Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
Int.A.	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	Definition of Graduate Medical Educa Fellowship is advanced graduate me residency program for physicians will practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and ed physicians. Graduate medical educa group of physicians brings to medic inclusive and psychologically safe le Fellows who have completed resider in their core specialty. The prior medic fellows distinguish them from physic care of patients within the subspecia faculty supervision and conditional if serve as role models of excellence, of professionalism, and scholarship. Th knowledge, patient care skills, and e area of practice. Fellowship is an inte clinical and didactic education that f of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientist knowledge within medicine is not ex physicians, the fellowship experience pursue hypothesis-driven scientific the medical literature and patient can expertise achieved, fellows develop infrastructure that promotes collabo
Int.B.	Definition of Subspecialty Orthopaedic sports medicine is a distinct subspecialty in the field of orthopaedic surgery that is focused on the understanding, preventing, and treating injuries and conditions that occur in active people of all ages and abilities, including athletes and non-athletes.	[None]	Definition of Subspecialty Orthopaedic sports medicine is a disting surgery that is focused on the understa and conditions that occur in active peop athletes and non-athletes.

cation

nedical education beyond a core who desire to enter more specialized sians serve the public by providing include core medical care, acting as a in their field, creating and integrating educating future generations of cation values the strength that a diverse ical care, and the importance of learning environments.

ency are able to practice autonomously edical experience and expertise of sicians entering residency. The fellow's stalty is undertaken with appropriate l independence. Faculty members , compassion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused intensive program of subspecialty t focuses on the multidisciplinary care s often physically, emotionally, and ars in a variety of clinical learning inte medical education and the wells, faculty members, students, and all

any fellowship programs advance sts. While the ability to create new exclusive to fellowship-educated nce expands a physician's abilities to c inquiry that results in contributions to are. Beyond the clinical subspecialty o mentored relationships built on an porative research.

inct subspecialty in the field of orthopaedic tanding, preventing, and treating injuries ople of all ages and abilities, including

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Deminster
Number	Length of Educational Program	Requirement Number	Requiremen
Int.C.	The educational program in orthopaedic sports medicine must be 12 months in length. (Core)	4.1.	Length of Educational Program The educational program in orthopaedic length. (Core)
I.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the		Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp medical education consistent with th When the Sponsoring Institution is m most commonly utilized site of clinic
I.A.	primary clinical site.	[None]	primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by o Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	When orthopaedic residents and fellows are being educated at the same participating site, the residency director and fellowship director must jointly prepare and utilize a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, the roles of the residents and fellows in patient care, and how clinical and educational resources will be shared equitably. (Core)	1.2.a.	When orthopaedic residents and fellows participating site, the residency director prepare and utilize a written agreement between the residency and fellowship pr fellowship directors in determining the e fellows, the roles of the residents and fe and educational resources will be share
I.B.1.a).(1)	Both program directors should together closely monitor the relationship between residency and fellowship education. (Detail)	1.2.b.	Both program directors should together residency and fellowship education. (De
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)		There must be a program letter of age and each participating site that gover program and the participating site pro
I.B.2.a) I.B.2.a).(1)	The PLA must: be renewed at least every 10 years; and, (Core)	[None] 1.3.a.	The PLA must be renewed at least ev
	be renewed at least every to years, allu, (ODIE)	1.J.a.	The FLA must be tellewed at least ev

lic sports medicine must be 12 months in

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

ws are being educated at the same or and fellowship director must jointly nt specifying the educational relationship programs, the roles of the residency and educational program of residents and fellows in patient care, and how clinical red equitably. (Core)

er closely monitor the relationship between Detail)

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

every 10 years. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is accoust site, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its 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 fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	Resources must include:	[None]	
I.D.1.a).(1)	outpatient facilities;(Core)	1.8.a.	Resources must include outpatient facili
I.D.1.a).(2)	a physical therapy or athletic training facility equipped with the modern therapeutic modalities used in the treatment of the injured sports medicine patient; (Core)	1.8.b.	Resources must include a physical thera with the modern therapeutic modalities u sports medicine patient. (Core)
I.D.1.a).(3)	operating room facilities with modern equipment, including arthroscopes, adjunctive equipment for arthroscopy, and necessary imaging equipment; and, (Core)	1.8.c.	Resources must include operating room including arthroscopes, adjunctive equip imaging equipment. (Core)
I.D.1.a).(4)	clinical services in musculoskeletal imaging, physical therapy, and primary care sports medicine. (Core)	1.8.d.	Resources must include clinical services therapy, and primary care sports medici
I.D.1.b)	A sufficient number and variety of new and follow-up patients must be available to ensure adequate clinical experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents if present. (Core)	1.8.e.	A sufficient number and variety of new a to ensure adequate clinical experience f the educational experience of the orthop (Core)

lesignated institutional official (DIO).

cal learning and working environment

t be one faculty member, designated ountable for fellow education for that am director. (Core)

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

on

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

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

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

cilities. (Core)

erapy or athletic training facility equipped s used in the treatment of the injured

m facilities with modern equipment, ipment for arthroscopy, and necessary

es in musculoskeletal imaging, physical icine. (Core)

and follow-up patients must be available for each fellow without adversely diluting opaedic surgery residents if present.

