Requirement Number		Reformatted Requirement	
- Roman Numerals	Requirement Language	Number	Requirement
	Definition of Graduate Medical Education Graduate medical education is the crucial step of professional		Definition of Graduate Medical Educa Graduate medical education is the cru
	development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship.		development between medical school is in this vital phase of the continuum learn to provide optimal patient care of members who not only instruct, but s compassion, cultural sensitivity, prof
	Graduate medical education transforms medical students into physician scholars who care for the patient, patient's family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many		Graduate medical education transforr scholars who care for the patient, pat community; create and integrate new educate future generations of physici patterns established during graduate
Int.A.	years later.	[None]	years later.
	Graduate medical education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Graduate medical education develops physicians who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		Graduate medical education has as a responsibility for patient care. The ca appropriate faculty supervision and c residents to attain the knowledge, ski empathy required for autonomous pra develops physicians who focus on ex equitable, affordable, quality care; and serve. Graduate medical education va group of physicians brings to medical inclusive and psychologically safe lea
	Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None] - (Continued)	Graduate medical education occurs in foundation for practice-based and life development of the physician, begun through faculty modeling of the efface environment that emphasizes joy in c rigor, and discovery. This transformat and intellectually demanding and occ environments committed to graduate being of patients, residents, fellows, f members of the health care team.
	Definition of Specialty The medical specialty of public health and general preventive medicine focuses on the promotion, protection, and maintenance of health and well-being, the prevention of disease and disability, and the premature death of individuals in		Definition of Specialty The medical specialty of public health ar on the promotion, protection, and mainte prevention of disease and disability, and
	defined populations.	[None]	defined populations.

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

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

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

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

and general preventive medicine focuses itenance of health and well-being, the nd the premature death of individuals in

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
Int.C.	Length of Educational Program Educational programs in public health and general preventive medicine are configured in 24-month and 36-month formats. The latter includes 12 months of education in fundamental clinical skills of medicine, and both include 24 months of education in clinical public health and general preventive medicine (PM-1 and PM-2). (Core)	4.1.	Length of Educational Program Educational programs in public health an configured in 24-month and 36-month for education in fundamental clinical skills o of education in clinical public health and PM-2). (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.		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education, consistent with the Requirements.
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution.	1.1.	The program must be sponsored by c Institution.
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for residents.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the deal (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 as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must is by the program director as the site dir resident education at that site, in colla (Core)
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all residents, of one month full tim the ACGME's Accreditation Data Syst

and general preventive medicine are formats. The latter includes 12 months of s of medicine, and both include 24 months nd general preventive medicine (PM-1 and

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

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 residents.

ponsoring Institution, must designate a

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

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

ical learning and working environment

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

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

Public Health and General Preventive Medicine Crosswalk

Requirement Number		Reformatted Requirement	
- Roman Numerals	Requirement Language	Number	Requiremen
	Workforce Recruitment and Retention		Workforce Recruitment and Retention
	The program, in partnership with its Sponsoring Institution, must engage		The program, in partnership with its \$
	in practices that focus on mission-driven, ongoing, systematic recruitment		in practices that focus on mission-dr
	and retention of a diverse and inclusive workforce of residents, fellows (if		and retention of a diverse and inclusi
	present), faculty members, senior administrative GME staff members, and		present), faculty members, senior ad
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its acaden
			Resources
	D escription	4.0	The program, in partnership with its \$
I.D.	Resources	1.8.	the availability of adequate resources
			Resources
	The program, in partnership with its Sponsoring Institution, must ensure	4.0	The program, in partnership with its s
I.D.1.	the availability of adequate resources for resident education. (Core)	1.8.	the availability of adequate resources
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its s
I.D.2.	healthy and safe learning and working environments that promote resident well-being and provide for:	1.9.	healthy and safe learning and workin resident well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
		1.J.a.	
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for residents with proximity appropria
	clean and private facilities for lactation that have refrigeration capabilities,	1.3.0.	clean and private facilities for lactation
I.D.2.c)	with proximity appropriate for safe patient care; (Core)	1.9.c.	with proximity appropriate for safe pa
	security and safety measures appropriate to the participating site; and,		security and safety measures approp
I.D.2.d)	(Core)	1.9.d.	(Core)
······	accommodations for residents with disabilities consistent with the		accommodations for residents with d
I.D.2.e)	Sponsoring Institution's policy. (Core)	1.9.e.	Sponsoring Institution's policy. (Core
	Residents must have ready access to specialty-specific and other		Residents must have ready access to
	appropriate reference material in print or electronic format. This must		appropriate reference material in prin
	include access to electronic medical literature databases with full text		include access to electronic medical
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)
	Other Learners and Health Care Personnel		
			Other Learners and Health Care Pers
	The presence of other learners and other health care personnel, including,		The presence of other learners and o
	but not limited to residents from other programs, subspecialty fellows,		but not limited to residents from othe
	and advanced practice providers, must not negatively impact the		and advanced practice providers, mu
I.E.	appointed residents' education. (Core)	1.11.	appointed residents' education. (Core
II.	Personnel	Section 2	Section 2: Personnel
			Program Director
			There must be one faculty member a
			authority and accountability for the o
II.A.	Program Director	2.1.	with all applicable program requirement
			Program Director
	There must be one faculty member appointed as program director with		There must be one faculty member a
	authority and accountability for the overall program, including compliance		authority and accountability for the o
II.A.1.		2.1.	with all applicable program requireme
	The Sponsoring Institution's GMEC must approve a change in program		The Sponsoring Institution's GMEC n
	director and must verify the program director's licensure and clinical		director and must verify the program
II.A.1.a)	appointment. (Core)	2.2.	appointment. (Core)

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

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

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

Sponsoring Institution, must ensure ing environments that promote

)

/rest facilities available and accessible riate for safe patient care; (Core) tion that have refrigeration capabilities,

patient care; (Core)

opriate to the participating site; and,

disabilities consistent with the re)

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

rsonnel

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

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

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	Final approval of the program director resides with the Review Committee.		Final approval of the program directo
II.A.1.a).(1)	(Core) The program must demonstrate retention of the program director for a	2.2.a.	(Core) The program must demonstrate reter
II.A.1.b)	length of time adequate to maintain continuity of leadership and program stability. (Core)	2.3.	length of time adequate to maintain c stability. (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.4.	The program director and, as applica must be provided with support adeque based upon its size and configuration
	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time as specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)		Program leadership, in aggregate, must dedicated minimum time as specified be This may be time spent by the program program director and one or more assoc (Core)
	Number of Approved Resident Positions: 1-6 Minimum Support Required (FTE): 20%		Number of Approved Resident Positions (FTE): 20%
	Number of Approved Resident Positions: 7-15 Minimum Support Required (FTE): 30%		Number of Approved Resident Positions (FTE): 30%
II.A.2.a)	Number of Approved Resident Positions: 16 or more Minimum Support Required (FTE): 40%	2.4.a.	Number of Approved Resident Positions Required (FTE): 40%
II.A.3.	Qualifications of the program director:	2.5.	Qualifications of the Program Directo The program director must possess s years of documented educational and qualifications acceptable to the Revie
II.A.3.a)	must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core)		Qualifications of the Program Directo The program director must possess s years of documented educational and qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the specialty for which they are the program director by the American Board of Preventive Medicine or by the American Osteopathic Board of Preventive Medicine, or specialty qualifications that are acceptable to the Review Committee; and, (Core)	2.5.a.	The program director must possess of for which they are the program direct Preventive Medicine or by the America Medicine, or specialty qualifications the Committee. (Core)
II.A.3.c)	must include ongoing clinical activity. (Core)	2.5.b.	The program director must demonstr
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. (Core)	2.6.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; resident recruitment and sele residents, and disciplinary action; su education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.6.a.	The program director must be a role i

ent Language tor resides with the Review Committee.

