Requirement Language inition of Graduate Medical Education induate medical education is the crucial step of professional relopment between medical school and autonomous clinical practice. It in this vital phase of the continuum of medical education that residents in to provide optimal patient care under the supervision of faculty mbers who not only instruct, but serve as role models of excellence, inpassion, cultural sensitivity, professionalism, and scholarship. Induate medical education transforms medical students into physician induate medical education transforms medical students into physician induate medical education transforms to serve the public. Practice inmunity; create and integrate new knowledge into practice; and incate future generations of physicians to serve the public. Practice terms established during graduate medical education persist many	Requirement Number	Definition of Graduate Medical Educat Graduate medical education is the cru development between medical school is in this vital phase of the continuum learn to provide optimal patient care u members who not only instruct, but s compassion, cultural sensitivity, profe Graduate medical education transform
duate medical education is the crucial step of professional relopment between medical school and autonomous clinical practice. It in this vital phase of the continuum of medical education that residents on to provide optimal patient care under the supervision of faculty mbers who not only instruct, but serve as role models of excellence, inpassion, cultural sensitivity, professionalism, and scholarship. Induate medical education transforms medical students into physician rolars who care for the patient, patient's family, and a diverse inmunity; create and integrate new knowledge into practice; and locate future generations of physicians to serve the public. Practice terns established during graduate medical education persist many		is in this vital phase of the continuum learn to provide optimal patient care u members who not only instruct, but so compassion, cultural sensitivity, profe Graduate medical education transform
In this vital phase of the continuum of medical education that residents of to provide optimal patient care under the supervision of faculty on the provide only instruct, but serve as role models of excellence, on passion, cultural sensitivity, professionalism, and scholarship. Induate medical education transforms medical students into physician polars who care for the patient, patient's family, and a diverse on munity; create and integrate new knowledge into practice; and locate future generations of physicians to serve the public. Practice terns established during graduate medical education persist many		
olars who care for the patient, patient's family, and a diverse nmunity; create and integrate new knowledge into practice; and icate future generations of physicians to serve the public. Practice terns established during graduate medical education persist many		Graduate medical education transforn scholars who care for the patient, pati
		community; create and integrate new educate future generations of physicia patterns established during graduate
rs later.	[None]	years later.
duate medical education has as a core tenet the graded authority and ponsibility for patient care. The care of patients is undertaken with propriate faculty supervision and conditional independence, allowing idents to attain the knowledge, skills, attitudes, judgment, and empathy uired for autonomous practice. Graduate medical education develops visicians who focus on excellence in delivery of safe, equitable, ordable, quality care; and the health of the populations they serve. aduate medical education values the strength that a diverse group of visicians brings to medical care, and the importance of inclusive and rchologically safe learning environments.		Graduate medical education has as a cresponsibility for patient care. The car appropriate faculty supervision and corresidents to attain the knowledge, skil required for autonomous practice. Gra physicians who focus on excellence in affordable, quality care; and the health Graduate medical education values th physicians brings to medical care, and psychologically safe learning environi
duate medical education occurs in clinical settings that establish the ndation for practice-based and lifelong learning. The professional relopment of the physician, begun in medical school, continues ough faculty modeling of the effacement of self-interest in a humanistic irronment that emphasizes joy in curiosity, problem-solving, academic or, and discovery. This transformation is often physically, emotionally, I intellectually demanding and occurs in a variety of clinical learning irronments committed to graduate medical education and the well-		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 co rigor, and discovery. This transformat and intellectually demanding and occu environments committed to graduate being of patients, residents, fellows, fa members of the health care team.
nd vsi vci nd nd vei vir or, l i	uate medical education values the strength that a diverse group of icians brings to medical care, and the importance of inclusive and hologically safe learning environments. uate medical education occurs in clinical settings that establish the dation for practice-based and lifelong learning. The professional lopment of the physician, begun in medical school, continues ugh faculty modeling of the effacement of self-interest in a humanistic onment that emphasizes joy in curiosity, problem-solving, academic and discovery. This transformation is often physically, emotionally, ntellectually demanding and occurs in a variety of clinical learning onments committed to graduate medical education and the well- g of patients, residents, fellows, faculty members, students, and all	uate medical education values the strength that a diverse group of icians brings to medical care, and the importance of inclusive and hologically safe learning environments. uate medical education occurs in clinical settings that establish the dation for practice-based and lifelong learning. The professional lopment of the physician, begun in medical school, continues ugh faculty modeling of the effacement of self-interest in a humanistic onment that emphasizes joy in curiosity, problem-solving, academic and discovery. This transformation is often physically, emotionally, ntellectually demanding and occurs in a variety of clinical learning onments committed to graduate medical education and the well-

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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.

rms medical students into physician atient's family, and a diverse w knowledge into practice; and cians 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 empathy Graduate medical education develops in delivery of safe, equitable, with of the populations they serve. the strength that a diverse group of and the importance of inclusive and comments.

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

<b>Requirement Number</b>	,	Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
	Definition of Specialty		
			Definition of Specialty
	A transitional year residency provides a broad-based program of graduate medical education in multiple clinical disciplines designed to facilitate the choice		A transitional year residency provides a medical education in multiple clinical dis
	of and preparation for a specific specialty, including specialties requiring a year of fundamental clinical education as a prerequisite. Transitional year programs also provide clinical education for those medical school graduates planning to		of and preparation for a specific special of fundamental clinical education as a p also provide clinical education for those
Int.B.	serve in public health organizations or in the military as general medical officers, or those who desire one year of fundamental clinical education before entering administrative medicine or research.	[None]	serve in public health organizations or in officers, or those who desire one year o entering administrative medicine or rese
	Length of Educational Program		
Int.C.	The educational program in the transitional year must be 12 months in length. (Core)	4.1.	Length of Program The educational program in the transitio (Core)
<b>I.</b>	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 org- ultimate financial and academic response 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 new most commonly utilized site of clinical 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 o Institution.
	Participating Sites		Dentiein etinen Oitee
I.B.	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.1.a)	The sponsoring institution and its participating sites must sponsor at least one residency program accredited by the ACGME in addition to the transitional year program. (Core)	1.2.a.	The sponsoring institution and its partici residency program accredited by the AC program. (Core)
I.B.1.b)	At least one ACGME-accredited program must be designated as a sponsoring program of the transitional year program, and it must be in a discipline that provides fundamental clinical skills training. (Core)	1.2.b.	At least one ACGME-accredited program program of the transitional year program provides fundamental clinical skills train
I.B.1.b).(1)	Those disciplines are emergency medicine, family medicine, general surgery, internal medicine, obstetrics and gynecology, and pediatrics. (Core)	1.2.b.1.	Those disciplines are emergency medic internal medicine, obstetrics and gyneco
I.B.1.b).(2)	A letter of commitment from the sponsoring program(s) must be in place, and must specify responsibilities and arrangements. (Core)	1.2.b.2.	A letter of commitment from the sponsor must specify responsibilities and arrang

a broad-based program of graduate disciplines designed to facilitate the choice ialty, including specialties requiring a year prerequisite. Transitional year programs se medical school graduates planning to r in the military as general medical r of fundamental clinical education before esearch.

tional year must be 12 months in length.

