Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement
	Definition of Graduate Medical Education Graduate medical education is the crucial step of professional 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		Definition of Graduate Medical Educat Graduate medical education is the cru development between medical school is in this vital phase of the continuum learn to provide optimal patient care u
	members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship.		members who not only instruct, but se compassion, cultural sensitivity, profe
	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 years later.	[None]	Graduate medical education transform scholars who care for the patient, patie community; create and integrate new le educate future generations of physicia patterns established during graduate r 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 as a c responsibility for patient care. The car appropriate faculty supervision and co residents to attain the knowledge, skill empathy required for autonomous pra develops physicians who focus on exc equitable, affordable, quality care; and serve. Graduate medical education val group of physicians brings to medical inclusive and psychologically safe lead
	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- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None] - (Continued)	Graduate medical education occurs in foundation for practice-based and life development of the physician, begun i through faculty modeling of the efface environment that emphasizes joy in cur rigor, and discovery. This transformate and intellectually demanding and occur environments committed to graduate i being of patients, residents, fellows, far members of the health care team.

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rucial step of professional ol and autonomous clinical practice. It m of medical education that residents a under the supervision of faculty serve as role models of excellence, ofessionalism, and scholarship.

rms medical students into physician atient's family, and a diverse w knowledge into practice; and cians to serve the public. Practice & medical education persist many

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

in clinical settings that establish the felong learning. The professional n in medical school, continues cement of self-interest in a humanistic curiosity, problem-solving, academic ation is often physically, emotionally, ccurs in a variety of clinical learning e medical education and the well-, faculty members, students, and all

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
	<b>Definition of Specialty</b> The medical specialty of occupational and environmental medicine focuses on health promotion and the human health impact of physical, chemical, biological, social, and psychosocial factors in the environment, both at home and at work. Occupational and environmental medicine involves prevention, diagnosis, and acute and long-term treatment of occupational and environmental illnesses and injury for individuals. Occupational and environmental medicine further incorporates hazard assessment and risk management of populations, as well as research and policy setting that seeks to prevent adverse occupational and environmental health outcomes for present and future generations. Intrinsic to the specialty are evidence-based science, ethical medical practice, and an emphasis on social determinants of health.	[None]	<b>Definition of Specialty</b> The medical specialty of occupational ar health promotion and the human health is social, and psychosocial factors in the en Occupational and environmental medicin acute and long-term treatment of occupat injury for individuals. Occupational and en incorporates hazard assessment and rist as research and policy setting that seeks environmental health outcomes for prese the specialty are evidence-based science emphasis on social determinants of heal
	Length of Educational Program Educational programs in occupational and environmental medicine are configured in 24-month and 36-month formats. The latter includes 12 months of education in fundamental clinical skills of medicine, and both include 24 months of education in clinical occupational and environmental medicine (OEM-1 and		<b>Length of Educational Program</b> Educational programs in occupational ar configured in 24-month and 36-month fo education in fundamental clinical skills of of education in clinical occupational and
Int.C.	OEM-2). (Core) Oversight	4.1. Section 1	OEM-2). (Core) 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. When the Sponsoring Institution is not a rotation site for the program, the		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education, consistent with the Requirements. When the Sponsoring Institution is no
	most commonly utilized site of clinical activity for the program is the		most commonly utilized site of clinica
I.A.	<i>primary clinical site.</i> The program must be sponsored by one ACGME-accredited Sponsoring	[None]	<i>primary clinical site.</i> The program must be sponsored by o
I.A.1.	Institution.	1.1.	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 organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agro and each participating site that govern program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)

and environmental medicine focuses on h impact of physical, chemical, biological, environment, both at home and at work. cine involves prevention, diagnosis, and pational and environmental illnesses and l environmental medicine further isk management of populations, as well ks to prevent adverse occupational and sent and future generations. Intrinsic to

nce, ethical medical practice, and an ealth.

and environmental medicine are formats. The latter includes 12 months of of medicine, and both include 24 months ad environmental medicine (OEM-1 and

ganization or entity that assumes the oonsibility for a program of graduate the ACGME Institutional

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

one ACGME-accredited Sponsoring

on providing educational experiences as for residents.

consoring Institution, must designate a

greement (PLA) between the program erns the relationship between the roviding a required assignment. (Core)

every 10 years. <sup>(Core)</sup> lesignated institutional official (DIO).

cal learning and working environment

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
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 must by the program director as the site di resident education at that site, in coll (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 submit an participating sites routinely providing for all residents, of one month full tim the ACGME's Accreditation Data Syst
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 Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi present), faculty members, senior adr other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
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 its S the availability of adequate resources
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working resident well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
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 sleep/re for residents with proximity appropria
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe particular terms of the safe particular terms of terms
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for residents with d Sponsoring Institution's policy. (Core
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 access to appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed residents' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and of but not limited to residents from othe and advanced practice providers, mu appointed residents' education. (Core
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme

### ent Language

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

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

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

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

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

s Sponsoring Institution, must ensure ing environments that promote

### )

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

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

opriate to the participating site; and,

disabilities consistent with the re)

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

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

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

<b>Requirement Number</b>		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
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 GMEC m director and must verify the program 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 director (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 retent length of time adequate to maintain co 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 applicat must be provided with support adequ based upon its size and configuration
	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time as specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)		Program leadership, in aggregate, must dedicated minimum time as specified bel This may be time spent by the program of program director and one or more assoc (Core)
	Number of Approved Resident Positions: 1-6   Minimum Support Required (FTE): 20%		Number of Approved Resident Positions: (FTE): 20%
	Number of Approved Resident Positions: 7-15   Minimum Support Required (FTE): 30%		Number of Approved Resident Positions: (FTE): 30%
	Number of Approved Resident Positions: 16 or more   Minimum Support Required (FTE): 40%	2.4.a.	Number of Approved Resident Positions: Required (FTE): 40%
II.A.3.	Qualifications of the program director:	2.5.	Qualifications of the Program Director The program director must possess s years of documented educational and qualifications acceptable to the Revie
	must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core)		Qualifications of the Program Director The program director must possess s years of documented educational and qualifications acceptable to the Revie
	must include current certification in the specialty for which they are the program director by the American Board of Preventive Medicine or by the American Osteopathic Board of Preventive Medicine, or specialty qualifications that are acceptable to the Review Committee; and, (Core)	2.5.a.	The program director must possess c for which they are the program director Preventive Medicine or by the American Medicine, or specialty qualifications the Committee. (Core)
-	must include ongoing clinical activity. (Core)	2.5.b.	The program director must demonstra

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

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

tor resides with the Review Committee.

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

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

st be provided with support equal to a below for administration of the program. In director only or divided between the bociate (or assistant) program directors.

ns: 1-6 | Minimum Support Required

ns: 7-15 | Minimum Support Required

ns: 16 or more | Minimum Support

#### tor

s specialty expertise and at least three nd/or administrative experience, or iew Committee. (Core)

tor

s specialty expertise and at least three nd/or administrative experience, or iew Committee. (Core)

current certification in the specialty ctor by the American Board of can Osteopathic Board of Preventive that are acceptable to the Review

trate ongoing clinical activity. (Core)

Requirement Number - Roman Numerals		Reformatted Requirement Number	Baguiramant
- Roman Numerais	Requirement Language	Requirement Number	Requirement
	Program Director Responsibilities		Program Director Responsibilities
	The program director must have responsibility, authority, and		The program director must have responsibilities
	accountability for: administration and operations; teaching and scholarly		accountability for: administration and
	activity; resident recruitment and selection, evaluation, and promotion of		activity; resident recruitment and sele
	residents, and disciplinary action; supervision of residents; and resident		residents, and disciplinary action; sup
II.A.4.	education in the context of patient care. (Core)	2.6.	education in the context of patient car
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 role m
	design and conduct the program in a fashion consistent with the needs of		The program director must design and
	the community, the mission(s) of the Sponsoring Institution, and the		consistent with the needs of the comm
II.A.4.a).(2)	mission(s) of the program; (Core)	2.6.b.	Sponsoring Institution, and the missio
l			The program director must administer
	administer and maintain a learning environment conducive to educating		environment conducive to educating t
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 a
	have the authority to approve or remove physicians and non-physicians		physicians and non-physicians as fact
	as faculty members at all participating sites, including the designation of		sites, including the designation of cor
	core faculty members, and must develop and oversee a process to	2.6.d.	develop and oversee a process to eval
II.A.4.a).(4)	evaluate candidates prior to approval; (Core)	2.0.0.	(Core)
	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 au supervising interactions and/or learning
II.A.4.a).(5)	program; (Core)	2.6.e.	the standards of the program. (Core)
	submit accurate and complete information required and requested by the		The program director must submit acc
II.A.4.a).(6)	DIO, GMEC, and ACGME; (Core)	2.6.f.	required and requested by the DIO, GM
,,,,,	provide a learning and working environment in which residents have the		The program director must provide a l
	opportunity to raise concerns, report mistreatment, and provide feedback		which residents have the opportunity
	in a confidential manner as appropriate, without fear of intimidation or		mistreatment, and provide feedback in
II.A.4.a).(7)	retaliation; (Core)	2.6.g.	appropriate, without fear of intimidation
	ensure the program's compliance with the Sponsoring Institution's		The program director must ensure the
	policies and procedures related to grievances and due process, including		Sponsoring Institution's policies and p
	when action is taken to suspend or dismiss, or not to promote or renew		and due process, including when action
II.A.4.a).(8)	the appointment of a resident; (Core)	2.6.h.	not to promote or renew the appointm
			The program director must ensure the
	ensure the program's compliance with the Sponsoring Institution's		Sponsoring Institution's policies and p
II.A.4.a).(9)	policies and procedures on employment and non-discrimination; (Core)	2.6.i.	discrimination. (Core)
	Residents must not be required to sign a non-competition guarantee or	2.4	Residents must not be required to sign
II.A.4.a).(9).(a)	restrictive covenant. (Core)	3.1.	restrictive covenant. (Core)
	de sum ant vanification of advastion for all residents within 20 dava of		The program director must document
II.A.4.a).(10)	document verification of education for all residents within 30 days of completion of or departure from the program; and, (Core)	261	residents within 30 days of completior (Core)
11.A.4.a).(10)		2.6.j.	
II.A.4.a).(11)	provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core)	2.6.k.	The program director must provide ve education upon the resident's request
	provide applicants who are offered an interview with information related to		
	the applicant's eligibility for the relevant specialty board examination(s).		The program director must provide ap interview with information related to the
II.A.4.a).(12)	(Core)	2.6.1.	relevant specialty board examination(s
····· ································			istorant operanty bound examination(

