Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremer
	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of		Definition of Graduate Medical Educa Fellowship is advanced graduate me residency program for physicians wh practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and educ
	physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		physicians. Graduate medical educat group of physicians brings to medica inclusive and psychologically safe lea
Int.A.	Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	Fellows who have completed residen in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecia faculty supervision and conditional in as role models of excellence, compas professionalism, and scholarship. The knowledge, patient care skills, and ex- area of practice. Fellowship is an inte- clinical and didactic education that for of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient car expertise achieved, fellows develop r infrastructure that promotes collabor
Int.B.	Definition of Subspecialty Vascular surgery is the surgical specialty involving diseases of the arterial, venous, and lymphatic circulatory systems, exclusive of those circulatory vessels intrinsic to the heart and intracranial vessels. Specialists in this discipline demonstrate the knowledge, skills, and understanding of the medical science relative to the vascular system, as well as mature technical skills and surgical judgment.	[None]	Definition of Subspecialty Vascular surgery is the surgical specialt venous, and lymphatic circulatory system vessels intrinsic to the heart and intracra discipline demonstrate the knowledge, s science relative to the vascular system, surgical judgment.

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edical education beyond a core who desire to enter more specialized ians serve the public by providing include core medical care, acting as a n their field, creating and integrating ducating future generations of ation values the strength that a diverse cal care, and the importance of learning environments.

ency are able to practice autonomously edical experience and expertise of icians entering residency. The fellow's ialty is undertaken with appropriate independence. Faculty members serve assion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused tensive program of subspecialty focuses on the multidisciplinary care often physically, emotionally, and rs in a variety of clinical learning te medical education and the wells, faculty members, students, and all

ny fellowship programs advance ts. While the ability to create new exclusive to fellowship-educated ce expands a physician's abilities to inquiry that results in contributions to are. Beyond the clinical subspecialty mentored relationships built on an orative research.

alty involving diseases of the arterial, ems, exclusive of those circulatory cranial vessels. Specialists in this skills, and understanding of the medical n, as well as mature technical skills and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Length of Educational Program		
Int.C.	The educational program in vascular surgery for independent programs must be 24 months in length. (Core)	4.1.	Length of Program The educational program in vascular sur 24 months in length. (Core)
I.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo
I.A.	medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	medical education consistent with the When the Sponsoring Institution is no most commonly utilized site of clinical primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by o
I.A.1.	Institution. (Core)	1.1.	Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.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 agree and each participating site that govern program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must to by the program director, who is accou site, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit any participating sites routinely providing for all fellows, of one month full time of ACGME's Accreditation Data System (
I.B.5.	Participating sites should be geographically proximate to the primary clinical site in order to allow all fellows to attend joint conferences, basic science lectures, and morbidity and mortality reviews on a regular and documented basis at a central location. (Core)		Participating sites should be geographica in order to allow all fellows to attend joint and morbidity and mortality reviews on a central location. (Core)

urgery for independent programs must be

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

consoring Institution, must designate a

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

very 10 years. (Core)

esignated institutional official (DIO).

cal learning and working environment

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

iny additions or deletions of ng an educational experience, required e equivalent (FTE) or more through the n (ADS). (Core)

ically proximate to the primary clinical site int conferences, basic science lectures, a regular and documented basis at a

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
I.B.5.a)	Geographically remote participating sites must provide audiovisual access to the conferences and lectures at the central location, or document provision of an equivalent educational program of lectures and conferences. (Core)	1.6.a.1.	Geographically remote participating site conferences and lectures at the central equivalent educational program of lectu
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retentio The program, in partnership with its in practices that focus on mission-dr and retention of a diverse and inclus fellows, faculty members, senior adm other relevant members of its acader
I.D.	Resources	1.8.	Resources The program, in partnership with its the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its the availability of adequate resources
I.D.1.a)	These resources must include:	[None]	
I.D.1.a).(1)	a common office space for fellows that includes a sufficient number of computers and adequate workspace at the primary clinical site; (Core)	1.8.a.	These resources must include a common a sufficient number of computers and ac site. (Core)
I.D.1.a).(2)	software resources for production of presentations, manuscripts, and portfolios; and, (Core)	1.8.b.	These resources must include software presentations, manuscripts, and portfoli
I.D.1.a).(3)	online radiographic and laboratory reporting systems at the primary clinical site and all participating sites. (Core)	1.8.c.	These resources must include online rad systems at the primary clinical site and a
I.D.1.b)	The facility used to provide fellows with experience in interpretation of non- invasive vascular laboratory testing must be accredited by a recognized organization that would allow fellowship graduates to fulfill the requirements of eligibility for specialty board certification. (Core)	1.8.d.	The facility used to provide fellows with invasive vascular laboratory testing mus organization that would allow fellowship eligibility for specialty board certification
I.D.1.b).(1)	The laboratory must be currently accredited in extracranial cerebrovascular, peripheral arterial and peripheral venous testing, and must provide substantial experience in abdominal and visceral vascular imaging. (Core)	1.8.d.1.	The laboratory must be currently accred peripheral arterial and peripheral venous experience in abdominal and visceral va
I.D.1.c)	The program must be conducted in an institution(s) that can document a sufficient breadth of patient care that routinely cares for patients with a broad spectrum of vascular diseases and conditions. (Core)	1.8.e.	The program must be conducted in an in sufficient breadth of patient care that rou spectrum of vascular diseases and cond
I.D.1.d)	In addition, these institutions must include facilities and staff members for a variety of other services that provide a critical role in the care of patients with vascular conditions, including cardiovascular services, critical care services, general surgery services, nephrology services, neurology services, and radiology services. (Core)	1.8.f.	In addition, these institutions must inclue variety of other services that provide a c vascular conditions, including cardiovas general surgery services, nephrology se radiology services. (Core)