Roman Numeral Requirement	Deminement Lemmene	Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its s healthy and safe learning and workin well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care, if the fellows are assigned in-house call; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate are assigned in-house call; (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatic with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with dis Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	Other Learners and Health Care Person The presence of other learners and he not limited to residents from other pr advanced practice providers, must no fellows' education. (Core)
I.E.1.	Fellows should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines when present. (Core)	1.11.a.	Fellows should maintain a close working and other fellows in orthopaedic surgery (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 o with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the o with all applicable program requireme

s Sponsoring Institution, must ensure ing environments that promote fellow

o/rest facilities available and accessible ate for safe patient care, if the fellows

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

opriate to the participating site; and,

lisabilities consistent with the pre)

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

rsonnel

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

ing relationship with orthopaedic residents ery and in other disciplines when present.

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduat (GMEC) must approve a change in pr program director's licensure and clin
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as application must be provided with support adequibased upon its size and configuration
	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This 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 specified below may be time spent by the program direc director and one or more associate (or a
	Number of Approved Fellow Positions: 1-2 Minimum Support Required (FTE): 10% Number of Approved Resident Positions: 3-4 Minimum Support Required (FTE): 10% Number of Approved Resident Positions: 5-6 Minimum Support Required		Number of Approved Fellow Positions: 1 10% Number of Approved Resident Positions (FTE): 10% Number of Approved Resident Positions
II.A.2.a)	(FTE): 20% Qualifications of the program director:	2.3.a. 2.4.	(FTE): 20% Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.a).(1)	Prior to appointment, the program director must demonstrate the following:	[None]	
II.A.3.a).(1).(a)	completion of an ACGME-accredited orthopaedic sports medicine fellowship; (Core)	2.4.b.	Prior to appointment, the program direct ACGME-accredited orthopaedic sports r
II.A.3.a).(1).(b)	at least three years of clinical practice experience in orthopaedic sports medicine; (Core)	2.4.c.	Prior to appointment, the program direct years of clinical practice experience in o
II.A.3.a).(1).(c)	three years as a faculty member in an ACGME-accredited or AOA-approved orthopaedic surgery residency or ACGME-accredited orthopaedic sports medicine fellowship program; and, (Core)	2.4.d.	Prior to appointment, the program direct faculty member in an ACGME-accredite residency or ACGME-accredited orthopa program. (Core)
II.A.3.a).(1).(d)	evidence of periodic updates of knowledge and skills to discharge the roles and responsibilities for teaching, supervision, and formal evaluation of fellows. (Core)	2.4.e.	Prior to appointment, the program direct periodic updates of knowledge and skills responsibilities for teaching, supervision (Core)

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

tor resides with the Review Committee.

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

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

1-2 | Minimum Support Required (FTE):

ns: 3-4 | Minimum Support Required

ns: 5-6 | Minimum Support Required

tor:

subspecialty expertise and view Committee. (Core)

tor

s subspecialty expertise and view Committee. (Core)

ctor must demonstrate completion of an s medicine fellowship. (Core)

ctor must demonstrate at least three orthopaedic sports medicine. (Core)

ctor must demonstrate three years as a ted or AOA-approved orthopaedic surgery paedic sports medicine fellowship

ctor must demonstrate evidence of ills to discharge the roles and on, and formal evaluation of fellows.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Orthopaedic Surgery (ABOS) or by the American Osteopathic Board of Orthopaedic Surgery (AOBOS), or subspecialty qualifications that are acceptable to the Review Committee. (Core)	2.4.a.	The program director must possess of subspecialty for which they are the p Board of Orthopaedic Surgery (ABOS) Board of Orthopaedic Surgery (AOBOS) are acceptable to the Review Commit
II.A.3.b).(1)	All program directors appointed after the effective date of these requirements must have current ABOS or AOBOS certification in orthopaedic surgery, as well as subspecialty certification in orthopaedic sports medicine. (Core)	2.4.a.1.	All program directors appointed after the must have current ABOS or AOBOS ce as subspecialty certification in orthopae
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)		[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role
II.A.4.a).(2) II.A.4.a).(3)	administer and maintain a learning environment conducive to educating	2.5.b. 2.5.c.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the missi The program director must administe environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate		The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learn the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G

s current certification in the program director by the American b) or by the American Osteopathic DS), or subspecialty qualifications that hittee. (Core)

he effective date of these requirements ertification in orthopaedic surgery, as well redic sports medicine. (Core)

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

e model of professionalism. (Core)

and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core) ter and maintain a learning g the fellows in each of the ACGME

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when acti not to promote, or renew the appoint
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide a interview with information related to t specialty board examination(s). (Core

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

the program's compliance with the ad procedures related to grievances ction is taken to suspend or dismiss, ntment of a fellow. (Core)

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

on a non-competition guarantee or

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

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

applicants who are offered an o their eligibility for the relevant ore)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
			· ·
	Faculty		
	Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a		Faculty Faculty members are a foundational education – faculty members teach f Faculty members provide an importa and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, com patient care, professionalism, and a Faculty members experience the print development of future colleagues. The the opportunity to teach and model of
	scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		scholarly approach to patient care, fa graduate medical education system, and the population.
	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and		Faculty members ensure that patient from a specialist in the field. They re the patients, fellows, community, and provide appropriate levels of superv Faculty members create an effective professional manner and attending t
II.B.	themselves.	[None]	themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (C
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role mode
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate fellows, including devoting sufficient fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer ar environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	Faculty members must pursue facult their skills. (Core)