ponsibility, authority, and ad operations; teaching and scholarly election, evaluation, and promotion of upervision of residents; and resident are. (Core)

e model of professionalism. (Core) and conduct the program in a fashion munity, the mission(s) of the sion(s) of the program. (Core) ter and maintain a learning g the residents in each of the ACGME

authority to approve or remove aculty members at all participating ore faculty members, and must valuate candidates prior to approval.

authority to remove residents from ning environments that do not meet )

CCURATE and COMPLETE INFORMATION GMEC, and ACGME. (Core)

a learning and working environment in ty to raise concerns, report t in a confidential manner as tion or retaliation. (Core)

he program's compliance with the d procedures related to grievances ation is taken to suspend or dismiss, or ament of a resident. (Core)

he program's compliance with the disconting the dis

ign a non-competition guarantee or

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

verification of an individual resident's est, within 30 days. (Core)

applicants who are offered an the applicant's eligibility for the n(s). (Core)

Requirement Number	•	Reformatted	
- Roman Numerals	Requirement Language	<b>Requirement Number</b>	Requirement
	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 foundational e education – faculty members teach re Faculty members provide an importan and become practice-ready, ensuring quality of care. They are role models to by demonstrating compassion, comm patient care, professionalism, and a o Faculty members experience the pride development of future colleagues. Th the opportunity to teach and model ex scholarly approach to patient care, fa graduate medical education system, i and the population.
II.B.	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 patients from a specialist in the field. They rec the patients, residents, community, a provide appropriate levels of supervis Faculty members create an effective l professional manner and attending to themselves.
	There must be a sufficient number of faculty members with competence to		There must be a sufficient number of
II.B.1.	instruct and supervise all residents. (Core)	2.7.	instruct and supervise all residents. (
II.B.2.	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty Responsibilities Faculty members must be role models
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 demonstrate of equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	Faculty members must demonstrate a residents, including devoting sufficient fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating residents; (Core)	2.8.c.	Faculty members must administer and environment conducive to educating
	regularly participate in organized clinical discussions, rounds, journal		Faculty members must regularly parti
II.B.2.e)	clubs, and conferences; and, (Core)	2.8.d.	discussions, rounds, journal clubs, ar
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually: (Core)	2.8.e.	Faculty members must pursue faculty their skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminating he (Detail)
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their reside
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 practice efforts. (Detail)
II.B.3.	Faculty Qualifications	2.9.	Faculty Qualifications Faculty members must have appropriate hold appropriate institutional appoint

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

Its receive the level of care expected ecognize and respond to the needs of and institution. Faculty members vision to promote patient safety. e learning environment by acting in a to the well-being of the residents and

of faculty members with competence to (Core)

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

e a strong interest in the education of ent time to the educational program to responsibilities. (Core)

nd maintain an educational g residents. (Core)

rticipate in organized clinical and conferences. (Core)

ty development designed to enhance

health inequities, and patient safety;

dents' well-being; and, (Detail)

ce-based learning and improvement

riate qualifications in their field and ntments. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
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 appropri hold appropriate institutional appoint
II.B.3.b)	Physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the specialty by the American Board of Preventive Medicine or the American Osteopathic Board of Preventive Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)	2.10.	Physician faculty members must have by the American Board of Preventive Medicine, or posse to the Review Committee. (Core)
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 sign supervision of residents and must de entire effort to resident education and component of their activities, teach, e feedback to residents. (Core)
II.B.4.a)	Core faculty members must complete the annual ACGME Faculty Survey. (Core)	2.11.a.	Core faculty members must complete (Core)
II.B.4.b)	Not including the program director, programs with up to eight residents must have a minimum of two core faculty members, and programs with more than eight residents must have a core faculty member-to-resident ratio of at least one to-four. (Core)	2.11.b.	Not including the program director, program director, program director, program aver a minimum of two core faculty meneight residents must have a core faculty to-four. (Core)
II.C.	Program Coordinator	2.12.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.12.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.12.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)
II.C.2.a)	The program coordinator must be provided with support equal to a dedicated minimum of 50 percent time for administration of the program. (Core)	2.12.b.	The program coordinator must be provid minimum of 50 percent time for administ
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.13.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
III.	Resident Appointments	Section 3	Section 3: Resident Appointments
II.A.	Eligibility Requirements	3.2.	Eligibility Requirements An applicant must meet one of the fol for appointment to an ACGME-accred
III.A.1.	An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)	3.2.	Eligibility Requirements An applicant must meet one of the fol for appointment to an ACGME-accred
III.A.1.a)	graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)	3.2.a.	graduation from a medical school in t Liaison Committee on Medical Educa college of osteopathic medicine in the American Osteopathic Association Co Accreditation (AOACOCA); or, (Core)

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priate qualifications in their field and ntments. (Core)

ve current certification in the specialty Medicine or the American Osteopathic sess qualifications judged acceptable

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

te the annual ACGME Faculty Survey.

ograms with up to eight residents must embers, and programs with more than ty member-to-resident ratio of at least one-

# or. (Core)

or. (Core)

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

vided with support equal to a dedicated istration of the program. (Core)

Sponsoring Institution, must jointly personnel for the effective e)

ollowing qualifications to be eligible edited program: (Core)

ollowing qualifications to be eligible edited program: (Core)

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Boguiromont Longuego
			graduation from a medical school outside of the L meeting one of the following additional qualificati
			<ul> <li>holding a currently valid certificate from the Edu Foreign Medical Graduates (ECFMG) prior to apport</li> </ul>
III.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 States licensing jurisdiction in which the ACGME- located. (Core)</li> </ul>
			graduation from a medical school outside of the L meeting one of the following additional qualificati
			<ul> <li>holding a currently valid certificate from the Edu Foreign Medical Graduates (ECFMG) prior to apport</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 States licensing jurisdiction in which the ACGME- located. (Core)</li> </ul>
			graduation from a medical school outside of the L meeting one of the following additional qualificati
			<ul> <li>holding a currently valid certificate from the Edu Foreign Medical Graduates (ECFMG) prior to apport</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 States licensing jurisdiction in which the ACGME- located. (Core)</li> </ul>
III.A.2.	All prerequisite post-graduate clinical education required for initial entry 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		All prerequisite post-graduate clinical education r or transfer into ACGME-accredited residency progra completed in ACGME-accredited residency progra residency programs, Royal College of Physicians (RCPSC)-accredited or College of Family Physicia accredited residency programs located in Canada programs with ACGME International (ACGME-I) A
	Accreditation. (Core) 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	3.3.	Accreditation. (Core) Residency programs must receive verification of e competency in the required clinical field using AC ACGME-I Milestones evaluations from the prior tra
III.A.2.a)	matriculation. (Core) Residents entering a 24-month program that does not include education in fundamental clinical skills of medicine must have successfully completed at least 12 months of clinical education in a residency program that satisfies	3.3.a.	matriculation. (Core) Residents entering a 24-month program that does not fundamental clinical skills of medicine must have succ least 12 months of clinical education in a residency pr
III.A.2.b)	III.A.2. (Core)	3.3.a.1.	(Core)
III.A.2.b).(1)	PGY-1 resident experience must include at least 10 months of direct patient care in both inpatient and outpatient settings. (Core)	3.3.a.1.a.	PGY-1 resident experience must include at least 10 m care in both inpatient and outpatient settings. (Core)
III.A.2.c)	To be eligible for appointment at the OEM-2 level, residents must have completed:	3.3.a.2.	To be eligible for appointment at the OEM-2 level, res completed:
III.A.2.c).(1)	a residency program that satisfies the requirements in III.A.2.; and, (Core)	3.3.a.2.a.	a residency program that satisfies the requirements in