ites must provide audiovisual access to the al location, or document provision of an tures and conferences. (Core)

ion

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

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

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

non office space for residents that includes adequate workspace at the primary clinical

re resources for production of olios. (Core)

radiographic and laboratory reporting d all participating sites. (Core)

th experience in interpretation of nonust be accredited by a recognized ip graduates to fulfill the requirements of on. (Core)

edited in extracranial cerebrovascular, ous testing, and must provide substantial vascular imaging. (Core)

n institution(s) that can document a routinely cares for patients with a broad onditions. (Core)

lude facilities and staff members for a a critical role in the care of patients with ascular services, critical care services, services, neurology services, and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.1.e)	The institutional volume and variety of open and endovascular operative experience must be adequate to ensure a sufficient number and distribution of complex cases (as determined by the Review Committee) for each fellow in the program. (Core)	1.8.g.	The institutional volume and variety of o experience must be adequate to ensure complex cases (as determined by the Reprogram. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
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 fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and 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 fellows' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and of but not limited to residents from othe advanced practice providers, must no fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduat (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
	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)		The program director and, as applical must be provided with support adequ
II.A.2.		2.3.	based upon its size and configuration

open and endovascular operative re a sufficient number and distribution of Review Committee) for each fellow in the

Sponsoring Institution, must ensure ng environments that promote fellow

)

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

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

priate to the participating site; and,

sabilities consistent with the re)

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

sonnel

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

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

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

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

tor resides with the Review Committee.

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

Roman Numeral Requirement Number	Requirement Language	Reformatted 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 adminis support for program leadership must be additional support may be for the program program director and one or more assoc (Core)
II.A.2.a)	Number of Approved Fellow Positions: 1-6 Minimum Support Required (FTE) for the Program Director: 0.2 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: n/a Number of Approved Fellow Positions: 7-10 Minimum Support Required (FTE) for the Program Director: 0.3 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: n/a Number of Approved Fellow Positions: 11-20 Minimum Support Required (FTE) for the Program Director: 0.3 Minimum Additional Support Required (FTE) for the Program Director: 0.3 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.1 Number of Approved Fellow Positions: 21 or greater Minimum Support Required (FTE) for the Program Director: 0.3 Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.2	2.3.a.	Number of Approved Fellow Positions: for the Program Director: 0.2 Minimum Program Leadership in Aggregate: n/a Number of Approved Fellow Positions: for the Program Director: 0.3 Minimum Program Leadership in Aggregate: n/a Number of Approved Fellow Positions: for the Program Director: 0.3 Minimum Program Leadership in Aggregate: 0.1 Number of Approved Fellow Positions: 2 Required (FTE) for the Program Director Required (FTE) for Program Leadership
II.A.2.b)	Program directors who oversee both an independent and an integrated vascular surgery program must be provided support for administration of the programs		Program directors who oversee both an surgery program must be provided suppleased on the total number of approved
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Surgery or by the American Osteopathic Board of Surgery, or subspecialty qualifications that are acceptable to the Review Committee; (Core)	2.4.a.	The program director must possess of subspecialty for which they are the p Board of Surgery or by the American subspecialty qualifications that are a (Core)
	must include current medical licensure and appropriate medical staff	246	The program director must possess curr
II.A.3.c) II.A.3.d)	appointment; and, (Core) must include ongoing clinical activity. (Core)	2.4.b. 2.4.c.	medical staff appointment. (Core) The program director must demonstrate
	Program Director Responsibilities	2.1.0.	
II.A.4.	The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r

ust be provided with the dedicated time istration of the program. Additional e provided as specified below. This ram director only or divided among the ociate (or assistant) program directors.

1-6 | Minimum Support Required (FTE) m Additional Support Required (FTE) for

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

: 11-20 | Minimum Support Required (FTE) m Additional Support Required (FTE) for

21 or greater | Minimum Support tor: 0.3 | Minimum Additional Support ip in Aggregate: 0.2

n independent and an integrated vascular oport for administration of the programs d positions across both programs. (Core)

tor:

subspecialty expertise and iew Committee. (Core)

tor

subspecialty expertise and iew Committee. (Core)

current certification in the program director by the American Osteopathic Board of Surgery or acceptable to the Review Committee.

irrent medical licensure and appropriate

e ongoing clinical activity. (Core)

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

e model of professionalism. (Core)

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II.A.4.a).(2)	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)	2.5.b.	The program director must design and consistent with the needs of the comr Sponsoring Institution, and the missio
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer environment conducive to educating t 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)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of cor develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit acc required and requested by the DIO, GI
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a l which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and due process, including when action is promote, or renew the appointment of
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and policies and policies.
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion c (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request, v
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide ap with information related to their eligib examination(s). (Core)