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

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

y one ACGME-accredited Sponsoring

on providing educational experiences ns for residents.

ponsoring Institution, must designate a

ticipating sites must sponsor at least one ACGME in addition to the transitional year

ram must be designated as a sponsoring am, and it must be in a discipline that aining. (Core)

dicine, family medicine, general surgery, ecology, and pediatrics. (Core)

soring program(s) must be in place, and ngements. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
I.B.1.b).(2).(a)	This letter of commitment must be updated whenever there is a change in program director of the transitional year program or of any of the sponsoring specialty programs, when there are changes in resident complement, when there are changes in resident assignments (including duration of rotations), for changes in participating sites used for the sponsoring specialty programs' rotations, to reflect changes in resident responsibilities, if there are any revisions to the elements covered by the agreement as outlined above, or every five years. (Core)	1.2.b.2.a.	This letter of commitment must be updat program director of the transitional year specialty programs, when there are chan there are changes in resident assignmen changes in participating sites used for the rotations, to reflect changes in resident r to the elements covered by the agreement years. (Core)
I.B.1.b).(3)	The sponsoring program(s) must provide at least 25 percent of each resident's clinical experience. (Core)	1.2.b.3.	The sponsoring program(s) must provide clinical experience. (Core)
I.B.1.b).(4)	The program director must designate another sponsoring program in good standing within six months of notification that an adverse accreditation is confirmed for a required sponsoring program and notify the executive director of the Review Committee. (Core)	1.2.b.4.	The program director must designate an standing within six months of notification confirmed for a required sponsoring prog the Review Committee. (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 eve
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the dea (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 I 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
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi present), faculty members, senior adr other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources

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dated whenever there is a change in ar program or of any of the sponsoring hanges in resident complement, when hents (including duration of rotations), for the sponsoring specialty programs' at responsibilities, if there are any revisions ment as outlined above, or every five

de at least 25 percent of each resident's

another sponsoring program in good on that an adverse accreditation is ogram and notify the executive director of

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

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

cal learning and working environment

t be one faculty member, designated director, who is accountable for blaboration with the program director.

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

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S Sponsoring Institution, must engage driven, ongoing, systematic recruitment sive workforce of residents, fellows (if dministrative 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)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
	Transitional year residents must have access to resources equivalent to first-		Transitional year residents must have ac
I.D.1.a)	year residents of the sponsoring program(s). (Core)	1.8.a.	year residents of the sponsoring program
,	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
	healthy and safe learning and working environments that promote resident		healthy and safe learning and working
I.D.2.	well-being and provide for:	1.9.	well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for residents with proximity appropria
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for residents with di Sponsoring Institution's policy. (Core
I.D.3.	Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Residents must have ready access to appropriate reference material in print include access to electronic medical I capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed residents' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and ot but not limited to residents from other and advanced practice providers, mus appointed residents' education. (Core
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's GMEC must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's GMEC m director and must verify the program appointment. (Core)
II.A.1.b)	The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)	2.3.	The program must demonstrate reten- length of time adequate to maintain co stability. (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.4.	The program director and, as applicat must be provided with support adequ based upon its size and configuration

access to resources equivalent to firstam(s). (Core)

Sponsoring Institution, must ensure ng environments that promote resident

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

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

priate to the participating site; and,

disabilities consistent with the re)

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

#### sonnel

other health care personnel, including, ner programs, subspecialty fellows, nust not negatively impact the

re)

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

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

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

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

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

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)		At a minimum, the program director must and support specified below for administ support for program leadership must be additional support may be for the program program director and one or more assoc (Core)
	Number of Approved Resident/Fellow Positions:1-6   Minimum Support Required (FTE or Number of Hours) for the Program Director: 0.2   Minimum Additional Support Required (FTE or Number of Hours) for Program Leadership in Aggregate: n/a		Number of Approved Resident/Fellow P Required (FTE or Number of Hours) for Additional Support Required (FTE or Nu in Aggregate: n/a
	Number of Approved Resident/Fellow Positions:7-10   Minimum Support Required (FTE or Number of Hours) for the Program Director: 0.25   Minimum Additional Support Required (FTE or Number of Hours) for Program Leadership in Aggregate: n/a		Number of Approved Resident/Fellow P Required (FTE or Number of Hours) for Additional Support Required (FTE or Nu in Aggregate: n/a
	Number of Approved Resident/Fellow Positions:11-15   Minimum Support Required (FTE or Number of Hours) for the Program Director: 0.25   Minimum Additional Support Required (FTE or Number of Hours) for Program Leadership in Aggregate: 0.05		Number of Approved Resident/Fellow P Required (FTE or Number of Hours) for Additional Support Required (FTE or Nu in Aggregate: 0.05
II.A.2.a)	Number of Approved Resident/Fellow Positions:16-20   Minimum Support Required (FTE or Number of Hours) for the Program Director: 0.25   Minimum Additional Support Required (FTE or Number of Hours) for Program Leadership in Aggregate: 0.1	2.4.a.	Number of Approved Resident/Fellow P Required (FTE or Number of Hours) for Additional Support Required (FTE or Nu in Aggregate: 0.1
	Number of Approved Resident/Fellow Positions:21-25   Minimum Support Required (FTE or Number of Hours) for the Program Director: 0.25   Minimum Additional Support Required (FTE or Number of Hours) for Program Leadership in Aggregate: 0.15		Number of Approved Resident/Fellow P Required (FTE or Number of Hours) for Additional Support Required (FTE or Nu in Aggregate: 0.15
II.A.2.a) - (Continued)	Number of Approved Resident/Fellow Positions:26 or more   Minimum Support Required (FTE or Number of Hours) for the Program Director: 0.25   Minimum Additional Support Required (FTE or Number of Hours) for Program Leadership in Aggregate: 0.2	2.4.a (Continued)	Number of Approved Resident/Fellow P Required (FTE or Number of Hours) for Additional Support Required (FTE or Nu in Aggregate: 0.2
II.A.3.	Qualifications of the program director:	2.5.	Qualifications of the Program Director The program director must possess s years of documented educational and qualifications acceptable to the Revie
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)	2.5.	Qualifications of the Program Directo The program director must possess s years of documented educational and qualifications acceptable to the Revie

### ent Language

nust be provided with the dedicated time histration of the program. Additional be provided as specified below. This gram director only or divided among the sociate (or assistant) program directors.

Positions:1-6 | Minimum Support or the Program Director: 0.2 | Minimum Number of Hours) for Program Leadership

<sup>r</sup> Positions:7-10 | Minimum Support or the Program Director: 0.25 | Minimum Number of Hours) for Program Leadership

Positions:11-15 | Minimum Support or the Program Director: 0.25 | Minimum Number of Hours) for Program Leadership

Positions:16-20 | Minimum Support or the Program Director: 0.25 | Minimum Number of Hours) for Program Leadership

Positions:21-25 | Minimum Support or the Program Director: 0.25 | Minimum Number of Hours) for Program Leadership

Positions:26 or more | Minimum Support or the Program Director: 0.25 | Minimum Number of Hours) for Program Leadership

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.3.b)	must include current certification by a member board of the American Board of Medical Specialties or by a certifying board of the American Osteopathic Association, 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 Board of Medical Specialties or by a cer Osteopathic Association, or specialty of the Review 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) II.A.4.a).(1)	The program director must: be a role model of professionalism; (Core)	[None] 2.6.a.	The program director must be a role r
II.A.4.a).(1)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.6.b.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the missi
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; (Core)	2.6.c.	The program director must administe environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.6.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.6.e.	The program director must have the a supervising interactions and/or learn the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.6.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.6.g.	The program director must provide a which residents have the opportunity mistreatment, and provide feedback i appropriate, without fear of intimidati
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew the appointment of a resident; (Core)	2.6.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when action not to promote or renew the appointment
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.6.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)