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

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

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

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

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

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

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

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

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

al education required for initial entry esidency programs must be sidency programs, AOA-approved of Physicians and Surgeons of Canada amily Physicians of Canada (CFPC)ted in Canada, or in residency (ACGME-I) Advanced Specialty

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

m that does not include education in must have successfully completed at a residency program that satisfies 3.3.

de at least 10 months of direct patient ettings. (Core)

EM-2 level, residents must have

requirements in 3.3.; and, (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
III.A.2.c).(1).(a)	This must include at least 10 months of direct patient care in both inpatient and outpatient settings. (Core)	3.3.a.2.a.1.	This must include at least 10 months of o outpatient settings. (Core)
III.A.2.c).(2)	at least 50 percent of the requirements for a Master of Public Health or another equivalent degree. (Core)	3.3.a.2.b.	at least 50 percent of the requirements for equivalent degree. (Core)
III.A.3.	Resident Eligibility Exception The Review Committee for Preventive Medicine will allow the following exception to the resident eligibility requirements (for residents entering the program via III.A.2.c)): (Core)	3.3.b.	Resident Eligibility Exception The Review Committee for Preventive exception to the resident eligibility re- program via 3.3.a.2): (Core)
III.A.3.a)	An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1III.A.2., but who does meet all of the following additional qualifications and conditions: (Core)	3.3.b.1.	An ACGME-accredited residency prog qualified international graduate applic eligibility requirements listed in 3.2. – following additional qualifications and
III.A.3.a).(1)	evaluation by the program director and residency selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and, (Core)	3.3.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations
III.A.3.a).(2)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core) verification of Educational Commission for Foreign Medical Graduates	3.3.b.1.b.	review and approval of the applicant's GMEC; and, (Core) verification of Educational Commission
III.A.3.a).(3)	(ECFMG) certification. (Core)	3.3.b.1.c.	(ECFMG) certification. (Core)
III.A.3.b)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.3.b.2.	Applicants accepted through this exc their performance by the Clinical Com of matriculation. (Core)
III.B.	Resident Complement The program director must not appoint more residents than approved by the Review Committee. (Core)	3.4.	Resident Complement The program director must not appoir the Review Committee. (Core)
III.C.	Resident Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)	3.5.	Resident Transfers The program must obtain verification and a summative competency-based acceptance of a transferring resident, matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is c and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
IV.	It is recognized programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized programs may place of leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.

### ent Language

of direct patient care in both inpatient and

for a Master of Public Health or another

ve Medicine will allow the following requirements (for residents entering the

ogram may accept an exceptionally licant who does not satisfy the – 3.3., but who does meet all of the and conditions: <sup>(Core)</sup>

and residency selection committee of ne program, based on prior training and s of this training; and, (Core) t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

pint more residents than approved by

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

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

port the development of who provide compassionate care.

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program		a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m
IV.A.1.	applicants, residents, and faculty members; (Core)	4.2.a.	applicants, residents, and faculty mer
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr These must be distributed, reviewed, faculty members; (Core)
	delineation of resident responsibilities for patient care, progressive		delineation of resident responsibilitie
IV.A.3.	responsibility for patient management, and graded supervision; (Core)	4.2.c.	responsibility for patient managemen
IV.A.4.	a broad range of structured didactic activities; and, (Core)	4.2.d.	a broad range of structured didactic a
IV.A.4.a)	Residents must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Resider Experiences Residents must be provided with prot didactic activities. (Core)
	formal educational activities that promote patient safety-related goals,		formal educational activities that pror
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each specialty.
	The program must integrate the following ACGME Competencies into the		The program must integrate all ACGN
IV.B.1.	curriculum:	[None]	
	Professionalism		ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Core
	Residents must demonstrate a commitment to professionalism and an	4.0	
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	Residents must demonstrate compete
			ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate compete
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect fo
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and autono
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, an
	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities,	4.2.6	respect and responsiveness to divers not limited to diversity in gender, age
IV.B.1.a).(1).(f)	national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	national origin, socioeconomic status

### ent Language

llowing educational components:

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

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

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

ent Experiences – Didactic and Clinical

rotected time to participate in core

romote patient safety-related goals,

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

ME Competencies into the curriculum.

nalism mitment to professionalism and an pre)

etence in:

nalism mitment to professionalism and an re)

etence in:

for others; (Core)

at supersedes self-interest; (Core)

nomy; (Core)

and the profession; (Core)

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.a).(1).(g)	ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)	4.3.g.	ability to recognize and develop a plan professional well-being; and, (Core)
IV.B.1.a).(1).(h)	appropriately disclosing and addressing conflict or duality of interest. (Core)	4.3.h.	appropriately disclosing and address (Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Residents must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Residents must be able to provide pat centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	If the prerequisite clinical education is integrated into a 36-month program format, residents must demonstrate competence in:	4.4.a.	If the prerequisite clinical education is int format, residents must demonstrate com
IV.B.1.b).(1).(a).(i)	obtaining a comprehensive medical history; (Core)	4.4.a.1.	obtaining a comprehensive medical histo
IV.B.1.b).(1).(a).(ii)	performing a comprehensive physical examination; (Core)	4.4.a.2.	performing a comprehensive physical ex
IV.B.1.b).(1).(a).(iii)	assessing a patient's medical conditions; (Core)	4.4.a.3.	assessing a patient's medical conditions
IV.B.1.b).(1).(a).(iv)	making appropriate use of diagnostic studies and tests; (Core)	4.4.a.4.	making appropriate use of diagnostic stu
IV.B.1.b).(1).(a).(v)	integrating information to develop a differential diagnosis; and, (Core)	4.4.a.5.	integrating information to develop a diffe
IV.B.1.b).(1).(a).(vi)	developing, implementing, and evaluating a treatment plan. (Core)	4.4.a.6.	developing, implementing, and evaluatin
IV.B.1.b).(1).(b)	Residents must demonstrate competence in:	[None]	
IV.B.1.b).(1).(b).(i)	assessing and responding to individual and population risks for common occupational and environmental disorders; (Core)	4.4.b.	Residents must demonstrate competence individual and population risks for comme disorders. (Core)
IV.B.1.b).(1).(b).(ii)	conducting research for innovative solutions to health problems; (Core)	4.4.c.	Residents must demonstrate competence solutions to health problems. (Core)
IV.B.1.b).(1).(b).(iii)	diagnosing and investigating medical problems and medical hazards in the community; (Core)	4.4.d.	Residents must demonstrate competence medical problems and medical hazards i
IV.B.1.b).(1).(b).(iv)	directing individuals to needed personal health services; (Core)	4.4.e.	Residents must demonstrate competenc personal health services. (Core)
IV.B.1.b).(1).(b).(v)	informing and educating populations about health threats and risks; (Core)	4.4.f.	Residents must demonstrate competenc populations about health threats and risk
IV.B.1.b).(1).(b).(vi)	planning and evaluating the medical portion of emergency preparedness programs and training exercises; (Core)	4.4.g.	Residents must demonstrate competenc medical portion of emergency preparedn (Core)
IV.B.1.b).(1).(b).(vii)	providing clinical preventive medicine services, including the ability to: (Core)	4.4.h.	Residents must demonstrate competence medicine services, including the ability to
IV.B.1.b).(1).(b).(vii).(a )	diagnose and treat medical problems and chronic conditions for both individuals and populations; (Core)	4.4.h.1.	diagnose and treat medical problems an and populations; (Core)
IV.B.1.b).(1).(b).(vii).(b	apply primary, secondary, and tertiary preventive approaches to individual and population-based disease prevention and health promotion; and, (Core)	4.4.h.2.	apply primary, secondary, and tertiary pr population-based disease prevention and
IV.B.1.b).(1).(b).(vii).(c	evaluate the effectiveness of clinical preventive services for both individuals and populations. (Core)	4.4.h.3.	evaluate the effectiveness of clinical prev populations. (Core)
IV.B.1.b).(1).(b).(viii)	developing policies and plans to support individual and community health efforts; (Core)	4.4.i.	Residents must demonstrate competenc support individual and community health
IV.B.1.b).(1).(b).(ix)	applying the principles of ergonomics in a real or simulated workplace setting to reduce or prevent worker injury; (Core)	4.4.j.	Residents must demonstrate competenc ergonomics in a real or simulated workpl injury. (Core)

lan for one's own personal and

#### ssing conflict or duality of interest.

#### re

batient care that is patient- and family-, appropriate, and effective for the le promotion of health. (Core)

integrated into a 36-month program

story; (Core)

examination; (Core)

ns; (Core)

studies and tests; (Core)

ferential diagnosis; and, (Core)

ing a treatment plan. (Core)

nce in assessing and responding to mon occupational and environmental

nce in conducting research for innovative

nce in diagnosing and investigating s in the community. (Core)

nce in directing individuals to needed

nce in informing and educating isks. (Core)

nce in planning and evaluating the dness programs and training exercises.