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

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

e authority to remove fellows from ning environments that do not meet

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

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

he program's compliance with the d procedures related to grievances and is taken to suspend or dismiss, not to of a fellow. (Core)

he program's compliance with the discrete discre

n a non-competition guarantee or

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

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

applicants who are offered an interview ibility for the relevant specialty board

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	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		Faculty Faculty members are a foundational education – faculty members teach for 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 prior development of future colleagues. The the opportunity to teach and model en- scholarly approach to patient care, far medical education system, improve to population.
II.B.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	Faculty members ensure that patient from a specialist in the field. They rea the patients, fellows, community, and provide appropriate levels of supervi Faculty members create an effective professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to	2.6.	There must be a sufficient number of
II.B.1.a)	The members of the physician faculty must reflect sufficient diversity of interest and capability to represent the many facets of vascular surgery. (Detail)	2.6.a.	instruct and supervise all fellows. (Co The members of the physician faculty m and capability to represent the many fac
II.B.2	Faculty members must:	[None]	Faculty Responsibilities
II.B.2.a)		2.7.	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)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint

al element of graduate medical fellows how to care for patients. tant bridge allowing fellows to grow ng that patients receive the highest ls 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 l 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 nd institution. Faculty members vision to promote patient safety. re learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

must reflect sufficient diversity of interest acets of vascular surgery. (Detail)

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

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

and maintain an educational ıg fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

priate qualifications in their field and ntments. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropri
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee; and, (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa Osteopathic Board of Surgery, or poss to the Review Committee. (Core)
II.B.3.b).(2)	have current certification in their specialty (if other than vascular surgery) by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.b.	Subspecialty physician faculty members specialty (if other than vascular surgery) Medical Specialties (ABMS) member box Association (AOA) certifying board, or po to the Review Committee. (Core)
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, o acceptable to the Review Committee.
	Core Faculty		
II.B.4.	Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sign supervision of fellows and must devo effort to fellow education and/or admi of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a
II.B.4.b)	In addition to the program director, there must be at least one board-certified vascular surgery core faculty member for each approved fellowship position. (Core)	2.10.b.	In addition to the program director, there vascular surgery core faculty member fo (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration o and configuration. (Core)

oriate qualifications in their field and ntments. (Core)

nbers

bers must have current certification in oard of Surgery or the American ossess qualifications judged acceptable

rs must have current certification in their y) by the appropriate American Board of poard or American Osteopathic possess qualifications judged acceptable

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

significant role in the education and vote a significant portion of their entire ministration, and must, as a component nd provide formative feedback to

e annual ACGME Faculty Survey. (Core)

re must be at least one board-certified for each approved fellowship position.

or. (Core)

or. (Core)

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

Roman Numeral Requirement	Demuinement Lenguege	Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program as follows: (Core)		At a minimum, the program coordinator r time and support specified below for adn (Core)
	Number of Approved Fellow Positions: 1-6 Minimum Support Required (FTE): 0.5		Number of Approved Fellow Positions: 1 0.5
	Number of Approved Fellow Positions: 7-10 Minimum Support Required (FTE): 0.7		Number of Approved Fellow Positions: 7
II.C.2.a)	Number of Approved Fellow Positions: 11-15 Minimum Support Required (FTE): 0.8	2.11.b.	Number of Approved Fellow Positions: 1 (FTE): 0.8
	Other Program Personnel		
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary per administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an AG an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canad program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fie CanMEDS Milestones evaluations from
III.A.1.b)	To be eligible for appointment, fellows must have successfully completed a residency program in surgery that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	To be eligible for appointment, fellows m residency program in surgery that satisfi
III.A.1.c)	To be eligible for appointment to an Early Specialization Program (ESP), fellows must have successfully completed four years of an ACGME-accredited residency program in surgery that satisfies the requirements in III.A.1. and that has been approved by the Review Committee for participation as an ESP and that is in the same institution as the ESP vascular surgery program. (Core)	3.2.a.2.	To be eligible for appointment to an Early must have successfully completed four y residency program in surgery that satisfic been approved by the Review Committee in the same institution as the ESP vascu
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoir Review Committee. (Core)

or must be provided with the dedicated dministration of the program as follows:

- 1-6 | Minimum Support Required (FTE):
- 7-10 | Minimum Support Required (FTE):
- 11-15 | Minimum Support Required

Sponsoring Institution, must jointly personnel for the effective

ip Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, m, a program with ACGME Specialty Accreditation, or a Royal s of Canada (RCPSC)-accredited or nada (CFPC)-accredited residency

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

must have successfully completed a sfies the requirements in 3.2. (Core)

arly Specialization Program (ESP), fellows r years of an ACGME-accredited sfies the requirements in 3.2. and that has tee for participation as an ESP and that is cular surgery program. (Core)

pint more fellows than approved by the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verificatior and a summative competency-based acceptance of a transferring fellow, a matriculation. (Core)
III.C.1.	Any fellow transfer must be approved in advance by the Review Committee. (Core)	3.4.a.	Any fellow transfer must be approved in (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wi
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pu- leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
IV.A.	Educational Components The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow I Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)

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

in advance by the Review Committee.

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

port the development of who provide compassionate care.