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

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

ist be provided with support equal to a below for administration of the program. m director only or divided between the sociate (or assistant) program directors.

ns: 1-6 | Minimum Support Required

ns: 7-15 | Minimum Support Required

ns: 16 or more | Minimum Support

tor

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

tor

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

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

trate ongoing clinical activity. (Core)

sponsibility, authority, and nd operations; teaching and scholarly election, evaluation, and promotion of supervision of residents; and resident care. (Core)

e model of professionalism. (Core)

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Requirement Number - Roman Numerals		Requirement Number	Be main meret have me
- Roman Numerais	Requirement Language	Number	Requirement Language
	design and conduct the program in a fashion consistent with the needs of		The program director must design and conduct th
II.A.4.a).(2)	the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.6.b.	consistent with the needs of the community, the n Sponsoring Institution, and the mission(s) of the p
11.A.4.a).(2)		2.0.0.	The program director must administer and mainta
	administer and maintain a learning environment conducive to educating		environment conducive to educating the residents
II.A.4.a).(3)	the residents in each of the ACGME Competency domains; (Core)	2.6.c.	Competency domains. (Core)
-, (-,			The program director must have the authority to a
	have the authority to approve or remove physicians and non-physicians		physicians and non-physicians as faculty member
	as faculty members at all participating sites, including the designation of		sites, including the designation of core faculty me
	core faculty members, and must develop and oversee a process to		develop and oversee a process to evaluate candid
II.A.4.a).(4)	evaluate candidates prior to approval; (Core)	2.6.d.	(Core)
	have the authority to remove residents from supervising interactions		The program director must have the authority to re
	and/or learning environments that do not meet the standards of the		supervising interactions and/or learning environm
II.A.4.a).(5)	program; (Core)	2.6.e.	the standards of the program. (Core)
	submit accurate and complete information required and requested by the		The program director must submit accurate and c
II.A.4.a).(6)	DIO, GMEC, and ACGME; (Core)	2.6.f.	required and requested by the DIO, GMEC, and AC
	provide a learning and working environment in which residents have the		The program director must provide a learning and
	opportunity to raise concerns, report mistreatment, and provide feedback		which residents have the opportunity to raise con
	in a confidential manner as appropriate, without fear of intimidation or	26 a	mistreatment, and provide feedback in a confident
II.A.4.a).(7)		2.6.g.	appropriate, without fear of intimidation or retaliat
	ensure the program's compliance with the Sponsoring Institution's		The program director must ensure the program's of Spansoring Institution's policies and procedures
	policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew		Sponsoring Institution's policies and procedures and due process, including when action is taken to
II.A.4.a).(8)	the appointment of a resident; (Core)	2.6.h.	not to promote or renew the appointment of a resi
			The program director must ensure the program's of
	ensure the program's compliance with the Sponsoring Institution's		Sponsoring Institution's policies and procedures
II.A.4.a).(9)	policies and procedures on employment and non-discrimination; (Core)	2.6.i.	discrimination. (Core)
	Residents must not be required to sign a non-competition guarantee or		Residents must not be required to sign a non-com
II.A.4.a).(9).(a)	restrictive covenant. (Core)	3.1.	restrictive covenant. (Core)
			The program director must document verification
	document verification of education for all residents within 30 days of		residents within 30 days of completion of or depar
II.A.4.a).(10)	completion of or departure from the program; and, (Core)	2.6.j.	(Core)
	provide verification of an individual resident's education upon the		The program director must provide verification of
II.A.4.a).(11)	resident's request, within 30 days; and (Core)	2.6.k.	education upon the resident's request, within 30 d
	provide applicants who are offered an interview with information related to		The program director must provide applicants who
$ \wedge \langle 1 \rangle \rangle \langle 1 \rangle \rangle$	the applicant's eligibility for the relevant specialty board examination(s).	261	interview with information related to the applicant relevant specialty board examination(s). (Core)
II.A.4.a).(12)	(Core)	2.6.I.	relevant specialty board examination(s). (Core)

nd conduct the program in a fashion nmunity, the mission(s) of the sion(s) of the program. (Core) ter and maintain a learning

g the residents in each of the ACGME

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

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

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

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

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

he program's compliance with the dependent of the depende

ign a non-competition guarantee or

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

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		Faculty Faculty members are a foundational e education – faculty members teach re Faculty members provide an important and become practice-ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a c Faculty members experience the pride development of future colleagues. The the opportunity to teach and model en- scholarly approach to patient care, fa graduate medical education system, fa and the population.
II.B.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the residents and themselves.	[None]	Faculty members ensure that patient from a specialist in the field. They rea the patients, residents, community, a provide appropriate levels of supervi Faculty members create an effective professional manner and attending to themselves.
	There must be a sufficient number of faculty members with competence to		There must be a sufficient number of
II.B.1. II.B.2.	instruct and supervise all residents. (Core) Faculty members must:	2.7. [None]	instruct and supervise all residents. (
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.8.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	Faculty members must demonstrate a residents, including devoting sufficie fulfill their supervisory and teaching a
II.B.2.d)	administer and maintain an educational environment conducive to educating residents; (Core)	2.8.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.8.d.	Faculty members must regularly parti discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually: (Core)	2.8.e.	Faculty members must pursue faculty their skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminating h (Detail)
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their reside
II.B.2.f).(4)	in patient care based on their practice-based learning and improvement efforts. (Detail)	2.8.e.4.	in patient care based on their practice efforts. (Detail)

al element of graduate medical residents how to care for patients. tant bridge allowing residents to grow ing that patients receive the highest ls for future generations of physicians inmitment 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 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 vision to promote patient safety. re learning environment by acting in a to the well-being of the residents and

of faculty members with competence to . (Core)

lels of professionalism. (Core)

e commitment to the delivery of safe, ve, patient-centered care. (Core) e a strong interest in the education of ient time to the educational program to

responsibilities. (Core)

and maintain an educational g residents. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

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health inequities, and patient safety;

dents' well-being; and, (Detail) ce-based learning and improvement

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.3.	Faculty Qualifications	2.9.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.9.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the specialty by the American Board of Preventive Medicine or the American Osteopathic Board of Preventive Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)	2.10.	Physician faculty members must have by the American Board of Preventive Medicine, or posse to the Review Committee. (Core)
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)	2.11.	Core Faculty Core faculty members must have a sign supervision of residents and must de entire effort to resident education and component of their activities, teach, e feedback to residents. (Core)
	Core faculty members must complete the annual ACGME Faculty Survey.		Core faculty members must complete
II.B.4.a)	(Core)	2.11.a.	(Core)
II.B.4.b)	Not including the program director, programs with up to eight residents must have a minimum of two core faculty members, and programs with more than eight residents must have a core faculty member-to-resident ratio of at least one to-four. (Core)	2.11.b.	Not including the program director, program have a minimum of two core faculty men eight residents must have a core faculty to-four. (Core)
,			Program Coordinator
II.C.	Program Coordinator	2.12.	There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.12.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.12.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)
II.C.2.a)	The program coordinator must be provided with support equal to a dedicated minimum of 50 percent time for administration of the program. (Core)	2.12.b.	The program coordinator must be provid minimum of 50 percent time for administ
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.13.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
III.	Resident Appointments	Section 3	Section 3: Resident Appointments
II.A.	Eligibility Requirements	3.2.	Eligibility Requirements An applicant must meet one of the fol for appointment to an ACGME-accred
III.A.1.	An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)	3.2.	Eligibility Requirements An applicant must meet one of the fol for appointment to an ACGME-accred

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

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

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

te the annual ACGME Faculty Survey.

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

or. (Core)

or. (Core)

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

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

Sponsoring Institution, must jointly personnel for the effective e)

following qualifications to be eligible edited program: (Core)

ollowing qualifications to be eligible edited program: (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
III.A.1.a)	graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)	3.2.a.	graduation from a medical school in t Liaison Committee on Medical Educat college of osteopathic medicine in the American Osteopathic Association Co Accreditation (AOACOCA); or, (Core)
	graduation from a medical school outside of the United States, and		 graduation from a medical school out meeting one of the following addition holding a currently valid certificate f Foreign Medical Graduates (ECFMG) holding a full and unrestricted licens States licensing jurisdiction in which
III.A.1.b)	meeting one of the following additional qualifications: (Core)	3.2.b.	located. (Core)
III.A.1.b).(1)	holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)	3.2.b.	 graduation from a medical school out meeting one of the following addition holding a currently valid certificate f Foreign Medical Graduates (ECFMG) holding a full and unrestricted licens States licensing jurisdiction in which located. (Core)
III.A.1.b).(2)	holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)	3.2.b.	 graduation from a medical school out meeting one of the following addition holding a currently valid certificate f Foreign Medical Graduates (ECFMG) holding a full and unrestricted licens States licensing jurisdiction in which located. (Core)
III.A.2.	or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)- accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. (Core)	3.3.	or transfer into ACGME-accredited residency programs, Royal College of (RCPSC)-accredited or College of Fan accredited residency programs locate programs with ACGME International (Accreditation. (Core)
III.A.2.a)	Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)	3.3.a.	Residency programs must receive ver competency in the required clinical fie ACGME-I Milestones evaluations from matriculation. (Core)