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

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

of faculty members with competence to (Core)

tels of professionalism. (Core)

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

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

and maintain an educational ng fellows. (Core)

articipate in organized clinical , and conferences. (Core)

Ity development designed to enhance

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropr hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropr hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	2.9.	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa American Osteopathic Board of Ortho qualifications judged acceptable to th
II.B.3.b).(1).(a)	Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core)	2.9.a.1.	Physician faculty members who are orth ABOS or AOBOS certification in orthopa towards achieving such certification. (Co
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the (Core)
II.B.4.b)	There must be at least two core physician faculty members who are orthopaedic surgeons with experience in orthopaedic sports medicine, including the program director, who have completed an ACGME-accredited fellowship in orthopaedic sports medicine and have ABOS or AOBOS certification in orthopaedic sports medicine, and are actively involved in the education and supervision of fellows during the 12 months of accredited education. (Core)	2.10.b.	There must be at least two core physicia surgeons with experience in orthopaedic director, who have completed an ACGM sports medicine and have ABOS or AOE medicine, and are actively involved in th during the 12 months of accredited educ Program Coordinator
II.C.	Program Coordinator	2.11.	There must be administrative suppor
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	Program Coordinator There must be administrative suppor

priate qualifications in their field and ntments. (Core)

oriate qualifications in their field and ntments. (Core)

mbers mbers must have current certification in Board of Orthopaedic Surgery or the thopaedic Surgery, or possess the Review Committee. (Core)

thopaedic surgeons must have current paedic surgery or be on a pathway Core)

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

significant role in the education and vote a significant portion of their entire ministration, and must, as a , evaluate, and provide formative

e annual ACGME Faculty Survey.

cian faculty members who are orthopaedic dic sports medicine, including the program GME-accredited fellowship in orthopaedic OBOS certification in orthopaedic sports the education and supervision of fellows lucation. (Core)

ort for program coordination. (Core)

ort for program coordination. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
II.C.1.a)	The program coordinator must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. (Core)	2.11.a.	The program coordinator must be provid minimum of 20 percent FTE for adminis
II.D. III. III.A.	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) Fellow Appointments Eligibility Criteria	2.12. Section 3 [None]	Other Program Personnel The program, in partnership with its ensure the availability of necessary p administration of the program. (Core Section 3: Fellow Appointments
	Eligibility Requirements – Fellowship Programs	[]	Eligibility Requirements – Fellowship
III.A.1.	All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)		All required clinical education for ent programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons College of Family Physicians of Cana program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations fro
III.A.1.b)	Prior to appointment in the program, fellows should have successfully completed a residency in orthopaedic surgery in a program that satisfies III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, fell completed a residency in orthopaedic su (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Orthopaedic Surgery will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Orthopaed exception to the fellowship eligibility
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate appli eligibility requirements listed in 3.2., following additional qualifications an
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations (Core)

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

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

ip Programs

entry into ACGME-accredited fellowship ACGME-accredited residency program, am, a program with ACGME Specialty Accreditation, or a Royal as of Canada (RCPSC)-accredited or nada (CFPC)-accredited residency

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

ellows should have successfully surgery in a program that satisfies 3.2.

edic Surgery **will allow the following ty requirements:**

brogram may accept an exceptionally plicant who does not satisfy the 2., but who does meet all of the and conditions: (Core)

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

Roman Numeral Requirement Number	Boguiromont Longuago	Reformatted	. De minere e
Number	Requirement Language	Requirement Number	Requiremen
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant' GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissi (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Con of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoi Review Committee. (Core)
	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 educational program must support the development of knowledgeable, skillful physicians who provide compassionate care. It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for		Section 4: Educational Program The ACGME accreditation system is of and innovation in graduate medical e organizational affiliation, size, or loca The educational program must suppor knowledgeable, skillful physicians wh It is recognized that programs may ph leadership, public health, etc. It is exp reflect the nuanced program-specific
IV.	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	example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb

t's exceptional qualifications by the

sion for Foreign Medical Graduates

xception must have an evaluation of ompetency Committee within 12 weeks

oint more fellows than approved by the

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

port the development of who provide compassionate care.

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

llowing educational components:

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow I Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that prot 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 the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acquired
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGN
IV.B.1.a) IV.B.1.b)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	ACGME Competencies – Professiona Fellows must demonstrate a commitr adherence to ethical principles. (Core
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in:	[None]	

tives for each educational experience trajectory to autonomous practice in listributed, reviewed, and available to

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

yond direct patient care; and, (Core) v Experiences – Didactic and Clinical

ected time to participate in core

omote patient safety-related goals,

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

SME Competencies into the curriculum.