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

llowing educational components:

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

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

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

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

ected time to participate in core

omote patient safety-related goals,

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competenc Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		· · · · · · · · · · · · · · · · · · ·
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professional Fellows must demonstrate a commitn adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1) IV.B.1.b).(1).(a)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)Fellows must demonstrate manual dexterity appropriate for their educational levels. (Core)	4.4. 4.4.a.	Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the Fellows must demonstrate manual dexter levels. (Core)
IV.B.1.b).(1).(b)	Fellows must develop and execute patient care plans appropriate for their educational levels. (Core)	4.4.b.	Fellows must develop and execute patie educational levels. (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must develop competence in performing operative procedures in the following list of defined categories:	4.5.a.	Fellows must develop competence in pe following list of defined categories:
IV.B.1.b).(2).(a).(i) IV.B.1.b).(2).(a).(ii)	abdominal; (Core) cerebrovascular; (Core)	4.5.a.1. 4.5.a.2.	abdominal; (Core) cerebrovascular; (Core)
IV.B.1.b).(2).(a).(iii)	peripheral; (Core)	4.5.a.3.	peripheral; (Core)
IV.B.1.b).(2).(a).(iv)	complex; (Core)	4.5.a.4.	complex; (Core)
IV.B.1.b).(2).(a).(v)	endovascular diagnostic; (Core)	4.5.a.5.	endovascular diagnostic; (Core)
IV.B.1.b).(2).(a).(vi)	endovascular therapeutic; and, (Core)	4.5.a.6.	endovascular therapeutic; and, (Core)
IV.B.1.b).(2).(a).(vii)	endovascular aneurysm repair. (Core)	4.5.a.7.	endovascular aneurysm repair. (Core)
IV.B.1.b).(2).(b)	Fellows must develop competence in patient management, including determining an appropriate diagnosis and operative plan, providing pre- operative care, and directing post-operative care. (Core)	4.5.b.	Fellows must develop competence in pa determining an appropriate diagnosis an operative care, and directing post-operat
IV.B.1.b).(2).(c)	Fellows must develop competence in assessing the vascular portion of angiography, computed tomography (CT) scanning, and magnetic resonance imaging (MRI) and magnetic resonance angiogram (MRA) images. (Core)	4.5.c.	Fellows must develop competence in as angiography, computed tomography (CT imaging (MRI) and magnetic resonance

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

SME Competencies into the curriculum.

nalism tment to professionalism and an re)

re

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

sterity appropriate for their educational

tient care plans appropriate for their

l Skills

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

performing operative procedures in the

patient management, including and operative plan, providing prerative care. (Core)

assessing the vascular portion of CT) scanning, and magnetic resonance æ angiogram (MRA) images. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(2).(d)	Fellows must demonstrate the ability to accurately interpret non-invasive vascular laboratory studies. (Core)	4.5.d.	Fellows must demonstrate the ability to a vascular laboratory studies. (Core)
IV.B.1.b).(2).(d).(i)	This experience must include the range and number of non-invasive studies that would allow graduates to fulfill the requirements of eligibility for specialty board certification. (Core)	4.5.d.1.	This experience must include the range a would allow graduates to fulfill the requir certification. (Core)
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Know Fellows must demonstrate knowledge biomedical, clinical, epidemiological, a including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of anatomy, biology, embryology, microbiology, physiology, and pathology as they relate to the pathophysiology, diagnosis, and treatment of vascular lesions. (Core)	4.6.a.	Fellows must demonstrate knowledge of microbiology, physiology, and pathology diagnosis, and treatment of vascular lesion
IV.B.1.c).(2)	Fellows must demonstrate knowledge of the methods and techniques of angiography, CT scanning, MRI, MRA, and other vascular imaging modalities. (Core)	4.6.b.	Fellows must demonstrate knowledge of angiography, CT scanning, MRI, MRA, a (Core)
IV.B.1.c).(3)	Fellows must demonstrate knowledge of the roles of different specialists and other health care professionals in overall patient management. (Core)	4.6.c.	Fellows must demonstrate knowledge of other health care professionals in overall
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperson result in the effective exchange of info patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awarend larger context and system of health ca social determinants of health, as well other resources to provide optimal he

accurately interpret non-invasive

e and number of non-invasive studies that uirements of eligibility for specialty board

nowledge

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

of anatomy, biology, embryology, gy as they relate to the pathophysiology, esions. (Core)

of the methods and techniques of , and other vascular imaging modalities.

of the roles of different specialists and rall patient management. (Core)

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

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

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

Roman Numeral Requirement	De minement Len que se	Reformatted	
Number	Requirement Language	Requirement Number	Requiremer
			 4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experi These educational experiences inclu patient care responsibilities, clinical events. (Core) 4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with prote didactic activities. (Core) 4.12. Curriculum Organization and Fe
			The program must provide instructio
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	if applicable for the subspecialty, inc substance use disorder. (Core)
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Fellow 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)	Fellows' clinical rotations must be a minimum of four weeks in duration. (Core)	4.10.a.	Fellows' clinical rotations must be a min
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow The program must provide instructio if applicable for the subspecialty, inc substance use disorder. (Core)
IV.C.3.	The following conferences must exist:	4.11.a.	The following conferences must exist:
IV.C.3.a)	a review, held at least biweekly, of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies when relevant; (Detail)	4.11.a.1.	a review, held at least biweekly, of all cu including radiological and pathological o autopsies when relevant; (Detail)
IV.C.3.b)	a course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to vascular surgery, as well as the technological advances that relate to vascular surgery and the care of patients with vascular diseases; (Detail)	4.11.a.2.	a course or a structured series of confer and clinical sciences fundamental to vas technological advances that relate to va with vascular diseases; (Detail)