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

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

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

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

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

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

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

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

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

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

residency programs must be sidency programs, AOA-approved of Physicians and Surgeons of Canada amily Physicians of Canada (CFPC)ated in Canada, or in residency I (ACGME-I) Advanced Specialty

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	Residents entering a 24-month program that does not include education in fundamental clinical skills of medicine must have successfully completed at least 12 months of clinical education in a residency program that satisfies		Residents entering a 24-month program fundamental clinical skills of medicine m least 12 months of clinical education in a
III.A.2.b)	III.A.2. (Core)	3.3.a.1.	(Core)
III.A.2.b).(1)	PGY-1 resident experience must include at least 10 months of direct patient care in both inpatient and outpatient settings. (Core)	3.3.a.1.a.	PGY-1 resident experience must include care in both inpatient and outpatient sett
III.A.2.c)	To be eligible for appointment at the PM-2 level, residents must have completed:	3.3.a.2.	To be eligible for appointment at the PM completed:
III.A.2.c).(1)	a residency program that satisfies the requirements in III.A.2.; and, (Core)	3.3.a.2.a.	a residency program that satisfies the re
III.A.2.c).(1).(a)	This must include at least 10 months of direct patient care in both inpatient and outpatient settings. (Core)	3.3.a.2.a.1.	This must include at least 10 months of o outpatient settings. (Core)
III.A.2.c).(2)	at least 50 percent of the requirements for a Master of Public Health or another equivalent degree. (Core)	3.3.a.2.b.	at least 50 percent of the requirements for equivalent degree. (Core)
III.A.3.	Resident Eligibility Exception The Review Committee for Preventive Medicine will allow the following exception to the resident eligibility requirements (for residents entering the program via III.A.2.c)): (Core)	3.3.b.	Resident Eligibility Exception The Review Committee for Preventive exception to the resident eligibility red program via 3.3.a.1.a): (Core)
III.A.3.a)	An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1III.A.2., but who does meet all of the following additional qualifications and conditions: (Core)	3.3.b.1.	An ACGME-accredited residency prog qualified international graduate applic eligibility requirements listed in 3.2. – following additional qualifications and
III.A.3.a).(1)	evaluation by the program director and residency selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and, (Core)		evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations
III.A.3.a).(2)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.3.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.3.a).(3)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.3.b.1.c.	verification of Educational Commissio (ECFMG) certification. (Core)
III.A.3.b)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.3.b.2.	Applicants accepted through this exc their performance by the Clinical Com of matriculation. (Core)
III.B.	Resident Complement The program director must not appoint more residents than approved by the Review Committee. (Core)	3.4.	Resident Complement The program director must not appoir the Review Committee. (Core)
III.C.	Resident Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)	3.5.	Resident Transfers The program must obtain verification and a summative competency-based acceptance of a transferring resident, matriculation. (Core)

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

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

M-2 level, residents must have

requirements in 3.3.; and, (Core) of direct patient care in both inpatient and

for a Master of Public Health or another

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

ogram may accept an exceptionally licant who does not satisfy the – 3.3., but who does meet all of the nd conditions: ^(Core)

and residency selection committee of ne program, based on prior training and s of this training; and, (Core)

t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

pint more residents than approved by

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
IV.	It is recognized programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized programs may place leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
IV.A.	Educational Components 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, residents, 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, residents, and faculty mer
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr These must be distributed, reviewed, faculty members; (Core)
IV.A.3.	delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision; (Core)	4.2.c.	delineation of resident responsibilitie responsibility for patient managemen
IV.A.4.	a broad range of structured didactic activities; and, (Core)	4.2.d.	a broad range of structured didactic a
IV.A.4.a)	Residents must be provided with protected time to participate in core didactic activities. (Core) formal educational activities that promote patient safety-related goals,	4.11.	Curriculum Organization and Resider Experiences Residents must be provided with prot didactic activities. (Core) formal educational activities that pror
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each specialty.
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGM

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

port the development of who provide compassionate care.

e different emphasis on research, expected that the program aims will fic goals for it and its graduates; for ram 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 nembers; (Core)

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

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

ent Experiences – Didactic and Clinical

rotected time to participate in core

romote patient safety-related goals,

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

ME Competencies into the curriculum.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
			ACGME Competencies – Professional
	Professionalism		Residents must demonstrate a comm
			adherence to ethical principles. (Core
	Residents must demonstrate a commitment to professionalism and an		
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	Residents must demonstrate compete
			ACGME Competencies – Professional
			Residents must demonstrate a comm
			adherence to ethical principles. (Core
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate compete
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect for
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and autono
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, an
	respect and responsiveness to diverse patient populations, including but		respect and responsiveness to divers
	not limited to diversity in gender, age, culture, race, religion, disabilities,		not limited to diversity in gender, age
IV.B.1.a).(1).(f)	national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	national origin, socioeconomic status
	ability to recognize and develop a plan for one's own personal and		ability to recognize and develop a pla
IV.B.1.a).(1).(g)	professional well-being; and, (Core)	4.3.g.	professional well-being; and, (Core)
	appropriately disclosing and addressing conflict or duality of interest.		appropriately disclosing and address
IV.B.1.a).(1).(h)	(Core)	4.3.h.	(Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Residents must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Residents must be able to provide pa centered, compassionate, equitable, a treatment of health problems and the
	If the prerequisite clinical education is integrated into a 36-month program		If the prerequisite clinical education is in
IV.B.1.b).(1).(a)	format, residents must demonstrate competence in:	4.4.a.	format, residents must demonstrate com
IV.B.1.b).(1).(a).(i)	obtaining a comprehensive medical history; (Core)	4.4.a.1.	obtaining a comprehensive medical histo
IV.B.1.b).(1).(a).(ii)	performing a comprehensive physical examination; (Core)	4.4.a.2.	performing a comprehensive physical ex
IV.B.1.b).(1).(a).(iii)	assessing a patient's medical conditions; (Core)	4.4.a.3.	assessing a patient's medical conditions
IV.B.1.b).(1).(a).(iv)	making appropriate use of diagnostic studies and tests; (Core)	4.4.a.4.	making appropriate use of diagnostic stu
IV.B.1.b).(1).(a).(v)	integrating information to develop a differential diagnosis; and, (Core)	4.4.a.5.	integrating information to develop a diffe
IV.B.1.b).(1).(a).(vi)	developing, implementing, and evaluating a treatment plan. (Core)	4.4.a.6.	developing, implementing, and evaluatin
IV.B.1.b).(1).(b)	Residents must demonstrate competence in:	[None]	
IV.B.1.b).(1).(b).(i)	assessing and responding to individual and population risks for common occupational and environmental disorders; (Core)	4.4.b.	Residents must demonstrate competence individual and population risks for comm disorders. (Core)
IV.B.1.b).(1).(b).(ii)	conducting research for innovative solutions to health problems; (Core)	4.4.c.	Residents must demonstrate competence solutions to health problems. (Core)
IV.B.1.b).(1).(b).(iii)	diagnosing and investigating medical problems and medical hazards in the community; (Core)	4.4.d.	Residents must demonstrate competence medical problems and medical hazards i
IV.B.1.b).(1).(b).(iv)	directing individuals to needed personal health services; (Core)	4.4.e.	Residents must demonstrate competence personal health services. (Core)

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for others; (Core)

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and the profession; (Core)

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

lan for one's own personal and

ssing conflict or duality of interest.