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**ctor by** a member board of the American ertifying board of the American **qualifications that are acceptable to** 

strate 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) and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core)

ster and maintain a learning ig the residents in each of the ACGME

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

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

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

a learning and working environment in ity to raise concerns, report k in a confidential manner as ation or retaliation. (Core)

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

the program's compliance with the non-

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.4.a).(9).(a)	Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Residents must not be required to sig restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all residents within 30 days of completion of or departure from the program; and, (Core)	2.6.j.	The program director must document residents within 30 days of completic (Core)
II.A.4.a).(11)	provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core)	2.6.k.	The program director must provide ve education upon the resident's reques
	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 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		Faculty Faculty members are a foundational of education – faculty members teach re Faculty members provide an importa- and become practice-ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a of Faculty members experience the priod development of future colleagues. The the opportunity to teach and model en- scholarly approach to patient care, far medical education system, improve the population. Faculty members ensure that patients from a specialist in the field. They react the patients, residents, community, a provide appropriate levels of supervise Faculty members create an effective
II.B.	professional manner and attending to the well-being of the residents and themselves.	[None]	professional manner and attending to themselves.
II.B.1. II.B.2.	There must be a sufficient number of faculty members with competence to instruct and supervise all residents. (Core) Faculty members must:	2.7. [None]	There must be a sufficient number of instruct and supervise all residents. (
II.D.2.			Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.8.	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 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 sufficien fulfill their supervisory and teaching
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 part discussions, rounds, journal clubs, a

### ent Language sign a non-competition guarantee or

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

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

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

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 s. (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 cient time to the educational program to g responsibilities. (Core) and maintain an educational ng residents. (Core) articipate in organized clinical , and conferences. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
	pursue faculty development designed to enhance their skills at least		Faculty members must pursue faculty
II.B.2.f)	annually: (Core)	2.8.e.	their skills at least annually: (Core)
, II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
	in quality improvement, eliminating health inequities, and patient safety;		in quality improvement, eliminating h
II.B.2.f).(2)	(Detail)	2.8.e.2.	(Detail)
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their reside
	in patient care based on their practice-based learning and improvement		in patient care based on their practice
II.B.2.f).(4)	efforts. (Detail)	2.8.e.4.	efforts. (Detail)
			Faculty members must provide equivale
	provide equivalent teaching and supervision for transitional year residents as		transitional year residents as that provide
II.B.2.g)	that provided to categorical residents in the participating programs. (Core)	2.8.f.	participating programs. (Core)
			Faculty Qualifications
l			Faculty members must have appropria
II.B.3.	Faculty Qualifications	2.9.	hold appropriate institutional appoint
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropria
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.9.	hold appropriate institutional appoint
II.B.3.b)	Physician faculty members must:	[None]	
	have current certification in the specialty by a member board of the		Physician faculty members must have
	American Board of Medical Specialties or by a certifying board of the American		by a member board of the American Boa
	Osteopathic Association, or possess qualifications judged acceptable to the		certifying board of the American Osteopa
II.B.3.b).(1)	Review Committee. (Core)	2.10.	qualifications judged acceptable to th
	Core Faculty		
			Core Faculty
	Core faculty members must have a significant role in the education and		Core faculty members must have a sig
	supervision of residents and must devote a significant portion of their		supervision of residents and must dev
	entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative		entire effort to resident education and component of their activities, teach, e
II.B.4.	feedback to residents. (Core)	2.11.	feedback to residents. (Core)
	Core faculty members must complete the annual ACGME Faculty Survey.	2.11.	Core faculty members must complete
II.B.4.a)	(Core)	2.11.a.	(Core)
<b>/</b>	There must be a minimum of three core faculty members, including at least one		There must be a minimum of three core
II.B.4.b)	member from each sponsoring program. (Core)	2.11.b.	member from each sponsoring program.
	There must be at least one additional core faculty member for every four		There must be at least one additional co
II.B.4.c)	residents over 12 residents. (Core)	2.11.c.	residents over 12 residents. (Core)
,			Program Coordinator
II.C.	Program Coordinator	2.12.	There must be a program coordinator
			Program Coordinator
II.C.1.	There must be a program coordinator. (Core)	2.12.	There must be a program coordinator
	The program coordinator must be provided with dedicated time and		The program coordinator must be pro
l	support adequate for administration of the program based upon its size		support adequate for administration of
II.C.2.	and configuration. (Core)	2.12.a.	and configuration. (Core)

Ity development designed to enhance

#### I)

health inequities, and patient safety;

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

lent teaching and supervision for ided to categorical residents in the

# oriate qualifications in their field and ntments. (Core)

oriate qualifications in their field and ntments. (Core)

ve current certification in the specialty oard of Medical Specialties or by a opathic Association, or possess the Review Committee. (Core)

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.

e faculty members, including at least one m. (Core)

core faculty member for every four

# or. (Core)

# or. (Core)

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

Requirement Number - Roman Numerals	r Requirement Language	Reformatted Requirement Number	Doguiromon
		Requirement Number	Requiremen
	Additional support must be provided based on program size as follows: (Core)		Additional support must be provided bas
	Number of Approved Resident Positions:1-15   Minimum FTE Coordinator(s) Required: 0.5		Number of Approved Resident Positions Required: 0.5
	Number of Approved Resident Positions:16-20   Minimum FTE Coordinator(s) Required: 0.75		Number of Approved Resident Positions Required: 0.75
II.C.2.a)	Number of Approved Residen.0t Positions:21 or more   Minimum FTE Coordinator(s) Required: 1.0	2.12.b.	Number of Approved Residen.0t Position Coordinator(s) Required: 1.0
II.C.2.b)	FTE support must be exclusive to the transitional year program. (Core)	2.12.c.	FTE support must be exclusive to the tra
II.D. III.	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) Resident Appointments	2.13. Section 3	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core) Section 3: Resident Appointments
II.A.	Eligibility Requirements	3.2.	Eligibility Requirements An applicant must meet one of the fol for appointment to an ACGME-accred
III.A.1.	An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)	3.2.	Eligibility Requirements An applicant must meet one of the fol for appointment to an ACGME-accred
III.A.1.a)	graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)	3.2.a.	graduation from a medical school in t Liaison Committee on Medical Educat college of osteopathic medicine in the American Osteopathic Association Co Accreditation (AOACOCA); or, (Core)
			graduation from a medical school out meeting one of the following addition
			<ul> <li>holding a currently valid certificate f</li> <li>Foreign Medical Graduates (ECFMG)</li> </ul>
III.A.1.b)	graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)	3.2.b.	<ul> <li>holding a full and unrestricted licens</li> <li>States licensing jurisdiction in which</li> <li>located. (Core)</li> </ul>

ased on program size as follows: (Core)

ns:1-15 | Minimum FTE Coordinator(s)

ns:16-20 | Minimum FTE Coordinator(s)

ions:21 or more | Minimum FTE

transitional year program. (Core)

Sponsoring Institution, must jointly personnel for the effective e)

following qualifications to be eligible edited program: (Core)

following qualifications to be eligible edited program: (Core)

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

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

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

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

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement Language
	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 outside of the U meeting one of the following additional qualification • holding a currently valid certificate from the Educ Foreign Medical Graduates (ECFMG) prior to appon • holding a full and unrestricted license to practice States licensing jurisdiction in which the ACGME- located. (Core)
		0.2.0.	graduation from a medical school outside of the U meeting one of the following additional qualification • holding a currently valid certificate from the Educ Foreign Medical Graduates (ECFMG) prior to appo
	holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)	3.2.b.	<ul> <li>holding a full and unrestricted license to practice States licensing jurisdiction in which the ACGME-a located. (Core)</li> </ul>
	All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)- accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. (Core)	3.3.	All prerequisite post-graduate clinical education re or transfer into ACGME-accredited residency prog completed in ACGME-accredited residency progra residency programs, Royal College of Physicians a (RCPSC)-accredited or College of Family Physician accredited residency programs located in Canada, programs with ACGME International (ACGME-I) Ac Accreditation. (Core)
	Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)	3.3.a.	Residency programs must receive verification of e competency in the required clinical field using AC ACGME-I Milestones evaluations from the prior tra matriculation. (Core)
	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 appoint more resid the Review Committee. (Core)
III.B.1.	There must be at least four residents appointed to the program each year. (Core)	3.4.a.	There must be at least four residents appointed to the (Core)
	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 of previous e and a summative competency-based performance acceptance of a transferring resident, and Milestor matriculation. (Core)

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

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

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

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

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

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

al education required for initial entry residency programs must be sidency programs, AOA-approved of Physicians and Surgeons of Canada amily Physicians of Canada (CFPC)ted 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

bint more residents than approved by

appointed to the program each year.