nce in providing clinical preventive to: (Core)

and chronic conditions for both individuals

preventive approaches to individual and and health promotion; and, (Core)

reventive services for both individuals and

nce in developing policies and plans to lth efforts. (Core)

nce in applying the principles of splace setting to reduce or prevent worker

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
	applying the principles of toxicology in a real or simulated workplace setting to reduce or prevent worker injury; (Core)	4.4.k.	Residents must demonstrate competenc in a real or simulated workplace setting t (Core)
IV.B.1.b).(1).(b).(xi)	approaching the practice of occupational and environmental medicine from an ethical base that promotes the health and welfare of the individual worker in the context of the workplace environment and public health and public safety, including the ability to: (Core)	4.4.1.	Residents must demonstrate competenc occupational and environmental medicin the health and welfare of the individual w environment and public health and public
	apply an ethical approach to workers' rights and privacy in the context of overriding public health and safety; and, (Core)	4.4.1.1.	apply an ethical approach to workers' rig overriding public health and safety; and,
	conduct a thorough musculoskeletal examination. (Core) assembling and working with a team to evaluate and identify workplace causes of injury and illness; (Core)	4.4.l.2. 4.4.m.	conduct a thorough musculoskeletal exa Residents must demonstrate competenc team to evaluate and identify workplace
, , , , , , , ,	conducting a real or simulated workplace walk-through to identify and mitigate hazards and relay this information to worksite administration; (Core) Residents must apply toxicologic and risk assessment principles in the	4.4.n.	Residents must demonstrate competenc workplace walk-through to identify and m information to worksite administration. (C Residents must apply toxicologic and rist
)	evaluation of hazards. (Core) developing plans in response to sentinel events using primary, secondary, and	4.4.n.1.	evaluation of hazards. (Core) Residents must demonstrate competenc sentinel events using primary, secondary
IV.B.1.b).(1).(b).(xiv)	tertiary prevention methods; (Core) managing the health status of individuals employed in diverse work settings, including: (Core)	4.4.o. 4.4.p.	(Core) Residents must demonstrate competenc individuals employed in diverse work set
IV.B.1.b).(1).(b).(xv).(a )	preventing, mitigating, and managing medical problems of workers; and, (Core)		preventing, mitigating, and managing me
,	using appropriate techniques to assess safe and unsafe work practices. (Core)	4.4.p.2.	using appropriate techniques to assess s
IV.B.1.b).(1).(b).(xvi)	managing workers' compensation insurance documentation and paperwork, including the ability to: (Core)	4.4.q.	Residents must demonstrate competence insurance documentation and paperwork
IV.B.1.b).(1).(b).(xvi).( a)	open, manage, and direct workers' compensation treatment plans, and close workers' compensation injury/illness cases following the relevant state, federal, and public workers' compensation insurance rules; and, (Core)	4.4.q.1	open, manage, and direct workers' comp workers' compensation injury/illness case and public workers' compensation insura
	apply evidence-based clinical practice guidelines in the treatment and management of workers' compensation cases. (Core)	4.4.q.2	apply evidence-based clinical practice gumanagement of workers' compensation of
	participating in emergency preparedness programs in at least one workplace setting. (Core)	4.4.r.	Residents must demonstrate competenc preparedness programs in at least one w
IV.B.1.b).(2)	Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S perform all medical, diagnostic, and s essential for the area of practice. (Cor
	Medical Knowledge Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Know Residents must demonstrate knowled biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Residents must demonstrate competence in their knowledge of all content areas included in the required graduate courses for completion of the program. (Core)	4.6.a.	Residents must demonstrate competenc included in the required graduate course

# nt Language

nce in applying the principles of toxicology g to reduce or prevent worker injury.

nce in approaching the practice of ine from an ethical base that promotes worker in the context of the workplace blic safety, including the ability to: (Core)

ights and privacy in the context of d, (Core)

kamination. (Core)

nce in assembling and working with a e causes of injury and illness. (Core)

nce in conducting a real or simulated mitigate hazards and relay this (Core)

isk assessment principles in the

nce in developing plans in response to ary, and tertiary prevention methods.

nce in managing the health status of ettings, including: (Core)

nedical problems of workers; and, (Core)

s safe and unsafe work practices. (Core) nce in managing workers' compensation ork, including the ability to: (Core)

npensation treatment plans, and close ases following the relevant state, federal, irance rules; and, (Core)

guidelines in the treatment and n cases. (Core)

nce in participating in emergency workplace setting. (Core)

I Skills: Residents must be able to I surgical procedures considered ore)

### owledge

edge of established and evolving I, and social-behavioral sciences, as the application of this knowledge to

nce in their knowledge of all content areas ses for completion of the program. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
	Residents must demonstrate competence in their knowledge of factors that		Residents must demonstrate competence
IV.B.1.c).(2)	impact the health of individuals and populations, including:	4.6.b.	impact the health of individuals and popu
, , , , , ,	lifestyle management; and, (Core)	4.6.b.1.	lifestyle management; and, (Core)
IV.B.1.c).(2).(b)	social determinants of health. (Core)	4.6.b.2.	social determinants of health. (Core)
IV.B.1.c).(3)	Residents must demonstrate competence in their knowledge of the use of available technology such as telemedicine to reduce health disparities. (Core)	4.6.c.	Residents must demonstrate competence available technology such as telemedicin
IV.B.1.c).(4)	Residents must demonstrate competence in their knowledge of principles of:	[None]	
IV.B.1.c).(4).(a)	industrial hygiene, safety, and ergonomics; (Core)	4.6.d.	Residents must demonstrate competence industrial hygiene, safety, and ergonomic
IV.B.1.c).(4).(b)	occupational epidemiology; (Core)	4.6.e.	Residents must demonstrate competence of occupational epidemiology. (Core)
IV.B.1.c).(4).(c)	risk/hazard control and communication; and, (Core)	4.6.f.	Residents must demonstrate competence of risk/hazard control and communication
IV.B.1.c).(4).(d)	toxicology. (Core)	4.6.g.	Residents must demonstrate competence toxicology. (Core)
	Practice-based Learning and Improvement		
	Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning; (Core)	4.7.	ACGME Competencies – Practice-Bas Residents must demonstrate the abilit care of patients, to appraise and assin continuously improve patient care bas lifelong learning. (Core)
	Residents must demonstrate competence in:	[None]	
	identifying strengths, deficiencies, and limits in one's knowledge and		Residents must demonstrate compete
IV.B.1.d).(1).(a)	expertise; (Core)	4.7.a.	deficiencies, and limits in one's knowl
	setting learning and improvement goals; (Core)	4.7.b.	Residents must demonstrate compete improvement goals. (Core)
			Residents must demonstrate compete
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	appropriate learning activities. (Core)
IV.B.1.d).(1).(d)	systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; (Core)	4.7.d.	Residents must demonstrate compete practice using quality improvement m reducing health care disparities, and i of practice improvement. (Core)
	incorporating feedback and formative evaluation into daily practice; and,		Residents must demonstrate compete
IV.B.1.d).(1).(e)	(Core)	4.7.e.	formative evaluation into daily practice
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 compete assimilating evidence from scientific s health problems. (Core)
IV.B.1.d).(1).(g)	using information technology for reference retrieval, statistical analysis, graphic display, database management, and communication; (Core)	4.7.g.	Residents must demonstrate competence reference retrieval, statistical analysis, gr and communication. (Core)
IV.B.1.d).(1).(h)	using epidemiologic principles and biostatistics methods, including the ability to: (Core)	4.7.h.	Residents must demonstrate competence biostatistics methods, including the ability
IV.B.1.d).(1).(h).(i)	characterize the health of a community, group of workers, or population; (Core)	4.7.h.1.	characterize the health of a community, g
IV.B.1.d).(1).(h).(ii)	conduct a virtual or actual outbreak or cluster investigation; (Core)	4.7.h.2.	conduct a virtual or actual outbreak or clu
IV.B.1.d).(1).(h).(iii)	evaluate a surveillance system and interpret, monitor, and act on surveillance data for prevention of disease and injury in workplaces and populations; (Core)	4.7.h.3.	evaluate a surveillance system and interp data for prevention of disease and injury

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nce in their knowledge of factors that pulations, including:

nce in their knowledge of the use of cine to reduce health disparities. (Core)

nce in their knowledge of principles of nics. (Core)

nce in their knowledge of principles

nce in their knowledge of principles on. (Core)

nce in their knowledge of principles of

ased Learning and Improvement ility to investigate and evaluate their similate scientific evidence, and to pased on constant self-evaluation and

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

etence in identifying and performing e)

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

etence in incorporating feedback and ice. (Core)