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

integrated into a 36-month program ompetence in:

story; (Core)

examination; (Core)

ns; (Core)

studies and tests; (Core)

ferential diagnosis; and, (Core)

ting a treatment plan. (Core)

nce in assessing and responding to mon occupational and environmental

nce in conducting research for innovative

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

nce in directing individuals to needed

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(b).(v)	informing and educating populations about health threats and risks; (Core)	4.4.f.	Residents must demonstrate competence populations about health threats and risk
IV.B.1.b).(1).(b).(vi)	planning and evaluating the medical portion of emergency preparedness programs and training exercises; (Core)	4.4.g.	Residents must demonstrate competence medical portion of emergency preparedr (Core)
IV.B.1.b).(1).(b).(vii)	providing clinical preventive medicine services, including the ability to: (Core)	4.4.h.	Residents must demonstrate competence medicine services, including the ability to
IV.B.1.b).(1).(b).(vii).(a)	diagnose and treat medical problems and chronic conditions for both individuals and populations; (Core)	4.4.h.1.	diagnose and treat medical problems an and populations; (Core)
IV.B.1.b).(1).(b).(vii).(b)	apply primary, secondary, and tertiary preventive approaches to individual and population-based disease prevention and health promotion; and, (Core)	4.4.h.2.	apply primary, secondary, and tertiary pr population-based disease prevention an
IV.B.1.b).(1).(b).(vii).(c)	evaluate the effectiveness of clinical preventive services for both individuals and populations. (Core)	4.4.h.3.	evaluate the effectiveness of clinical pre- populations. (Core)
IV.B.1.b).(1).(b).(viii)	developing policies and plans to support individual and community health efforts; (Core)	4.4.i.	Residents must demonstrate competence support individual and community health
IV.B.1.b).(1).(b).(ix)	public health practices, including the ability to: (Core)	4.4.j.	Residents must demonstrate competence the ability to: (Core)
IV.B.1.b).(1).(b).(ix).(a)	develop plans to reduce the exposure to risk factors for an illness or condition in a population; and, (Core)	4.4.j.1.	develop plans to reduce the exposure to a population; and, (Core)
IV.B.1.b).(1).(b).(ix).(b)	recognize and respond to a disease outbreak, involving individual patients and populations. (Core)	4.4.j.2.	recognize and respond to a disease out populations. (Core)
IV.B.1.b).(1).(b).(x)	clinical preventive medicine, including the ability to: (Core)	4.4.k.	Residents must demonstrate competence including the ability to: (Core)
IV.B.1.b).(1).(b).(x).(a)	analyze evidence regarding the performance of proposed clinical preventive services for individuals and populations; (Core)	4.4.k.1.	analyze evidence regarding the performa services for individuals and populations;
IV.B.1.b).(1).(b).(x).(b)	recommend immunizations, chemoprophylaxis, and screening tests to individuals and appropriate populations; and, (Core)	4.4.k.2.	recommend immunizations, chemoproph individuals and appropriate populations;
	select appropriate, evidence-based, clinical preventive services for individuals and populations. (Core)	4.4.k.3.	select appropriate, evidence-based, clini and populations. (Core)
IV.B.1.b).(2)	Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S perform all medical, diagnostic, and s essential for the area of practice. (Cor
IV.B.1.c)	Medical Knowledge Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Residents must demonstrate knowled biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Residents must demonstrate competence in their knowledge of all content areas included in the required graduate courses for completion of the program. (Core)	4.6.a.	Residents must demonstrate competence included in the required graduate course
IV.B.1.c).(2)	Residents must demonstrate competence in their knowledge of factors that impact the health of individuals and populations, including:	4.6.b.	Residents must demonstrate competence impact the health of individuals and popul
IV.B.1.c).(2).(a)	lifestyle management; and, (Core)	4.6.b.1.	lifestyle management; and, (Core)
IV.B.1.c).(2).(b)	social determinants of health. (Core)	4.6.b.2.	social determinants of health. (Core)

nce in informing and educating sks. (Core)

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

nce in providing clinical preventive to: (Core)

and chronic conditions for both individuals

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

reventive services for both individuals and

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

nce in public health practices, including

to risk factors for an illness or condition in

utbreak, involving individual patients and

nce in clinical preventive medicine,

mance of proposed clinical preventive s; (Core)

phylaxis, and screening tests to s; and, (Core)

inical preventive services for individuals

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

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

nce in their knowledge of all content areas ses for completion of the program. (Core) nce in their knowledge of factors that pulations, including:

Public Health and General Preventive Medicine Crosswalk

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	Residents must demonstrate competence in their knowledge of the use of		Residents must demonstrate competence
IV.B.1.c).(3)	available technology, such as telemedicine, to reduce health disparities. (Core)	4.6.c.	available technology, such as telemedic
IV.B.1.c).(4)	Residents must demonstrate competence in their knowledge of principles of:	[None]	
			Residents must demonstrate competend
IV.B.1.c).(4).(a)	application of biostatistics; (Core)	4.6.d.	application of biostatistics. (Core)
			Residents must demonstrate competence
IV.B.1.c).(4).(b)	applied epidemiology, including acute and chronic disease; (Core)	4.6.e.	applied epidemiology, including acute ar
			Residents must demonstrate competence
IV.B.1.c).(4).(c)	clinical preventive services; (Core)	4.6.f.	clinical preventive services. (Core)
			Residents must demonstrate competence
IV.B.1.c).(4).(d)	health services management; and, (Core)	4.6.g.	health services management. (Core)
			Residents must demonstrate competence
IV.B.1.c).(4).(e)	risk/hazard control and communication. (Core)	4.6.h.	risk/hazard control and communication.
	Practice-based Learning and Improvement		
			ACGME Competencies – Practice-Bas
	Residents must demonstrate the ability to investigate and evaluate their		Residents must demonstrate the abili
	care of patients, to appraise and assimilate scientific evidence, and to		care of patients, to appraise and assi
IV.B.1.d)	continuously improve patient care based on constant self-evaluation and lifelong learning; (Core)	4.7.	continuously improve patient care ba lifelong learning. (Core)
IV.B.1.d) IV.B.1.d).(1)	Residents must demonstrate competence in:	[None]	
w.b.1.u).(1)	identifying strengths, deficiencies, and limits in one's knowledge and		Residents must demonstrate compete
IV.B.1.d).(1).(a)	expertise; (Core)	4.7.a.	deficiencies, and limits in one's know
······································			Residents must demonstrate compete
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	improvement goals. (Core)
			Residents must demonstrate compete
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	appropriate learning activities. (Core)
	systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and		Residents must demonstrate competer practice using quality improvement n reducing health care disparities, and
IV.B.1.d).(1).(d)	implementing changes with the goal of practice improvement; (Core)	4.7.d.	of practice improvement. (Core)
	incorporating feedback and formative evaluation into daily practice; and,		Residents must demonstrate compete
IV.B.1.d).(1).(e)	(Core)	4.7.e.	formative evaluation into daily practic
IV.B.1.d).(1).(f)	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems. (Core)	4.7.f.	Residents must demonstrate compete assimilating evidence from scientific health problems. (Core)
,,,,,			Residents must demonstrate competence
	using information technology for reference retrieval, statistical analysis, graphic		reference retrieval, statistical analysis, g
IV.B.1.d).(1).(g)	display, database management, and communication; (Core)	4.7.g.	and communication. (Core)
	using epidemiologic principles and biostatistics methods, including the ability to:		Residents must demonstrate competend
IV.B.1.d).(1).(h)	(Core)	4.7.h.	biostatistics methods, including the ability
IV.B.1.d).(1).(h).(i)	characterize the health of a community, group of workers, or population; (Core)	4.7.h.1.	characterize the health of a community,
IV.B.1.d).(1).(h).(ii)	conduct a virtual or actual outbreak or cluster investigation; (Core)	4.7.h.2.	conduct a virtual or actual outbreak or cl
	evaluate a surveillance system and interpret, monitor, and act on surveillance		evaluate a surveillance system and inter
IV.B.1.d).(1).(h).(iii)	data for prevention of disease and injury in workplaces and populations; (Core)	4.7.h.3.	data for prevention of disease and injury
IV.B.1.d).(1).(h).(iv)	measure, organize, or improve a public health service; (Core)	4.7.h.4.	measure, organize, or improve a public
IV.B.1.d).(1).(h).(v)	select and conduct appropriate statistical analyses; and, (Core)	4.7.h.5.	select and conduct appropriate statistica

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ence in their knowledge of the use of dicine, to reduce health disparities. (Core)

ence in their knowledge of principles of

ence in their knowledge of principles of and chronic disease. (Core) ence in their knowledge of principles of

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ence in their knowledge of principles of n. (Core)

Based Learning and Improvement bility to investigate and evaluate their similate scientific evidence, and to based on constant self-evaluation and

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

etence in identifying and performing e)

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

etence in incorporating feedback and tice. (Core)

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

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

ence in using epidemiologic principles and pility to: (Core)

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

terpret, monitor, and act on surveillance ury in workplaces and populations; (Core) ic health service; (Core)

ical analyses; and, (Core)