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

Program accreditation system is designed to encourage excellence on in graduate medical education regardless of the al affiliation, size, or location of the program. onal program must support the development of ble, skillful physicians who provide compassionate care. ted programs may place different emphasis on research, public health, etc. It is expected that the program aims will uanced program-specific goals for it and its graduates; for s expected that a program aiming to prepare physician- II have a different curriculum from one focusing on health. Components um must contain the following educational components: ram aims consistent with the Sponsoring Institution's needs of the community it serves, and the desired distinctive of its graduates, which must be made available to program esidents, and faculty members; (Core)	Requirement Number	Section 4: Educational Program The ACGME accreditation system is a and innovation in graduate medical e organizational affiliation, size, or loca The educational program must suppor knowledgeable, skillful physicians with 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 curricul community health. Educational Components The curriculum must contain the follor a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m
accreditation system is designed to encourage excellence on in graduate medical education regardless of the al affiliation, size, or location of the program. The program must support the development of ble, skillful physicians who provide compassionate care. The programs may place different emphasis on research, bublic health, etc. It is expected that the program aims will uanced program-specific goals for it and its graduates; for as expected that a program aiming to prepare physician- II have a different curriculum from one focusing on mealth. Components um must contain the following educational components: ram aims consistent with the Sponsoring Institution's needs of the community it serves, and the desired distinctive of its graduates, which must be made available to program	4.2.	<ul> <li>The ACGME accreditation system is a and innovation in graduate medical e organizational affiliation, size, or local</li> <li>The educational program must support knowledgeable, skillful physicians will lt is recognized programs may place leadership, public health, etc. It is expression reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricul community health.</li> <li>Educational Components</li> <li>The curriculum must contain the following a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which mission</li> </ul>
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II have a different curriculum from one focusing on health. Components um must contain the following educational components: ram aims consistent with the Sponsoring Institution's needs of the community it serves, and the desired distinctive of its graduates, which must be made available to program	4.2.	scientists will have a different curricul community health. Educational Components The curriculum must contain the follo a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m
nealth. Components um must contain the following educational components: ram aims consistent with the Sponsoring Institution's needs of the community it serves, and the desired distinctive of its graduates, which must be made available to program	4.2.	community health.Educational ComponentsThe curriculum must contain the followa set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m
Components um must contain the following educational components: ram aims consistent with the Sponsoring Institution's needs of the community it serves, and the desired distinctive of its graduates, which must be made available to program	4.2.	Educational Components The curriculum must contain the follo a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m
am must contain the following educational components: ram aims consistent with the Sponsoring Institution's needs of the community it serves, and the desired distinctive of its graduates, which must be made available to program		The curriculum must contain the follo a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m
needs of the community it serves, and the desired distinctive of its graduates, which must be made available to program		mission, the needs of the community capabilities of its graduates, which m
-		applicants, residents, and faculty mer
		competency-based goals and objectiv designed to promote progress on a tr These must be distributed, reviewed,
	4.2.b.	faculty members; (Core)
· · · ·		delineation of resident responsibilitie
		responsibility for patient managemen
e of structured didactic activities; and, (Core)	4.2.d.	a broad range of structured didactic a
	4.11.	Curriculum Organization and Resider Experiences Residents must be provided with pro- didactic activities. (Core)
	120	formal educational activities that pror tools, and techniques. (Core)
	<pre>blaced gould und expectivel for each outdational experience promote progress on a trajectory to autonomous practice. be distributed, reviewed, and available to residents and bers; (Core) of resident responsibilities for patient care, progressive y for patient management, and graded supervision; (Core) e of structured didactic activities; and, (Core) ust be provided with protected time to participate in core vities. (Core) ational activities that promote patient safety-related goals, chniques. (Core)</pre>	promote progress on a trajectory to autonomous practice. be distributed, reviewed, and available to residents and bers; (Core)4.2.b.of resident responsibilities for patient care, progressive y for patient management, and graded supervision; (Core)4.2.c.e of structured didactic activities; and, (Core)4.2.d.ust be provided with protected time to participate in core vities. (Core)4.11.ational activities that promote patient safety-related goals,4.11.

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 physicianiculum from one focusing on

#### llowing educational components:

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

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

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

lent Experiences – Didactic and Clinical

rotected time to participate in core

romote patient safety-related goals,

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Baguiromon
- Roman Numerais	The program must integrate the following ACGME Competencies into the		Requiremen
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
			ACGME Competencies – Professiona
	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 compet
			ACGME Competencies – Professiona
			Residents must demonstrate a comm
			adherence to ethical principles. (Core
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate compete
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect fo
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and auton
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]	
			ACOME Competencies Detient Com
	Residents must be able to provide patient care that is patient- and family-		ACGME Competencies – Patient Care Residents must be able to provide pa
	centered, compassionate, equitable, appropriate, and effective for the		centered, compassionate, equitable,
IV.B.1.b).(1)	treatment of health problems and the promotion of health. (Core)	4.4.	treatment of health problems and the
IV.B.1.b).(1).(a)	Residents must demonstrate competence in:	4.4.a.	Residents must demonstrate competend
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 problems and/or chief complaint; (Core)	4.4.a.3.	assessing a patient's problems and/or c
IV.B.1.b).(1).(a).(iv)	appropriately using diagnostic studies and tests; (Core)	4.4.a.4.	appropriately using diagnostic studies a
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 and implementing a treatment plan. (Core)	4.4.a.6.	developing and implementing a treatme
			ACGME Competencies – Procedural S
	Residents must be able to perform all medical, diagnostic, and surgical		perform all medical, diagnostic, and s
IV.B.1.b).(2)	procedures considered essential for the area of practice. (Core)	4.5.	essential for the area of practice. (Co

GME Competencies into the curriculum.

nalism mitment to professionalism and an pre)

etence in:

nalism mitment to professionalism and an re)

etence in: for others; (Core)

at supersedes self-interest; (Core)

nomy; (Core) and the profession; (Core)

erse patient populations, including but ge, culture, race, religion, disabilities, us, and sexual orientation; (Core) lan for one's own personal and

ssing conflict or duality of interest.

re

batient care that is patient- and familyand effective for the promotion of health. (Core)

nce in:

story; (Core)

examination; (Core)

chief complaint; (Core)

and tests; (Core)

fferential diagnosis; and, (Core)

ent plan. (Core)