nalism itment to professionalism and an re)

re

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(a).(i)	evaluating (history, physical examination, and imaging) and managing both operative and non-operative patients with sports injuries or conditions; (Core)	4.4.a.	Fellows must demonstrate competence examination, and imaging) and managir patients with sports injuries or condition
IV.B.1.b).(1).(a).(ii)	making sound clinical decisions; (Core)	4.4.b.	Fellows must demonstrate competence (Core)
IV.B.1.b).(1).(a).(iii)	differentiating between those sports injuries that require immediate surgical treatment and those that can be treated non-operatively; (Core)	4.4.c.	Fellows must demonstrate competence injuries that require immediate surgical non-operatively. (Core)
IV.B.1.b).(1).(a).(iv)	providing acute care of orthopaedic and other acute sports medicine injuries that may occur during athletic competition, and dealing with those injuries on the athletic field; (Core)	4.4.d.	Fellows must demonstrate competence and other acute sports medicine injuries competition, and dealing with those inju
IV.B.1.b).(1).(a).(v)	decision making regarding an athlete's ability to participate in practice or competition safely, including application of return-to-play criteria; (Core)	4.4.e.	Fellows must demonstrate competence athlete's ability to participate in practice application of return-to-play criteria. (Co
IV.B.1.b).(1).(a).(vi)	managing patients with typical histories and physical findings of chronic orthopaedic sports injuries; and, (Core)	4.4.f.	Fellows must demonstrate competence histories and physical findings of chronic
IV.B.1.b).(1).(a).(vii)	ordering and interpreting radiologic examinations used for diagnosis of sports injuries, including specific views, bone scans, computerized axial tomography scans, and magnetic resonance imaging. (Core)	4.4.g.	Fellows must demonstrate competence examinations used for diagnosis of spor bone scans, computerized axial tomogra imaging. (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural Fellows must be able to perform all n procedures considered essential for
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in performing orthopaedic sports medicine operative procedures, including: (Core)	4.5.a.	Fellows must demonstrate competence medicine operative procedures, includin
IV.B.1.b).(2).(a).(i)	capsulorrhaphy and arthroscopy for glenohumeral instability; (Core)	4.5.a.1.	capsulorrhaphy and arthroscopy for gler
IV.B.1.b).(2).(a).(ii)	rotator cuff repair and treatment procedures; (Core)	4.5.a.2.	rotator cuff repair and treatment proced
IV.B.1.b).(2).(a).(iii)	open or arthroscopic treatment for acromioclavicular instability; (Core)	4.5.a.3.	open or arthroscopic treatment for acror
IV.B.1.b).(2).(a).(iv)	repair and reconstruction procedures for knee instability, including ACL reconstruction; (Core)	4.5.a.4.	repair and reconstruction procedures for reconstruction; (Core)
IV.B.1.b).(2).(a).(v)	knee multi-ligament repair and reconstruction; (Core)	4.5.a.5.	knee multi-ligament repair and reconstru
IV.B.1.b).(2).(a).(vi)	repair, reconstruction, and treatment procedures for patellofemoral instability; (Core)	4.5.a.6.	repair, reconstruction, and treatment pro (Core)
IV.B.1.b).(2).(a).(vii)	arthroscopy (regenerative or repair procedures), allograft, and implantation procedures involving articular cartilage; and, (Core)	4.5.a.7.	arthroscopy (regenerative or repair proc procedures involving articular cartilage;

e in evaluating (history, physical ging both operative and non-operative ons. (Core)

e in making sound clinical decisions.

e in differentiating between those sports al treatment and those that can be treated

e in providing acute care of orthopaedic es that may occur during athletic juries on the athletic field. (Core)

ce in decision making regarding an ce or competition safely, including Core)

e in managing patients with typical nic orthopaedic sports injuries. (Core)

ce in ordering and interpreting radiologic orts injuries, including specific views, graphy scans, and magnetic resonance

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

e in performing orthopaedic sports ling: (Core)

enohumeral instability; (Core)

dures; (Core)

omioclavicular instability; (Core) for knee instability, including ACL

truction; (Core)

procedures for patellofemoral instability;