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IV.B.1.d).(1).(h).(vi)	translate epidemiologic findings into a recommendation for a specific intervention. (Core)	4.7.h.6.	translate epidemiologic findings into a re intervention. (Core)
IV.B.1.d).(1).(i)	designing and conducting an epidemiologic study; and, (Core)	4.7.i.	Residents must demonstrate competence epidemiologic study. (Core)
IV.B.1.d).(1).(j)	conducting an advanced literature search for research on a preventive medicine topic. (Core)	4.7.j.	Residents must demonstrate competence search for research on a preventive med
IV.B.1.e)	Interpersonal and Communication Skills Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Residents must demonstrate interpers result in the effective exchange of info patients, their families, and health pro
IV.B.1.e).(1)	Residents must demonstrate competence in	[None]	
IV.B.1.e).(1).(a)	communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient; (Core)	4.8.a.	Residents must demonstrate competer with patients and patients' families, as of socioeconomic circumstances, cult capabilities, learning to engage interp provide appropriate care to each patie
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health-related agencies; (Core)	4.8.b.	Residents must demonstrate compete with physicians, other health professi (Core)
IV.B.1.e).(1).(c)	working effectively as a member or leader of a health care team or other professional group; (Core)	4.8.c.	Residents must demonstrate competer member or leader of a health care team
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Residents must demonstrate competer families, students, other residents, an
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate competer to other physicians and health profes
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core)	4.8.f.	Residents must demonstrate compete timely, and legible health care records
IV.B.1.e).(2)	Residents must learn to communicate with patients and patients' families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. (Core)	4.8.g.	Residents must learn to communicate to partner with them to assess their ca appropriate, end-of-life goals. (Core)
IV.B.1.e).(3)	Residents must demonstrate competence in counseling individuals regarding the appropriate use of clinical preventive services and health promoting behavior changes, and providing immunizations, chemoprophylaxis, and screening services, as appropriate. (Core)	4.8.h.	Residents must demonstrate competenc the appropriate use of clinical preventive behavior changes, and providing immuni screening services, as appropriate. (Core
IV.B.1.f). IV.B.1.f).(1)	Systems-based Practice Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core) Residents must demonstrate competence in:	4.9. [None]	ACGME Competencies - Systems-Bas Residents must demonstrate an award larger context and system of health ca social determinants of health, as well other resources to provide optimal he
IV.B.1.f).(1).(a)	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	Residents must demonstrate competer health care delivery settings and syste specialty. ^(Core)

recommendation for a specific

nce in designing and conducting an

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

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

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

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

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

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

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

nce in counseling individuals regarding ve services and health promoting inizations, chemoprophylaxis, and ore)

ased Practice

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

etence in working effectively in various stems relevant to their clinical

Requirement Number		Reformatted Requirement	
- Roman Numerals	Requirement Language	Number	Requiremen
			Residents must demonstrate compete
IV P 4 f (4) (b)	coordinating patient care across the health care continuum and beyond as		across the health care continuum and
IV.B.1.f).(1).(b)	relevant to their clinical specialty; (Core)	4.9.b.	specialty. ^(Core)
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Residents must demonstrate competer care and optimal patient care systems
Г ч .В.1.1).(1).(С)	participating in identifying system errors and implementing potential	4.5.0.	Residents must demonstrate compete
IV.B.1.f).(1).(d)	systems solutions; (Core)	4.9.d.	system errors and implementing pote
	incorporating considerations of value, equity, cost awareness, delivery		Residents must demonstrate compete
	and payment, and risk-benefit analysis in patient and/or population-based		of value, equity, cost awareness, deliv
IV.B.1.f).(1).(e)	care as appropriate;(Core)	4.9.e.	analysis in patient and/or population-
	understanding health care finances and its impact on individual patients'		Residents must demonstrate compete
IV.B.1.f).(1).(f)	health decisions; and, (Core)	4.9.f.	finances and its impact on individual
			Residents must demonstrate compete
	using tools and techniques that promote patient safety and disclosure of		that promote patient safety and disclo
IV.B.1.f).(1).(g)	patient safety events (real or simulated). (Detail)	4.9.g.	simulated). (Detail)
			Residents must demonstrate competence
IV.B.1.f).(1).(h)		4.9.i.	to identify and solve health problems. (C
	conducting program and needs assessments, and prioritizing activities using		Residents must demonstrate competence
	objective, measurable criteria, including epidemiologic impact and cost-	4.0.5	assessments, and prioritizing activities u
IV.B.1.f).(1).(i)	effectiveness; (Core)	4.9.j.	including epidemiologic impact and cost
IV.B.1.f).(1).(j)	identifying and reviewing laws and regulations relevant to the resident's assignments; (Core)	4.9.k.	Residents must demonstrate competence regulations relevant to the resident's ass
IV.D.I.I).(I).(J)		4.9.K.	Residents must demonstrate competend
IV.B.1.f).(1).(k)	identifying organizational decision-making structures, stakeholders, styles, and processes; (Core)	4.9.1.	making structures, stakeholders, styles,
TV.D. T.T).(T).(K)		4.5.1.	Residents must demonstrate competence
IV.B.1.f).(1).(I)	management and administration, including the ability to: (Core)	4.9.m.	including the ability to: (Core)
IV.B.1.f).(1).(I).(i)	assess data and formulate policy for a given health issue; (Core)	4.9.m.1.	assess data and formulate policy for a g
	assess the human and financial resources for the operation of a program or		assess the human and financial resource
IV.B.1.f).(1).(I).(ii)	project; (Core)	4.9.m.2.	project; (Core)
IV.B.1.f).(1).(I).(iii)	apply and use management information systems; and, (Core)	4.9.m.3.	apply and use management information
	plan, manage, and evaluate health services to improve the health of a defined		plan, manage, and evaluate health servi
IV.B.1.f).(1).(I).(iv)	population using quality improvement and assurance systems. (Core)	4.9.m.4.	population using quality improvement ar
			Residents must demonstrate competence
IV.B.1.f).(1).(m)	analyzing policy options for their health impact and economic costs; and, (Core)	4.9.n.	health impact and economic costs. (Core
			Residents must demonstrate competend
	participating in the evaluation of applicants and the performance of staff		applicants and the performance of staff
	members, and understanding the legal and ethical use of this information in		and ethical use of this information in dec
IV.B.1.f).(1).(n)	decisions for hiring, managing, and discharging staff members. (Core)	4.9.0.	discharging staff members. (Core)
	Residents must learn to advocate for patients within the health care		Residents must learn to advocate for
	system to achieve the patient's and patient's family's care goals,		system to achieve the patient's and p
IV.B.1.f).(2)	including, when appropriate, end-of-life goals. (Core)	4.9.h.	including, when appropriate, end-of-li

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

etence in advocating for quality patient ns. (Core)

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

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

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

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

nce in engaging with community partners (Core)

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

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

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

nce in management and administration,

given health issue; (Core)

rces for the operation of a program or

n systems; and, (Core)

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

nce in analyzing policy options for their pre)

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

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

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

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

an in-service examination, and a nat assesses knowledge, skills, and

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
IV.C.4.b)	The assessment should be used by the program director and faculty members to guide development of an individualized educational plan for each resident, which should: (Detail)	4.11.b.2.	The assessment should be used by the p to guide development of an individualized which should: (Detail)
IV.C.4.b).(1)	direct the acquisition of a core set of competencies, skills, and knowledge appropriate to the objectives of the individual resident based on assessment of each resident; (Detail)	4.11.b.2.a.	direct the acquisition of a core set of com appropriate to the objectives of the individ each resident; (Detail)
IV.C.4.b).(2)	denote the courses, rotations, and activities to which the resident will be assigned to develop the designated clinical skills, knowledge, and competencies; and, (Detail)	4.11.b.2.b.	denote the courses, rotations, and activiti assigned to develop the designated clinic competencies; and, (Detail)
IV.C.4.b).(3)	be reviewed as part of the semiannual evaluation. (Detail)	4.11.b.2.c.	be reviewed as part of the semiannual ev
IV.C.5.	Residents must have educational experiences within a patient care environment that address direct clinical issues relevant to public health and general preventive medicine. (Core)	4.11.c.	Residents must have educational experie that address direct clinical issues relevan preventive medicine. (Core)
IV.C.5.a)	Each resident must have progressive responsibility for direct patient care and the management of health and provision of health care for a defined population. (Core)	4.11.c.1.	Each resident must have progressive res the management of health and provision (Core)
IV.C.6.	Residents must complete a Master of Public Health or another equivalent degree program prior to completion of the residency program. (Core)	4.11.d.	Residents must complete a Master of Pul degree program prior to completion of the
IV.C.6.a)	All residents must complete graduate-level courses that include the five content areas of: epidemiology; biostatistics; health services management and administration; environmental health; and the behavioral aspects of health. (Core)	4.11.d.1.	All residents must complete graduate-lev areas of: epidemiology; biostatistics; heal administration; environmental health; and (Core)
IV.C.7.	Didactic conferences must be structured to facilitate interaction between faculty members and residents. (Detail)	4.11.e.	Didactic conferences must be structured members and residents. (Detail)
IV.C.8.	Resident education must take place in settings where decisions about the health of defined populations are routinely made and where analyses and policies affecting the health of these individuals are under active study and development. (Core)	4.11.f.	Resident education must take place in se health of defined populations are routinel policies affecting the health of these indiv development. (Core)
IV.C.8.a)	Residents must have a minimum of two months of direct patient care experience during each year of the program. (Core)	4.11.f.1.	Residents must have a minimum of two n during each year of the program. (Core)
IV.C.8.b)	Residents must have a minimum of two months (or equivalent) experience at a governmental public health agency. (Core)	4.11.f.2.	Residents must have a minimum of two n governmental public health agency. (Core
IV.C.8.c)	Resident experiences must include participation in learning activities related to the current recommendations of the US Preventive Services Task Force. (Core)	4.11.f.3.	Resident experiences must include partic the current recommendations of the US F
IV.C.8.d)	Residents should be assigned to sites appropriate for specific learning activities, which may include hospitals, managed care organizations, health departments, non-governmental organizations, and community-based organizations. (Detail)	4.11.f.4.	Residents should be assigned to sites ap which may include hospitals, managed ca non-governmental organizations, and cor

