (Detail)
			Mandatory Time Free of Clinical V
	Residents should have eight hours off between scheduled clinical work		Residents should have eight hour
VI.F.2.a)	and education periods. (Detail)	6.21.	and education periods. (Detail)
	Residents must have at least 14 hours free of clinical work and education		Residents must have at least 14 h
VI.F.2.b)	after 24 hours of in-house call. (Core)	6.21.a.	after 24 hours of in-house call. (C
	Residents must be scheduled for a minimum of one day in seven free of		Residents must be scheduled for
	clinical work and required education (when averaged over four weeks). At-		clinical work and required educat
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	6.21.b.	home call cannot be assigned on
			Maximum Clinical Work and Educ
			Clinical and educational work per
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	hours of continuous scheduled c
			Maximum Clinical Work and Educ
	Clinical and educational work periods for residents must not exceed 24		Clinical and educational work per
VI.F.3.a)	hours of continuous scheduled clinical assignments. (Core)	6.22.	hours of continuous scheduled c
	Up to four hours of additional time may be used for activities related to		Up to four hours of additional tim
	patient safety, such as providing effective transitions of care, and/or		patient safety, such as providing
	resident education. Additional patient care responsibilities must not be		resident education. Additional pa
VI.F.3.a).(1)	assigned to a resident during this time. (Core)	6.22.a.	assigned to a resident during this
			Clinical and Educational Work Ho
			In rare circumstances, after hand
			resident, on their own initiative, n
			clinical site in the following circu
			a single severely ill or unstable pa
			needs of a patient or patient's fan
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	events. (Detail)

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

neir Sponsoring Institutions, must ensure d hand-off processes to facilitate both afety. (Core)

idents are competent in communicating -off process. (Outcome)

#### ion

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

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

Work and Education urs off between scheduled clinical work

Work and Education urs off between scheduled clinical work

hours free of clinical work and education Core)

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

ucation Period Length

eriods for residents must not exceed 24 clinical assignments. (Core)

ucation Period Length eriods for residents must not exceed 24 clinical assignments. (Core)

me may be used for activities related to g effective transitions of care, and/or patient care responsibilities must not be his time. (Core)

lour Exceptions

nding off all other responsibilities, a , may elect to remain or return to the cumstances: to continue to provide care to patient; to give humanistic attention to the amily; or to attend unique educational

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Requirement Language	Requirement Number	•
In rare circumstances, after handing off all other responsibilities, a resident, 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 Ho In rare circumstances, after handi resident, on their own initiative, m clinical site in the following circur a single severely ill or unstable pa needs of a patient or patient's fam events. (Detail)
These additional hours of care or education must be counted toward the	6.22.2	These additional hours of care or
80-nour weekiy limit. (Detail)	6.23.a.	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 ro percent or a maximum of 88 clinic individual programs based on a so The Review Committee for Obstetric
requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	requests for exceptions to the 80-ho
Moonlighting	6.25.	Moonlighting Moonlighting must not interfere w the goals and objectives of the ed interfere with the resident's fitnes safety. (Core)
Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere w the goals and objectives of the ed interfere with the resident's fitnes safety. (Core)
Time spent by residents 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 residents in interna in the ACGME Glossary of Terms) maximum weekly limit. (Core)
PGY-1 residents are not permitted to moonlight. (Core)	6.25.b.	PGY-1 residents are not permitted
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 o seven requirements. (Core)
Maximum In-House On-Call Frequency Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequ Residents must be scheduled for every third night (when averaged o
At-Home Call	6.28.	At-Home Call Time spent on patient care activiti count toward the 80-hour maximu home call is not subject to the eve the requirement for one day in sev when averaged over four weeks. (
	resident, 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)         These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)         A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.         The Review Committee for Obstetrics and Gynecology will not consider requests for exceptions to the 80-hour limit to the residents' work week.         Moonlighting         Moonlighting         Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)         Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)         PGY-1 residents are not permitted to moonlight. (Core)         In-House Night Float         Night float must occur within the context of the 80-hour and one-day-off-in seven requirements. (Core)         Maximum in-House On-Call Frequency         Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	Requirement Language         Requirement Number           In rare circumstances, after handing off all other responsibilities, a resident, 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.           These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)         6.23.           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.         6.24.           The Review Committee for Obstetrics and Gynecology will not consider requests for exceptions to the 80-hour limit to the residents' work week.         6.24.           Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)         6.25.           Time spent by residents 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.           PGY-1 residents are not permitted to moonlight. (Core)         6.25.         6.26.           Maximum In-House On-Call Frequency         6.26.         6.26.

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

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