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

nce in using information technology for graphic display, database management,

nce in using epidemiologic principles and lity to: (Core)

r, group of workers, or population; (Core) cluster investigation; (Core)

erpret, monitor, and act on surveillance ry in workplaces and populations; (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.d).(1).(h).(iv)	measure, organize, or improve a public and/or occupational health service; (Core)	4.7.h.4.	measure, organize, or improve a public a (Core)
IV.B.1.d).(1).(h).(v)	select and conduct appropriate statistical analyses; and, (Core)	4.7.h.5.	select and conduct appropriate statistica
IV.B.1.d).(1).(h).(vi)	translate epidemiologic findings into a recommendation for a specific intervention. (Core)	4.7.h.6.	translate epidemiologic findings into a re intervention. (Core)
IV.B.1.d).(1).(i)	designing and conducting an epidemiologic study; and, (Core)	4.7.i.	Residents must demonstrate competence epidemiologic study. (Core)
IV.B.1.d).(1).(j)	conducting an advanced literature search for research on a preventive medicine topic. (Core)	4.7.j.	Residents must demonstrate competence search for research on a preventive med
	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 – Interpersona Residents must demonstrate interpers result in the effective exchange of info patients, their families, and health pro
IV.B.1.e).(1)	Residents must demonstrate competence in	[None]	
	communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each		Residents must demonstrate competer with patients and patients' families, as of socioeconomic circumstances, cul capabilities, learning to engage interp
IV.B.1.e).(1).(a)	patient; (Core)	4.8.a.	provide appropriate care to each patie
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health-related agencies; (Core)	4.8.b.	Residents must demonstrate compete with physicians, other health professi (Core)
IV.B.1.e).(1).(c)	working effectively as a member or leader of a health care team or other professional group; (Core)	4.8.c.	Residents must demonstrate competer member or leader of a health care team
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Residents must demonstrate competer families, students, other residents, an
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate competer to other physicians and health profes
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core)	4.8.f.	Residents must demonstrate competer timely, and legible health care records
	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 communicate to partner with them to assess their ca appropriate, end-of-life goals. (Core)
IV.B.1.e).(3)	Residents must demonstrate competence in:	[None]	
IV.B.1.e).(3).(a)	advising employers concerning summary results or trends in disability, disease, or risk that may have public health significance; and, (Core)	4.8.h.	Residents must demonstrate competenc summary results or trends in disability, d health significance. (Core)
IV.B.1.e).(3).(b)	reporting outcome findings of clinical significance and surveillance evaluations to affected workers as ethically required. (Core)	4.8.i.	Residents must demonstrate competenc clinical significance and surveillance eva required. (Core)
IV.B.1.f).	Systems-based Practice Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies - Systems-Bas Residents must demonstrate an awar larger context and system of health ca social determinants of health, as well other resources to provide optimal he

### nt Language

c and/or occupational health service;

cal analyses; and, (Core)

recommendation for a specific

nce in designing and conducting an

nce in conducting an advanced literature edicine topic. (Core)

nal and Communication Skills ersonal and communication skills that oformation and collaboration with rofessionals. (Core)

etence in communicating effectively as appropriate, across a broad range ultural backgrounds, and language rpretive services as required to tient. <sup>(Core)</sup>

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

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

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

te with patients and patients' families care goals, including, when

nce in advising employers concerning disease, or risk that may have public

nce in reporting outcome findings of valuations to affected workers as ethically

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.f).(1)	Residents must demonstrate competence in:	[None]	
IV.B.1.f).(1).(a)	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	Residents must demonstrate compet health care delivery settings and syst specialty. <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 compet across the health care continuum and 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 compet care and optimal patient care system
IV.B.1.f).(1).(d)	participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.d.	Residents must demonstrate competers system errors and implementing poter
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 compete of value, equity, cost awareness, deli- analysis in patient and/or population-
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Residents must demonstrate competer finances and its impact on individual
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Residents must demonstrate compete that promote patient safety and discle simulated). (Detail)
IV.B.1.f).(1).(h)	engaging with community partners to identify and solve health problems; (Core)	4.9.i.	Residents must demonstrate competend to identify and solve health problems. (C
IV.B.1.f).(1).(i)	conducting program and needs assessments and prioritizing activities using objective, measurable criteria, including epidemiologic impact and cost-effectiveness; (Core)	4.9.j.	Residents must demonstrate competend assessments and prioritizing activities us including epidemiologic impact and cost
IV.B.1.f).(1).(j)	identifying and reviewing laws and regulations relevant to the resident's assignments; (Core)	4.9.k.	Residents must demonstrate competend regulations relevant to the resident's ass
IV.B.1.f).(1).(k)	identifying organizational decision-making structures, stakeholders, styles, and processes; (Core)	4.9.1.	Residents must demonstrate competend making structures, stakeholders, styles,
IV.B.1.f).(1).(I)	management and administration, including the ability to: (Core)	4.9.m.	Residents must demonstrate competend including the ability to: (Core)
IV.B.1.f).(1).(I).(i)	assess data and formulate policy for a given health issue; (Core)	4.9.m.1.	assess data and formulate policy for a g
IV.B.1.f).(1).(I).(ii)	assess the human and financial resources for the operation of a program or project; (Core)	4.9.m.2.	assess the human and financial resourc project; (Core)
IV.B.1.f).(1).(I).(iii)	apply and use management information systems; and, (Core)	4.9.m.3.	apply and use management information
IV.B.1.f).(1).(I).(iv)	plan, manage, and evaluate health services to improve the health of a defined population using quality improvement and assurance systems. (Core)	4.9.m.4.	plan, manage, and evaluate health servi population using quality improvement ar
IV.B.1.f).(1).(m)	analyzing policy options for their health impact and economic costs; and, (Core)	4.9.n.	Residents must demonstrate competence health impact and economic costs. (Core
IV.B.1.f).(1).(n)	participating in the evaluation of applicants and the performance of staff members, and understanding the legal and ethical use of this information in decisions for hiring, managing, and discharging staff members. (Core)	4.9.o.	Residents must demonstrate competend applicants and the performance of staff and ethical use of this information in dec discharging staff members. (Core)
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 for system to achieve the patient's and p including, when appropriate, end-of-li

etence in working effectively in various stems relevant to their clinical

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

etence in advocating for quality patient ns. (Core)

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

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

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

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

nce in engaging with community partners (Core)

nce in conducting program and needs using objective, measurable criteria, st-effectiveness. (Core)

nce in identifying and reviewing laws and ssignments. (Core)

nce in identifying organizational decisions, and processes. (Core)

nce in management and administration,

given health issue; (Core)

rces for the operation of a program or

n systems; and, (Core)

vices to improve the health of a defined and assurance systems. (Core)

nce in analyzing policy options for their pre)

nce in participating in the evaluation of f members, and understanding the legal ecisions for hiring, managing, and

or patients within the health care patient's family's care goals, -life goals. (Core)

Requirement Number - Roman Numerals	Poquiroment Lenguege	Reformatted	. De minue
- Roman Numerais	Requirement Language	Requirement Number	r Requirement
			4.10. Curriculum Organization and Re Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
			4.11. Curriculum Organization and Re Clinical Experiences Residents must be provided with prot didactic activities. (Core)
IV.C.	Curriculum Organization and Resident Experiences	4.10 4.12.	4.12. Curriculum Organization and Re Management The program must provide instruction management if applicable for the spec signs of substance use disorder. (Cor
IV.C.1.	The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Residen Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Rotations in direct patient care should be of sufficient length to allow residents to develop skills in providing ongoing, prevention-oriented care. (Detail)	4.10.a.	Rotations in direct patient care should be to develop skills in providing ongoing, pro
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 Residen The program must provide instructior management if applicable for the spec signs of substance use disorder. (Cor
IV.C.3.	If the prerequisite clinical education is integrated into a 36-month program format, the PGY-1 must provide broad education in fundamental clinical skills of medicine relevant to the practice of preventive medicine. (Core)	4.11.a.	If the prerequisite clinical education is int format, the PGY-1 must provide broad ed medicine relevant to the practice of preve
IV.C.3.a)	The program director must oversee and ensure the quality of didactic and clinical education in the PGY-1. (Core)	4.11.a.1.	The program director must oversee and clinical education in the PGY-1. (Core)
IV.C.3.b)	At least 10 months of the PGY-1 must include experience providing direct patient care in the inpatient and outpatient settings in family medicine, internal medicine, obstetrics and gynecology, pediatrics, or surgery. (Core)	4.11.a.2.	At least 10 months of the PGY-1 must in patient care in the inpatient and outpatie medicine, obstetrics and gynecology, per
IV.C.4.	The program must assess the knowledge, skills, and competence of each incoming resident as they relate to the educational goals of the program. (Core)	4.11.b.	The program must assess the knowledge incoming resident as they relate to the e
IV.C.4.a)	This should include a self-assessment, an in-service examination, and a structured interview or other method to assess knowledge, skills, and competence. (Detail)	4.11.b.1.	This should include a self-assessment, a structured interview or other method to a competence. (Detail)

nt Language
Resident Experiences – Curriculum
o optimize resident educational iences, and the supervisory continuity ude an appropriate blend of supervised teaching, and didactic educational
Resident Experiences – Didactic and
otected time to participate in core
Resident Experiences – Pain
on and experience in pain ecialty, including recognition of the ore)
ent Experiences – Curriculum
to optimize resident educational iences, and the supervisory continuity ude an appropriate blend of supervised teaching, and didactic educational
iences, and the supervisory continuity ude an appropriate blend of supervised
iences, and the supervisory continuity ude an appropriate blend of supervised teaching, and didactic educational be of sufficient length to allow residents
iences, and the supervisory continuity ude an appropriate blend of supervised teaching, and didactic educational be of sufficient length to allow residents prevention-oriented care. (Detail) ent Experiences – Pain Management: on and experience in pain ecialty, including recognition of the
iences, and the supervisory continuity ude an appropriate blend of supervised teaching, and didactic educational be of sufficient length to allow residents prevention-oriented care. (Detail) ent Experiences – Pain Management: on and experience in pain ecialty, including recognition of the ore) integrated into a 36-month program education in fundamental clinical skills of
iences, and the supervisory continuity ude an appropriate blend of supervised teaching, and didactic educational be of sufficient length to allow residents prevention-oriented care. (Detail) ent Experiences – Pain Management: on and experience in pain ecialty, including recognition of the ore) integrated into a 36-month program education in fundamental clinical skills of eventive medicine. (Core)
iences, and the supervisory continuity ude an appropriate blend of supervised teaching, and didactic educational be of sufficient length to allow residents prevention-oriented care. (Detail) ent Experiences – Pain Management: on and experience in pain ecialty, including recognition of the ore) integrated into a 36-month program education in fundamental clinical skills of eventive medicine. (Core) d ensure the quality of didactic and include experience providing direct ient settings in family medicine, internal