Fellow Experiences – Curriculum

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

Fellow Experiences – Didactic and

tected time to participate in core

Fellow Experiences – Pain Management ion and experience in pain management ncluding recognition of the signs of

w Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory continuity. lude an appropriate blend of supervised al teaching, and didactic educational

inimum of four weeks in duration. (Core)

w Experiences – Pain Management ion and experience in pain management ncluding recognition of the signs of

current complications and deaths, I correlation of surgical specimens and

ferences to ensure coverage of the basic vascular surgery, as well as the vascular surgery and the care of patients

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.3.c)	regular organized clinical teaching; and, (Detail)	4.11.a.3.	regular organized clinical teaching; and,
IV.C.3.d)	a regular review of recent literature in a journal club format. (Detail)	4.11.a.4.	a regular review of recent literature in a j
IV.C.4.	Fellows must actively participate in the planning and presentation of required conferences. (Core)	4.11.b.	Fellows must actively participate in the p conferences. (Core)
IV.C.4.a)	Each fellow must attend at least 75 percent of all required conferences. (Detail)	4.11.b.1.	Each fellow must attend at least 75 perc
IV.C.4.b)	At least 50 percent of the core faculty, in aggregate, must attend program conferences. (Detail)	4.11.b.2.	At least 50 percent of the core faculty, in conferences. (Detail)
IV.C.5.	Fellows must perform a minimum of 250 major vascular reconstructive procedures. (Core)	4.11.c.	Fellows must perform a minimum of 250 procedures. (Core)
IV.C.5.a)	Operative experience in excess of 900 total cases must be justified by the program director. (Core)	4.11.c.1.	Operative experience in excess of 900 to program director. (Core)
IV.C.6.	The curriculum for each fellow must include a final year with chief responsibility on the vascular surgery service at the primary clinical site or at a participating site. (Core)	4.11.d.	The curriculum for each fellow must inclu on the vascular surgery service at the pr site. (Core)
IV.C.6.a)	A vascular surgery fellow and a chief resident in an integrated vascular surgery program may function together on the same service but must not have primary responsibility for the same patients. (Core)	4.11.d.1.	A vascular surgery fellow and a chief res program may function together on the sa responsibility for the same patients. (Cor
IV.C.6.b)	A vascular surgery fellow and a chief resident in a general surgery residency program may function together on the same service but must not have primary responsibility for the same patients. (Core)	4.11.d.2.	A vascular surgery fellow and a chief res program may function together on the sa responsibility for the same patients. (Cor
IV.C.7.	Fellow experiences must include:	[None]	
IV.C.7.a)	primary responsibility for continuity of patient care, including ambulatory care, inpatient care, referral and consultation, and utilization of community resources; (Core)	4.11.e.	Fellow experiences must include primary care, including ambulatory care, inpatien utilization of community resources. (Core
IV.C.7.b)	progressive senior surgical responsibilities in the total care of vascular surgery patients, including pre-operative evaluation, therapeutic decision-making, operative experience, and post-operative management; (Core)	4.11.f.	Fellow experiences must include progres the total care of vascular surgery patient therapeutic decision-making, operative e management. (Core)
IV.C.7.c)	participation in providing consultation with faculty member supervision. (Core)	4.11.g.	Fellow experiences must include particip faculty member supervision. (Core)
IV.C.7.c).(1)	Fellows should have clearly defined educational responsibilities for other fellows, residents, medical students, and professional personnel. (Detail)	4.11.g.1.	Fellows should have clearly defined edures residents, medical students, and profess
IV.C.7.c).(1).(a)	Teaching by fellows should include correlation of basic biomedical knowledge with the clinical aspects of vascular surgery. (Detail)	4.11.g.1.a.	Teaching by fellows should include corre with the clinical aspects of vascular surg
IV.C.7.d)	experience in the application, assessment, and limitations of non-invasive vascular diagnostic techniques; and, (Core)	4.11.h.	Fellow experiences must include experie limitations of non-invasive vascular diag
IV.C.7.d).(1)	The program must provide didactic and clinical training in non-invasive vascular diagnostic testing and interpretation. (Detail)	4.11.h.1.	The program must provide didactic and o diagnostic testing and interpretation. (De
IV.C.7.d).(2)	Such education must not be achieved solely through attendance at off-site review or test preparation courses. (Detail)	4.11.h.2.	Such education must not be achieved so review or test preparation courses. (Deta
IV.C.7.e) IV.C.7.e).(1)	experience with outpatient activities. (Detail) Fellows must devote an average of at least one half-day per week to outpatient activities. (Core)	4.11.i. 4.11.i.1.	Fellow experiences must include experie Fellows must devote an average of at lea activities. (Core)
IV.C.8.	When justified by experience, fellows should serve as teaching assistants to more junior fellows and to residents. (Detail)	4.11.j.	When justified by experience, fellows sh more junior fellows and to residents. (De

d, (Detail)

a journal club format. (Detail)