bcedures), allograft, and implantation e; and, (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(2).(a).(viii)	meniscus repair procedures. (Core)	4.5.a.8.	meniscus repair procedures. (Core)
IV.B.1.b).(2).(b)	Fellows should demonstrate competence in performing orthopaedic sports medicine operative procedures, including:	4.5.b.	Fellows should demonstrate competend medicine operative procedures, includin
IV.B.1.b).(2).(b).(i)	hip arthroscopy; (Detail)	4.5.b.1.	hip arthroscopy; (Detail)
IV.B.1.b).(2).(b).(ii)	knee osteotomy; (Core)	4.5.b.2.	knee osteotomy; (Core)
IV.B.1.b).(2).(b).(iii)	foot and ankle repair procedures; (Detail)	4.5.b.3.	foot and ankle repair procedures; (Detai
IV.B.1.b).(2).(b).(iv)	repair and reconstruction procedures for elbow instability; and, (Detail)	4.5.b.4.	repair and reconstruction procedures for
IV.B.1.b).(2).(b).(v)	elbow arthroscopy and open procedures. (Detail)	4.5.b.5.	elbow arthroscopy and open procedures
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledg biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of: (Core)	[None]	
IV.B.1.c).(1).(a)	basic sciences related to orthopaedic sports medicine, medico legal issues, and musculoskeletal disorders and injuries; (Core)	4.6.a.	Fellows must demonstrate competence related to orthopaedic sports medicine, musculoskeletal disorders and injuries.
IV.B.1.c).(1).(b)	the indications, risks, and limitations of commonly performed procedures in orthopaedic sports medicine; (Core)	4.6.b.	Fellows must demonstrate competence risks, and limitations of commonly perfo medicine. (Core)
IV.B.1.c).(1).(c)	the role of medical treatments, including available biologic interventions used in orthopaedic sports medicine; (Core)	4.6.c.	Fellows must demonstrate competence treatments, including available biologic i medicine. (Core)
IV.B.1.c).(1).(d)	the use of therapeutic modalities in physical therapy, including how to assess the appropriateness and efficacy of a treatment plan; (Core)	4.6.d.	Fellows must demonstrate competence therapeutic modalities in physical therap appropriateness and efficacy of a treatm
IV.B.1.c).(1).(e)	common primary care medical problems that occur in sports medicine, how to recognize those problems, and how to either treat or refer patients appropriately; (Core)	4.6.e.	Fellows must demonstrate competence care medical problems that occur in spo problems, and how to either treat or refe Fellows must demonstrate competence
IV.B.1.c).(1).(f)	the psychological effect of injuries on athletes; (Core)	4.6.f.	effect of injuries on athletes. (Core)
IV.B.1.c).(1).(g)	sports equipment, including braces, orthotics, and protective devices intended to allow the athlete to continue to compete; and, (Core)	4.6.g.	Fellows must demonstrate competence including braces, orthotics, and protectiv to continue to compete. (Core)

nce in performing orthopaedic sports ling:

tail)

for elbow instability; and, (Detail)

res. (Detail)

nowledge

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

ce in their knowledge of basic sciences e, medico legal issues, and

s. (Core)

ce in their knowledge of the indications, rformed procedures in orthopaedic sports

ce in their knowledge of the role of medical ic interventions used in orthopaedic sports

ce in their knowledge of the use of rapy, including how to assess the atment plan. (Core)

ce in their knowledge of common primary ports medicine, how to recognize those efer patients appropriately. (Core)

ce in their knowledge of the psychological

ce in their knowledge of sports equipment, ctive devices intended to allow the athlete

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
IV.B.1.c).(1).(h)	the application of research methods, including the ability to critically analyze research reports and to design and implement clinical or basic research in the field of orthopaedic sports medicine. (Core)	4.6.h.	Fellows must demonstrate competence research methods, including the ability to design and implement clinical or basi sports medicine. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Ba Fellows must demonstrate the ability of patients, to appraise and assimilat continuously improve patient care ba lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interperson Fellows must demonstrate interperso result in the effective exchange of inf patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Ba Fellows must demonstrate an awarer larger context and system of health c social determinants of health, as well other resources to provide optimal he
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical events. (Core)
			4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Curriculum Organization and Fe The program must provide instructio management if applicable for the sub the signs of substance use disorder.

te in their knowledge of the application of y to critically analyze research reports and sic research in the field of orthopaedic

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

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

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

Fellow Experiences – Curriculum

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

Fellow Experiences – Didactic and

ected time to participate in core

Fellow Experiences – Pain Management on and experience in pain ubspecialty, including recognition of r. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow I The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Fellows must continue to provide care for their own post-operative patients until discharge or until the patients' post-operative conditions are stable and the episode of care is concluded. (Core)	4.10.a.	Fellows must continue to provide care for discharge or until the patients' post-oper episode of care is concluded. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow I The program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.C.2.a)	This must include instructional experience in multimodal pain treatment, including non-narcotic pain medications and alternative pain reducing modalities. (Core)	4.12.a.	This must include instructional experience including non-narcotic pain medications modalities. (Core)
IV.C.3.	The program must provide advanced education to ensure each fellow develops special expertise in orthopaedic sports medicine. (Core)	4.11.a.	The program must provide advanced ed special expertise in orthopaedic sports n
IV.C.3.a)	The educational program must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research. (Core)	4.11.a.1.	The educational program must emphasi problem solving, self-directed study, tea surgical judgment, and research. (Core)
IV.C.3.b)	The didactic curriculum must include:	[None]	
IV.C.3.b).(1)	the basic sciences as they relate to orthopaedic sports medicine, including anatomy, biomechanics, mechanisms of sports injuries, and biology of healing; (Core)	4.11.b.	The didactic curriculum must include the orthopaedic sports medicine, including a sports injuries, and biology of healing. (C
IV.C.3.b).(2)	sports medicine issues in the areas of cardiology, dermatology, pulmonology, preventive medicine, pediatric and adolescent medicine, exercise physiology, environmental exposure, athletic populations, team physicians, and protective equipment (including braces); and, (Core)	4.11.c.	The didactic curriculum must include spo cardiology, dermatology, pulmonology, p adolescent medicine, exercise physiolog populations, team physicians, and protec (Core)
IV.C.3.b).(3)	the evaluation of practices that ensure and improve patient safety, as well as instruction in established patient safety measures. (Core)	4.11.d.	The didactic curriculum must include the improve patient safety, as well as instruct measures. (Core)
IV.C.3.c)	The program must regularly hold subspecialty conferences with active faculty member and fellow participation, including at least: (Core)	4.11.e.	The program must regularly hold subspe member and fellow participation, includir
IV.C.3.c).(1)	one weekly teaching conference; (Detail)	4.11.e.1.	one weekly teaching conference; (Detail
IV.C.3.c).(2)	one monthly morbidity and mortality conference; and, (Detail)	4.11.e.2.	one monthly morbidity and mortality con