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
	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		ACGME Competencies – Medical Kno Residents must demonstrate knowle biomedical, clinical, epidemiological including scientific inquiry, as well a
IV.B.1.c)	patient care. (Core)	4.6.	patient care. (Core)
IV.B.1.c).(1)	Residents must take USMLE Step 3 or COMLEX-USA Level 3 prior to completion of the transitional year program. (Outcome)	4.6.a.	Residents must take USMLE Step 3 or completion of the transitional year progr
IV.B.1.c).(1).(a)	Results of residents' examination success should be evaluated as part of the program's Annual Program Evaluation process. (Detail)	4.6.a.1.	Results of residents' examination succe program's Annual Program Evaluation p
IV.B.1.d)	Practice-based Learning and Improvement Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning; (Core)	4.7.	ACGME Competencies – Practice-Bas Residents must demonstrate the abili care of patients, to appraise and assi continuously improve patient care ba lifelong learning. (Core)
IV.B.1.d).(1)	Residents must demonstrate competence in:	[None]	
IV.B.1.d).(1).(a)	identifying strengths, deficiencies, and limits in one's knowledge and expertise; (Core)	4.7.a.	Residents must demonstrate compet deficiencies, and limits in one's know
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	Residents must demonstrate compet improvement goals. (Core)
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	Residents must demonstrate compet appropriate learning activities. (Core)
IV.B.1.d).(1).(d)	systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; (Core)	4.7.d.	Residents must demonstrate compet practice using quality improvement n reducing health care disparities, and of practice improvement. (Core)
IV.B.1.d).(1).(e)	incorporating feedback and formative evaluation into daily practice; and, (Core)	4.7.e.	Residents must demonstrate compet formative evaluation into daily praction
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 compet assimilating evidence from scientific health problems. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Residents must demonstrate interper result in the effective exchange of inf 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 compet with patients and patients' families, a of socioeconomic circumstances, cu capabilities, learning to engage inter provide appropriate care to each pati
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health-related agencies; (Core)	4.8.b.	Residents must demonstrate compet with physicians, other health profess (Core)
	•		

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

or COMLEX-USA Level 3 prior to gram. (Outcome)

cess should be evaluated as part of the n process. (Detail)

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 re)

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

etence in incorporating feedback and stice. (Core)

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

onal and Communication Skills personal and communication skills that information and collaboration with professionals. (Core)

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
			Kequiterilei
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 competed member or leader of a health care teater of a health care teater
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Residents must demonstrate compet families, students, other residents, a
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate compet 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 compet timely, and legible health care record
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 communicat to partner with them to assess their of appropriate, end-of-life goals. (Core)
IV.B.1.f).	Systems-based Practice Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies - Systems-Ba Residents must demonstrate an awar larger context and system of health of social determinants of health, as well other resources to provide optimal he
IV.B.1.f).(1)	Residents must demonstrate competence in:	[None]	
IV.B.1.f).(1).(a)	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	Residents must demonstrate compet health care delivery settings and syst specialty. <sup>(Core)</sup>
IV.B.1.f).(1).(b)	coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; (Core)	4.9.b.	Residents must demonstrate compet across the health care continuum an specialty. <sup>(Core)</sup>
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Residents must demonstrate compet care and optimal patient care system
IV.B.1.f).(1).(d)	participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.d.	Residents must demonstrate compet system errors and implementing pote
IV.B.1.f).(1).(e)	incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate;(Core)	4.9.e.	Residents must demonstrate compet of value, equity, cost awareness, deli analysis in patient and/or population
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Residents must demonstrate compet finances and its impact on individual
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Residents must demonstrate compet that promote patient safety and discl simulated). (Detail)
IV.B.1.f).(2)	Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals. (Core)	4.9.h.	Residents must learn to advocate for system to achieve the patient's and p including, when appropriate, end-of-

#### ent Language

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 ressionals. (Core)

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

ate with patients and patients' families r care goals, including, when e)

Based Practice

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

etence in working effectively in various ystems relevant to their clinical

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

etence in advocating for quality patient ms. (Core)

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

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

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

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

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

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremer
			<ul> <li>4.10. Curriculum Organization and Re Structure</li> <li>The curriculum must be structured to experiences, the length of the experiences These educational experiences inclu- patient care responsibilities, clinical events. (Core)</li> <li>4.11. Curriculum Organization and Re</li> </ul>
			Clinical Experiences Residents must be provided with pro 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 instructio management if applicable for the spe signs of substance use disorder. (Co
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)		Curriculum Organization and Resider Structure The curriculum must be structured to experiences, the length of the experie These educational experiences inclu- patient care responsibilities, clinical events. (Core)
IV.C.1.a)	Each rotation assignment must be no less than two weeks, with the exception of longitudinal clinic. (Core)	4.10.a.	Each rotation assignment must be no le longitudinal clinic. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Resider The program must provide instructio management if applicable for the spe signs of substance use disorder. (Co
IV.C.3.	There must be at least 24 weeks of fundamental clinical skills (FCS) rotations in the primary specialties of emergency medicine, family medicine, general surgery, internal medicine, obstetrics and gynecology, or pediatrics, or in primary critical care experiences (medical, surgical, or pediatric). (Core)	4.11.a.	There must be at least 24 weeks of func- the primary specialties of emergency me surgery, internal medicine, obstetrics an primary critical care experiences (medic
IV.C.3.a)	These rotations must occur in units where residents from other ACGME- accredited programs regularly rotate. (Core)	4.11.a.1.	These rotations must occur in units whe accredited programs regularly rotate. (C
IV.C.3.a).(1)	Transitional year resident clinical and educational responsibilities must be equivalent to first-year residents from other programs. (Core)	4.11.a.1.a.	Transitional year resident clinical and ec equivalent to first-year residents from ot
IV.C.3.b)	On these rotations, the resident must be the primary physician for their patients. (Core)	4.11.a.2.	On these rotations, the resident must be (Core)
IV.C.3.b).(1)	This should include responsibility for decision-making and for direct care for all active issues on their patients, except for specific issues requiring subspecialty input. (Detail)	4.11.a.2.a.	This should include responsibility for de active issues on their patients, except for input. (Detail)
IV.C.3.b).(2)	This should include planning care and writing orders, progress notes, and relevant records. (Detail)	4.11.a.2.b.	This should include planning care and w relevant records. (Detail)

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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 pecialty, 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
0/
less than two weeks, with the exception of
less than two weeks, with the exception of ent Experiences – Pain Management: on and experience in pain pecialty, including recognition of the
less than two weeks, with the exception of ent Experiences – Pain Management: on and experience in pain becialty, including recognition of the ore) ndamental clinical skills (FCS) rotations in nedicine, family medicine, general and gynecology, or pediatrics, or in ical, surgical, or pediatric). (Core) here residents from other ACGME-

decision-making and for direct care for all t for specific issues requiring subspecialty