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
	The assessment should be used by the program director and faculty members		The assessment should be used by the
	to guide the development of an individualized educational plan for each		to guide the development of an individua
IV.C.4.b)	resident, which should: (Detail)	4.11.b.2.	resident, which should: (Detail)
	direct the acquisition of a core set of competencies, skills, and knowledge		direct the acquisition of a core set of con
	appropriate to the objectives of the individual resident based on assessment of		appropriate to the objectives of the indivi
IV.C.4.b).(1)	each resident; (Detail)	4.11.b.2.a.	each resident; (Detail)
	denote the courses, rotations, and activities to which the resident will be		denote the courses, rotations, and activit
	assigned to develop the designated clinical skills, knowledge, and		assigned to develop the designated clinic
IV.C.4.b).(2)	competencies; and, (Detail)	4.11.b.2.b.	competencies; and, (Detail)
IV.C.4.b).(3)	be reviewed as part of the semiannual evaluation. (Detail)	4.11.b.2.c.	be reviewed as part of the semiannual ev
	Residents must have educational experiences within a patient care environment		Residents must have educational experie
	that address direct clinical issues relevant to occupational and environmental		that address direct clinical issues relevan
IV.C.5.	medicine. (Core)	4.11.c.	medicine. (Core)
	Each resident must have progressive responsibility for direct patient care and		Each resident must have progressive res
	the management of health and provision of health care for a defined population.	1 11 0 1	the management of health and provision
IV.C.5.a)	(Core)	4.11.c.1.	(Core)
IV.C.6.	Residents must complete a Master of Public Health or another equivalent degree program prior to completion of the residency program. (Core)	4.11.d.	Residents must complete a Master of Pu degree program prior to completion of th
10.0.0.		4.11.0.	
	All residents must complete graduate-level courses that include the five content		All residents must complete graduate-lev
	areas of: epidemiology; biostatistics; health services management and administration; environmental health; and the behavioral aspects of health.		areas of: epidemiology; biostatistics; hea administration; environmental health; and
IV.C.6.a)	(Core)	4.11.d.1.	(Core)
	Didactic conferences must be structured to facilitate interactions between		Didactic conferences must be structured
IV.C.7.	faculty members and residents. (Detail)	4.11.e.	members and residents. (Detail)
	Resident education must take place in settings that provide opportunities for		Resident education must take place in se
	residents to manage the clinical, scientific, social, legal, and administrative		residents to manage the clinical, scientifi
	issues from the perspectives of workers, employers, and regulatory or legal		issues from the perspectives of workers,
IV.C.8.	authorities. (Core)	4.11.f.	authorities. (Core)
	Residents must have a minimum of four months of direct patient care		Residents must have a minimum of four
IV.C.8.a)	experience in an occupational setting during each year of the program. (Core)	4.11.f.1.	experience in an occupational setting du
	Residents' clinical experiences must include participation in the following		Residents' clinical experiences must incl
IV.C.8.b)	learning activities:	4.11.f.2.	learning activities:
IV.C.8.b).(1)	clinical occupational and environmental medicine; (Core)	4.11.f.2.a.	clinical occupational and environmental i
IV.C.8.b).(2)	disaster preparedness and emergency management; (Core)	4.11.f.2.b.	disaster preparedness and emergency m
IV.C.8.b).(3)	environmental health; (Core)	4.11.f.2.c.	environmental health; (Core)
IV.C.8.b).(4)	hazard recognition, evaluation, and control; (Core)	4.11.f.2.d.	hazard recognition, evaluation, and contr
IV.C.8.b).(5)	occupational and environmental medicine-related laws and regulations; (Core)	4.11.f.2.e.	occupational and environmental medicin
	occupational and environmental medicine-related management and		occupational and environmental medicin
IV.C.8.b).(6)	administration; (Core)	4.11.f.2.f.	administration; (Core)
IV.C.8.b).(7)	public health, surveillance, and disease prevention; (Core)	4.11.f.2.g.	public health, surveillance, and disease
IV.C.8.b).(8)	toxicology; (Core)	4.11.f.2.h.	toxicology; (Core)
IV.C.8.b).(9)	work fitness and disability integration; and, (Core)	4.11.f.2.i.	work fitness and disability integration; an
IV.C.8.b).(10)	worker health and productivity. (Core)	4.11.f.2.j.	worker health and productivity. (Core)

e program director and faculty members ualized educational plan for each

ompetencies, skills, and knowledge ividual resident based on assessment of

vities to which the resident will be nical skills, knowledge, and

evaluation. (Detail)

eriences within a patient care environment vant to occupational and environmental

esponsibility for direct patient care and on of health care for a defined population.

Public Health or another equivalent the residency program. (Core)

evel courses that include the five content ealth services management and and the behavioral aspects of health.

ed to facilitate interactions between faculty

settings that provide opportunities for tific, social, legal, and administrative rs, employers, and regulatory or legal

ur months of direct patient care during each year of the program. (Core) nclude participation in the following

al medicine; (Core) / management; (Core)

ntrol; (Core)

ine-related laws and regulations; (Core) ine-related management and

e prevention; (Core)

and, (Core)

Requirement Number		Reformatted	
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	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,		Scholarship Medicine is both an art and a science. scientist who cares for patients. This i
	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.		evaluate the literature, appropriately a practice lifelong learning. The program environment that fosters the acquisitio participation in scholarly activities. Sc discovery, integration, application, and
IV.D.	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 research as the focus for scholarship.	[None]	The ACGME recognizes the diversity of programs prepare physicians for a vari scientists, and educators. It is expected will reflect its mission(s) and aims, and serves. For example, some programs activity on quality improvement, popula other programs might choose to utilized research as the focus for scholarship.
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evider with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evider with its mission(s) and aims. (Core)
IV.D.1.b)	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)	4.13.a.	The program, in partnership with its S adequate resources to facilitate reside scholarly activities. (Core)
IV.D.1.b).(1)	This includes providing funds for each resident to attend at least one national professional meeting with the opportunity to present original scholarship. (Detail)	4.13.a.1.	This includes providing funds for each reprofessional meeting with the opportunity
IV.D.1.c)	The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)	4.13.b.	The program must advance residents' scholarly approach to evidence-based
			Faculty Scholarly Activity Among their scholarly activity, program accomplishments in at least three of th
			<ul> <li>Research in basic science, education or population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient s</li> <li>Systematic reviews, meta-analyses, r textbooks, or case reports</li> <li>Creation of curricula, evaluation tools electronic educational materials</li> <li>Contribution to professional committee ditorial boards</li> </ul>
IV.D.2.	Faculty Scholarly Activity	4.14.	<ul> <li>Innovations in education</li> </ul>

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

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

lence of scholarly activities consistent

lence of scholarly activities consistent

Sponsoring Institution, must allocate dent and faculty involvement in

resident to attend at least one national ity to present original scholarship. (Detail)

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

rams must demonstrate f the following domains: (Core)

ion, translational science, patient care,

t safety initiatives s, review articles, chapters in medical

ols, didactic educational activities, or

nittees, educational organizations, or

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t
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, education or population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient s</li> <li>Systematic reviews, meta-analyses, new textbooks, or case reports</li> <li>Creation of curricula, evaluation tool electronic educational materials</li> <li>Contribution to professional committee ditorial boards</li> <li>Innovations in education</li> </ul>
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	<ul> <li>The program must demonstrate dissert and external to the program by the fole</li> <li>faculty participation in grand rounds improvement presentations, podium preserviewed print/electronic resource chapters, textbooks, webinars, service serving as a journal reviewer, journal (Outcome)</li> <li>peer-reviewed publication. (Outcome)</li> </ul>
	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.	<ul> <li>The program must demonstrate dissert and external to the program by the fole</li> <li>faculty participation in grand rounds improvement presentations, podium preserviewed print/electronic resource chapters, textbooks, webinars, service serving as a journal reviewer, journal (Outcome)</li> <li>peer-reviewed publication. (Outcome)</li> </ul>

rams must demonstrate f the following domains: (Core)

ion, translational science, patient care,

t safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

ids, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book ice on professional committees, or al editorial board member, or editor;

me)

semination of scholarly activity within following methods:

ids, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book ice on professional committees, or al editorial board member, or editor;

me)