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

for their own post-operative patients until perative conditions are stable and the

v Experiences – Pain Management on and experience in pain Ibspecialty, including recognition of r. (Core)

ence in multimodal pain treatment, is and alternative pain reducing

education to ensure each fellow develops medicine. (Core)

size a scholarly approach to clinical eaching, development of analytic skills and e)

he basic sciences as they relate to anatomy, biomechanics, mechanisms of (Core)

ports medicine issues in the areas of , preventive medicine, pediatric and ogy, environmental exposure, athletic tective equipment (including braces).

he evaluation of practices that ensure and ruction in established patient safety

pecialty conferences with active faculty ding at least: (Core) ail)

onference; and, (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
		-	· · ·
IV.C.3.c).(3)	one monthly journal club in orthopaedic sports medicine. (Detail)	4.11.e.3.	one monthly journal club in orthopaedic
IV.C.4.	Clinical experiences must emphasize the pathology and biomechanics of athletic injuries and the effects of injury on the athlete, including both physical and psychological manifestations. (Core)	4.11.f.	Clinical experiences must emphasize the athletic injuries and the effects of injury and psychological manifestations. (Core
IV.C.5.	Clinical experiences must include:	[None]	
IV.C.5.a)	continuing responsibility with appropriate supervision for patients with acute and chronic athletic injuries; (Core)	4.11.g.	Clinical experiences must include contin supervision for patients with acute and c
IV.C.5.b)	observing the natural course of athletic injuries and the effects of various therapeutic modalities on their outcome; (Core)	4.11.h.	Clinical experiences must include observinjuries and the effects of various therap (Core)
IV.C.5.c)	appropriate utilization of laboratory tests, diagnostic imaging, physical modalities, non-operative treatment, and operative procedures for the diagnosis and management of athletic injuries; (Core)	4.11.i.	Clinical experiences must include appropriation diagnostic imaging, physical modalities, procedures for the diagnosis and managed
IV.C.5.d)	managing patients with a wide variety of sports medicine problems: (Core)	4.11.j.	Clinical experiences must include manages sports medicine problems: (Core)
IV.C.5.e)	providing consultation on the management of injuries in athletes with faculty member supervision; (Core)	4.11.j.1.	providing consultation on the manageme member supervision; (Core)
IV.C.5.f)	working with athletic teams and/or athletic organizations; (Core)	4.11.j.2.	working with athletic teams and/or athlet
IV.C.5.g)	specific experience with athletic training and physical therapy; and, (Core)	4.11.j.3.	specific experience with athletic training
IV.C.5.h)	clearly defined educational responsibilities for fellows, allied health personnel, and residents and medical students if present. (Core)	4.11.j.4.	clearly defined educational responsibilition and residents and medical students if pre-
IV.C.5.h).(1)	These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of orthopaedic sports medicine. (Core)	4.11.j.4.a.	These teaching experiences should corr the clinical aspects of orthopaedic sports
IV.C.6.	Fellows must document their operative experience in a timely manner by reporting all cases in the ACGME Case Log System. (Core)	4.11.k.	Fellows must document their operative e reporting all cases in the ACGME Case
IV.C.7.	Programs must evaluate fellows within six weeks following entry into the program for expected entry-level skills so that additional training can be provided in a timely manner to address identified deficiencies. (Core)	4.11.I.	Programs must evaluate fellows within s program for expected entry-level skills so provided in a timely manner to address i

c sports medicine. (Detail)

the pathology and biomechanics of y on the athlete, including both physical re)

tinuing responsibility with appropriate I chronic athletic injuries. (Core)

erving the natural course of athletic apeutic modalities on their outcome.

ropriate utilization of laboratory tests, s, non-operative treatment, and operative agement of athletic injuries. (Core) naging patients with a wide variety of

ment of injuries in athletes with faculty

letic organizations; (Core)

ng and physical therapy; and, (Core)

lities for fellows, allied health personnel, present. (Core)

orrelate basic biomedical knowledge with orts medicine. (Core)

e experience in a timely manner by e Log System. (Core)

n six weeks following entry into the so that additional training can be s identified deficiencies. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	ScholarshipMedicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship 		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities a Program Requirements. Scholarly ac integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a v scientists, and educators. It is expect will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop other programs might choose to utili
IV.D.		[None]	research as the focus for scholarshi Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evid consistent with its mission(s) and air
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 evid consistent with its mission(s) and air
IV.D.1.b)	The program must provide scheduled and protected time and facilities for research activities by fellows. (Core)	4.13.a.	The program must provide scheduled a research activities by fellows. (Core)
IV.D.1.b).(1)	Protected time for fellow research activities should be a minimum of two days per month, averaged over the 12-month program. (Detail)	4.13.a.1.	Protected time for fellow research activi per month, averaged over the 12-month
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Faculty members must demonstrate dis peer-reviewed publications, chapters/te
IV.D.2.a)	Faculty members must demonstrate dissemination of scholarly activity through peer-reviewed publications, chapters/textbooks, or grant leadership. (Core)	4.14.	Faculty Scholarly Activity Faculty members must demonstrate dis peer-reviewed publications, chapters/te
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Fellows must participate in basic and/or (Core)
IV.D.3.a)	Fellows must participate in basic and/or clinical hypothesis-based research. (Core)	4.15.	Fellow Scholarly Activity Fellows must participate in basic and/or (Core)