e program director and faculty members zed educational plan for each resident,

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

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

evaluation. (Detail)

riences within a patient care environment ant to public health and general

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

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

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

ed to facilitate interaction between faculty

settings where decisions about the nely made and where analyses and dividuals are under active study and

o months of direct patient care experience

o months (or equivalent) experience at a ore)

ticipation in learning activities related to S Preventive Services Task Force. (Core)

appropriate for specific learning activities, care organizations, health departments, community-based organizations. (Detail)

Requirement Number - Roman Numerals	r Requirement Language	Reformatted Requirement Number	Requirement
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of residencies and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science. scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The program environment that fosters the acquisiti participation in scholarly activities. So discovery, integration, application, and The ACGME recognizes the diversity of programs prepare physicians for a va scientists, and educators. It is expected will reflect its mission(s) and aims, and serves. For example, some programs activity on quality improvement, popul other programs might choose to utiliz research as the focus for scholarship.
IV.D.1.		4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent		Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.b)	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)	4.13.a.	The program, in partnership with its S adequate resources to facilitate reside scholarly activities. (Core)
IV.D.1.b).(1)	This includes providing funds for each resident to attend at least one national professional meeting with the opportunity to present original scholarship. (Detail)	4.13.a.1.	This includes providing funds for each re professional meeting with the opportunity
IV.D.1.c)	The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)	4.13.b.	The program must advance residents scholarly approach to evidence-based

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

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

dence of scholarly activities consistent

dence of scholarly activities consistent

Sponsoring Institution, must allocate ident and faculty involvement in

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t
IV.D.2.	Faculty Scholarly Activity	4.14.	 Research in basic science, education or population health Peer-reviewed grants Quality improvement and/or patient s Systematic reviews, meta-analyses, textbooks, or case reports Creation of curricula, evaluation tool electronic educational materials Contribution to professional commit editorial boards Innovations in education
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t
IV.D.2.a)	 Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education 	4.14.	 Research in basic science, education or population health Peer-reviewed grants Quality improvement and/or patient s Systematic reviews, meta-analyses, textbooks, or case reports Creation of curricula, evaluation tool electronic educational materials Contribution to professional commit editorial boards Innovations in education
			 The program must demonstrate disse and external to the program by the fol faculty participation in grand rounds improvement presentations, podium p peer-reviewed print/electronic resource chapters, textbooks, webinars, service serving as a journal reviewer, journal (Outcome)
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	 peer-reviewed publication. (Outcom

- rams must demonstrate f the following domains: (Core) ion, translational science, patient care, at safety initiatives s, review articles, chapters in medical pols, didactic educational activities, or nittees, educational organizations, or
- rams must demonstrate f the following domains: (Core)
- ion, translational science, patient care,
- nt safety initiatives s, review articles, chapters in medical
- ools, didactic educational activities, or
- nittees, educational organizations, or
- semination of scholarly activity within following methods:
- ids, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book ice on professional committees, or al editorial board member, or editor;

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Requirement Number		Reformatted Requirement	Demoisson
- Roman Numerals	Requirement Language	Number	Requiremen
			The program must demonstrate disse and external to the program by the fo
			 faculty participation in grand round
			improvement presentations, podium
	faculty participation in grand rounds, posters, workshops, quality		peer-reviewed print/electronic resour
	improvement presentations, podium presentations, grant leadership, non-		chapters, textbooks, webinars, servic
	peer-reviewed print/electronic resources, articles or publications, book		serving as a journal reviewer, journal
	chapters, textbooks, webinars, service on professional committees, or		(Outcome)
IV.D.2.b).(1)	serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.	• peer-reviewed publication. (Outcom
			The program must demonstrate disse
			and external to the program by the fo
			faculty participation in grand round
			improvement presentations, podium
			peer-reviewed print/electronic resour
			chapters, textbooks, webinars, servic
			serving as a journal reviewer, journal
			(Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.	peer-reviewed publication. (Outcom
			Resident Scholarly Activity
IV.D.3.	Resident Scholarly Activity	4.15.	Residents must participate in scholar
IV.D.3.a)	Residents must participate in scholarship. (Core)	4.15.	Resident Scholarly Activity Residents must participate in scholar
V.	Evaluation	Section 5	Section 5: Evaluation
v.			Resident Evaluation: Feedback and E
			Faculty members must directly obser
			feedback on resident performance du
V.A.	Resident Evaluation	5.1.	educational assignment. (Core)
			Resident Evaluation: Feedback and E
			Faculty members must directly obser
			feedback on resident performance du
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
			Resident Evaluation: Feedback and E
	Faculty members must directly observe, evaluate, and frequently provide		Faculty members must directly obser
V.A.1.a)	feedback on resident performance during each rotation or similar educational assignment. (Core)	5.1.	feedback on resident performance du educational assignment. (Core)
v.m.i.aj	Evaluation must be documented at the completion of the assignment.	5.1.	Evaluation must be documented at th
V.A.1.b)	(Core)	5.1.a.	(Core)
,	For block rotations of greater than three months in duration, evaluation		For block rotations of greater than the
V.A.1.b).(1)	must be documented at least every three months. (Core)	5.1.a.1.	must be documented at least every th
	Longitudinal experiences, such as continuity clinic in the context of other		Longitudinal experiences, such as co
	clinical responsibilities, must be evaluated at least every three months		clinical responsibilities, must be eval
V.A.1.b).(2)	and at completion. (Core)	5.1.a.2.	and at completion. (Core)

semination of scholarly activity within following methods:

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

me)

semination of scholarly activity within following methods:

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

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arship. (Core)

arship. (Core)

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

Evaluation

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

Evaluation

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

the completion of the assignment.

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

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

Requirement Number - Roman Numerals		Reformatted Requirement Number	
- Roman Numerais	Requirement Language	Number	Requirement
$V \wedge 1 \circ$	The program must provide an objective performance evaluation based on the Competencies and the specialty specific Milestones, and must (Coro)	516	The program must provide an objectiv
V.A.1.c)	the Competencies and the specialty-specific Milestones, and must: (Core)	5.1.D.	the Competencies and the specialty-s
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.	The program must use multiple evaluate patients, self, and other professional section of the professional section of the profession of the
$V \wedge 1 \rangle (2)$	provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	The program must provide that inform Committee for its synthesis of progres improvement toward unsupervised pr
V.A.1.c).(2)	The program director or their designee, with input from the Clinical	5.1.0.2.	
V.A.1.d)	Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	The program director or their designed Competency Committee, must meet w their documented semi-annual evaluat progress along the specialty-specific
V.A.1.d).(2)	assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designed Competency Committee, must assist r individualized learning plans to capita areas for growth. (Core)
V.A.1.d).(3)	develop plans for residents failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designed Competency Committee, must develop progress, following institutional polici
	At least annually, there must be a summative evaluation of each resident		At least annually, there must be a sum
V.A.1.e)	that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	that includes their readiness to progree applicable. (Core)
	The evaluations of a resident's performance must be accessible for review		The evaluations of a resident's perform
V.A.1.f).	by the resident. (Core)	5.1.g.	by the resident. (Core)
V.A.2.	Final Evaluation	5.2.	Resident Evaluation: Final Evaluation The program director must provide a f
V.A.2.		5.2.	upon completion of the program. (Cor
V.A.2.a)	The program director must provide a final evaluation for each resident upon completion of the program. (Core)	5.2.	Resident Evaluation: Final Evaluation The program director must provide a function upon completion of the program. (Cor
V A 2 a) (1)	The specialty-specific Milestones, and when applicable the specialty- specific Case Logs, must be used as tools to ensure residents are able to	5.2.0	The specialty-specific Milestones, and specific Case Logs, must be used as t engage in autonomous practice upon
V.A.2.a).(1)	engage in autonomous practice upon completion of the program. (Core) The final evaluation must:	5.2.a.	engage in autonomous practice upon
V.A.2.a).(2)		[None]	The final evoluction must become rear
V.A.2.a).(2).(a)	become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mus resident in accordance with institutior
V.A.2.a).(2).(b)	verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the knowledge, skills, and behaviors nece (Core)
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w the program. (Core)