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
			The program must demonstrate disse
			and external to the program by the fo
			faculty participation in grand round
			improvement presentations, podium
			peer-reviewed print/electronic resour chapters, textbooks, webinars, servic
			serving as a journal reviewer, journal
			(Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.	peer-reviewed publication. (Outcom
			Resident Scholarly Activity
IV.D.3.	Resident Scholarly Activity	4.15.	Residents must participate in scholar
			Resident Scholarly Activity
IV.D.3.a)	Residents must participate in scholarship. (Core)	4.15.	Residents must participate in scholar
V.	Evaluation	Section 5	Section 5: Evaluation
			Resident Evaluation: Feedback and E
			Faculty members must directly obser
			feedback on resident performance du
V.A.	Resident Evaluation	5.1.	educational assignment. (Core)
			Resident Evaluation: Feedback and E
			Faculty members must directly obser
			feedback on resident performance du
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
			Resident Evaluation: Feedback and E
	Faculty members must directly observe, evaluate, and frequently provide		Faculty members must directly obser
	feedback on resident performance during each rotation or similar		feedback on resident performance du
V.A.1.a)	educational assignment. (Core)	5.1.	educational assignment. (Core)
	Evaluation must be documented at the completion of the assignment.		Evaluation must be documented at th
V.A.1.b)		5.1.a.	(Core)
\/ A 4 L\ /4\	For block rotations of greater than three months in duration, evaluation	54 . 4	For block rotations of greater than the
V.A.1.b).(1)	must be documented at least every three months. (Core)	5.1.a.1.	must be documented at least every th
	Longitudinal experiences, such as continuity clinic in the context of other		Longitudinal experiences, such as co
V.A.1.b).(2)	clinical responsibilities, must be evaluated at least every three months	5.1.a.2.	clinical responsibilities, must be evaluand at completion. (Core)
V.A.1.D).(2)	and at completion. (Core)	J. I.d.2.	,
	The program must provide an objective performance evaluation based on	516	The program must provide an objective
V.A.1.c)	the Competencies and the specialty-specific Milestones, and must: (Core)	J. I.D.	the Competencies and the specialty-s
$\mathbf{V} \wedge 1 \rightarrow \mathbf{(1)}$	use multiple evaluators (e.g., faculty members, peers, patients, self, and	5.1.b.1.	The program must use multiple evalu
V.A.1.c).(1)	other professional staff members); and, (Core)	J. I.J. I.	patients, self, and other professional
	provide that information to the Clinical Competency Committee for its		The program must provide that inform Committee for its synthesis of progre
$V \wedge 1 \rangle (2)$	synthesis of progressive resident performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	improvement toward unsupervised p
V.A.1.c).(2)		J. I.J.Z.	
V A 1 d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[Nono]	
V.A.1.d)		[None]	1

semination of scholarly activity within following methods:

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

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larship. (Core)

larship. (Core)

# Evaluation

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

### Evaluation

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

### Evaluation

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

the completion of the assignment.

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

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

ctive performance evaluation based on y-specific Milestones. <sup>(Core)</sup>

luators (e.g., faculty members, peers, al staff members). (Core)

prmation to the Clinical Competency pressive resident performance and practice. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.1.d).(1)	meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	The program director or their designer Competency Committee, must meet v their documented semi-annual evalua progress along the specialty-specific
V.A.1.d).(2)	assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist individualized learning plans to capita areas for growth. (Core)
V.A.1.d).(3)	develop plans for residents failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designed Competency Committee, must develop progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sur that includes their readiness to progr applicable. (Core)
V.A.1.f).	The evaluations of a resident's performance must be accessible for review by the resident. (Core)	5.1.g.	The evaluations of a resident's perfor by the resident. (Core)
V.A.2.	Final Evaluation	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Co
V.A.2.a)	The program director must provide a final evaluation for each resident upon completion of the program. (Core)	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Co
V.A.2.a).(1)	The specialty-specific Milestones, and when applicable the specialty- specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The specialty-specific Milestones, and specific Case Logs, must be used as engage in autonomous practice upon
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu resident in accordance with institutio
V.A.2.a).(2).(b)	verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors neco (Core)
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared v the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
V.A.3.a)	At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. (Core)	5.3.a.	At a minimum, the Clinical Competen members of the program faculty, at le member. (Core)
V.A.3.a).(1)	Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents. (Core)	5.3.b.	Additional members must be faculty i other programs, or other health profe and experience with the program's re
V.A.3.b)	The Clinical Competency Committee must:	[None]	

# ent Language

nee, with input from the Clinical t with and review with each resident uation of performance, including fic Milestones. (Core)

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

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

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

formance must be accessible for review

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a final evaluation for each resident Core)

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a final evaluation for each resident Core)

and when applicable the specialtyas tools to ensure residents are able to on completion of the program. (Core)

bart of the resident's permanent record nust be accessible for review by the tional policy. (Core)

t the resident has demonstrated the ecessary to enter autonomous practice.

with the resident upon completion of

must be appointed by the program

ency Committee must include three least one of whom is a core faculty

y members from the same program or fessionals who have extensive contact residents. (Core)

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and othe the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee n and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includistributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must complete a Self-Study and submit it to the DIO. (Core) One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.	5.5.h.	The program must complete a Self-St Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultimation
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.	Board Certification For specialties in which the ABMS me board offer(s) an annual written exam program's aggregate pass rate of tho time must be higher than the bottom specialty. (Outcome)
V.C.3.b)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.a.	For specialties in which the ABMS me board offer(s) a biennial written exam program's aggregate pass rate of tho time must be higher than the bottom specialty. <sup>(Outcome)</sup>
V.C.3.c)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.b.	For specialties in which the ABMS me board offer(s) an annual oral exam, in program's aggregate pass rate of tho time must be higher than the bottom specialty. <sup>(Outcome)</sup>
V.C.3.d)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.c.	For specialties in which the ABMS me board offer(s) a biennial oral exam, in program's aggregate pass rate of tho time must be higher than the bottom specialty. <sup>(Outcome)</sup>
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty. (Outcome)	5.6.d.	For each of the exams referenced in s graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible residents that

ent Language

e should consider the outcomes from ), aggregate resident and faculty written her relevant data in its assessment of

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

cluding the action plan, must be he residents and the members of the to the DIO. (Core)

Study and submit it to the DIO. (Core)

*ication is to educate physicians who n. One measure of the effectiveness of mate pass rate.* 

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

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

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

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

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

n 5.6.a.-c., any program whose cified in the requirement have achieved net this requirement, no matter the bass rate in that specialty. <sup>(Outcome)</sup>

rd certification status annually for the hat graduated seven years earlier. <sup>(Core)</sup>

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environme
	Residency education must occur in the context of a learning and working environment that emphasizes the following principles:		Residency education must occur in the environment that emphasizes the following the fo
	<ul> <li>Excellence in the safety and quality of care rendered to patients by residents today</li> </ul>		• Excellence in the safety and quality residents today
	<ul> <li>Excellence in the safety and quality of care rendered to patients by today's residents in their future practice</li> </ul>		• Excellence in the safety and quality today's residents in their future pract
	• Excellence in professionalism		• Excellence in professionalism
	<ul> <li>Appreciation for the privilege of caring for patients</li> </ul>		• Appreciation for the privilege of cari
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 the members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		
	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safe improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, ar patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti- changes to ameliorate patient safety v
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

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the context of a learning and working llowing principles:

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*y* of care rendered to patients by ctice

aring for patients

he students, residents, faculty ealth care team

ous identification of vulnerabilities leal with them. An effective is to assess the knowledge, skills, and fety in order to identify areas for

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

*t-up of safety events, near misses, and anisms for improving patient safety, f any patient safety program. Feedback tial to developing true competence in stitute sustainable systems-based y vulnerabilities.* 

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

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. <sup>(Core)</sup>
	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		Residents must participate as team m interprofessional clinical patient safet such as root cause analyses or other
VI.A.1.a).(2).(b)	well as formulation and implementation of actions. (Core)	6.3.	well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Residents and faculty members must benchmarks related to their patient pe
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes
VI.A.2.a)	professional growth.	[None]	professional growth.
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and

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

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

tizing activities for care improvement ment efforts.

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

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

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

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

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

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	-	The program must demonstrate that t place for all residents is based on eac ability, as well as patient complexity a exercised through a variety of method (Core)
VI.A.2.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 supe authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision	6.7.	Direct Supervision The supervising physician is physical the key portions of the patient interac The supervising physician and/or pati the resident and the supervising physician appropriate telec
VI.A.2.0).(1)			Direct Supervision The supervising physician is physical the key portions of the patient interac The supervising physician and/or pati
	the supervising physician is physically present with the resident during the key portions of the patient interaction; or,	6.7.	the resident and the supervising physical patient care through appropriate telecond
	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 supe the above definition. (Core)
	the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the		Direct Supervision The supervising physician is physical the key portions of the patient interac The supervising physician and/or pati the resident and the supervising physician
VI.A.2.b).(1).(b)	patient care through appropriate telecommunication technology. Indirect Supervision: the supervising physician is not providing physical	6.7.	patient care through appropriate telecond
	or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.	[None]	The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physic physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role resident must be assigned by the prog (Core)

t the appropriate level of supervision in ach resident's level of training and / and acuity. Supervision may be ods, as appropriate to the situation.

pervision while providing for graded gram must use the following

cally present with the resident during action.

atient is not physically present with ysician is concurrently monitoring the ecommunication technology.

cally present with the resident during action.

atient is not physically present with ysician is concurrently monitoring the ecommunication technology.

pervised directly, only as described in

cally present with the resident during action.

atient is not physically present with ysician is concurrently monitoring the ecommunication technology.