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

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

idence of scholarly activities, aims. (Core)

idence of scholarly activities, aims. (Core)

and protected time and facilities for

ivities should be a minimum of two days other the two days of the two days of the two days of the two days of two days of the two days of two days of

lissemination of scholarly activity through textbooks, or grant leadership. (Core)

lissemination of scholarly activity through textbooks, or grant leadership. (Core)

or clinical hypothesis-based research.

or clinical hypothesis-based research.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requiremen
IV.D.3.b)	Each fellow should also demonstrate scholarship during the program through one or more of the following: peer-reviewed publications; abstracts, posters, or presentations at international, national, or regional meetings; publication of book chapters; or lectures or formal presentations, such as grand rounds or case presentations. (Outcome)	4.15.a.	Each fellow should also demonstrate sc one or more of the following: peer-review presentations at international, national, of chapters; or lectures or formal presentation presentations. (Outcome)
IV.E.	Independent Practice Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.	[None]	Independent Practice Fellowship programs may assign fell practice of their core specialty during
IV.E.1.	If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)	4.16.	If programs permit their fellows to uti it must not exceed 20 percent of their academic year. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core) Fellow Evaluation: Feedback and Eva Faculty members must directly obser
V.A.1.	Feedback and Evaluation	5.1.	feedback on fellow performance durineducational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.a).(1)	This must include review of fellow cases logged in the ACGME Case Log System. (Core)	5.1.f.	Faculty evaluations of a fellow's perform cases logged in the ACGME Case Log S
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at lea
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objecti the Competencies and the subspecia (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty i other professional staff members); ar
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfo unsupervised practice. (Core)

scholarship during the program through ewed publications; abstracts, posters, or l, or regional meetings; publication of book ations, such as grand rounds or case

llows to engage in the independent ng their fellowship program.

Itilize the independent practice option, Fir time per week or 10 weeks of an

valuation

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

valuation

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

valuation

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

mance must include review of fellow g System. (Core)

the completion of the assignment.

east every three months. (Core)

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

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

ical Competency Committee for its formance and improvement toward

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their design Competency Committee, must meet documented semi-annual evaluation along the subspecialty-specific Miles
V.A. 1.0J.(1)	develop plans for fellows failing to progress, following institutional	0.1.0.	The program director or their designer Competency Committee, must develo
V.A.1.d).(2)	policies and procedures. (Core)	5.1.d.	progress, following institutional polic
V.A.1.e)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.e.	The evaluations of a fellow's perform by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones subspecialty-specific Case Logs, mu are able to engage in autonomous pr program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors nec (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared v 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 m director. (Core)
V.A.3.a) V.A.3.b)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core) The Clinical Competency Committee must:	5.3.a. [None]	At a minimum the Clinical Competend members, at least one of whom is a c be faculty members from the same pu health professionals who have extens program's fellows. (Core)
			The Clinical Competency Committee
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	least semi-annually. (Core)

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

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

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

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

with the fellow upon completion of the

must be appointed by the program

ency Committee must include three a core faculty member. Members must program or other programs, or other ensive contact and experience with the

e must review all fellow evaluations at

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

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

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

o evaluate each faculty member's cational program at least annually.

o evaluate each faculty member's cational program at least annually.

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

n, confidential evaluations by the

back on their evaluations at least

ent

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

ent

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

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

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

ponsibilities must include guiding luding development of new goals,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 response current operating environment to ide opportunities, and threats as related (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (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 r 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 members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includistributed to and discussed with the the fellows, and be submitted to the I
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Se (Core)
V.C.3.	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. 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]	Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For subspecialties 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 subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties 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 subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco

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

e should consider the outcomes from , aggregate fellow 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 ne members of the teaching faculty and e DIO. (Core)

Self-Study and submit it to the DIO.

cation is to educate physicians who n. One measure of the effectiveness of nate pass rate.

rage all eligible program graduates to red by the applicable American Board ber board or American Osteopathic

MS member board and/or AOA written exam, in the preceding three as rate of those taking the examination in the bottom fifth percentile of tcome)

MS member board and/or AOA written exam, in the preceding six as rate of those taking the examination in the bottom fifth percentile of tcome)

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V.C.3.c)	For subspecialties 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 subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABM certifying board offer(s) an annual or the program's aggregate pass rate o first time must be higher than the bo that subspecialty. (Outcome)
V.C.3.d)	For subspecialties 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 subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABM certifying board offer(s) a biennial or the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
,			
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in graduates over the time period speci an 80 percent pass rate will have me percentile rank of the program for pa (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in a environment that emphasizes the fol
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality today's fellows in their future practic
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of pro
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the here
VI.A. VI.A.1.	Patient Safety, Quality Improvement, Supervision, and Accountability Patient Safety and Quality Improvement	[None]	
VI.A.I.		[None]	

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

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

n 5.6. – 5.6.c., any program whose cified in the requirement have achieved et this requirement, no matter the bass rate in that subspecialty.