planning and presentation of required

rcent of all required conferences. (Detail) in aggregate, must attend program

50 major vascular reconstructive

total cases must be justified by the

clude a final year with chief responsibility primary clinical site or at a participating

esident in an integrated vascular surgery same service but must not have primary core)

esident in a general surgery residency same service but must not have primary core)

ary responsibility for continuity of patient ent care, referral and consultation, and pre)

ressive senior surgical responsibilities in ents, including pre-operative evaluation, e experience, and post-operative

cipation in providing consultation with

lucational responsibilities for other fellows, ssional personnel. (Detail)

rrelation of basic biomedical knowledge rgery. (Detail)

rience in the application, assessment, and agnostic techniques. (Core)

d clinical training in non-invasive vascular Detail)

solely through attendance at off-site etail)

rience with outpatient activities. (Detail) least one half-day per week to outpatient

should serve as teaching assistants to Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship 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		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a v scientists, and educators. It is expect will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop
IV.D.	research as the focus for scholarship.	[None]	other programs might choose to util research as the focus for scholarshi
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evid 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 fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, progr accomplishments in at least three of •Research in basic science, educatio or population health •Peer-reviewed grants •Quality improvement and/or patient •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation too electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education

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

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

idence of scholarly activities, consistent

dence of scholarly activities, consistent

Sponsoring Institution, must allocate low and faculty involvement in scholarly

grams must demonstrate of 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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremer
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progr accomplishments in at least three of
	•Research in basic science, education, translational science, patient care, or population health		 Research in basic science, educatio or population health
	 Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbacks, or ease reports 		•Peer-reviewed grants •Quality improvement and/or patient = •Systematic reviews, meta-analyses,
	textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or		textbooks, or case reports •Creation of curricula, evaluation too electronic educational materials •Contribution to professional commit
IV.D.2.a)	editorial boards •Innovations in education	4.14.	editorial boards •Innovations in education
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.	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;		faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal
IV.D.2.b).(1)	(Outcome)	4.14.a.1.	(Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity
IV.D.3.a)	Fellows must have instruction in critical thinking, design of experiments, and evaluation of data. (Detail)	4.15.a.	Fellows must have instruction in critical evaluation of data. (Detail)
IV.D.3.b)	Fellows should participate in clinical and/or laboratory research. (Detail)	4.15.b.	Fellows should participate in clinical and
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)		Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri
V.A.1.a)	The semi-annual assessment must include a review of each fellow's operative experience to ensure breadth and balance of experience in the surgical care of	5.1.	educational assignment. (Core) The semi-annual assessment must inclue experience to ensure breadth and balan
V.A.1.a).(1)	vascular diseases. (Core)The program director must ensure that the operative experience of individual	5.1.h.	vascular diseases. (Core) The program director must ensure that t
V.A.1.a).(2)	fellows in the same program is comparable. (Detail)	5.1.i.	fellows in the same program is compara

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

t safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

semination of scholarly activity within following methods:

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

e)

al thinking, design of experiments, and

nd/or laboratory research. (Detail)

valuation

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

valuation

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

valuation

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

clude a review of each fellow's operative ance of experience in the surgical care of

t the operative experience of individual rable. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 the must be documented at least every th
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 cor clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation of along the subspecialty-specific Milest
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow 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 sun includes their readiness to progress t applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performative the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the		The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra
V.A.2.a).(1)	program. (Core)	5.2.a.	program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	

ent Language the completion of the assignment.

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

ontinuity clinic in the context of other luated at least every three months and

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

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

cal Competency Committee for its formance and improvement toward

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

nee, with input from the Clinical st fellows in developing individualized strengths and identify areas for

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

ummative evaluation of each fellow that s to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	become part of the fellow's permanent record maintained by the		The final evaluation must become par
	institution, and must be accessible for review by the fellow in accordance		maintained by the institution, and mu
V.A.2.a).(2).(a)	with institutional policy; (Core)	5.2.b.	fellow in accordance with institutiona
			The final evaluation must verify that the
1	verify that the fellow has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors nece
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(Core)
			The final evaluation must be shared w
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	program. (Core)
l			Clinical Competency Committee
V.A.3.	A Clinical Competency Committee must be appointed by the program	5.3.	A Clinical Competency Committee mu
v.A.J.	director. (Core)	5.3.	director. (Core)
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competenc
	members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other		members, at least one of whom is a co be faculty members from the same pro-
	health professionals who have extensive contact and experience with the		health professionals who have extens
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	p 3
,			The Clinical Competency Committee r
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	least semi-annually. (Core)
	determine each fellow's progress on achievement of the subspecialty-		The Clinical Competency Committee r
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.c.	progress on achievement of the subs
			The Clinical Competency Committee r
	meet prior to the fellows' semi-annual evaluations and advise the program		annual evaluations and advise the pro
V.A.3.b).(3)	director regarding each fellow's progress. (Core)	5.3.d.	fellow's progress. (Core)
l			Faculty Evaluation
			The program must have a process to
VD			performance as it relates to the educa
V.B.	Faculty Evaluation	5.4.	(Core)
			Faculty Evaluation
l	The program must have a process to evaluate each faculty member's		The program must have a process to a
V.B.1.	performance as it relates to the educational program at least annually. (Core)	5.4.	performance as it relates to the educa (Core)
v.u.i.		J. T .	
	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation		This evaluation must include a review teaching abilities, engagement with the
	in faculty development related to their skills as an educator, clinical		in faculty development related to their
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
,	This evaluation must include written, confidential evaluations by the		This evaluation must include written,
V.B.1.b)	fellows. (Core)	5.4.b.	fellows. (Core)
	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedba
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational eva
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development pla
			Program Evaluation and Improvement
			The program director must appoint th
			conduct and document the Annual Pr
V.C.	Program Evaluation and Improvement	5.5.	program's continuous improvement p