d writing orders, progress notes, and

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.3.b).(3)	Residents must not be assigned primary physician responsibility on other units during these rotations, with the exception of longitudinal clinic. (Core)	4.11.a.2.c.	Residents must not be assigned primary during these rotations, with the exceptior
IV.C.3.c)	There must be at least eight weeks of rotations involving care of inpatients in general medicine, general pediatrics, general surgery, obstetrics and gynecology, or family medicine. (Core)	4.11.a.3.	There must be at least eight weeks of ro general medicine, general pediatrics, ge gynecology, or family medicine. (Core)
IV.C.3.d)	At least four weeks (140 hours) must be in emergency medicine. (Core)	4.11.a.4.	At least four weeks (140 hours) must be
IV.C.3.d).(1)	Residents must participate in the evaluation and management of the care of all types and acuity levels of patients who present to an institution's emergency department, and must have first-contact responsibility for those patients. (Core)	4.11.a.4.a.	Residents must participate in the evaluat types and acuity levels of patients who p department, and must have first-contact
IV.C.3.e)	There must be at least 140 hours of documented experience in ambulatory care in family medicine, primary care internal medicine, general surgery, obstetrics and gynecology, or pediatrics. (Core)	4.11.a.5.	There must be at least 140 hours of doci in family medicine, primary care internal and gynecology, or pediatrics. (Core)
IV.C.3.e).(1)	This experience must be scheduled in no shorter than half-day sessions. (Detail)	4.11.a.5.a.	This experience must be scheduled in no (Detail)
IV.C.3.e).(2)	Ambulatory clinic sessions should not be interrupted by duties with inpatient services. (Core)	4.11.a.5.b.	Ambulatory clinic sessions should not be services. (Core)
IV.C.4.	Residents must have at least eight weeks of elective rotations. (Core)	4.11.b.	Residents must have at least eight week
IV.C.4.a)	Elective rotations must be determined by the educational needs of the individual resident. (Core)	4.11.b.1.	Elective rotations must be determined by resident. (Core)
IV.C.4.b)	Elective options must include medical, surgical, and hospital-based specialties. (Core)	4.11.b.2.	Elective options must include medical, so (Core)
IV.C.4.b).(1)	Residents should have access to elective rotations in specialties important to their future career tracks, such as anesthesiology, dermatology, neurology, ophthalmology, physical medicine and rehabilitation, radiology, and radiation oncology. (Detail)	4.11.b.2.a.	Residents should have access to elective their future career tracks, such as anesth ophthalmology, physical medicine and re oncology. (Detail)
IV.C.5.	There should be no more than eight weeks designated for non-clinical patient care experience, such as research, administration, and clinical informatics. (Detail)	4.11.c.	There should be no more than eight wee care experience, such as research, adm (Detail)
IV.C.6.		4.11.d.	Rotations taken away from the Sponsori must have educational justification and n
IV.C.6.a)	Outside rotations should be limited to no longer than a total of eight weeks of the transitional year program. (Core)	4.11.d.1.	Outside rotations should be limited to no the transitional year program. (Core)
IV.C.6.b)	Required outside rotations must be taken in ACGME-accredited programs. (Core)	4.11.d.2.	Required outside rotations must be taken (Core)
IV.C.6.c)	Outside rotations taken in non-ACGME-accredited programs must be designated as elective. (Core)	4.11.d.3.	Outside rotations taken in non-ACGME-a designated as elective. (Core)
IV.C.6.d)	The program must develop a curriculum, including objectives, resident responsibilities, and faculty member(s) assigned for supervision. (Core)	4.11.d.4.	The program must develop a curriculum, responsibilities, and faculty member(s) a
IV.C.7.	The program must ensure that residents accepted into a categorical program with specified curricular components for the PG-1 year have a curriculum which conforms to the respective specialty requirements. (Core)	4.11.e.	The program must ensure that residents with specified curricular components for conforms to the respective specialty requ

ry physician responsibility on other units ion of longitudinal clinic. (Core)

rotations involving care of inpatients in general surgery, obstetrics and

be in emergency medicine. (Core)

uation and management of the care of all o present to an institution's emergency ct responsibility for those patients. (Core)

ocumented experience in ambulatory care al medicine, general surgery, obstetrics

no shorter than half-day sessions.

be interrupted by duties with inpatient

eks of elective rotations. (Core)

by the educational needs of the individual

surgical, and hospital-based specialties.

tive rotations in specialties important to sthesiology, dermatology, neurology, rehabilitation, radiology, and radiation

eeks designated for non-clinical patient ministration, and clinical informatics.

bring Institution and its participating sites d meet the following requirements: (Core) no longer than a total of eight weeks of

ken in ACGME-accredited programs.

E-accredited programs must be

m, including objectives, resident ) assigned for supervision. (Core)

ts accepted into a categorical program or the PG-1 year have a curriculum which equirements. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
IV.C.8.	The program must counsel and assist transitional year residents not accepted into a categorical or advanced program or without a defined career path. (Core)	4.11.f.	The program must counsel and assist tr into a categorical or advanced program
	Didactic sessions should correspond to a resident's clinical rotations and	4.44	Didactic sessions should correspond to
IV.C.9. IV.C.10.	complement and enhance the clinical experience. (Detail) Didactic sessions should include:	4.11.g. 4.11.h.	complement and enhance the clinical ex Didactic sessions should include:
	multidisciplinary conferences; (Detail)	4.11.h.1.	multidisciplinary conferences; (Detail)
IV.C.10.b)	morbidity and mortality conferences; (Detail)	4.11.h.2.	morbidity and mortality conferences; (Detail)
,	journal or evidence-based reviews; (Detail)	4.11.h.3.	journal or evidence-based reviews; (Det
IV.C.10.d)	case-based planned didactic experiences; (Detail)	4.11.h.4.	case-based planned didactic experience
IV.C.10.e)	seminars and workshops to meet specific competencies; (Detail)	4.11.h.5.	seminars and workshops to meet specifi
IV.C.10.f)	computer-aided instruction; (Detail)	4.11.h.6.	computer-aided instruction; (Detail)
,	grand rounds; (Detail)	4.11.h.7.	grand rounds; (Detail)
IV.C.10.h)	guality improvement and safety; and, (Detail)	4.11.h.8.	quality improvement and safety; and, (D
IV.C.10.i)	one-on-one instruction. (Detail)	4.11.h.9.	one-on-one instruction. (Detail)
	To ensure resident participation in didactic experiences, resident attendance		To ensure resident participation in didac
IV.C.11.	should be monitored. (Detail)	4.11.i.	should be monitored. (Detail)
	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		Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities. S discovery, integration, application, and The ACGME recognizes the diversity programs prepare physicians for a vas scientists, and educators. It is expect will reflect its mission(s) and aims, and serves. For example, some programs activity on quality improvement, pope other programs might choose to utility
IV.D.	research as the focus for scholarship.	[None]	research as the focus for scholarship Program Responsibilities The program must demonstrate evide
IV.D.1.	Program Responsibilities	4.13.	with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate 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 resid scholarly activities. (Core)

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t transitional year residents not accepted m or without a defined career path. (Core) to a resident's clinical rotations and

experience. (Detail)

Detail)

etail)

ices; (Detail)

cific competencies; (Detail)

(Detail)

actic experiences, resident attendance

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

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

idence of scholarly activities consistent

idence of scholarly activities consistent

s Sponsoring Institution, must allocate sident and faculty involvement in

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
	The program must advance residents' knowledge and practice of the		The program must advance residents
IV.D.1.c)	scholarly approach to evidence-based patient care. (Core)	4.13.b.	scholarly approach to evidence-based
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t
			<ul> <li>Research in basic science, education</li> <li>or population health</li> <li>Peer-reviewed grants</li> </ul>
			<ul> <li>Quality improvement and/or patients</li> <li>Systematic reviews, meta-analyses, textbooks, or case reports</li> </ul>
			<ul> <li>Creation of curricula, evaluation tool electronic educational materials</li> <li>Contribution to professional commit editorial boards</li> </ul>
IV.D.2.	Faculty Scholarly Activity	4.14.	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
	• Research in basic science, education, translational science, patient care, or population health		<ul> <li>Research in basic science, education or population health</li> </ul>
	<ul> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient safety initiatives</li> <li>Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports</li> </ul>		<ul> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patients</li> <li>Systematic reviews, meta-analyses, textbooks, or case reports</li> </ul>
	<ul> <li>Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials</li> <li>Contribution to professional committees, educational organizations, or</li> </ul>		<ul> <li>Creation of curricula, evaluation tool</li> <li>electronic educational materials</li> <li>Contribution to professional commit</li> </ul>
IV.D.2.a)	editorial boards • Innovations in education	4.14.	editorial boards • Innovations in education
Ιν.υ.2.α)			The program must demonstrate disse and external to the program by the fol
			<ul> <li>faculty participation in grand rounds improvement presentations, podium p peer-reviewed print/electronic resource chapters, textbooks, webinars, service</li> </ul>
			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.	<ul> <li>peer-reviewed publication. (Outcom</li> </ul>

ent Language ts' knowledge and practice of the sed patient care. (Core)