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

ng Environment

the context of a learning and working blowing principles:

of care rendered to patients by

y of care rendered to patients by ice

oviding care for patients

ne students, residents, fellows, faculty ealth care team

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently de 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, a patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
	Residents, fellows, faculty members, and other clinical staff members		
VI.A.1.a).(2).(a) VI.A.1.a).(2).(a).(i)	must: know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; (Core)	[None] 6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary info safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team men interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementati
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 improvem
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient p

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

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

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

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

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

nembers in real and/or simulated afety and quality improvement activities, are activities that include analysis, as ation of actions. (Core)

itizing activities for care improvement efforts.

receive data on quality metrics and populations. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			Supervision and Accountability Although the attending physician is the patient, every physician shares in accountability for their efforts in the in partnership with their Sponsoring communicate, and monitor a structur accountability as it relates to the sup
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduat and effective care to patients; ensure skills, knowledge, and attitudes requ 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 and Accountability Although the attending physician is a the patient, every physician shares in accountability for their efforts in the in partnership with their Sponsoring communicate, and monitor a structur accountability as it relates to the sup
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduat and effective care to patients; ensure skills, knowledge, and attitudes requ practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must ir roles in that patient's care when prov
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.a.	This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as app
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow super authority and responsibility, the prog classification of supervision.

s ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely tured chain of responsibility and upervision of all patient care.

ate medical education provides safe ires each fellow's development of the quired to enter the unsupervised tes a foundation for continued

s ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely tured chain of responsibility and upervision of all patient care.

ate medical education provides safe ires each fellow's development of the quired to enter the unsupervised tes a foundation for continued

inform each patient of their respective oviding direct patient care. (Core)

to fellows, faculty members, other nd patients. (Core)

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

ervision while providing for graded ogram must use the following

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			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate tele
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate telev
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate tele
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not pro or audio supervision but is immediat guidance and is available to provide
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Mileste
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as super portions of care to fellows based on the of each fellow. (Core)

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

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

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

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

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VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisor in recognition of their progress towar of each patient and the skills of the ir
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mu the knowledge and skills of each fello appropriate level of patient care auth
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern 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 fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, 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 fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the progra care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism personal responsibility. (Core)

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

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

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

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

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

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

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

ram must include efforts to enhance in the experience of being a physician, ents, providing administrative support, ice and flexibility, and enhancing

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

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VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must d personal role in the safety and welfar including the ability to report unsafe
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f 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 fellowship training.		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and requires that physicians retain the jo own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills nurtured in the context of other aspen
VI.C.	Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	Fellows and faculty members are at r Programs, in partnership with their S same responsibility to address well-k competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a their 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 Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)

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

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

[•] Sponsoring Institutions, should have a nd faculty regarding unprofessional s for reporting, investigating, and

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

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

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourag well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the 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-se
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for fell care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows ar the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows ar the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)

age optimal fellow and faculty member

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

embers in:

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

hemselves and how to seek

-screening. (Core)

ffordable mental health assessment, ng access to urgent and emergent care . (Core)

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

nd procedures in place to ensure e continuity of patient care. (Core) ed without fear of negative s or was unable to provide the clinical

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

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

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VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its s adequate sleep facilities and safe trai may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each patient safety, fellow ability, severity illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fro
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assigr 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 S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows at team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience o opportunities for rest and personal ac
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educ Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)

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

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

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

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

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

Sponsoring Institutions, must ensure and-off processes to facilitate both *y*. (Core)

are competent in communicating with ess. (Outcome)

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

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

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VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Worl Fellows should have eight hours off education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off I education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a min clinical work and required education home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)		Up to four hours of additional time m patient safety, such as providing effe fellow education. Additional patient c assigned to a fellow during this time.
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing on on their own initiative, may elect to re- the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (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)

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ork and Education f between scheduled clinical work and

s free of clinical work and education e)

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

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ion Period Length

ds for fellows must not exceed 24 lical assignments. (Core)

may be used for activities related to fective transitions of care, and/or care responsibilities must not be e. (Core)

Exceptions

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

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

ducation must be counted toward the

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	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 rotati percent or a maximum of 88 clinical a individual programs based on a soun
VI.F.4.c)	The Review Committee will not consider requests for exceptions to the 80-hour weekly limit.	6.24.	The Review Committee will not consider weekly limit.
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the con seven requirements. (Core)
VI.F.6.a)	Night float may not exceed three months per year. (Detail)	6.26.a.	Night float may not exceed three months
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged over
V// F 0		0.00	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum v home call is not subject to the every-t the requirement for one day in seven
VI.F.8.	At-Home Call	6.28.	when averaged over four weeks. (Cor

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

er requests for exceptions to the 80-hour

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

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

d external moonlighting (as defined in states of the second states of th

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

hs per year. (Detail)

ncy ouse call no more frequently than /er a four-week period). (Core)

s by fellows 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)

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

s by fellows 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, ore)

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