nt Language
tive performance evaluation based on
-specific Milestones. ^(Core)
uators (e.g., faculty members, peers, I staff members). (Core)
mation to the Clinical Competency
ressive resident performance and
oractice. (Core)
nee, with input from the Clinical
with and review with each resident
lation of performance, including c Milestones. (Core)
nee, with input from the Clinical
t residents in developing
talize on their strengths and identify
nee, with input from the Clinical
op plans for residents failing to
cies and procedures. (Core)
immative evaluation of each resident
ress to the next year of the program, if
ormance must be accessible for review
n
a final evaluation for each resident ore)
n
a final evaluation for each resident ore)
nd when applicable the specialty-
s tools to ensure residents are able to
n completion of the program. (Core)
art of the resident's permanent record ust be accessible for review by the
onal policy. (Core)
the resident has demonstrated the
cessary to enter autonomous practice.
with the resident upon completion of

Requirement Number		Reformatted Requirement	
- Roman Numerals	Requirement Language	Number	Requirement
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
V.A.3.a)	At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. (Core)	5.3.a.	At a minimum, the Clinical Competen members of the program faculty, at le member. (Core)
	Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact		Additional members must be faculty r other programs, or other health profe
V.A.3.a).(1)	and experience with the program's residents. (Core)	5.3.b.	and experience with the program's re
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	The Clinical Competency Committee at least semi-annually. (Core)
V.A.3.b).(2)	determine each resident's progress on achievement of the specialty- specific Milestones; and, (Core)	5.3.d.	The Clinical Competency Committee progress on achievement of the spec
V.A.3.b).(3)	meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress. (Core)	5.3.e.	The Clinical Competency Committee I semi-annual evaluations and advise to resident'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.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and so
	This evaluation must include written, anonymous, and confidential		This evaluation must include written,
V.B.1.b)	evaluations by the residents. (Core)	5.4.b.	evaluations by the residents. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pl
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement 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 Improvement The program director must appoint the conduct and document the Annual Pr program's continuous improvement p
	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member,		The Program Evaluation Committee n program faculty members, at least on
V.C.1.a)	and at least one resident. (Core)	5.5.a.	and at least one resident. (Core)

nust be appointed by the program

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

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

e must review all resident evaluations

e must determine each resident's ecialty-specific Milestones. (Core) e must meet prior to the residents' e the program director regarding each

.

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

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

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

i, anonymous, and confidential

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

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

ent

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

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

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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
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, inclue based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other 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 m and aims, strengths, areas for improv
V.C.1.e) V.C.2.	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core) The program must complete a Self-Study and submit it to the DIO. (Core)	5.5.g. 5.5.h.	The Annual Program Evaluation, inclu distributed to and discussed with the teaching faculty, and be submitted to The program must complete a Self-Ste
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 offered of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.	Board Certification For specialties in which the ABMS me board offer(s) an annual written exam program's aggregate pass rate of thos time must be higher than the bottom f specialty. (Outcome)
V.C.3.b)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.a.	For specialties in which the ABMS me board offer(s) a biennial written exam program's aggregate pass rate of thos time must be higher than the bottom f specialty. ^(Outcome)
V.C.3.c)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.b.	For specialties in which the ABMS me board offer(s) an annual oral exam, in program's aggregate pass rate of thos time must be higher than the bottom f specialty. ^(Outcome)

oonsibilities must include review of the d progress toward meeting them. ^(Core) oonsibilities must include guiding luding development of new goals,

oonsibilities must include review of the entify strengths, challenges, I to the program's mission and aims.

should consider the outcomes from aggregate resident and faculty written er relevant data in its assessment of

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

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

Study and submit it to the DIO. (Core)

cation is to educate physicians who . 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

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

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

nember board and/or AOA certifying in the preceding three years, the lose taking the examination for the first n fifth percentile of programs in that

Requirement Numbe		Reformatted Requirement	
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V.C.3.d)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.c.	For specialties in which the ABMS me board offer(s) a biennial oral exam, in program's aggregate pass rate of thos time must be higher than the bottom f specialty. ^(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 specialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier.	5.6.e.	Programs must report, in ADS, board cohort of board-eligible residents that
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environme
	Residency education must occur in the context of a learning and working environment that emphasizes the following principles:		Residency education must occur in the environment that emphasizes the following the fo
	 Excellence in the safety and quality of care rendered to patients by residents today 		• Excellence in the safety and quality residents today
	 Excellence in the safety and quality of care rendered to patients by today's residents in their future practice 		• Excellence in the safety and quality today's residents in their future pract
	• Excellence in professionalism		• Excellence in professionalism
	 Appreciation for the privilege of caring for patients 		• Appreciation for the privilege of cari
VI	 Commitment to the well-being of the students, residents, 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 hea
VI.A.		[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		
VI.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safe improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, ar patient safety systems and contribute

nember board and/or AOA certifying in the preceding six years, the lose taking the examination for the first n fifth percentile of programs in that

n 5.6.a.-c., any program whose cified in the requirement have achieved et this requirement, no matter the ass rate in that specialty. ^(Outcome)

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

ng Environment

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the context of a learning and working blowing principles:

y of care rendered to patients by

y of care rendered to patients by ctice

nring for patients

he students, residents, faculty ealth care team

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

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

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VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essential the ability to identify causes and instit changes to ameliorate patient safety w
	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; and, (Core)	[None] 6.2.	Residents, fellows, faculty members, a must know their responsibilities in rep unsafe conditions at the clinical site, i (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, a must be provided with summary infor safety reports. ^(Core)
VI.A.1.a).(2).(b)	Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Residents must participate as team m interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Residents and faculty members must benchmarks related to their patient po
			Supervision and Accountability Although the attending physician is un the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring In communicate, and monitor a structure accountability as it relates to the supe
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requir practice of medicine; and establishes professional growth.

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

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

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

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

izing activities for care improvement nent efforts.

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

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

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

Requirement Number	_	Reformatted Requirement	
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	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all residents is based on eac ability, as well as patient complexity a exercised through a variety of method (Core)
vi.n.z.a).(z)	Levels of Supervision	0.0.	
VI.A.2.b)	To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate resident supe authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision	6.7.	Direct Supervision The supervising physician is physical the key portions of the patient interac The supervising physician and/or pat the resident and the supervising physician patient care through appropriate telec
	the supervising physician is physically present with the resident during		Direct Supervision The supervising physician is physical the key portions of the patient interac The supervising physician and/or pat the resident and the supervising physic
VI.A.2.b).(1).(a)	the key portions of the patient interaction; or,	6.7.	patient care through appropriate telec

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

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

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

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

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

pervision while providing for graded ogram must use the following

ally present with the resident during action.

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

ally present with the resident during action.

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.b).(1).(a).(i)	PGY-1 residents must initially be supervised directly, only as described in VI.A.2.b).(1).(a). (Core)	6.7.a.	PGY-1 residents must initially be super the above definition. (Core)
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	Direct Supervision The supervising physician is physical the key portions of the patient interac The supervising physician and/or pat the resident and the supervising physician patient care through appropriate telec
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physic physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role resident must be assigned by the pro- (Core)
VI.A.2.d).(1)	The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core)	6.9.b.	Faculty members functioning as supe portions of care to residents based or skills of each resident. (Core)
VI.A.2.d).(3)	Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Senior residents or fellows should se residents in recognition of their progr the needs of each patient and the skil (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ residents must communicate with the (Core)
VI.A.2.e).(1)	Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)	6.10.a.	Each resident must know the limits of circumstances under which the reside conditional independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each resident the appropriate level of patient care a
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Spresidents and faculty members conceresponsibilities of physicians, includito be appropriately rested and fit to proteints. (Core)

pervised directly, only as described in

cally present with the resident during action.