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

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:

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

me)

<b>Requirement Number</b>		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
			The program must demonstrate disse and external to the program by the fo
	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor;		<ul> <li>faculty participation in grand round improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)</li> </ul>
IV.D.2.b).(1)	(Outcome)	4.14.a.	<ul> <li>peer-reviewed publication. (Outcom</li> </ul>
			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. (Outcon
IV.D.3.	Resident Scholarly Activity	4.15.	Resident Scholarly Activity 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
IV.D.3.a).(1)	Participation must include each resident's presentation of a case report or a presentation to colleagues on a subject of interest, and/or development of a research or quality improvement project. (Core)	4.15.a.	Participation must include each resident presentation to colleagues on a subject research or quality improvement project
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Resident Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than th must be documented at least every th

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semination of scholarly activity within following methods:
nds, posters, workshops, quality m presentations, grant leadership, non- urces, articles or publications, book vice on professional committees, or al editorial board member, or editor;
ome)
semination of scholarly activity within following methods:
nds, posters, workshops, quality m presentations, grant leadership, non- urces, articles or publications, book vice on professional committees, or hal editorial board member, or editor;
larship. (Core)
larship. (Core)
ent's presentation of a case report or a ct of interest, and/or development of a ect. (Core)
l Evaluation erve, evaluate, and frequently provide during each rotation or similar
l Evaluation erve, evaluate, and frequently provide during each rotation or similar
l Evaluation erve, evaluate, and frequently provide during each rotation or similar

the completion of the assignment.

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.1.b).(2)	Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences, such as co clinical responsibilities, must be eval at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objecti 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 evalu patients, self, and other professional
V.A.1.c).(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 progree improvement toward unsupervised p
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet v their documented semi-annual evalua progress along the specialty-specific
V.A.1.d).(2)	assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designer Competency Committee, must assist individualized learning plans to capit 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 designer Competency Committee, must developrogress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sur that includes their readiness to progr applicable. (Core)
V.A.1.f).	The evaluations of a resident's performance must be accessible for review by the resident. (Core)	5.1.g.	The evaluations of a resident's perfor by the resident. (Core)
V.A.1.g)	The program must provide performance evaluations of those residents accepted into a residency following completion of the transitional year to the specialty program director as specified in the specialty requirements. (Core)	5.1.h.	The program must provide performance into a residency following completion of program director as specified in the spec
V.A.1.h)	The program must communicate any anticipated delays in resident completion of the transitional year program to the receiving specialty residency program. (Core)	5.1.i.	The program must communicate any an of the transitional year program to the re (Core)
			Resident Evaluation: Final Evaluation
V.A.2.	Final Evaluation	5.2.	The program director must provide a upon completion of the program. (Co
V.A.2.a)	The program director must provide a final evaluation for each resident upon completion of the program. (Core)	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Co

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

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

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

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

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

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

nee, with input from the Clinical elop plans for residents failing to licies and procedures. (Core) summative evaluation of each resident gress to the next year of the program, if

formance must be accessible for review

ce evaluations of those residents accepted of the transitional year to the specialty pecialty requirements. (Core)

anticipated delays in resident completion receiving specialty residency program.

#### on

e a final evaluation for each resident Core)

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a final evaluation for each resident Core)

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremer
	The specialty-specific Milestones, and when applicable the specialty-		The specialty-specific Milestones, an
	specific Case Logs, must be used as tools to ensure residents are able to		specific Case Logs, must be used as
V.A.2.a).(1)	engage in autonomous practice upon completion of the program. (Core)	5.2.a.	engage in autonomous practice upor
V.A.2.a).(2)	The final evaluation must:	[None]	
• • • • • • • • • • • • • • • • • • • •	become part of the resident's permanent record maintained by the		The final evaluation must become pa
	institution, and must be accessible for review by the resident in		maintained by the institution, and mu
V.A.2.a).(2).(a)	accordance with institutional policy; (Core)	5.2.b.	resident in accordance with institutio
			The final evaluation must verify that
	verify that the resident has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors neo
	behaviors necessary to enter autonomous practice; and, (Core)		(Core)
V.A.2.a).(2).(b)	[This requirement does not apply to transitional year programs.]	5.2.c.	This requirement does not apply to tran
			The final evaluation must be shared
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	the program. (Core)
			Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the program		A Clinical Competency Committee m
V.A.3.	director. (Core)	5.3.	director. (Core)
	At a minimum, the Clinical Competency Committee must include three		At a minimum, the Clinical Competer
	members of the program faculty, at least one of whom is a core faculty		members of the program faculty, at le
V.A.3.a)	member. (Core)	5.3.a.	member. (Core)
	Additional members must be faculty members from the same program or		Additional members must be faculty
	other programs, or other health professionals who have extensive contact		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]	
			The Clinical Competency Committee
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	at least semi-annually. (Core)
	determine each resident's progress on achievement of the specialty-		The Clinical Competency Committee
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.d.	progress on achievement of the spec
			The Clinical Competency Committee
	meet prior to the residents' semi-annual evaluations and advise the		semi-annual evaluations and advise
V.A.3.b).(3)	program director regarding each resident's progress. (Core)	5.3.e.	resident's progress. (Core)
			Faculty Evaluation
			The program must have a process to
V.B.	Faculty Evolution	5.4.	performance as it relates to the educ
V.D.	Faculty Evaluation	5.4.	
	The prease must have a presses to evaluate each foculty member's		Faculty Evaluation
	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually.		The program must have a process to performance as it relates to the educ
V.B.1.	(Core)	5.4.	(Core)
V.D.1.		0.4.	
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with t
	in faculty development related to their skills as an educator, clinical		in faculty development related to the
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and s
	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)
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and when applicable the specialtyas tools to ensure residents are able to on completion of the program. (Core)

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

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

ansitional year programs.]

d with the resident upon completion of

must be appointed by the program

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

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

e must review all resident evaluations

ee must determine each resident's ecialty-specific Milestones. (Core)

e must meet prior to the residents' e the program director regarding each

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

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

ew of the faculty member's clinical n the educational program, participation neir skills as an educator, clinical scholarly activities. (Core) en, anonymous, and confidential

Requirement Number		Reformatted	
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V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback on their evaluations at least annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1.	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. (Core)	5.5.a.	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities must include review of the program's self-determined goals and progress toward meeting them. <sup>(Core)</sup>
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 responsibilities must include guiding ongoing program improvement, including development of new goals, based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsibilities must include review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)
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)		The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty writter evaluations of the program, and other relevant data in its assessment of 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 must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, 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)
V.C.2.	The program must complete a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must complete a Self-Study and submit it to the DIO. (Core)

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environm
	Residency education must occur in the context of a learning and working environment that emphasizes the following principles:		Residency education must occur in t environment that emphasizes the fol
	<ul> <li>Excellence in the safety and quality of care rendered to patients by residents today</li> </ul>		<ul> <li>Excellence in the safety and quality residents today</li> </ul>
	<ul> <li>Excellence in the safety and quality of care rendered to patients by today's residents in their future practice</li> </ul>		• Excellence in the safety and quality today's residents in their future pract
	• Excellence in professionalism		• Excellence in professionalism
	<ul> <li>Appreciation for the privilege of caring for patients</li> </ul>		• Appreciation for the privilege of car
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 heat
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuo a willingness to transparently deal with has formal mechanisms to assess th its personnel toward safety in order t
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, a patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow- unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
	Residents, fellows, faculty members, and other clinical staff members		
VI.A.1.a).(2).(a)	must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

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n the context of a learning and working following principles:

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aring for patients

the students, residents, faculty nealth care team

yous identification of vulnerabilities and with them. An effective organization the knowledge, skills, and attitudes of or to identify areas for improvement.