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

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

ncy Committee must include three core faculty member. Members must program or other programs, or other nsive contact and experience with the

e must review all fellow evaluations at

e must determine each fellow's ospecialty-specific Milestones. (Core) e must meet prior to the fellows' semi-

rogram director regarding each

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

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

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

n, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco

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

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

oonsibilities must include review of the d progress toward meeting them.

oonsibilities must include guiding luding development of new goals,

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

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

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

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

elf-Study and submit it to the DIO.

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

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

MS member board and/or AOA vritten exam, in the preceding three s rate of those taking the examination n the bottom fifth percentile of come)

Roman Numeral Requirement Number	Beguirement Lenguege	Reformatted	Denviewe
V.C.3.b)	Requirement LanguageFor subspecialties in which the ABMS member board and/or AOAcertifying board offer(s) a biennial written exam, in the preceding sixyears, the program's aggregate pass rate of those taking the examinationfor the first time must be higher than the bottom fifth percentile ofprograms in that subspecialty. (Outcome)	Requirement Number	Requirement For subspecialties in which the ABMS certifying board offer(s) a biennial wr the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles: •Excellence in the safety and quality of care rendered to patients by fellows today		Section 6: The Learning and Working The Learning and Working Environme Fellowship education must occur in the environment that emphasizes the follow •Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice •Excellence in professionalism
	•Appreciation for the privilege of providing care for patients •Commitment to the well-being of the students, residents, fellows, faculty		•Appreciation for the privilege of prov •Commitment to the well-being of the
VI.	members, and all members of the health care team	Section 6	members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	

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

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

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

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

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

g Environment

ment the context of a learning and working blowing principles:

of care rendered to patients by

y of care rendered to patients by ice

oviding care for patients

ne students, residents, fellows, faculty ealth care team

Roman Numeral		_	
Requirement Number	Requirement Language	Reformatted Requirement Number	Beguirement
Number	Culture of Safety	Requirement Number	Requirement
VI.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou a willingness to transparently deal wit has formal mechanisms to assess the its personnel toward safety in order to
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, an 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-up unsafe conditions are pivotal mechani and are essential for the success of ar and experiential learning are essential the ability to identify causes and instit changes to ameliorate patient safety v
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members 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, a must know their responsibilities in rep unsafe conditions at the clinical site, i (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, a must be provided with summary inforr safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team mem interprofessional clinical patient safety such as root cause analyses or other a well as formulation and implementatio
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritizi and evaluating success of improveme
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must rec benchmarks related to their patient po

ous identification of vulnerabilities and vith them. An effective organization he knowledge, skills, and attitudes of to identify areas for improvement.

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

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

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

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

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

tizing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, de monitor a structured chain of respons to the supervision of all patient care.
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of can with their Sponsoring Institutions, de monitor a structured chain of respons to the supervision of all patient care.
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when provi information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.

a ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership define, widely communicate, and nsibility and accountability as it relates by

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

a ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership define, widely communicate, and nsibility and accountability as it relates a

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

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

t the appropriate level of supervision in h fellow's level of training and ability, cuity. Supervision may be exercised propriate to the situation. (Core)

ervision while providing for graded ogram must use the following

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction
			Direct Supervision
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care autho

cally present with the fellow during the on.

cally present with the fellow during the on.

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

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

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

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

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

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

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

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

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

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

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

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

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

am must include efforts to enhance the e experience of being a physician, nts, providing administrative support, ce and flexibility, and enhancing

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

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

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

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremer
	Well-Being		
	Psychological, emotional, and physical well-being are critical in the		Well-Being Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		development of the competent, caring
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and requires that physicians retain the jo
	requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and i
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and		professionalism; they are also skills
	nurtured in the context of other aspects of fellowship training.		nurtured in the context of other aspe
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at r
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident		same responsibility to address well-k
	competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a		competence. Physicians and all mem responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and		clinical learning environment models
	prepares fellows with the skills and attitudes needed to thrive throughout		prepares fellows with the skills and a
VI.C.	their careers.	[None]	their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourag well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their		Fellows must be given the opportunit and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potent
VI.C.1.d).(1)	assist those who experience these conditions; (Core) recognition of these symptoms in themselves and how to seek	6.13.d.1.	assist those who experience these co recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fel
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, il
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient		appropriate length of absence for fell
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)

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

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

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

mbers in:

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

hemselves and how to seek appropriate

-screening. (Core)