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

ble to provide review of ck provided after care is delivered. sical presence of a supervising

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.d).(1)	The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Mileste
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 super portions of care to residents based of skills of each resident. (Core)
VI.A.2.d).(3)	Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Senior residents or fellows should se residents in recognition of their progr the needs of each patient and the skil (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ residents must communicate with the (Core)
VI.A.2.e).(1)	Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)	6.10.a.	Each resident must know the limits or circumstances under which the resider on ditional independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each resi- the appropriate level of patient care a
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S residents and faculty members conce responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S residents and faculty members conce responsibilities of physicians, includi to be appropriately rested and fit to p 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 programe excessive reliance on residents to ful
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the programing 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 program the meaning that each resident finds physician, including protecting time w administrative support, promoting pro flexibility, and enhancing professiona
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism personal responsibility. (Core)
	Residents and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events.	C 40 -	Residents and faculty members must their personal role in the safety and w care, including the ability to report ur
VI.B.4.	(Core)	6.12.e.	(Core)

### ent Language

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

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

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

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

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

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

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

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

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

ram must include efforts to enhance Is in the experience of being a e with patients, providing progressive independence and nal relationships. (Core)

p with the Sponsoring Institution, must n that supports patient safety and

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)		Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free fi forms of harassment, mistreatment, a residents, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of residents an behavior and a confidential process for addressing such concerns. (Core)
	Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training. Residents and faculty members are at risk for burnout and depression.		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and re members of the health care team are is professionalism; they are also skills t nurtured in the context of other aspect Residents and faculty members are as
VI.C.	Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares residents with the skills and attitudes needed to thrive throughout their careers.	[None]	Programs, in partnership with their Sp same responsibility to address well-b competence. Physicians and all member responsibility for the well-being of eac clinical learning environment models prepares residents with the skills and throughout their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in p Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)	6.13.a.	attention to scheduling, work intensity impacts resident well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)	6.13.b.	evaluating workplace safety data and and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal resident and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage member well-being; and, (Core)
VI.C.1.c).(1)	Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Residents must be given the opportur and dental care appointments, includi working hours. (Core)
VI.C.1.d)	education of residents and faculty members in:	6.13.d.	education of residents and faculty me
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burn disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-so

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

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

ical well-being are critical in the ng, and resilient physician and require I outside of medicine. Well-being oy in medicine while managing their I responsibility to support other e important components of s that must be modeled, learned, and ects of residency training.

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

n partnership with the Sponsoring

ity, and work compression that

d addressing the safety of residents

ge optimal resident and faculty

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

nembers in:

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

emselves and how to seek

screening. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affor counseling, and treatment, including a 24 hours a day, seven days a week. (C
VI.C.2.	There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. (Core)		There are circumstances in which res including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for resi care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and p coverage of patient care and ensure c
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented v consequences for the resident who is work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all residents a of the signs of fatigue and sleep depri fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all residents a of the signs of fatigue and sleep depri fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return he
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care Clinical Responsibilities The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services. (Core)	[None] 6.17.	Clinical Responsibilities The clinical responsibilities for each r patient safety, resident ability, severit illness/condition, and available suppo
VI.E.1.a)	The clinical workload must allow residents to develop the required competence in patient care with a focus on learning over meeting service obligations. (Detail)	6.17.a.	The clinical workload must allow residen in patient care with a focus on learning o
VI.E.2.	Teamwork Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in	6.18.	Teamwork Residents must care for patients in an communication and promotes safe, in the specialty and larger health system
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured hand continuity of care and patient safety. (

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

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

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

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

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

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

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

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

ents to develop the required competence over meeting service obligations. (Detail)

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

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

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

nd-off processes to facilitate both (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
	Programs must ensure that residents are competent in communicating		Programs must ensure that residents
VI.E.3.c)	with team members in the hand-off process. (Outcome)	6.19.b.	with team members in the hand-off pr
	Clinical Experience and Education		
			Clinical Experience and Education
	Programs, in partnership with their Sponsoring Institutions, must design		Programs, in partnership with their Sp
	an effective program structure that is configured to provide residents with		an effective program structure that is
	educational and clinical experience opportunities, as well as reasonable		educational and clinical experience of
VI.F.	opportunities for rest and personal activities.	[None]	opportunities for rest and personal ac
	Maximum Hours of Clinical and Educational Work per Week		
			Maximum Hours of Clinical and Educa
	Clinical and educational work hours must be limited to no more than 80		Clinical and educational work hours n
	hours per week, averaged over a four-week period, inclusive of all in-		hours per week, averaged over a four- house clinical and educational activiti
VI.F.1.	house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	
	and an moonlighting. (Core)	0.20.	and all moonlighting. (Core)
			Mandatory Time Free of Clinical Work Residents should have eight hours of
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	and education periods. (Detail)
VI.I .2.		0.21.	Mandatory Time Free of Clinical Work
	Residents should have eight hours off between scheduled clinical work		Residents should have eight hours of
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 hours
VI.F.2.b)	after 24 hours of in-house call. (Core)	6.21.a.	after 24 hours of in-house call. (Core)
,	Residents must be scheduled for a minimum of one day in seven free of		Residents must be scheduled for a mi
	clinical work and required education (when averaged over four weeks). At-		clinical work and required education (
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	6.21.b.	home call cannot be assigned on the
			Maximum Clinical Work and Educatio
			Clinical and educational work periods
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	hours of continuous scheduled clinica
			Maximum Clinical Work and Education
	Clinical and educational work periods for residents must not exceed 24		Clinical and educational work periods
VI.F.3.a)	hours of continuous scheduled clinical assignments. (Core)	6.22.	hours of continuous scheduled clinica
	Up to four hours of additional time may be used for activities related to		Up to four hours of additional time ma
	patient safety, such as providing effective transitions of care, and/or		patient safety, such as providing effect
	resident education. Additional patient care responsibilities must not be		resident education. Additional patient
VI.F.3.a).(1)	assigned to a resident during this time. (Core)	6.22.a.	assigned to a resident during this time
			Clinical and Educational Work Hour E
			In rare circumstances, after handing o
			resident, on their own initiative, may e
			clinical site in the following circumsta
l			a single severely ill or unstable patien
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23	needs of a patient or patient's family;
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	events. (Detail)

# nt Language ts are competent in communicating process. (Outcome) Sponsoring Institutions, must design is configured to provide residents with opportunities, as well as reasonable activities. cational Work per Week must be limited to no more than 80 ur-week period, inclusive of all invities, clinical work done from home, rk and Education off between scheduled clinical work rk and Education off between scheduled clinical work ars free of clinical work and education e) minimum of one day in seven free of n (when averaged over four weeks). Atese free days. (Core) ion Period Length ds for residents must not exceed 24 ical assignments. (Core) ion Period Length ds for residents must not exceed 24 ical assignments. (Core) may be used for activities related to fective transitions of care, and/or nt care responsibilities must not be me. (Core) Exceptions off all other responsibilities, a elect to remain or return to the stances: to continue to provide care to ent; to give humanistic attention to the

; or to attend unique educational

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
VI.F.4.a)	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 Hour E In rare circumstances, after handing or resident, on their own initiative, may or clinical site in the following circumsta a single severely ill or unstable patier needs of a patient or patient's family; events. (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sound
VI.F.4.c)	The Review Committee for Preventive Medicine will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	The Review Committee for Preventive M exceptions to the 80-hour limit to the res
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.a)	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 with the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.b)	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 internal an in the ACGME Glossary of Terms) mu maximum weekly limit. (Core)
VI.F.5.c)	PGY-1 residents are not permitted to moonlight. (Core)	6.25.b.	PGY-1 residents are not permitted to
VI.F.6.		6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Residents must be scheduled for in-h every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor

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g off all other responsibilities, a
y elect to remain or return to the stances: to continue to provide care to
ent; to give humanistic attention to the
y; or to attend unique educational
ducation must be counted toward the
ition-specific exceptions for up to 10 and educational work hours to and educational rationale.
Medicine will not consider requests for esidents' work week.
h the ability of the resident to achieve cational program, and must not for work nor compromise patient
h the ability of the resident to achieve cational program, and must not for work nor compromise patient
and external moonlighting (as defined nust be counted toward the 80-hour
o moonlight. (Core)

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

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

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

<b>Requirement Number</b>		Reformatted	
- Roman Numerals	Requirement Language	<b>Requirement Number</b>	Requirement
	Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)		At-Home Call Time spent on patient care activities b count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven t when averaged over four weeks. (Core
	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)		At-home call must not be so frequent reasonable personal time for each res

s by residents on at-home call must weekly limit. The frequency of aty-third-night limitation, but must satisfy on free of clinical work and education, ore)

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