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

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

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

<b>Requirement Number</b>	·	Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
	be provided with summary information of their institution's patient safety		Residents, fellows, faculty members, must be provided with summary info
VI.A.1.a).(2).(a).(ii)	reports. (Core)	6.2.a.	safety reports. <sup>(Core)</sup>
VI.A.1.a).(2).(b)	Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Residents must participate as team n interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementati
	Quality Metrics		
VI.A.1.a).(3)	Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritia and evaluating success of improvem
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 p
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon- relates to the supervision of all patien 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)	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon relates to the supervision of all patien Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requ 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)		Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and

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

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

itizing activities for care improvement ment efforts.

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

s ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it ient care.

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

s ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it ient care.

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

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

<b>Requirement Number</b>	·	Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
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) The program must demonstrate that the appropriate level of supervision in	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 The program must demonstrate that
VI.A.2.a).(2)	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.	place for all residents is based on ear ability, as well as patient complexity exercised through a variety of metho (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate resident sup authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision	6.7.	Direct Supervision The supervising physician is physica the key portions of the patient interac
VI.A.2.b).(1).(a)	the supervising physician is physically present with the resident during the key portions of the patient interaction.	6.7.	Direct Supervision The supervising physician is physica the key portions of the patient interac
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 sup the above definition. (Core)
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 pro- or audio supervision but is immediat guidance and is available to provide
VI.A.2.b).(3) VI.A.2.c)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. The program must define when physical presence of a supervising physician is required. (Core)	[None] 6.8.	Oversight The supervising physician is availabl procedures/encounters with feedbac The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each 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 of specific criteria, guided by the Milest
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core)	6.9.b.	Faculty members functioning as super portions of care to residents based of skills of each resident. (Core)
VI.A.2.d).(3)	Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Senior residents or fellows should se residents in recognition of their prog the needs of each patient and the ski (Detail)

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ust inform each patient of their are when providing direct patient care. to residents, faculty members, other and patients. (Core)

at the appropriate level of supervision in each resident's level of training and y and acuity. Supervision may be nods, as appropriate to the situation.

*Ipervision while providing for graded* ogram must use the following

cally present with the resident during raction.

cally present with the resident during raction.

upervised directly, only as described in

roviding physical or concurrent visual fately available to the resident for le appropriate direct supervision.

able to provide review of ack provided after care is delivered. ysical 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 ogress toward independence, based on kills of the individual resident or fellow.

Requirement Number - Roman Numerals		Reformatted	Demoisson
- Roman Numerais	Requirement Language Programs must set guidelines for circumstances and events in which	Requirement Number	Requiremen Programs must set guidelines for circ
VI.A.2.e)	residents must communicate with the supervising faculty member(s). (Core)	6.10.	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 o circumstances under which the resid 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 resi the appropriate level of patient care a
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S residents and faculty members conce responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S residents and faculty members conce responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on residents to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on residents to ful
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the progra care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each resident finds physician, including protecting time v administrative support, promoting pro- flexibility, and enhancing professiona
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism 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 ur (Core)
	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,		Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free f forms of harassment, mistreatment, a
VI.B.5.	residents, faculty, and staff. (Core)	6.12.f.	residents, faculty, and staff. (Core)

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the supervising faculty member(s).

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

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

Sponsoring Institutions, must educate accerning the professional and ethical ading but not limited to their obligation a provide the care required by their

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

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

ram must ensure manageable patient

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

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

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
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 S process for education of residents a behavior and a confidential process addressing such concerns. (Core)
	<ul> <li>Well-Being</li> <li>Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.</li> <li>Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares residents with the skills and attitudes needed to thrive</li> </ul>		Well-Being Psychological, emotional, and physic development of the competent, carin proactive attention to life inside and requires that physicians retain the jo own real-life stresses. Self-care and i members of the health care team are professionalism; they are also skills nurtured in the context of other aspe- Residents and faculty members are a Programs, in partnership with their S same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares residents with the skills and
VI.C.	throughout their careers. The responsibility of the program, in partnership with the Sponsoring	[None]	<i>throughout their careers.</i> The responsibility of the program, in
VI.C.1. VI.C.1.a)	Institution, must include: attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)	6.13. 6.13.a.	Institution, must include: attention to scheduling, work intensit impacts resident well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)	6.13.b.	evaluating workplace safety data and and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal resident and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourag member well-being; and, (Core)
VI.C.1.c).(1)	Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Residents must be given the opportu 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
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or poten assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the 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-s
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (

### ent Language Sponsoring Institutions, should have a and faculty regarding unprofessional s for reporting, investigating, and

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

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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 appropriate

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

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

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

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

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

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

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

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

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

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

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

gnments to optimize transitions in frequency, and structure. (Core) Sponsoring Institutions, must ensure and-off processes to facilitate both v. (Core)

ts are competent in communicating process. (Outcome)

Requirement Number - Roman Numerals		Reformatted Requirement Number	Deguizemen
- Roman Numerais	Requirement Language	Requirement Number	Requiremen
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 S an effective program structure that is educational and clinical experience o opportunities for rest and personal ad
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 r hours per week, averaged over a four house clinical and educational activit 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 m 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 Educatio Clinical and educational work periods hours of continuous scheduled clinic
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 Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or 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 effe resident education. Additional patient assigned to a resident during this tim
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 or clinical site in the following circumsta a single severely ill or unstable patier 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.

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

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

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

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 o resident, on their own initiative, may o clinical site in the following circumsta a single severely ill or unstable patier needs of a patient or patient's family; events. (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
VIII . <del></del> .	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sound
VI.F.4.c)	The Review Committee for Transitional Year will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	The Review Committee for Transitional Second texceptions to the 80-hour limit to the res
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.a)	Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.b)	Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by residents in internal an in the ACGME Glossary of Terms) mu maximum weekly limit. (Core)
VI.F.5.c)	PGY-1 residents are not permitted to moonlight. (Core)	6.25.b.	PGY-1 residents are not permitted to
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.6.a)	Residents must not be scheduled for more than four consecutive weeks of night float. (Core)	6.26.a.	Residents must not be scheduled for mo float. (Core)
VI.F.6.b)	Scheduled night float must not exceed a total of eight weeks during the 12- month program. (Core)	6.26.b.	Scheduled night float must not exceed a month program. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Residents must be scheduled for in-h every third night (when averaged over

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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

ducation must be counted toward the

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

Il Year will not consider requests for esidents' work week.

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

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

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

o moonlight. (Core)

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

nore than four consecutive weeks of night

a total of eight weeks during the 12-

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

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

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

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

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