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

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	· · · · · · · · · · · · · · · · · · ·
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of
v1.0.2.a)	These policies must be implemented without fear of negative	0.14.a.	These policies must be implemented
	consequences for the fellow who is or was unable to provide the clinical		consequences for the fellow who is o
VI.C.2.b)	work. (Core)	6.14.b.	work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva 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 fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe trar may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.1.a)	The workload associated with optimal clinical care of surgical patients is a continuum from the moment of admission to the point of discharge. (Core)	6.17.a.	The workload associated with optimal cli continuum from the moment of admissio
VI.E.1.b)	During the fellowship education process, surgical teams should be made up of attending surgeons, fellows and residents at various PG levels (when appropriate), medical students (when appropriate), and other health care providers. (Core)	6.17.b.	During the fellowship education process attending surgeons, fellows and resident appropriate), medical students (when ap providers. (Core)
VI.E.1.c)	The work of the caregiver team should be assigned to team members based on each member's level of education, experience, and competence. (Core)	6.17.c.	The work of the caregiver team should b each member's level of education, expended
VI.E.1.d)	As fellows progress through levels of increasing competence and responsibility, it is expected that work assignments will keep pace with their advancement. (Core)	6.17.d.	As fellows progress through levels of inc it is expected that work assignments will (Core)
	Teamwork		
VI.E.2.	Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, ir the subspecialty and larger health sys
VI.E.2.a)	Effective surgical practices must entail the involvement of members with a mix of complementary skills and attributes (physicians, nurses, and other staff). Success requires both an unwavering mutual respect for those skills and contributions, and a shared commitment to the process of patient care. (Core)	6.18.a.	Effective surgical practices must entail th complementary skills and attributes (phy Success requires both an unwavering m contributions, and a shared commitment
VI.E.2.b)	Fellows must collaborate with other surgical residents and fellows, faculty members, and other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. (Core)	6.18.b.	Fellows must collaborate with other surg members, and other physicians outside health care providers, to best formulate diverse patient population. (Core)

d procedures in place to ensure e continuity of patient care. (Core) d without fear of negative

or was unable to provide the clinical

and faculty members in recognition of vation, alertness management, and I)

and faculty members in recognition of vation, alertness management, and I)

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

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

clinical care of surgical patients is a ion to the point of discharge. (Core)

ss, surgical teams should be made up of ents at various PG levels (when appropriate), and other health care

be assigned to team members based on perience, and competence. (Core)

ncreasing competence and responsibility, /ill keep pace with their advancement.

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

the involvement of members with a mix of hysicians, nurses, and other staff). mutual respect for those skills and ent to the process of patient care. (Core)

rgical residents and fellows, faculty e of their specialty, and non-traditional e treatment plans for an increasingly

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VI.E.2.c)	Fellows must assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. These tasks must be completed in the hours assigned, or, if that is not possible, fellows must learn and utilize the established methods for handing off remaining tasks to another member of the fellow team so that patient care is not compromised.		Fellows must assume personal respons are assigned (or which they voluntarily a must be completed in the hours assigne learn and utilize the established method another member of the fellow team so th (Core)
VI.E.2.d)	Lines of authority should be defined by programs, and all fellows must have a working knowledge of these expected reporting relationships to maximize quality care and patient safety. (Core)	6.18.d.	Lines of authority should be defined by p working knowledge of these expected re care and patient safety. (Core)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assigr patient care, including their safety, free
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows at team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience o opportunities for rest and personal 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 Educ 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 Fellows should have eight hours off t education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off t education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on the
VI.F.3.		6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic

asibility to complete all tasks to which they assume) in a timely fashion. These tasks ned, or, if that is not possible, fellows must ods for handing off remaining tasks to that patient care is not compromised.

rograms, and all fellows must have a reporting relationships to maximize quality

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)

are competent in communicating with ess. (Outcome)

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

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

rk and Education [•] between scheduled clinical work and

rk and Education f between scheduled clinical work and

free of clinical work and educatione)

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

ion Period Length ds for fellows must not exceed 24 ical assignments. (Core)

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VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effect education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give a patient or patient's family; or to atte (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give a patient or patient's family; or to atte (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)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Surgery will not accept requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sound The Review Committee for Surgery will r 80-hour limit to the fellows' work week.
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)

ion Period Length ds for fellows must not exceed 24 ical assignments. (Core)

may be used for activities related to fective transitions of care, and/or fellow esponsibilities must not be assigned to

Exceptions

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

Exceptions

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

ducation must be counted toward the

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

I not accept requests for exceptions to the

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

h the ability of the fellow to achieve the onal program, and must not interfere or compromise patient safety. (Core) d external moonlighting (as defined in

at be counted toward the 80-hour

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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)	3 3 3 1	6.26.a.	Night float rotations must not exceed two in succession for rotations with night shit
VI.F.6.b)		6.26.b.	There can be no more than four months
VI.F.6.c) VI.F.6.d)	The total amount of night float for any fellow in a two-year fellowship must be no	6.26.c. 6.26.d.	There must be at least two months betwo The total amount of night float for any fel more than eight months. (Detail)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou third night (when averaged over a fou
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities to toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities k toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fell

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

wo months in succession, or three months hifts alternating with day shifts. (Detail) ns of night float per year. (Detail)

tween each night float rotation. (Detail)

fellow in a two-year fellowship must be no

ıcy

ouse call no more frequently than every our-week period). (Core)

s by fellows on at-home call must count ly limit. The frequency of at-home call is limitation, but must satisfy the ee of clinical work and education, when

s by fellows on at-home call must count y limit. The frequency of at-home call is limitation, but must satisfy the ee of clinical work and education, when

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