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

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

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

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

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

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

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

rcumstances and events in which ne supervising faculty member(s).

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

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Sp residents and faculty members conce responsibilities of physicians, includin to be appropriately rested and fit to pr patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on residents to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the program excessive reliance on residents to full The learning objectives of the program
VI.B.2.b) VI.B.2.c)	ensure manageable patient care responsibilities; and, (Core) include efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.b. 6.12.c.	care responsibilities. (Core) The learning objectives of the program the meaning that each resident finds i physician, including protecting time w administrative support, promoting pro flexibility, and enhancing professiona
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership v provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Residents and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Residents and faculty members must their personal role in the safety and w care, including the ability to report un (Core)
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free fu forms of harassment, mistreatment, al residents, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of residents and behavior and a confidential process for addressing such concerns. (Core)

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

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

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

o with the Sponsoring Institution, must that supports patient safety and

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

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
			Requirement
	Well-Being		
	Perchalaniaal ameticanal and physical well being are exiting in the		Well-Being
	<i>Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require</i>		Psychological, emotional, and physic development of the competent, carin
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the jo
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and i
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and		professionalism; they are also skills
	nurtured in the context of other aspects of residency training.		nurtured in the context of other aspe
	Residents and faculty members are at risk for burnout and depression.		Residents and faculty members are a
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident		same responsibility to address well-b
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and prepares residents with the skills and attitudes needed to thrive		clinical learning environment models prepares residents with the skills and
VI.C.	throughout their careers.	[None]	throughout their careers.
	The responsibility of the program, in partnership with the Sponsoring	[]	The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts resident well-being; (Core)	6.13.a.	impacts resident well-being; (Core)
	evaluating workplace safety data and addressing the safety of residents		evaluating workplace safety data and
VI.C.1.b)		6.13.b.	and faculty members; (Core)
	policies and programs that encourage optimal resident and faculty	0.40	policies and programs that encourage
VI.C.1.c)		6.13.c.	member well-being; and, (Core)
	Residents must be given the opportunity to attend medical, mental health,		Residents must be given the opportu
VI.C.1.c).(1)	and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of residents and faculty members in:	6.13.d.	education of residents and faculty me
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potent
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
, , ,	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	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
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)		6.13.e.	24 hours a day, seven days a week. (0
	There are circumstances in which residents may be unable to attend work,		There are circumstances in which res
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, ill
	medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for residents unable to perform their patient		medical, parental, or caregiver leave. appropriate length of absence for res
VI.C.2.	·····	6.14.	care responsibilities. (Core)
·····			

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 s that must be modeled, learned, and bects of residency training.

e at 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 nd attitudes needed to thrive

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of residents

age optimal resident and faculty

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

members in:

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

hemselves and how to seek

-screening. (Core)

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

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

		Reformatted	
Requirement Number		Requirement	
- Roman Numerals	Requirement Language	Number	Requirement Language
VI.C.2.a)	The program must have policies and procedures in place to ensure	6.14.a.	The program must have policies and procedures in place to ensure
VI.C.2.a)		0.14.d.	coverage of patient care and ensure continuity of patient care. (Core)
	These policies must be implemented without fear of negative		These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical
VI.C.2.b)	consequences for the resident who is or was unable to provide the clinical work. (Core)	6.14.b.	work. (Core)
V1.0.2.0)		0.14.0.	
			Fatigue Mitigation Programs must educate all residents and faculty members in recognition
			of the signs of fatigue and sleep deprivation, alertness management, and
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
			Fatigue Mitigation
	Programs must educate all residents and faculty members in recognition		Programs must educate all residents and faculty members in recognition
	of the signs of fatigue and sleep deprivation, alertness management, and		of the signs of fatigue and sleep deprivation, alertness management, and
VI.D.1.	fatigue mitigation processes. (Detail)	6.15.	fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its Sponsoring Institution, must ensure
	adequate sleep facilities and safe transportation options for residents who		adequate sleep facilities and safe transportation options for residents who
VI.D.2.		6.16.	may be too fatigued to safely return home. (Core)
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities		
			Clinical Responsibilities
	The clinical responsibilities for each resident must be based on PGY level,		The clinical responsibilities for each resident must be based on PGY level,
VI.E.1.	patient safety, resident ability, severity and complexity of patient	6 17	patient safety, resident ability, severity and complexity of patient
	illness/condition, and available support services. (Core)	6.17.	illness/condition, and available support services. (Core)
	The clinical workload must allow residents to develop the required competence		The clinical workload must allow residents to develop the required competence
VI.E.1.a)	in patient care with a focus on learning over meeting service obligations. (Detail)	6.17.a.	in patient care with a focus on learning over meeting service obligations. (Detail)
	Teamwork	•••••	
			Teamwork
	Residents must care for patients in an environment that maximizes		Residents must care for patients in an environment that maximizes
	communication and promotes safe, interprofessional, team-based care in		communication and promotes safe, interprofessional, team-based care in
VI.E.2.	the specialty and larger health system. (Core)	6.18.	the specialty and larger health system. (Core)
			Transitions of Care
			Programs must design clinical assignments to optimize transitions in
VI.E.3.	Transitions of Care	6.19.	patient care, including their safety, frequency, and structure. (Core)
			Transitions of Care
	Programs must design clinical assignments to optimize transitions in	0.40	Programs must design clinical assignments to optimize transitions in
VI.E.3.a)		6.19.	patient care, including their safety, frequency, and structure. (Core)
	Programs, in partnership with their Sponsoring Institutions, must ensure		Programs, in partnership with their Sponsoring Institutions, must ensure
	and monitor effective, structured hand-off processes to facilitate both	6.19.a.	and monitor effective, structured hand-off processes to facilitate both
VI.E.3.b)		U. 13.d.	continuity of care and patient safety. (Core)
VI.E.3.c)	Programs must ensure that residents are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that residents are competent in communicating with team members in the hand-off process. (Outcome)
VI.L.J.U/		0.13.0.	

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents 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 Sp an effective program structure that is educational and clinical experience of 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 Educa Clinical and educational work hours n hours per week, averaged over a four house clinical and educational activiti and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Residents should have eight hours of and education periods. (Detail)
VI.F.2.a)	Residents should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Residents should have eight hours of and education periods. (Detail)
VI.F.2.b)	Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Residents must have at least 14 hours after 24 hours of in-house call. (Core)
VI.F.2.c)	Residents 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.	Residents must be scheduled for a mi clinical work and required education (home call cannot be assigned on thes
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 clinica
VI.F.3.a)	Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinica
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 resident education. Additional patient care responsibilities must not be assigned to a resident during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effect resident education. Additional patient assigned to a resident 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 or resident, on their own initiative, may e clinical site in the following circumsta a single severely ill or unstable patien needs of a patient or patient's family; events. (Detail)

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

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

rk and Education off between scheduled clinical work

rk and Education off between scheduled clinical work

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

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ion Period Length

ds for residents must not exceed 24 ical assignments. (Core)

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

Exceptions

off all other responsibilities, a elect to remain or return to the tances: to continue to provide care to ent; to give humanistic attention to the y; or to attend unique educational

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing or resident, on their own initiative, may e clinical site in the following circumsta a single severely ill or unstable patien needs of a patient or patient's family; events. (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation percent or a maximum of 88 clinical and individual programs based on a sound
VI.F.4.c)	The Review Committee for Preventive Medicine will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	The Review Committee for Preventive M exceptions to the 80-hour limit to the resi
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t the goals and objectives of the educat interfere with the resident's fitness for safety. (Core)
VI.F.5.a)	Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t the goals and objectives of the educat interfere with the resident's fitness for safety. (Core)
VI.F.5.b)	Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by residents in internal an in the ACGME Glossary of Terms) mu maximum weekly limit. (Core)
VI.F.5.c)	PGY-1 residents are not permitted to moonlight. (Core) In-House Night Float	6.25.b.	PGY-1 residents are not permitted to r
VI.F.6.	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 cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequency Residents must be scheduled for in-h every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities 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

Exceptions g off all other responsibilities, a y elect to remain or return to the stances: to continue to provide care to ent; to give humanistic attention to the y; or to attend unique educational

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tion-specific exceptions for up to 10 and educational work hours to and educational rationale.

Medicine will not consider requests for esidents' work week.

n the ability of the resident to achieve cational program, and must not for work nor compromise patient

n the ability of the resident to achieve cational program, and must not for work nor compromise patient

and external moonlighting (as defined nust be counted toward the 80-hour

o moonlight. (Core)

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

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

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

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

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

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